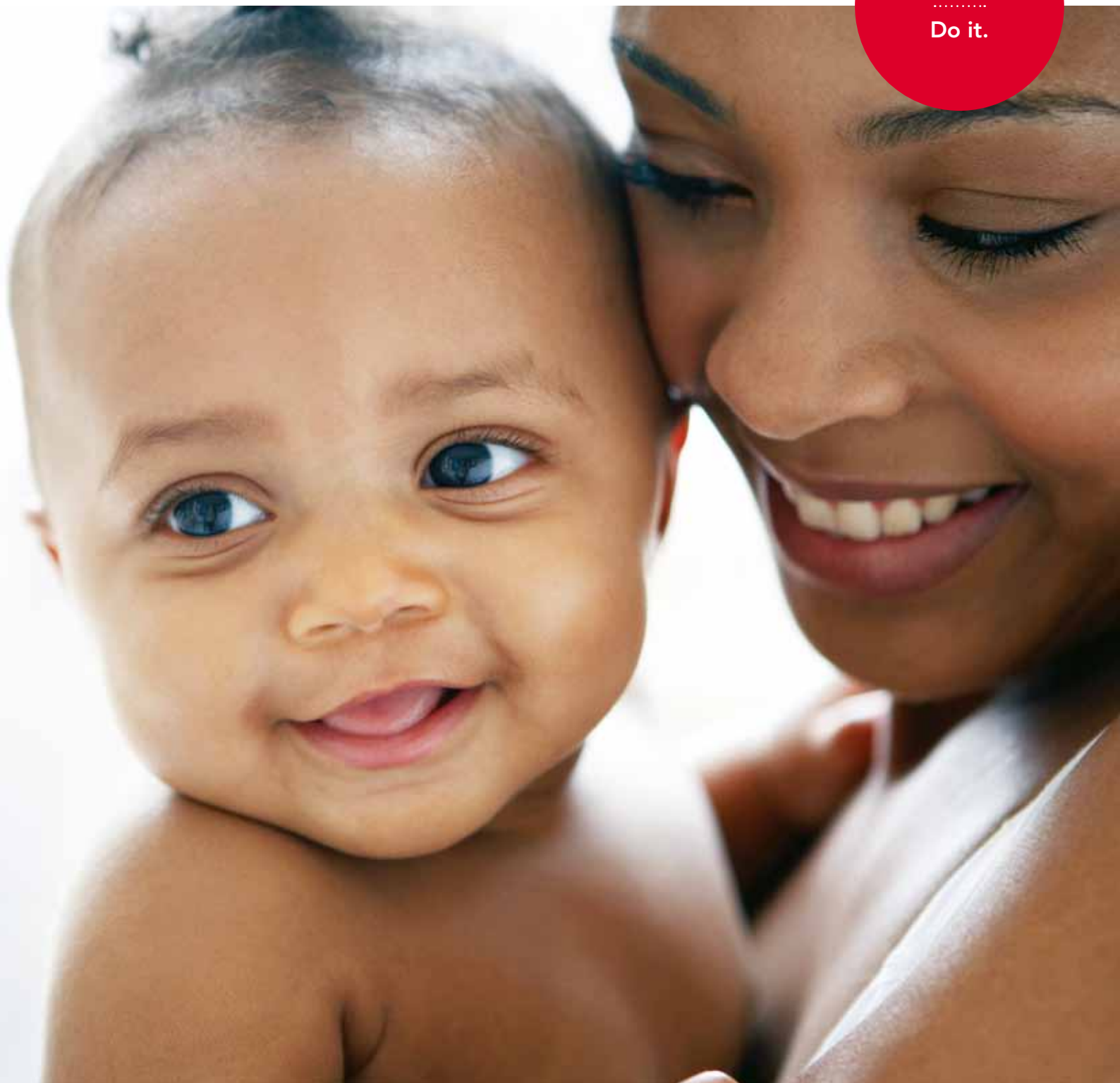


COUNTDOWN TO **ZERO**

Believe it.

.....
Do it.



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

.....
2011-2015

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**WE BELIEVE BY 2015,
CHILDREN EVERYWHERE CAN
BE BORN FREE OF HIV AND
THEIR MOTHERS REMAIN ALIVE.**

We resolve to work towards the elimination of new HIV infections among children and keeping their mothers alive by the following:

- All women, especially pregnant women, have access to quality life-saving HIV prevention and treatment services—for themselves and their children.
- The rights of women living with HIV are respected and that women and their families and communities are empowered to fully engage in ensuring their own health and especially the health of their children.
- Adequate resources—human and financial—are available from both national and international sources in a timely and predictable manner while acknowledging that success is a shared responsibility.
- HIV, maternal health, newborn and child health, and family planning programmes work together, deliver quality results and lead to improved health outcomes.
- Communities, in particular women living with HIV, enabled and empowered to support women and their families to access the HIV prevention, treatment and care that they need.
- National and global leaders act in concert to support country-driven efforts and are held accountable for delivering results.



About the Global Plan

This Global Plan provides the foundation for country-led movement towards the elimination of new HIV infections among children and keeping their mothers alive. The Global Plan was developed through a consultative process by a high level Global Task Team convened by UNAIDS and co-chaired by UNAIDS Executive Director Michel Sidibé and United States Global AIDS Coordinator Ambassador Eric Goosby. It brought together 25 countries and 30 civil society, private sector, networks of people living with HIV and international organizations to chart a roadmap to achieving this goal by 2015.

This plan covers all low- and middle-income countries, but focuses on the 22 countries* with the highest estimated numbers of pregnant women living with HIV. Exceptional global and national efforts are needed in these countries that are home to nearly 90% of pregnant women living with HIV in need of services. Intensified efforts are also needed to support countries with low HIV prevalence and concentrated epidemics to reach out to all women and children at risk of HIV with the services that they need. The Global Plan supports and reinforces the development of costed country-driven national plans.

**Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.*



Foreword

Last year when we together visited the Maitama Public Hospital in Abuja, Nigeria, we were inspired by three things. First, the hope we saw in the eyes of a couple expecting their first child. Both were living with HIV and had a deep desire to ensure that their child was born free of HIV. Second, the maternity clinic was equipped with the necessary medicines and facilities to meet the needs of the expectant mother. Third, the health care providers at the clinic were well-trained and provided quality health care for the mother and child without any stigma and discrimination.

These are the hallmarks of a successful programme to stop new HIV infections among children and keeping their mothers alive. We believe this can be a reality everywhere—for every father and mother.

We call upon leaders—at community, national and global levels—to embrace the goal towards elimination of new HIV infections among children and keeping their mothers alive. This Global Plan is a road map to realize this aspiration. The foundations for successful implementation exist in almost all countries. The resource gap can be met. Communities can be mobilized to create demand and ensure accountability.

The world has a unique opportunity for an AIDS-free generation.
We owe this to our children.

Michel Sidibé
UNAIDS Executive Director

Eric Goosby
United States Global AIDS Coordinator

FRAME IT: WHY?

“No child should be born with HIV; no child should be an orphan because of HIV; no child should die due to lack of access to treatment.”

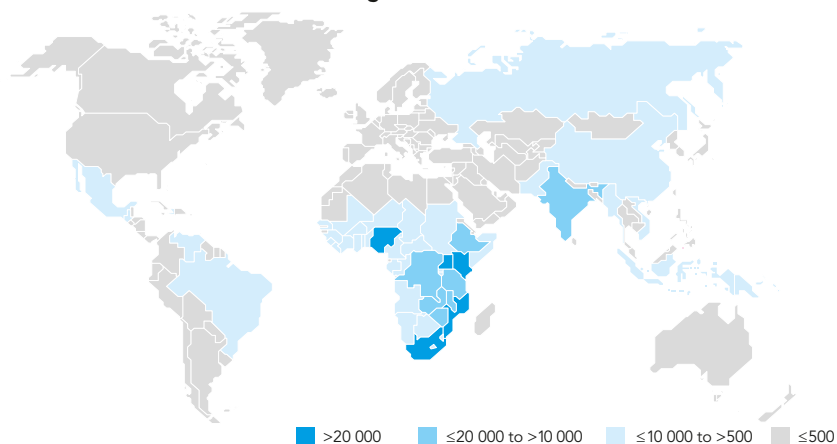
—Ebube Sylvia Taylor, an 11-year-old Nigerian, born free of HIV, speaking to world leaders who gathered in New York in 2010 to share progress made towards achieving the Millennium Development Goals by 2015.

The world has an unprecedented opportunity to make new HIV infections among children history. In 2009, 370 000 children became newly infected with HIV globally and an estimated 42 000—60 000 pregnant women died because of HIV. In contrast, in high-income countries the number of new HIV infections among children and maternal and child deaths due to HIV was virtually zero. In low- and middle-income countries, too few women are receiving HIV prevention and treatment services to protect themselves or their children. This inequity must change. The life of a child and a mother has the same value, irrespective of where she or he is born and lives.

It is possible to stop new HIV infections among children and keep their mothers alive if pregnant women living with HIV and their children have timely access to quality life-saving antiretroviral drugs—for their own health, as indicated, or as a prophylaxis to stop HIV transmission during pregnancy, delivery and breastfeeding. When antiretroviral drugs are available as prophylaxis, HIV transmission can be reduced to less than 5%. Preventing HIV infection among women at increased risk of HIV and meeting unmet family planning needs of women living with HIV can significantly contribute to reducing the need for antiretroviral prophylaxis and treatment.

