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Community Prevention of Mother-to-Child Transmission of HIV (c-PMTCT)

World Vision's Integrated Approach

June 2012

Working in maternal and child health, nutrition, HIV and AIDS, and water, sanitation and hygiene

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Cover photo: The Ministry of Health in Zambia has trained community-based caregivers through their Global Health Campaign to carry out basic medical examinations for early detection of diseases affecting children such as malaria and malnutrition.

List of abbreviations

ADP	Area Development Programme
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CCC	Community care coalition
C-Change	Community change
CHW/V	Community health worker/volunteer
CoH	Channels of Hope
c-PMTCT	Community prevention of mother-to-child transmission of HIV
CPT	Cotrimoxazole preventive therapy
CTX	Cotrimoxazole
CWB	Child well-being
DRC	Democratic Republic of the Congo
FY	Fiscal year
HCT	HIV counselling and testing
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
IPT-G	Interpersonal therapy for groups
LLA	Local-level advocacy
MCH	Maternal and child health
MDG	Millennium Development Goal
MSG	Mother support group
NGO	Non-governmental organisation
PHC	Primary health care
PLHIV	People living with HIV
PLWHA	People living with HIV and AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
SG	Support group
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional birth attendant
ttC	Timed and targeted counselling
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization
7-11	World Vision's health strategy: 7 interventions for pregnant women and 11 interventions for babies and their mothers

Introduction

For the first time, the elimination of mother-to-child transmission of HIV is considered a realistic public health goal and an important part of the campaign to achieve the United Nations Millennium Development Goals(MDGs) 4, 5 and 6.

In 2010, the World Health Organization (WHO) issued guidelines for the prevention of mother-to-child transmission (PMTCT) of HIV.[1] The new guidelines recommend prolonged use of antiretroviral drugs (ARVs) during pregnancy and recommend that mothers living with HIV, or their infants, take ARVs while breast-feeding up to 12 months to prevent HIV transmission. When implemented, these recommendations can reduce the risk of transmission from 35 per cent to less than 5 per cent in breast-feeding populations, and from 25 per cent to less than 2 per cent in non-breast-feeding populations.[2] The guidelines will also ensure increased maternal and child survival.[3]

The four components or prongs of the comprehensive PMTCT programme endorsed by WHO and UNICEF are:

1. primary prevention of HIV among women of childbearing age
2. prevention of unintended pregnancies among women living with HIV
3. prevention of HIV transmission from a woman living with HIV to her infant
4. provision of appropriate treatment, care and support to women living with HIV and their children and families.

This model uses a life-cycle approach for women and children. For each of the four components, there are both clinical and community-based interventions that ensure the continuum of prevention and treatment service from health facility to the community and to the individual mother and newborn, while focusing services on the well-being of the whole family.

To eliminate mother-to-child transmission, all of the different stakeholders (including governments, international agencies and civil society) need to work closely together and must contribute to the four prongs laid out by UNAIDS's Global Plan, 'Countdown to Zero'.[4]

World Vision commits itself to contribute to this effort.

This document provides an overview of how World Vision can contribute to the elimination of the vertical transmission of HIV and AIDS through community-based interventions.

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[1]WHO, *Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: Recommendations for a public health approach*, (2010 version),http://whqlibdoc.who.int/publications/2010/9789241599818_eng.pdf.
[2]Ibid. p1.
[3]WHO, *Rapid advice: Revised WHO principles and recommendations on infant feeding in the context of HIV, (*November 2009); *Rapid advice: Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants,* (2009), followed by *Guidelines on HIV and infant feeding*, (2010).
[4]UNAIDS, *Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*.

Why is PMTCT important for World Vision?

As a child-focused organisation, World Vision strives for every child to live life in all its fullness. One of our top organisational goals for child well-being is that children enjoy good health, thereby contributing to the global MDG of reducing child mortality by two-thirds. In many countries HIV is still a major cause of death in children under the age of five, the majority of whom contract HIV from their mother during pregnancy, delivery or breast-feeding, and their deaths could be prevented.

