Eba Ndongo with her baby Carla, at the post-natal clinic at the Ebolowa Regional Hospital, Cameroon.

GOING THE 'LAST MILE' TO EMTCT:
A road map for ending paediatric HIV worldwide

IN LESS THAN TWO DECADES, the global paediatric HIV epidemic has been transformed, as the number of new child infections resulting from mother-to-child transmission has been more than halved, decreasing from over 400,000 in 2000 to 160,000 in 2018. But the pace of the decline has slowed in recent years. At the current rate, there is growing concern that progress towards the elimination of mother-to-child HIV transmission (EMTCT) has stalled and that targets for the year 2020 – fewer than 20,000 new child HIV infections – will be missed by a substantial margin.

Failure to revitalize and strengthen the efforts that achieved one of the most notable successes of the global HIV response would have devastating repercussions on the health and well-being of hundreds of thousands of mothers living with HIV and their children. UNICEF and partners are introducing a new road map to help countries put their EMTCT efforts back on track. It is based on the recognition that the 'last mile' in the long journey to fully defeat vertical transmission has proved to be the most difficult one to travel, and that a new structured and coordinated approach is needed to reduce the number of new infant HIV infections at the country level so that elimination is once again in sight.

The Last Mile to EMTCT road map is intended to serve as operational guidance for national programmes that have adopted universal lifelong antiretroviral therapy (ART) for all pregnant and breastfeeding women living with HIV, an approach recommended by the World Health Organization (WHO). While the road map has global ambitions, it outlines a flexible process that is highly local in practice, recognizing that because the relative 'distance' to EMTCT may vary by country, subregion and region, national programmes must address local priority areas to achieve EMTCT in an efficient and directed manner.

UNAIDS
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The Road Map in Action: Steps along the way

AT ITS CORE, the road map seeks to identify programmatic gaps in EMTCT and then plan and prioritize new strategies to address those gaps through a consultative process with key stakeholders. Overall, as presented in the table below, the process involves four major steps encompassing eight activities.

LAST MILE TO EMTCT ROAD MAP

STEPS	ACTIVITIES
1 Developing a consultative process	• Identify a country team to drive assessment and planning processes
2 Taking stock of progress and remaining gaps in EMTCT	• Conduct a missed opportunity analysis • Characterize and contextualize programmatic gaps using data from other sources
3 Planning and prioritizing	• Articulate the priority factors necessary for programmatic change • Prioritize interventions according to gaps and contextual factors • Seek broader stakeholder engagement and finalize strategies, guidelines and/or policies
4 Implementing, monitoring and evaluating for EMTCT	• Disseminate planned strategies, guidelines and/or policies • Monitor and evaluate implemented interventions

STEP 1

First, national programmes are encouraged to **develop a consultative process** for EMTCT evaluation and planning, which will result in the **establishment of a country team** to play a central role in all Last Mile to EMTCT activities. Given the cross-cutting nature of EMTCT, the make-up of the team should be as broad as possible, ensuring the participation of community stakeholders as well as funders, partners, United Nations agencies, academicians and researchers, under the leadership of the national HIV programme. Government representatives should include treasury or finance ministry colleagues, as well as programme officials and stakeholders working in maternal and child health, sexual reproductive health and broader HIV prevention (including HIV testing).

STEP 2

In the second step, programmes **take stock of progress and remaining gaps in EMTCT.** An initial activity would be to use the UNAIDS Spectrum model to conduct **a missed opportunities analysis** and generate a stacked bar chart that quantifies the number of new child HIV infections and their root causes (*see Figure 1*).

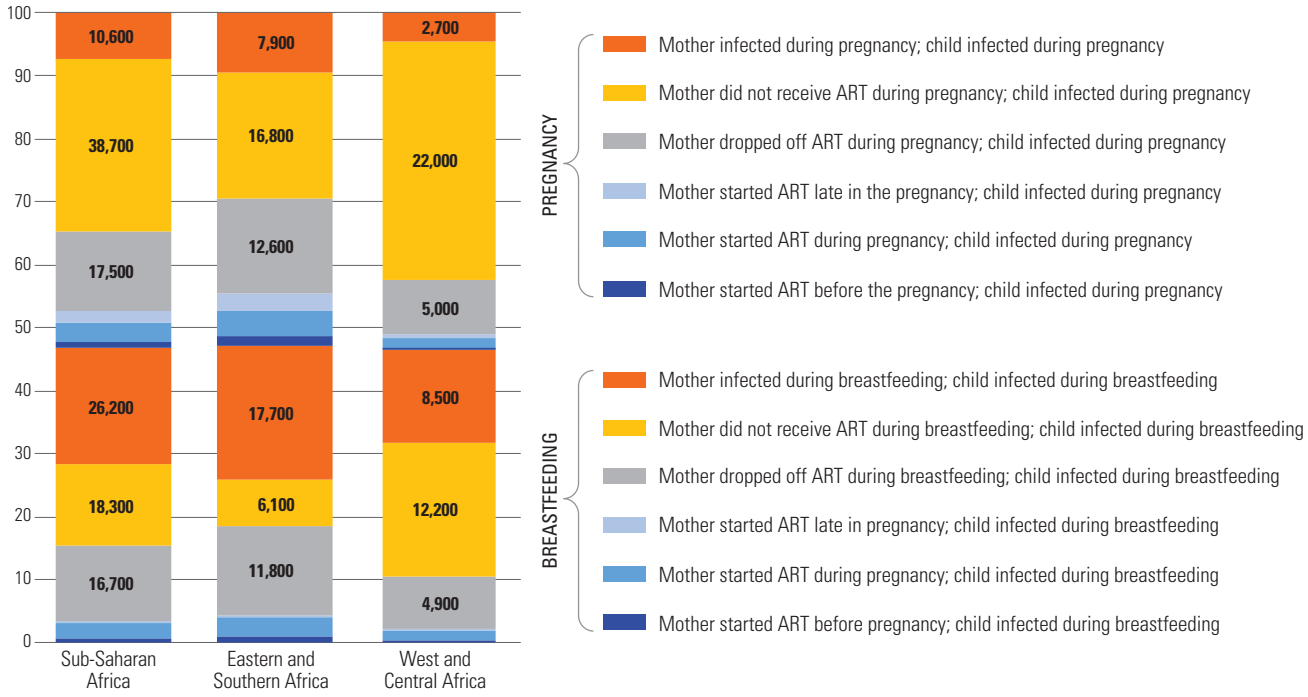
The second activity in this step builds on this work by **highlighting the contextual factors** – including programmatic gaps – that may contribute to poor outcomes. The main objective of this activity is to produce a fuller picture of the current epidemiologic, programmatic and policy landscapes by reviewing both quantitative and qualitative findings from a wide variety of sources.