There is global consensus that the world must strive towards elimination of new HIV infections among children by 2015 and keep mothers and children living with HIV alive. Many low-and middle-income countries have already moved significantly towards achieving these goals.

Number of new HIV infections among children, 2009



The Goal

The goal of the Global Plan is to move towards eliminating new HIV infections among children and keeping their mothers alive. This plan focuses on reaching pregnant women living with HIV and their children—from the time of pregnancy until the mother stops breastfeeding. Prior to pregnancy, and after breastfeeding ends, HIV prevention and treatment needs of mothers and children will be met within the existing continuum of comprehensive programmes to provide HIV prevention, treatment, care and support for all who need it.

Global Target #1: Reduce the number of new HIV infections among children by 90%.

Global Target #2: Reduce the number of AIDS-related maternal deaths by 50%.

The targets, definitions and measurement are outlined on page 38.

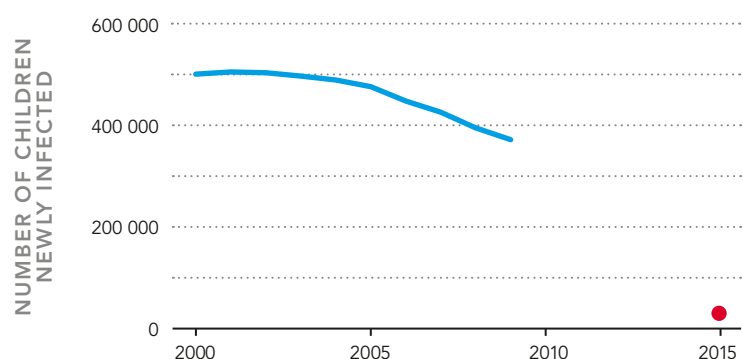
Building on past success, moving to the future

Over the past decade, countries have made impressive progress in rolling out programmes to stop new HIV infections among children. The prevalence of HIV infection has declined in many countries since 2005 and country-led action has rapidly increased the number of pregnant women living with HIV receiving prevention services including antiretroviral drugs to prevent HIV transmission to their children. Some progress has also been made in providing family planning services to women living with HIV.

Many low- and middle-income countries had achieved at least 80% coverage of services to prevent HIV transmission to children by December 2009, with global coverage reaching 53%. These include high HIV burden countries such as Botswana, Namibia, South Africa and Swaziland; as well as several countries with concentrated HIV epidemics including Argentina, Brazil, the Russian Federation, Thailand and Ukraine. However, a large number of women continue to receive sub-optimal drugs such as single-dose nevirapine as the main HIV prophylaxis. This must be phased out as a matter of priority, in accordance with recent WHO guidelines.

Almost all countries include programmes for prevention of new HIV infections among children in their national AIDS plans. A large number have also set ambitious targets. The road towards the elimination of new HIV infections among children and keeping their mothers alive will build on this progress. It will also leverage broader efforts to improve maternal and child health, the technical expertise of other countries, the aid effectiveness agenda, renewed engagement of regional bodies for South–South cooperation, as well as developments in research and policy for focused and simplified treatment regimens and interventions in order to accelerate action.

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



FOUR KEY PRINCIPLES FOR SUCCESS

To stop new HIV infections among children and to keep their mothers alive, current programme approaches must be transformed. Such change must be guided by a set of four overarching principles.

1.

Women living with HIV at the centre of the response.

National plans for eliminating new HIV infections among children and keeping their mothers alive must be firmly grounded in the best interests of the mother and child. Mothers and children must have access to optimal HIV prevention and treatment regimens based on latest guidelines. Women living with HIV must also have access to family planning services and commodities. The process of developing and implementing programmes must include the meaningful participation of women, especially mothers living with HIV to tackle the barriers to services and to work as partners in providing care. In addition, efforts must be taken to secure the involvement and support of men in all aspects of these programmes and to address HIV- and gender-related discrimination that impedes service access and uptake as well as client retention.

2.

Country ownership.

Leadership and responsibility for developing national plans towards eliminating new HIV infections among children and keeping their mothers alive lie with each country. As countries are at different stages of programme implementation, context-specific operational plans are required. Each country, led by its Ministry of Health will take the lead in all processes of priority setting, strategic planning, performance monitoring, and progress tracking, in close collaboration with other critical stakeholders, including networks of women living with HIV, civil society, private sector, bilateral and international organizations.

To make country ownership a reality all policies and programmes must align with the "Three Ones" principles for coordinated country action, which call for all partners to support: one national action framework, one national coordinating mechanism, and one monitoring and evaluation system at country level. This approach will ensure the most effective and efficient use of resources to support progress, as well as the identification and fulfilling of any technical support and capacity-building needs.

3.

Leveraging synergies, linkages and integration for improved sustainability.

National plans must leverage opportunities to strengthen synergies with existing programmes for HIV, maternal health, newborn and child health, family planning, orphans and vulnerable children, and treatment literacy. This integration must fit the national and community context.

HIV prevention and treatment for mothers and children is more than a single intervention at one point in time in the perinatal period. Instead it should be seen as an opportunity for a longer continuum of care engagement with other essential health services, without losing the focus on HIV prevention, treatment and support for mothers and children. This includes addressing loss to follow-up through strong and effective mechanisms for referral and entry into treatment and care for infants diagnosed with HIV and for their mothers who require treatment after pregnancy and breastfeeding, as well as greater community engagement in HIV and other health service delivery and programme monitoring.

Through powerful synergies, the Global Plan will make significant contributions to achieving the health-related and gender-related Millennium Development Goals (MDGs) and the United Nations Secretary-General's *Global Strategy for Women's and Children's Health*. Such synergies are all the more important in countries where HIV currently accounts for a significant proportion of all adult female and/or child mortality and the AIDS epidemic is impeding progress in reducing child mortality (MDG 4) and improving maternal health (MDG 5).

4.

Shared responsibility and specific accountability.

Shared responsibility—between families, communities and countries—for stopping new HIV infections among children and keeping their mothers healthy is vital. Access to HIV prevention, treatment and support services is critical for mothers and their children. Health services must be responsive to the needs of pregnant and postnatal women living with HIV and to the ongoing needs of these mothers, their partners and families. Communities must support pregnant women and their partners in accessing HIV testing and counselling services without stigma and discrimination, and national and subnational authorities must exert their concerted leadership to enable this to happen. Low- and middle-income countries and development partners must make adequate human and financial resources available and adopt evidence-informed policies. Regional bodies should be called on to support improved efficiencies and support countries with the necessary frameworks for cooperation and accountability. The roles and responsibilities of all partners must be specific and transparent and have clear indicators to measure progress and accountability.

RECOGNIZING THE CHALLENGES

Significant challenges remain to preventing new HIV infections among children and scaling up the demand for and provision of treatment for pregnant women but there are also opportunities for these to be overcome. In 2009, an estimated 15.7 million women above the age of 15 were living with HIV globally, and 1.4 million of them became pregnant. Nearly 90% of these expectant mothers were living in 22 countries in sub-Saharan Africa and India.

These challenges include:

1.

Need for extraordinary leadership:

Greater leadership on policy, research and implementation from all partners is critical to the implementation of the national plans at all levels—community, subnational, national, regional and global. More sustained and greater evidence-informed high-level advocacy is required to generate leadership and political commitment within countries to scale up needed services and to reduce obstacles to uptake and retention, such as stigma and discrimination.

2.

Need for up-to-date national plans:

Countries and regions should ensure that national plans align with agreed country-specific goals for elimination of new HIV infections among children and keeping their mothers alive, within a broader context of their wider HIV and maternal, newborn and child health strategies.

3.

Need for sufficient financial investment:

In most low- and middle-income countries current levels of investments in programmes to prevent new HIV infections among children and keeping their mothers alive are insufficient to meet the need.

4.

Need for a comprehensive and coordinated approach to HIV prevention and treatment for mothers and their children:

Some country programmes do not fully implement WHO guidelines for HIV prevention, treatment and support for

pregnant women living with HIV and their children. A comprehensive, integrated approach to HIV prevention and treatment that involves men, women and their children, is essential to improve women's and children's health and to save lives.

5.

Need for greater programmatic synergies and strategic integration:

Linkages between programmes to stop HIV transmission among children and maternal health, newborn and child health, and family planning programmes should be strengthened.

6.

Need for greater human resources for health:

Gaps in human resources for health, including doctors, nurses, midwives and community health care workers are a major bottleneck in rapidly expanding HIV prevention, treatment and support services for mothers and children.

7.

Need to address structural impediments to scale up:

A range of social, cultural, and economic factors impede demand for and access to and use of antenatal and postnatal care and HIV services. These include the low uptake of antenatal and childbirth services due to user fees, perceived limited value, long waiting times, transportation costs and lack of partner support. In particular, HIV-related stigma and discrimination remains a significant obstacle to increasing

the demand for and uptake of essential services as well as to client retention. Leadership at all levels is required to address these critical issues.

8.

Need to strengthen access to essential supplies:

Programmes to eliminate new HIV infections among children and keep them and their mothers healthy and alive are heavily dependent on the availability of key commodities, such as antiretroviral drugs and technologies used in rapid HIV tests, CD4 counts, viral load tests, including for early infant diagnostics. In many countries, access to these commodities is limited and supply chain management systems are overstretched and unable to meet demand.