PMTCT consists of a package of low-cost interventions that have been proven to reduce transmission of HIV from mother to child to less than 2 per cent.[5]It includes prevention and treatment for both mother and child, and improves reproductive, antenatal, delivery and post-natal health, and infant and child health in a continuum of care. PMTCT also provides a vital entry point for tracing HIV-exposed children so that they can be diagnosed and receive prophylactic care, cotrimoxazole preventive therapy(CPT) and antiretroviral therapy (ART), as needed.

Goals for World Vision's PMTCT programmes

- HIV-free generation of youth
- Women access PMTCT services in a stigma-free environment where community leaders, including traditional leaders and faith leaders, are sensitised and support voluntary counselling and testing (VCT) for HIV
- Access to PMTCT services for all pregnant women living with HIV in World Vision coverage areas
- Early identification, initiation of CPT and ART treatment, and provision of quality care and support at home/community for all babies born to mothers living with HIV
- Zero new children infected with HIV within World Vision Area Development Programmes (ADPs)
- Follow-up and support for mothers with HIV and AIDS
- Parents kept alive to take care of their children and prevent new orphans

World Vision's contribution to PMTCT

As an organisation that works directly in the communities, World Vision sees its role in strengthening PMTCT on this level. Therefore, the organisation's focus is on community-PMTCT (c-PMTCT).

Community-based interventions within each of the four 'prongs' of PMTCT are designed to increase community need (demand) for health services and commodities and to strengthen the quality of these services at the primary health-care (PHC) level. In addition, community institutions themselves are strengthened to advocate for the supply of services in accordance with international guidelines, and they are empowered to sustain the social mobilisation and the continuum of care for mothers and children within a family-based approach. c-PMTCT includes the early diagnosis of exposed infants and clinical referral for enrolment in CPT and ART to reduce preventable deaths of newborns and children under 5.

5WHO, *Rapid advice: Revised WHO principles and recommendations on infant feeding in the context of HIV*,(November 2009); *Rapid advice: Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants*, (2009), followed by *Guidelines on HIV and infant feeding*, (2010).

This family-based approach ensures that male partners and other household cultural influencers are involved in the care and treatment of mother and child.

Key c-PMTCT activities to integrate into World Vision programmes

Primary prevention of HIV

- Introduce community-based life skills and behaviour change communications to prevent primary infections.
- Engage in social mobilisation to reduce stigma and gender inequities and to engage boys, girls, women and men in their own health care.
- Integrate information and education on PMTCT into all education, health care and HIV and AIDS messaging and programming.
- Increase the use of HIV counselling and testing (HCT) at all levels, with increased use of couples counselling and testing.

Prevention of unplanned pregnancies

- Facilitate information and access at the community level to modern contraceptives to prevent unplanned pregnancy.
- Promote the use of dual methods of contraception to include condoms to prevent transmission of HIV.

Prevention of HIV transmission from a woman to her infant

- Facilitate access and promote regular attendance to antenatal care for pregnant women.
- Promote opt-out/routine HCT for pregnant women in antenatal care and for their male partners.
- Provide home-based and community-based counselling on PMTCT for all pregnant women and their male partners, which includes: HIV testing, continued primary prevention during pregnancy and breast-feeding, male partner HCT, skilled birth attendance for delivery, postnatal care, exclusive breast-feeding, ART literacy, infant care and early infant diagnosis.
- Strengthen and empower community leaders and civil society organisations to advocate at district and national levels for improved quality and decentralisation of PMTCT services to meet new WHO standards.
- Improve the quality of comprehensive PMTCT services through training of primary and community health workers and volunteers on Ministry of Health national guidelines.

Provision of appropriate treatment, care and support for women living with HIV and their children

- Establish formal community-facility linkages to strengthen a two-way referral system that improves uptake and follow-up services.
- Promote and facilitate formal facility-to-community linkages to strengthen the supervision of community- and home-based care.
- Facilitate and strengthen community outreach from primary-care facilities, including mobile HCT, enrolment in appropriate PMTCT services, defaulter tracing, tracing of mother-to-infant pairs, mothers' support groups, early infant diagnosis, treatment support and home-based care.
- Train community volunteers to provide home-based PMTCT follow-up and support services, including breast-feeding support, male-partner and family counselling, referral for early infant diagnosis, ART and CPT adherence support, and continued post-natal and infant care.
- Through integrated programming, link HIV-positive mothers and infants to other services as necessary, including immunisations, family planning, water, sanitation, hygiene, food security, nutrition and economic development.