STEP 3

After the primary gaps in health services are identified, the next step is to **develop an EMTCT plan** that is tailored to the local setting and addresses the key barriers to optimal service delivery. Activities centre on **planning and prioritizing strategies and interventions** that would be most likely to achieve lasting programmatic change. Criteria to be considered include impact, cost and management, among others.

The comprehensive Last Mile to EMTCT road map categorizes potentially useful interventions across six domains, each of which is mapped to different missed opportunities for EMTCT: HIV prevention services for women, timely access to HIV testing, timely ART initiation, programme retention and adherence support, timely engagement in antenatal care, and services for

Figure 1. PMTCT Stacked Bar: Distribution of new child infections by region, 2018



newborns at highest risk for HIV acquisition. The final activity in this step is for the country team to **gather input from broader stakeholders before finalizing strategies, guidelines and/or policies.**

STEP 4

Implementing the new policies for EMTCT is the final step in the Last Mile to EMTCT road map. The first key activity is to **disseminate the new directives at the national level**, which is typically done through established procedures relevant across the health system. Tailored messaging about new EMTCT guidelines should occur within communities as well, as part of a broader effort to generate the necessary demand for these new services.

Assessing the value and impact of the new interventions is the goal of the last activity of the overall road map: **monitoring and evaluation (M&E)**. Introducing an M&E plan at the same time as the new directives are being disseminated is ideal, and will make these efforts more efficient and productive from the perspective of gathering the most useful data and observations.

CONSIDERATIONS FOR LOW-PREVALENCE COUNTRIES

The Last Mile to EMTCT approach is universal and can be applied in settings of high and low HIV prevalence. However, the specific needs of low-prevalence settings usually differ from those of high-prevalence settings. Perhaps most importantly, particularly in low-prevalence settings, the integration of EMTCT services into routine health services is essential for programme effectiveness and sustainability.

MISSED OPPORTUNITIES FOR EMTCT

Mothers who seroconverted in pregnancy or breastfeeding	A B F
Mothers who received no antiretroviral prophylaxis/treatment	B C E F
Mothers who previously started ART but stopped	D
Mothers who started ART during pregnancy	C D E
Mothers who started ART before pregnancy	C D E
Mothers who started ART just before delivery	C D E F

INTERVENTION DOMAINS

- A HIV prevention services for women
- B Timely access to HIV testing
- C Timely ART initiation
- D Programme retention and adherence support
- E Timely engagement in antenatal care
- F Services for infants at highest risk of HIV acquisition

Conclusion

AFTER DECADES OF PROGRESS, the goals of EMTCT have finally come within reach during the past few years. However, getting close and staying there is not enough. The overall progress and success have shown that evidence-driven planning, coordination and collaboration, coupled with sufficient commitment and resources, can have the desired impact in nearly any context. Through this structured process, UNICEF is charting a course to reach – and complete – the 'last mile' to EMTCT.

FOR MORE INFORMATION, PLEASE CONTACT:

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For the complete white paper, please see: www.childrenandaids.org/last-mile-to-EMTCT

METHODOLOGY

The Last Mile to EMTCT road map was born out of country-level discussions with local policymakers and stakeholders. Through a participatory process similar to the broad-scale consultative one recommended in Step 1 of the road map, UNICEF and WHO engaged public health experts, researchers, donors and other United Nations organizations in the development of this operational guidance.

The Last Mile to EMTCT approach also builds on numerous frameworks and campaigns designed for prevention – and elimination – of mother-to-child HIV transmission at a population level. The goals of the road map are aligned with those of EMTCT efforts globally, which include well-published criteria for validation. In addition, other important opportunities and synergies for the approach can be found in WHO's pillars for PMTCT, first described in 2002; the UNAIDS Fast-Track agenda for ending AIDS as a public health threat; and the Undetectable Equals Untransmittable (U=U) campaign, which provides a simple but effective message to reduce the stigma associated with HIV and motivate people living with HIV to stay on ART and achieve viral suppression.

Bertha Andrews Ndikwege (right) with her baby at a clinic in Dar es Salaam, United Republic of Tanzania. Bertha is living with HIV, but she was able to prevent transmission of HIV to her baby by accessing PMTCT services through Pastoral Activities and Services for People with AIDS, Dar es Salaam Archdiocese (PASADA), a faith-based organization and UNICEF partner.