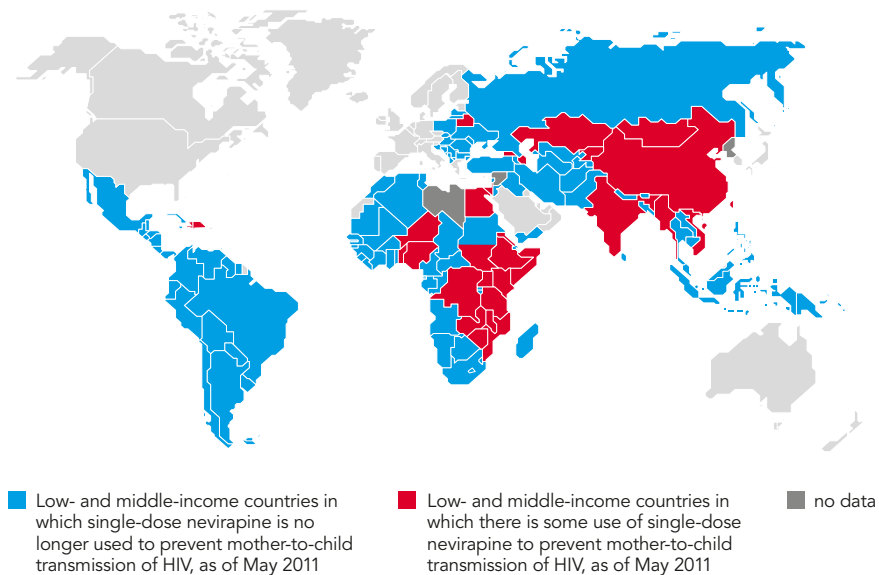
9.

Need for simplification:

Current programme approaches are insufficient to reach the goal towards eliminating new HIV infections among children and keeping their mothers alive. HIV prevention and treatment services and their delivery systems have to be simplified, care provision at Primary Health Care level. This includes rapid HIV testing, point-of care diagnostics (CD4 counts) of pregnant women living with HIV, and simple one pill daily drug regimes that do not have to be switched between pregnancies and breastfeeding periods.

Even though the coverage of programmes to stop HIV infections among children has more than doubled in the last few years, progress is insufficient and does not meet the prevention and treatment needs of women and children. This is shown by the number of women and children who either do not receive services or who are lost to the system before completion. Many countries with high coverage are using sub-optimal drug regimens and this has resulted in decreased prophylactic impact and adverse effects for women. Countries are now in an important transition towards the implementation of new guidelines based on the revised WHO guidelines, published in 2010. Future coverage and interventions must emphasize and reflect the use of more effective regimens, including treatment for eligible pregnant women and children and increase access to family planning.

Use of nevirapine to prevent mother-to-child transmission of HIV, 2011



Treatment 2.0 and elimination of new HIV infections among children

Existing programmes should be closely linked with antiretroviral treatment and care programmes and the Treatment 2.0 agenda, which promotes point-of-care HIV diagnostics, optimized antiretroviral treatment and care programmes and service delivery systems. The strategic integration of these programmes, informed by local conditions, will help to reduce costs, avoid duplication, increase programme efficiencies and improve women’s access to and uptake of needed services, as well as their quality.

THE PROGRAMME FRAMEWORK

The implementation framework for the elimination of new HIV infections among children and keeping their mothers alive will be based on a broader four-pronged strategy. This strategy provides the foundation from which national plans will be developed and implemented and encompasses a range of HIV prevention and treatment measures for mothers and their children together with essential maternal, newborn and child health services as well as family planning, and as an integral part of countries' efforts to achieve Millennium Development Goals 4 and 5 as well as 6.

Prong 1:

Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures.

Prong 2:

Providing appropriate counselling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for these women and their children.

Prong 3:

For pregnant women living with HIV, ensure HIV testing and counselling and access to the antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.

Prong 4:

HIV care, treatment and support for women, children living with HIV and their families.

MILLENNIUM DEVELOPMENT GOALS AND THE GLOBAL PLAN

The elimination of new HIV infections among children and keeping their mothers alive contributes directly towards achieving four of the Millennium Development Goals (MDGs), where HIV currently holds back progress. Similarly progress on achieving other MDGs contributes to HIV prevention and treatment for women and children.

MDG 3: Promote gender equality and empower women—by supporting women’s empowerment through access to HIV prevention information, HIV prevention and treatment services, and sexual and reproductive health services; by involving mothers living with HIV as key partners in delivering the plan and engaging their male partners. By empowering women, they are better able to negotiate safer sex and by eliminating gender-based violence women’s vulnerability to HIV is reduced.

MDG 4: Reduce child mortality— by reducing the number of infants infected with HIV; by providing treatment, care and support for uninfected children born to mothers living with HIV and ensuring effective linkages to life-saving treatment for children living with HIV; and, indirectly, by improving maternal health and ensuring safer infant feeding practices. By improving neonatal conditions and family care practices survival rates of children born to women living with HIV are increased.

MDG 5: Improve maternal health— through preventing of HIV among women and provision of family planning for HIV-positive women of childbearing age; and by ensuring effective care, treatment and support for mothers living with HIV. Strong health systems can help ensure that every birth is safe and pregnant women are able to detect HIV early and enrol in treatment.

MDG 6: Combat HIV/AIDS, malaria and other diseases—by preventing the spread of HIV through preventing infection in women of childbearing age; preventing HIV transmission to children, and treating mothers, and ensuring strong and effective linkages to ongoing care, treatment and support for children and mothers living with HIV. By providing TB treatment deaths among pregnant women living with HIV are reduced. By preventing TB and malaria child and maternal mortality among women and children living with HIV is reduced.

ADVOCATE FOR IT: LEADERSHIP FOR RESULTS

LEADERSHIP PRIORITIES

Taking leadership—creating responsive structures

While technical leadership to support programmes for elimination of new HIV infections among children and keeping their mothers alive is largely in place, managerial, community and political leadership must be strengthened to ensure programme ownership, problem solving and accountability. Leadership must focus on ensuring clarity in message, direction and priority action in ways that are recognized at all levels and by all stakeholders. Leadership must promote transparency, interaction and accountability, which can be reflected in incentive-based systems.

Making smart investments, managing resources efficiently

The core costs of preventing new HIV infections among children and keeping their mothers alive can be met in many of the countries in which a high number of babies are being born with HIV. Recognizing that prevention costs far less than caring for a child living with HIV, and that keeping their mothers alive helps to keep families, communities and societies intact, national leaders should increase domestic contributions to core programme costs. Investments in eliminating new HIV infections among children and keeping their mothers alive are highly cost-effective—making them not only the right thing to do, but also the smart thing to do. Increasing national and regional investment in these areas is central to ensure sustainability beyond 2015.

Investments must be coordinated, simplified and harmonized and targeted at the services that are most effective at delivering results, to maximize benefit and value for money.



Leveraging HIV prevention and treatment with maternal, newborn and child health and reproductive health programmes

The close relationship between programmes for prevention of new HIV infections among children and keeping their mothers alive and maternal, newborn and child health programmes, especially in countries with a high HIV prevalence, offers an opportunity for a mutually enforcing effort, with HIV services for mothers and children serving as a catalyst to move both programmes forward.

Extraordinary leadership is required to make the needed transition from the traditional vertical approach to preventing mother-to-child transmission of HIV to a more comprehensive delivery system for maternal, newborn and child health-based services, with HIV prevention and treatment services for mothers and children catalysing access to these comprehensive lifesaving health services.

Leaders also need to be aware of technological improvements such as simpler and more tolerable treatment regimens and easier-to-use point-of-care diagnostics, with new opportunities for organizing and delivering services at the point of care. These opportunities require matching regulations governing the equipping of service delivery points and governing who is authorized to diagnose, initiate and provide prevention and treatment.

Being accountable

Moving the focus from programme scale up and coverage, to targets and the systematic estimation of the number of children acquiring HIV will make countries and partners more accountable and focused on results.

Country and community ownership is essential when decisions are made about how to optimize synergistic and mutually beneficial programmes. Reliable data represent the basis for mutual accountability for governments and partners and to the people that need, use and benefit from the services.

Aligning the accountability framework for HIV prevention and treatment of mothers and children with the recently agreed accountability framework for the United Nations Secretary-General's *Global Strategy for Women's and Children's Health*—combining elements of community charters, annual national progress reviews and a Global Steering Group with an arena for reporting and assessing progress—is a key leadership opportunity. At the national level, this aligned approach will facilitate joint planning, combined resource mobilization efforts and joint monitoring and evaluation.

LEADERSHIP ACTIONS

Leadership must take place at all levels—community, national, regional and global—to realize the goals of elimination of new HIV infections among children and keeping their mothers alive. To this end, core leadership actions should include the following:

Community Actions

1.

Communities will develop, adapt and implement community priorities through charters.

Community charters will help to increase community awareness, define minimum standards and work to remove barriers to the delivery of services, including efforts to reduce stigma and discrimination.

2.

Communities will ensure participation of all stakeholders.

Community leaders will ensure that all key local constituencies, including women living with HIV, service providers, men and faith-based representatives are involved in designing, implementing and monitoring programmes.

3.

Communities will maximize community assets.

Community leaders will ensure that policies and programmes are relevant to each local environment and that all community resources and assets are engaged, including midwives, mentor mothers and other women living with HIV, peer educators and community health workers.

4.

Community leaders will identify solutions.

Community leadership is also vital to tackle the many complex psychosocial issues (including stigma and discrimination) faced by pregnant women living with HIV that limit their access to or retention in health services that could benefit them and their children.

National Actions

1.

National leaders will build a vibrant coalition between the HIV and maternal, newborn and child health constituencies around the goals of eliminating new HIV infections among children by 2015 and keeping their mothers alive.

National leaders and in-country partners will exert political leadership to ensure that the development and private sectors fully support the goals of elimination of new HIV infections among children by 2015 and keeping their mothers alive and promote greater synergies and the strategic integration of prevention of mother-to-child HIV transmission programmes and maternal, newborn and child health programmes, as well as family planning services.

2.

National leaders will promote a sense of urgency, transparency and accountability in programme direction and implementation.

Legal and policy barriers to programme scale up will be removed. Leaders will own and lead all processes of planning strategically, implementing programmes, monitoring performance and tracking progress. This includes re-visioning of comprehensive, prioritized and costed national plans to eliminate new HIV infections among children, reduce deaths during pregnancy due to HIV, and ensure the health and survival of mothers, reflecting broader national HIV and maternal, newborn and child health strategies. National leaders will ensure that national plans and strategies are population-based and emphasize providing services in primary care and at decentralized levels.

3.

National leaders will ensure that national plans and strategies take account needs of marginalized pregnant women.

Leaders will need to ensure that all pregnant women in their country, irrespective of their legal status or occupation, are able to access HIV and antenatal services without stigma or discrimination. This includes specifically addressing national laws, policies and other factors that impede service uptake by women, their partners and their children as well as supporting communities to deliver HIV-related services. This means taking active steps to create demand for services.

4.

National leaders will increase their domestic contributions.

National leaders will need to increase domestic investments for the elimination of new HIV infections among children and keeping their mothers alive in accordance with their updated national plans.

5.

National leaders will strengthen implementation of the "Three Ones" principles and establish efficient institutional and management systems.

National leaders will strengthen and implement the "Three Ones" principles to enhance the ability of development partners to direct all activities related to the elimination of new HIV infections among children and keeping their mothers alive, including essential maternal, newborn and child health services.

Regional Actions

1.

Regional leaders will create regional partnerships to support the implementation of the Global Plan.

At the regional level, leaders will support the implementation of the Global Plan by supporting processes for harmonizing policies, promoting broader advocacy and sharing best practices among countries and committing their countries to collaborate in implementing programmes as part of the ongoing regional integration. The leaders will also ensure that the Global Plan is integrated into the regional development agendas and support the mobilization of domestic resources for implementing regional and national programmes.

2.

Regional leaders will promote South–South exchange of best practices.

Leaders at the regional level will use existing regional bodies—including the African Union Commission, the New Partnership for Africa’s Development Planning and Coordinating Agency (NEPAD Agency), the Southern African Development Community (SADC), East African Community (EAC), Economic Community of West African States (ECOWAS), Economic Community of Central African States (ECCAS) and AIDS Watch Africa. The leadership of these bodies will raise awareness of the Global Plan, attract resources to it and promote collaboration around its goals.

Global Actions

1.

Global leaders will mobilize financial resources.

Leaders at the global level will mobilize resources from development partners—donors, foundations and the private sector—to support the funding of the implementation of the Global Plan in countries.

2.

Global leaders will build and enhance the capacity of countries.

Global leaders will develop, resource and sustain mechanisms for coordinating the rapid provision of technical assistance and capacity-building support to countries based on nationally-driven needs.

3.

Global leaders will advocate for simplification.

Global leaders will push for simplification of HIV treatment and prophylactic regimens and for the development of new, affordable technologies for HIV prevention and treatment as well as delivery mechanisms.

4.

Global leaders will promote and support synergies and strategic integration between programmes for preventing HIV infection among children and programmes for maternal, newborn, child and reproductive health to save lives.

Leaders at the global level will build coalitions and reinforce support for the integration of the initiative to eliminate new HIV infections in children and keep their mothers alive with the broader United Nations Secretary-General’s *Global Strategy for Women’s and Children’s Health*, the Millennium Development Goals 4, 5 and 6, and other initiatives focusing on women and children. Innovative approaches to service delivery that create demand for the services, address women’s education and psychosocial needs and provide clinical services will be developed.

5.

Global leaders will commit to accountability.

Global leaders will agree to an accountability framework that aligns with the framework of the United Nations Secretary-General’s *Global Strategy for Women’s and Children’s Health* through a distinct stream of reporting on new HIV infections among children, treatment of eligible pregnant women living with HIV and unmet family planning needs among women living with HIV.

RESOURCE MOBILIZATION PRIORITIES

A smart investment that saves lives

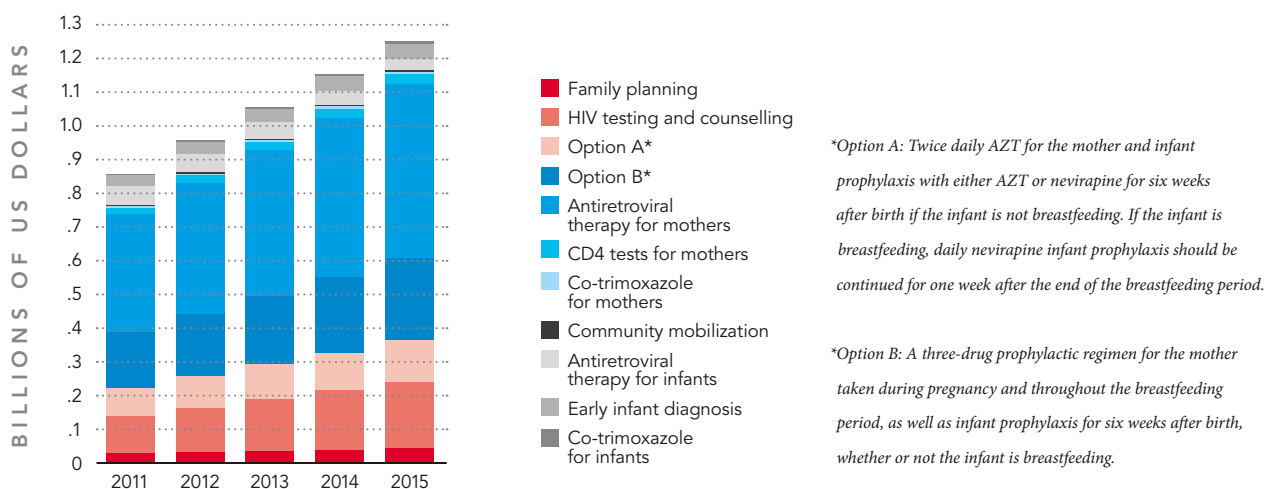
While new resources are required to reach this ambitious goal, few development efforts, if any, allow for such a focused investment with such a tangible impact. Overall, the cost of the interventions to eliminate new HIV infections among children and keep their mothers alive in the 22 priority countries, home to nearly 90% of pregnant women living with HIV who need services, is estimated to be approximately US\$ 1 billion per year between 2011 and 2015.

This includes costs for HIV testing and counselling, CD4 counts for pregnant women testing HIV-positive, antiretroviral prophylaxis, antiretroviral treatment and co-trimoxazole for eligible women and children, family planning for women living with HIV and community mobilization. The annual requirements in these 22 countries are estimated to increase from about US\$ 900 million in 2011 to about US\$ 1.3 billion in 2015. A large proportion of this investment is required in a few high burden countries such as Nigeria and South Africa, which carry 21% and 14% of the burden of new HIV infections among children, respectively.

UNAIDS estimates that approximately US\$ 500 million is invested annually to stop new HIV infections among children, indicating that the majority of the global resources required for HIV-specific interventions for the first year is already available. The shortfall is less than US\$ 300 million in 2011 and about US\$ 2.5 billion for the period 2011–2015.

Ensuring funds to treat infants living with HIV in the first year of life is particularly critical, as nearly one third of infants living with HIV will die without appropriate treatment. The cost of treating all infants newly infected with HIV in 2011 is about US\$ 60 million, a cost that reduces over time with the successful elimination of new HIV infections among children. Including treatment costs for children diagnosed with HIV extends beyond the scope of prevention, but recognizes that prevention failures may occur, and pediatric treatment needs must be immediately covered for newborns.

Investment needs in the 22 priority countries





Need for further resource mobilization

Additional donor resources are needed for broader national health system strengthening in many countries, to support maternal, newborn and child health services and to improve women's and children's health outcomes. These investments are not included in this Global Plan and must be mobilized separately, as do the funds for ongoing treatment for mothers beyond the breastfeeding period, for fathers and for children living with HIV.

Ten percent of the children newly infected with HIV live in other countries across the world without a high burden of HIV. These countries have the potential to meet their needs from domestic resources. Providing the screening and services needed is also a priority and an achievable objective, while recognizing that millions of women must be screened to find an HIV-positive individual in a low prevalence setting.*

Need for more coordinated and efficient management of resources

The financial management of investments in eliminating new HIV infections among children and keeping their mothers alive and related programmes remains fragmented and uncoordinated. Partners at all levels must work to harmonize their investment plans and ensure that they are coordinated under the leadership of the national plan.

*Estimated cost is US\$ 2 billion over five years.

RESOURCE MOBILIZATION ACTIONS

The actions needed to mobilize the resources needed to support these priorities are outlined below. These actions are guided by the core principles of country ownership and shared responsibility.

1.

Costing national plans.

Each country will cost its resource needs for eliminating new HIV infections among children by 2015 and keeping them and their mothers alive. The costing will be based on real cost data that are specific to their country by the end of 2011. This could be done during the revision of national AIDS and maternal and child health plans.

These costed plans will include:

harmonization of cost categories; a gap analysis to determine funding requirements at the national and subnational levels; and ensure appropriate resource allocation according to need, particularly where national budgets are insufficient.

Strengthening of antenatal, postnatal and maternal, newborn and child health programmes, as fit to context and as essential to the elimination of new HIV infections among children and keeping their mothers alive, will be required to achieve agreed goals, and these additional costs will be established at country level. Costed plans will be the basis for mobilizing resources at country level and for investment by all partners. Countries will also put in place a mechanism for tracking expenditure to monitor investment.

2.

Increasing domestic investments.

All countries will increase domestic investments proportionate to their domestic capacity and burden. Many middle-income countries already cover a majority of their resource needs from domestic sources.

Countries will strive to meet the target of allocating 15% of domestic budget for health agreed at the 2001 African Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja, Nigeria, and give priority to investing in programmes for prevention of mother-to-child transmission of HIV within that context.

3.

Increasing international investments.

International investments will be mobilized from countries. Global resource mobilization efforts will be led by UNAIDS, and country level investments will be led by national governments. Particular emphasis will be given to attract new donors such as the African Development Bank, foundations and philanthropies in both emerging and developed economies.

4.

Exploring innovative financing mechanisms.

Countries will be encouraged to explore innovative financing mechanisms to support the resource gaps that they identify. These could include investments in national health insurance financing schemes, national levies and public-private partnerships.

5.

Leveraging existing resources.

National plans for the elimination of new HIV infections among children and keeping their mothers alive will identify existing investments in health and development including those for maternal, newborn and child health and for care, support and education of orphans, and maximize the potential efficiencies gained from programme and service integration. Given the key contribution of family planning to reduce the number of unplanned pregnancies among women living with HIV, linkages with HIV services will be a priority.

COMMUNICATION PRIORITIES

Gaining public support for the elimination of new HIV infections among children and keeping their mothers alive

Eliminating new HIV infections among children and keeping their mothers alive will require widespread public support. Without such support, global, national and community leaders will not support policy changes, resource and investment mobilization as well as implementation efforts.

Increasing uptake of HIV testing and counselling, antenatal coverage, as well as retention in care

A communication campaign is required to mobilize couples to access quality-assured comprehensive HIV services and access to antenatal care for women. Such mobilization can create demand for services, reduce the barriers to access and ensure that women stay in care to obtain the full benefit of services.

Reducing stigma and discrimination faced by women and children living with HIV

Women living with HIV often face stigma and discrimination while accessing health and social welfare services: this limits the impact of services, thus reducing the outcomes of care. Reducing stigma and discrimination is also vital to empowering and giving leadership to women living with HIV for them to demand access to and manage HIV-related services for themselves and their children. Mentor mothers and other women openly living with HIV play a central role in communication campaigns to reduce stigma and discrimination and to mobilize the demand for and sustained use of services.



COMMUNICATION ACTIONS

To promote the goal of elimination of new HIV infections among children and keeping their mothers alive, education and mobilization will be undertaken by countries and at the global level. A particular focus will be placed on building engagement among communities and civil society, linking with their aspirations and addressing their concerns, with special attention to the communities of women living with HIV, and to ensuring that any campaigns reduce stigma and discrimination against pregnant women and mothers living with HIV, and do not inadvertently intensify the issues many women face.

1.

National campaigns.

To create an enabling environment for the uptake of HIV services and increased community engagement, countries will undertake national campaigns.

These initiatives will be in synergy with existing behaviour and social change efforts including those on HIV prevention and treatment as well as maternal, newborn, child and reproductive health. The objectives for country-level campaigns will be based on the national plans and could include the following:

- Education and awareness
- Promotion of services, including treatment for pregnant women and their male partners
- Reduction of HIV- and gender-related stigma and discrimination
- Community engagement, including families and men
- Mobilization of resources
- Accountability
- Sharing of best practices

2.

Global campaign.

A global campaign will be launched to promote the goal of eliminating new HIV infections among children and keeping their mothers alive. These efforts will increase interest and support behind the Global Plan and provide a communication framework and branding platform for all partners to use in promoting their individual programmes related to the elimination of new HIV infections among children and keeping mothers alive. Some of the objectives would include:

- Advocacy around the goal of the Global Plan
- Accountability
- Resources

The global campaign will seek to develop linkages and synergies with existing undertakings by partner organizations, including advocacy and communication efforts in support of the implementation of the United Nations Secretary-General's *Global Strategy for Women's and Children's Health*.

The campaign will be built around a uniting theme and generic identity that will provide partners with the flexibility to create their own campaigns that are suited to their audiences and programme goals.



DO IT: IMPLEMENTATION

The Global Plan focuses on a broad spectrum of countries. Given their differences in needs, contexts and stages of progress in implementation, specific actions at the country level towards elimination of new HIV infections among children and keeping their mothers alive must be appropriately tailored to each national and subnational setting. However, despite the diversity of country contexts and conditions, many of the implementation challenges are similar, all countries should seek to achieve a core set of programmatic and policy benchmarks towards attaining their national goals.

This emphasizes treatment for pregnant women and mothers for their own health as well as access to family planning. National plans will be implemented based on the four-pronged approach outlined earlier in the Global Plan.



COUNTRY IMPLEMENTATION ACTIONS*: 10-POINT PLAN

The 10-point plan for accelerated action is a framework that enables each country, regardless of its circumstances, to take concrete steps to accelerate its progress towards eliminating new HIV infections among children and keeping their mothers alive.

1.

Conduct a strategic assessment of key barriers to elimination of new HIV infections among children and keeping their mothers alive.

Countries will undertake a rapid assessment of current prevention of mother-to-child transmission of HIV programmes and the current implementation plan. This will include identifying the critical policy and programmatic gaps and barriers to accelerating scale up, as well as the opportunities for advancing progress toward the goals of elimination of new HIV infections among children and keeping their mothers alive.

2.

Develop or revise nationally-owned plans towards elimination of new HIV infections among children and keeping their mothers alive and cost them.

Countries will develop, or revise existing, national plans, ensuring that they include clear goals and targets and strategic elements towards elimination of new HIV infections among children and keeping their mothers alive, if this has not yet been done. These plans will include a tracking mechanism for measuring step-wise progress and a thorough costing of essential programmatic interventions. They will also link appropriately to national maternal and child health goals and contribute to strengthening maternal, newborn and child health services and systems.

Plans should include updating of national guidelines in accordance with best practices and a time frame for rapid implementation, outline steps to remove barriers to scale up,

costing analysis to guide investments, and strengthening of monitoring and evaluation frameworks for tracking success.

In particular, the targets in these plans will be expressed in terms of the number of new HIV infections in children and the number of HIV-related maternal deaths averted. The plan will therefore specify linkages to the ongoing monitoring of the estimated numbers of new HIV infections in children (not just coverage) at the sub-national level such as by region, province, or district beyond the breastfeeding period, and the monitoring of the survival of mothers and their retention in care services. Plans should also reflect current global guidelines for treating pregnant women living with HIV, preventing HIV infection in infants, and infant feeding early infant diagnosis and treatment for children and the rapid phasing out of single-dose nevirapine prophylaxis, as appropriate.

National plans will include explicit mechanisms for effective referral of infants diagnosed with HIV into appropriate treatment and care, as well as referrals for continued treatment, care and support for their mothers after the breastfeeding period ends.

Strategies for effectively engaging the community in all aspects of service scale up—demand creation, uptake and client retention—will be clearly articulated within these plans.

3.

Assess the available resources for elimination of new child HIV infections and keeping their mothers alive and develop a strategy to address unmet needs.

Countries will conduct a mapping of the resources available for eliminating new HIV infections among children and keeping their mothers alive to identify financing gaps, including critical health system gaps. Each country will develop and implement a resource-leveraging strategy to increase investments from domestic, international and private sources. Countries will regularly revisit resource allocation in light of how programmes perform, evolving national priorities and new technical evidence.

4.

Implement and create demand for a comprehensive, integrated package of HIV prevention and treatment interventions and services.

Countries will ensure that national plans reflect a comprehensive package, including promoting HIV prevention among women of reproductive age, meeting unmet family planning needs of women living with HIV, providing antiretroviral prophylaxis to reduce mother-to-child HIV transmission and extending care and treatment to all eligible pregnant women living with HIV and their infants living with HIV. All programmes should reflect the latest global guidelines and evidence-informed solutions to overcome the barriers to elimination of new HIV infections among children, and reducing HIV-related maternal mortality.

**These 10 points are mostly applicable to the 22 priority countries. Other countries with low and concentrated epidemics should adapt these to their local contexts.*

5.

Strengthen synergies and integration fit to context between HIV prevention and treatment and related health services to improve maternal and child health outcomes.

Countries will promote integration between HIV services for pregnant women and maternal, newborn and child health, family planning, orphans and vulnerable children, and other relevant programmes and services in order to expand the coverage of HIV services, increase access, strengthen linkages and referrals, improve quality and optimize the use of resources. Countries will do this in particular by integrating the provision of HIV testing and counselling, antiretroviral prophylaxis and treatment into antenatal care and maternal, newborn and child health services. In addition, the provision of family planning will be integrated into HIV programmes for women living with HIV. Depending on the national context, countries may seek to strengthen the maternal, newborn and child health and antenatal care platforms.

6.

Enhance the supply and utilization of human resources for health.

Through policy and regulatory reform, including task-shifting and task-sharing, countries will develop and implement a plan that addresses shortages of qualified health professionals including schemes for recruiting, training, deploying and retaining health care workers and mobilizing resources from domestic and international sources.

Task-shifting measures will include enabling all health centres and nurses to perform HIV rapid tests, provide antiretroviral prophylaxis, and maintain antiretroviral therapy. National training curricula will be revised as necessary to ensure that all incoming and current health care workers possess the requisite skills to implement optimal programmes. Where feasible, community health care workers will be trained and empowered to perform rapid HIV testing, referrals for antiretroviral therapy and provide support for adherence and maintenance. Opportunities will also be promoted for training mentor mothers and other women living with HIV to provide education and support in health care facilities and communities for pregnant women and new mothers living with HIV.

7.

Evaluate and improve access to essential medicines and diagnostics and strengthen supply chain operations.

As appropriate, donors will provide assistance assess supply requirements and system functionality including improving product and supply chain management down to the lowest level of care, and national and subnational capacity for commodity planning, forecasting, and operational follow-up. Countries will be supported in improving access to essential commodities, and in strengthening laboratory systems and point-of-care capacity to deliver the necessary diagnostic services, including rapid HIV testing, DNA polymerase chain reaction (PCR), CD4 measurement and haemoglobin tests in primary care where feasible. Such services should continually evolve over time by introducing and rolling out promising new technologies.

Systems should be simplified, procurement plans developed, the private sector involved, South–South cooperation promoted, and region-wide frameworks for manufacture, procurement and regulation of drugs developed to reduce costs and promote sustainability.

8.

Strengthen community involvement and communication.

Countries will strengthen the capacity of communities, especially networks and support groups of women living with HIV, to increase their ownership of and participation in outreach activities and service delivery. Communities will be involved at all levels of planning, implementation and monitoring of programmes to increase the demand and use of services, as well as follow-up support for programmes for prevention of mother-to-child transmission of HIV and maternal, newborn and child health services. Community expertise will be further leveraged to promote the greater involvement of women living with HIV as well as men in programmes, to create a more supportive environment for meeting family planning needs, providing infant care and reducing HIV-related stigma and discrimination, including through their participation in communication campaigns.

STRENGTHENING THE ROLE OF FRONTLINE COMMUNITY HEALTH CARE WORKERS

Achieving the goal of eliminating new HIV infections among children and keeping their mothers alive will require stronger sustainable human resources for many health systems. Community health care workers can be professionalized into a grassroots paid workforce that strengthens the country's basic building blocks of health-related human resources. WHO guidelines recommend that community health care workers can perform many of the tasks related to prevention of mother-to-child transmission of HIV. Community health care programmes should be integrated into a nationwide community health system that standardizes basic training, procedures and protocols that include referrals and follow up.

Countries must harness the capacities of communities by involving, for example, women living with HIV and mentor mothers—a mother living with HIV who is trained and employed as part of a medical team to support, educate and empower pregnant women and new mothers about their health and their babies' health—to extend capacity, provide education and support and address the complex psychosocial issues many women face in the community and in health services.

9.

Better coordinated technical support to enhance service delivery.

Countries will promote coordination of essential interventions by various partners in alignment with the "Three Ones" principles, ensuring that national priorities are addressed, identified gaps are filled and duplication of efforts is minimized. Direct and tailored technical support will be provided to rapidly respond to diverse country needs around programme scale up toward elimination of new HIV infections among children and keeping their mothers alive. Technical support will be coordinated to strengthen all maternal, newborn and child health programmes, especially in countries where antenatal coverage is weak.

10.

Improve outcomes assessment, data quality, and impact assessment.

Tools will be developed and implemented for assessing and reporting of antiretroviral prophylaxis and therapy as well as family planning data by enhancing central monitoring and evaluation as well as at the community levels where services are provided. Operational research and impact assessments on HIV infections averted or reduction in transmission rate should use sound methodologies such as the global impact assessment protocol for prevention of mother-to-child transmission of HIV in addition to modelling approaches. It will be important to ensure that all partners support, use, and respect the national monitoring and evaluation system for reporting their project and programme data and that monitoring and evaluation activities strengthen health information systems.



GLOBAL AND REGIONAL ACTIONS

1.

Global and regional partners will align with national plans towards elimination of new HIV infections among children and keeping their mothers alive.

All global and regional partners will align with the national implementation plans for the elimination of new HIV infections among children and keeping their mothers alive and support these in accordance with the "Three Ones" principles as well as the *2005 Paris Declaration on Aid Effectiveness*.

2.

Make available rapid technical support—global and South-South.

Requests for technical support at the national and subnational levels will originate from within countries. The technical support will be provided by global partners—including international and bilateral organizations, regional bodies and offices, civil society, academic institutions and the private sector. Country-to-country support will be promoted, especially among countries with similar health systems and epidemiological characteristics. Countries with expertise in scaling up HIV prevention and treatment programmes for mothers and children will support other countries where possible by exchanging technical experts, sharing best practices and supporting long-term capacity-building.

Technical assistance will be provided within the context of the technical support plan developed by the Inter-Agency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children co-convened by WHO and UNICEF, together with regional and country partners with the broad oversight of the Global Steering Group.

3.

Global guidelines will be revised.

Global guidelines on HIV prevention and treatment will be revised periodically to reflect advances in science and programme experience to simplify and deliver optimal programmes for women and children.

ACCOUNT FOR IT: SHARED RESPONSIBILITY—SPECIFIC ACCOUNTABILITY

Adopting the elimination of new HIV infections among children and keeping their mothers alive as a goal requires countries to manage myriad complexities in existing structures, programming approaches, funding and support systems. Good governance must promote transparency, interaction and accountability at all levels—community, national and global. As such, the accountability mechanisms will combine the elements of community charter, annual national progress reviews and a global steering group with an arena for reporting and assessing progress. In addition, clear targets and milestones for 2015 and a clear framework to monitor and measure progress are an essential part of this Global Plan.

ACCOUNTABILITY PRIORITIES

Developing structures for shared responsibility and accountability

National accountability mechanisms will reflect the different responses and contexts in different countries. The global and regional level structures will need to support national level ownership and leadership for a renewed and repositioned initiative aiming to achieve real progress toward eliminating new HIV infections in children with increased focus on treatment of their mothers for their own health.

Building community capacity to monitor progress

Clear contracts and reliable data and information represent the basis for mutual accountability: for governments and partners to each other, and to the people who need, use and benefit from the services. Systems need to be in place to collect essential data to support accountability and the capacity of communities needs to be built to use the data for programme planning, implementation and course correction. At same time, the currently high burdens of data collection and reporting must be reduced. The indicators in current use will be reviewed to minimize the burden of data collection and reporting.

Developing new metrics for measurement

The shift from coverage scale up to elimination of new HIV infections among children and keeping them and their mothers alive calls for improved reporting on access, coverage, results and impact. This change of focus will make countries and partners more accountable and able to focus on the desired result rather than the process and individual substrategies.



Strengthening linkages with existing accountability initiatives

A key opportunity is to ensure that the accountability framework for elimination of new HIV infections among children and keeping their mothers alive supports the recently agreed accountability framework for the United Nations Secretary General's *Global Strategy for Women's and Children's Health*, as well as those for the achievement of the Millennium Development Goals and the targets for achieving universal access to HIV prevention, treatment, care and support. At the national level, this will facilitate joint planning and combined efforts to mobilize resources and encourage a more synergistic approach to monitoring and evaluation.

Target setting and monitoring progress

The Global Monitoring Framework and Strategy for the Elimination of New Child Infections by 2015 developed by WHO and UNICEF provides specific information on the indicators and measurement methodologies for tracking the progress made. To keep implementation milestones on track, there is need for a robust reporting mechanism and core indicators for measuring success at the global, national and subnational levels.

1.

National Steering Group.

Where they do not already exist, each country will establish a high level national steering group chaired by the Minister of Health, with participation from key stakeholders, including women living with HIV, and representatives of other relevant Ministries. The steering group will be tasked to:

- A** | Lead, coordinate and oversee core aspects of in-country efforts towards elimination of new HIV infections among children and keeping their mothers alive.
- B** | Oversee a rapid assessment of existing national policies and plans where appropriate, including bottlenecks to progress.
- C** | Ensure that national plans, policies, and targets are updated, and annual country work plans are developed where appropriate, to accelerate progress toward elimination of new HIV infections among children and keeping their mothers alive.
- D** | Ensure that the "Three Ones" principles are applied in a manner that strengthens national ownership of HIV and related maternal, newborn and child health programmes.
- E** | Unify and harmonize the work of all stakeholders.
- F** | Advocate for accelerated programme scale up and improved service quality.
- G** | Ensure that the efforts to eliminate new HIV infections contribute towards improved maternal and child health outcomes.

2.

Community accountability actions.

Every pregnant woman should have access to predictable and quality services for a successful outcome of the pregnancy, and to assist her through the breastfeeding period and beyond to secure the best possible outcomes for mother and baby. Community charters will be developed in each country and adapted and implemented at the community level.

Such community charters will spell these out clearly critical requirements and ensure that health care providers are equipped to provide them. The implementation of these charters will be monitored in the community by groups including local leaders, local chapters of people living with HIV— including women living with HIV, health care providers, and civil society organizations. These groups should be resourced to perform these programme monitoring and responsiveness functions. Regular monitoring of progress at the ground level can help feed into the national monitoring process and build pressure for creating demand and sustained action.

3.

Global Steering Group.

A small, high level and action-oriented Global Steering Group will be established, with representation from the key constituencies including high-burden countries, donors, programme implementers, women living with HIV, civil society organizations, foundations, corporations and the United Nations. The group will have 7–9 members. The Global Steering Group will initially be co-chaired by UNAIDS and the United States President's Emergency Plan for AIDS Relief (PEPFAR) and this chair will rotate among members. The Global Steering Group's role will be to provide oversight on the implementation of the Global Plan and ongoing accountability for progress towards the agreed goal. Some of the tasks of the Global Steering Group include the following:

A | Mobilizing leadership

The Global Steering Group will work with donor countries, the heads of WHO, UNICEF, UNFPA, the World Bank and UNAIDS (the H4+) and African political bodies such as the African Union, AIDS watch Africa, NEPAD, SADC, ECOWAS to mobilize political support for high level leadership on, and active engagement in, country-driven efforts. The "Champions for an HIV-Free Generation" and the Organization of African First Ladies against HIV/AIDS (OAFLA) will also be involved in this context.

B | Ensuring Technical Support

The Global Steering Group will work with and through the IATT on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children and regional facilities to ensure the review, response and necessary follow-up to requests from countries for the full range of country defined needs for technical and managerial support and capacity-building.

C | Tracking results

The Global Steering Group will ensure the timely monitoring of global progress including an annual review and report on the implementation of the Global Plan towards the elimination of new HIV infections among children and keeping mothers alive. The Global Steering Group will convene annual progress reviews on the sidelines of the World Health Assembly in Geneva, Switzerland with Ministers of Health from priority and donor countries, each year until 2015.

D | Mobilizing resources

The Global Steering Group will support efforts to harmonize cost categories, analyze funding gaps and strengthen expenditure tracking both nationally and globally. In particular, it will bring identified resource gaps to the attention of governments as well as to existing and potential private sector investors.

E | Defining an Accountability Framework

The Global Steering Group will develop an accountability framework that outlines the responsibilities for tracking progress toward achieving global goals and country targets and leadership commitments. It will also ensure strong linkages between elimination of new HIV infections in children, and other related frameworks, including following up on a recommendation by the United Nations Commission on Information and Accountability for Women's and Children's Health for monitoring progress in implementing the United Nations Secretary-General's *Global Strategy for Women's and Children's Health*, progress in achieving the Millennium Development Goals, and progress in other global and regional initiatives. The Commission on Information and Accountability has recommended the monitoring of the scale up of both antiretroviral prophylaxis and antiretroviral therapy for pregnant women as core women and children health indicators. In doing its work, the Global Steering Group will, to the fullest extent practicable, utilize existing structures and rely on the wealth of technical expertise and global and in-country capacity of organizations involved in both the Global Steering Group itself and the Global Task Team.

June 2011

October 2011

- **Country targets and milestones**

- **Global targets and milestones**

- **Regional targets and milestones**

- A Global Steering Group will have been established to oversee global progress and hold key stakeholders accountable.

- Countries will have conducted a rapid assessment of where they 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 including demand-side barriers, and the targeted technical assistance and capacity-building needed for accelerating progress.

- Baselines and targets will have been established for the elimination of new HIV infections among children and keeping their mothers alive.

- The Global Steering Group will have supported countries in conducting rapid assessment of their status vis-à-vis achieving elimination of new HIV infections among children and keeping their mothers alive.

- The Global Steering Group will have developed and activated mechanism for rapid response technical assistance to meet country-defined needs for support towards achieving the elimination of new HIV infections among children by 2015 and keeping their mothers alive.

January 2012

- Country leaders will have fully included the elimination of new HIV infections among children and reduction by half of HIV-associated pregnancy-related deaths into their national development frameworks and health plans.

- Countries will have developed, or revised, decentralized country-level action plans for eliminating new HIV infections among children and keeping their mothers alive that reaches every district. These plans should include clear goals and targets towards elimination, a tracking mechanism for measuring stepwise progress, and a thorough costing of essential programmatic interventions and a plan to track the survival of mothers living with HIV and their retention in care and on treatment for their own health and well-being.

- Countries will have conducted an expenditure analysis, harmonized expenditure categories as needed, identified financing gaps in their action plans, and have developed and begun to implement a strategy for increasing financial assistance from domestic and international sources to support the Global Plan.

- National guidelines on treatment of pregnant women living with HIV, prevention of mother-to-child transmission of HIV and on infant feeding and HIV will have been reviewed and revised as appropriate. National guidelines will be updated throughout the life of the Global Plan in accordance with any revisions to WHO global guidelines.

- In the 22 priority countries, a policy review will have been conducted to decentralize and task-shift essential HIV activities to the primary care and the community levels.

- The IATT on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children will have provided the requested support to countries in reviewing and revising national guidelines on treatment of pregnant women living with HIV, prevention of mother-to-child transmission of HIV and infant feeding and HIV.

- The IATT on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and their Children will have provided requested support to countries in conducting policy reviews to decentralize and task-shift essential HIV activities to the primary care level and the community level.

- Development partners will have aligned their financial and technical assistance with revised national action plans for elimination of new HIV infections among children and keeping their mothers alive.

- Regional frameworks for eliminating new HIV infections among children and keeping their mothers alive will have been finalized or revised.

- Regional strategies for the provision of South–South technical assistance and support for capacity-building towards eliminating new HIV infections among children and keeping their mothers alive will have been developed and rolled out.

May 2012

- Countries will have reported on the estimated number of new HIV infections among children averted and the number of their mothers kept alive in the first year of the Global Plan.

- Community charters will have been developed and enacted in 50% of provinces or districts.

- All countries will have established baselines regarding essential commodity needs for elimination of child infection and keeping mothers alive by 2015, including rapid HIV tests, CD4 counts, antiretroviral drug and early infant diagnostics.

- Relevant support and management capacity of country teams and development partners in priority countries will have been increased.

- The Global Steering Group will have reported on the estimated number of new HIV infections among children averted and the number of their mothers kept alive in the first year of the plan.

- Metrics for measuring the survival of mothers with HIV will be established, agreed and tracked in the 22 priority countries.

- The estimated number of new HIV infections in children is reduced by 25% from the 2010 level.

- The estimated number of HIV-associated pregnancy-related deaths is reduced by 10% from the 2010 level.

- All countries would have phased out single-dose nevirapine prophylaxis and adopted more effective antiretroviral regimens for women and children.

May 2013

- The estimated number of new HIV infections in children is reduced by 50% from 2010 levels in at least 10 high-burden countries.
- Relevant targets are met in at least half of the districts or provinces in the country.
- Every district reports regular supplies of drugs and commodities and no stock-outs.
- The estimated number of new HIV infections in children is reduced by 50%.
- The estimated number of HIV-associated maternal-related deaths is reduced by 25%.
- New global guidelines for antiretroviral prophylaxis and antiretroviral therapy have been issued, recommending simpler and more effective drug regimens and approaches.
- At least three regions will declare that they have reached the regional initiative targets.

May 2014

- The estimated number of new HIV infections in children is reduced by two-thirds in at least 15 high-burden countries.
- Targets are met in at least two-thirds of the provinces or districts in the country.
- The estimated number of new HIV infections in children is reduced by two-thirds from the 2010 level.
- The estimated number of HIV-associated pregnancy-related deaths is reduced by one-third from the 2010 level.
- Fifteen of the 22 priority countries will have met the targets.

End of 2015

- The estimated number of new HIV infections in children is reduced by at least 85% in each of the 22 priority countries.
- The estimated number of HIV-associated pregnancy-related deaths is reduced by 50%.
- All countries will have met the targets for elimination of new HIV infections among children and keeping their mothers alive.
- All regions will declare that they have reached the regional initiative targets.





GLOBAL GOAL:

To accelerate progress towards the elimination of new child infections by 2015 and keeping their mothers alive.

Two overall targets and one target for each of the four prongs of comprehensive packages of elements to elimination new HIV infections among children and keeping their mothers alive will be tracked to assess progress towards the global goal of elimination of new HIV infections among children and reducing HIV-associated pregnancy-related deaths by half.

Global Target 1:

Reduce the number of new childhood HIV infections by 90%.

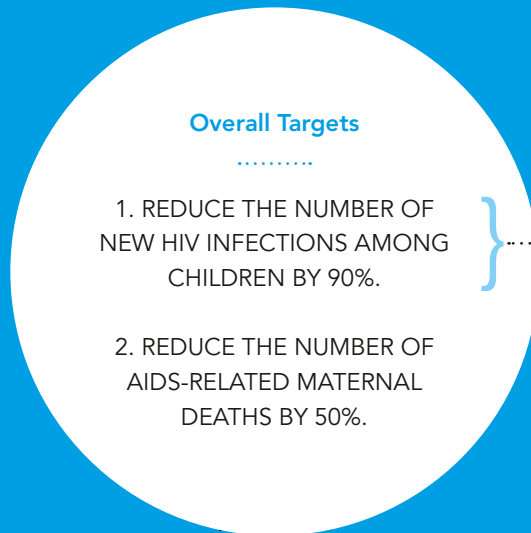
The target of reducing new childhood HIV infections by 90% reflects the contributions of the four-pronged strategy for preventing the mother-to-child transmission of HIV and signifies the importance of a comprehensive approach. While it is recognized that the 90% target by 2015 is an aspiration, significant progress towards this target can and must be made. This metric captures progress by including at least three of the four prongs outlined in pages 8-9. It not only includes the effects of the reduction of transmission of HIV from mother to her child (prong 3), but also captures the effects of the reduction of HIV incidence in women of reproductive age (prong 1) as well as the effects of increased use of family planning services for women living with HIV (prong 2), which will ultimately reduce the number of HIV infections in children.

Global Target 2:

Reduce the number of HIV-related maternal deaths by 50%.

Keeping mothers alive is imperative in its own right. Further, the impact of keeping children alive and HIV-free will be lost if their mothers are not also kept alive. The target of a 50% reduction in HIV-related maternal deaths is in line with the goals set out in the Countdown to 2015 initiative for maternal, newborn and child survival and the UNAIDS *Getting to zero: 2011–2015 strategy*. The indicator captures a broader package of HIV and maternal, newborn and child health services—a critical step for achieving the goal of this Global Plan. The indicator is the number of HIV-related deaths among women who were either pregnant or gave birth in the preceding six weeks.

TARGETS AND INDICATORS*



Reduce AIDS-related infant deaths by >50%.

Provide antiretroviral therapy for all HIV infected children.

Prong 1 Target

Reduce HIV incidence in women 15-49 by 50%.

Prong 2 Target

Reduce unmet need for family planning to zero (MDG goal).

Prong 3 Target

Reduce mother-to-child transmission of HIV to 5%.
 90% of mothers receive perinatal antiretroviral therapy or prophylaxis.
 90% of breastfeeding infant-mother pairs receive antiretroviral therapy or prophylaxis.

Prong 4 Target

Provide 90% of pregnant women in need of antiretroviral therapy for their own health with life-long antiretroviral therapy.

*Additional indicators have been developed for the 22 priority countries. See the Global Monitoring Framework and Strategy for the Elimination of New Child Infections by 2015 developed by WHO and UNICEF.

CALL TO ACTION: TOWARDS ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN AND KEEPING THEIR MOTHERS ALIVE

*We believe that by 2015, children everywhere
can be born free of HIV and their mothers remain alive.*

TOWARDS THE 2015 TARGETS:

Governments will:

- Provide informed and transformative leadership to make the elimination of new HIV infections among children and keeping their mothers alive a high priority at national, regional and local levels and maximize strategic opportunities for collective action.
- Ensure that countries have a current, country-driven comprehensive and costed plan covering implementation at the national, district and subdistrict levels, including: identifying and addressing policy, programmatic, and managerial barriers to progress.
- Increase both domestic and external investments for programmes based on a robust gap analysis.
- Remove financial obstacles such as user fees that hinder women from seeking services; protect health budgets impacting elimination of new HIV infections among children and keeping their mothers alive from reductions and cutbacks.
- Address HIV- and gender-related stigma and discrimination and other related barriers to the effective uptake of essential services and client retention.
- Global leaders will promote and support synergies and strategic integration between programmes for preventing HIV transmission among children and programmes for maternal, newborn, child and reproductive health to save lives.
- Ensure that investments are made in scaling up services, in creating demand for services, and in removing barriers to access and sustained use.
- Ensure that a fit-for-purpose approach is implemented at all levels including the necessary financial and human resources.
- Ensure that all four prongs of prevention of mother-to-child transmission of HIV programmes are implemented and develop a performance-based accountability framework.
- Strengthen strategic alliances to improve the sustainability of the response to HIV, such as by manufacturing AIDS-related supplies and equipment where appropriate.



Civil society, including networks of mothers living with HIV will:

- Sensitize leaders at all levels to support evidence-informed decision-making.
- Hold governments and others accountable through constructive advocacy and partnerships.
- Provide leadership and innovation in programme delivery, such as through task-shifting and task-sharing.
- Strengthen the engagement of women living with HIV, men and couples in HIV prevention and treatment programmes for mothers and children and ensure that programmatic approaches do not unduly burden women or inadvertently exclude children.
- Fully participate in designing and implementing programmes and monitoring and accountability structures to deliver HIV prevention and treatment services—and be provided with funding commensurate with their service delivery.
- Establish community accountability structures for feedback, communication and problem-solving between women's groups, local communities, community-based and faith-based service providers and state-provided health systems personnel.
- Unify global, regional and national civil society and activist groups in their advocacy to demand concrete action by governments, donors and international agencies to support women and communities.

Donor countries and global philanthropic institutions will:

- Support funding, provide technical support and build capacity particularly in the areas of financial management and programme implementation.
- Incorporate the strengthening of health systems into donor support, including innovative approaches to the strengthening of human resources for health.
- Strengthen donor coordination to maximize synergies and reduce the reporting burden of countries in accordance with the "Three Ones" principles.
- Intensify support based on the country needs and burden.
- Build in transparency mechanisms and provide equity-based financing.
- Provide streamlined funding driven by country requests avoiding parallel structures that complicate or undermine country priorities.
- Provide funding to support preventing of mother-to-child transmission of HIV through the strengthening of maternal, newborn, child and reproductive health services.



The United Nations and other multilateral organizations will:

- Ensure global coherence of efforts in the goal towards the elimination of new infections in children and keeping their mothers alive.
- Provide clear and simple science-based guidance for HIV prevention and treatment for mothers and children to enable rapid adoption and utilization.
- Develop rapid response mechanisms to respond to countries needs, including South–South technical support.
- Develop a strong accountability framework that can be adapted at the country, global and regional levels to support countries in preparing their clear goals and targets.
- Develop robust monitoring and evaluation mechanisms towards the achievement of these goals and targets, ensuring that the data are used at the local level.
- Articulate the response for countries with low and concentrated epidemics and outline actions and linkages towards the global goal of eliminating new infections in children and keeping their mothers alive.
- Provide guidance on the effective integration of prevention of mother-to-child transmission of HIV programmes and maternal, newborn, child and reproductive health services for countries to draw on, including measurement and evaluation parameters.

The business community will:

- Advocate for the elimination of new HIV infections among children and keeping their mothers alive within the business community.
- Support scaled up and accelerated programmatic responses, including more efficient service delivery models.
- Strengthen innovations and simplification in service delivery instruments such as HIV diagnostics and drug regimens.
- Provide lessons from the private sector that can be used in the health care service delivery systems, such as logistics and resource management supply chain management. directly support implementation in a country and provide technical support in these areas.
- Ensure comprehensive services for prevention of mother-to-child transmission of HIV for employees and communities, for employees based in high-burden countries; provide responsive leadership involving men and women.



Health care workers and their professional associations will:

- Contribute to programme and project planning as valued partners on the frontlines in the effort towards the elimination of new infections among children and to keep their mothers alive.
- Provide highest-quality HIV prevention and treatment services to pregnant women living with HIV and their families and work towards a one-stop service for women in order to maximize access and efficiencies.
- Eliminate stigma and discrimination in health care settings towards people living with HIV.
- Support partnerships with mentor mothers, women living with HIV and their communities and adopt innovations such as task shifting and task sharing; recognize mothers living with HIV and members of communities as important advocates and essential contributors to service delivery systems.
- Expand and professionalize the community health worker workforce.
- Ensure that health care providers living with HIV can also receive services for preventing mother-to-child transmission of HIV without fear of stigma.

Academic and research institutions will:

- Simplify treatment regimens and service delivery systems to enable accelerated scaling up of programmes.
- Accelerate innovations for improved service delivery especially early infant diagnosis and paediatric-related elements of HIV care and treatment.
- Support operations research to better understand how to optimally deliver and maximize the impact of integrated prevention of mother-to-child transmission of HIV services and maternal, newborn, child and reproductive health services.
- Conduct operations research on new models of care, especially in the context of managing HIV as a chronic disease.

Global Task Team Members

GLOBAL TASK TEAM ON THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN AND KEEPING THEIR MOTHERS ALIVE

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Côte d'Ivoire
Democratic Republic of the Congo
Djibouti
Ethiopia
France
Ghana
India
Japan
Kenya
Lesotho
Malawi
Mexico
Mozambique
Namibia
Nigeria
Norway
Rwanda
South Africa
Sudan
Swaziland
Uganda
United Kingdom
United Republic of Tanzania
United States of America
Zambia
Zimbabwe

International organizations

African Development Bank
Bill & Melinda Gates Foundation
Global Fund to Fight AIDS,
Tuberculosis and Malaria
Islamic Development Bank
UNITAID

**Civil society organizations
and the private sector**

AIDS-Free World
Born HIV Free
BD
CARE
CARITAS Internationalis
Children's Investment Fund Foundation
(CIFF)
Christian Health Association of Kenya
Clinton Health Access Initiative (CHAI)
Dream
Earth Institute
Elizabeth Glaser Pediatric AIDS Foundation
International Center for AIDS Care and
Treatment Programs (ICAP)
International Community of Women with
HIV/AIDS (ICW) and Global Network of
People Living with HIV/AIDS (GNP+)
International Planned Parenthood
Federation
Johnson & Johnson
Mac Foundation
Merck
Mothers2Mothers
ONE Campaign
Partnership for Maternal, Newborn
and Child Health

Positive Action for Treatment
Access, Nigeria

Roche
Saint Egidio
Tapestry Networks
The Lancet
ViiV Healthcare
Women Deliver

Regional bodies

African Union
Caribbean Community (CARICOM)
New Partnership for Africa's
Development

United Nations

Executive Office of the Secretary-General
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