How will World Vision implement c-PMTCT?

World Vision will not develop a new programme model on c-PMTCT, but rather will use its compendium of existing health, HIV and infectious disease community programmes to increase demand and support for the uptake of PMTCT services in the community.

A working group within World Vision analysed the use of the existing programmes and identified possible gaps in a generic gap analysis format[6]. However, each World Vision national office will need to do its own analysis of their health and HIV programme models to identify channels of integration and potential gaps where support or partnership is needed. New programme elements will be developed to fill these gaps. We will not provide clinical PMTCT services, but World Vision will work with government health services and other clinical service providers to ensure comprehensive integration with effective linkages between the health facility and the community. The existing World Vision programme models that will be used to achieve c-PMTCT goals are the following:

7-11 Strategy

World Vision's maternal and child health strategy is founded on evidence-based and cost-effective preventive practices called the '7-11' strategy. There are7 interventions targeted at pregnant women and mothers, and 11 interventions targeted at children through age 2.

Targets	Pregnant Women: 0–9 months	Children: 0–24 months
Core interventions	1. Adequate diet 2. Iron/folate supplements 3. Tetanus toxoid immunisation 4. Malaria prevention, treatment access and intermittent preventive treatment 5. Birth preparedness and healthy timing and spacing of delivery 6. De-worming 7. Access to maternal health services: antenatal and post-natal care, skilled birth attendants, prevention of mother-to-child transmission, HIV/STI/TB screening	1. Appropriate breast-feeding 2. Essential newborn care 3. Hand washing with soap 4. Appropriate complementary feeding (6–24 months) 5. Adequate iron 6. Vitamin A supplementation 7. Oral rehydration therapy/zinc 8. Prevention and care seeking for malaria 9. Full immunisation for age 10. Prevention and care seeking for acute respiratory infection 11. De-worming (+12 months)

This strategy is the main framework for the health project models that are used in World Vision's programmes, and c-PMTCT interventions are integrated into this framework.

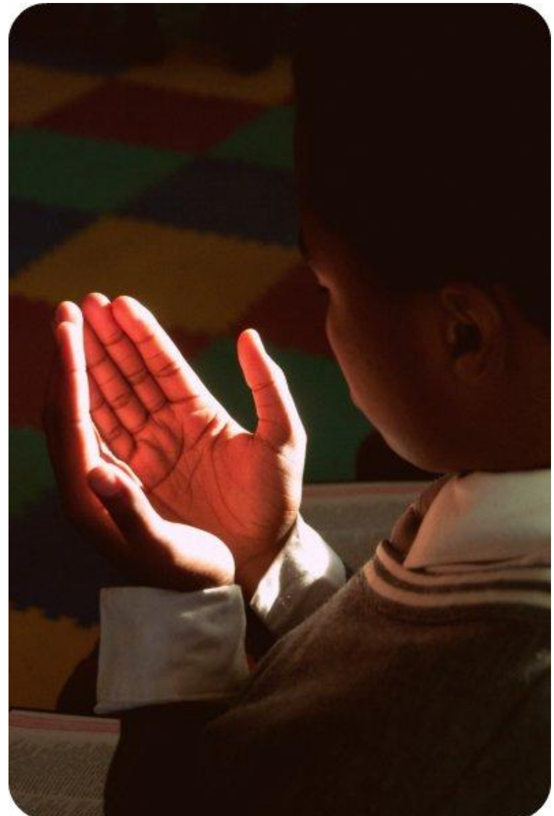
Timed and targeted counselling

Timed and targeted counselling (ttC) extends PHC at the household level. The bulk of the 7-11 messages are delivered by trained community health workers/volunteers (CHW/Vs) who introduce households to key health and nutrition concepts at appropriate times during pregnancy and early childhood. The important distinction and expectation of ttC is that this counselling is targeted to households that have specific needs, at specific times.

[6] The gap analysis tool will be available in the implementation guide currently in development.

CHW/Vs make a series of visits throughout a woman's pregnancy and through the child's infancy, or longer. The 7-11 interventions are organised into message sets that are communicated and presented through counselling and dialogue as needed at the most appropriate times. Evidence demonstrates that this approach is more effective than randomly timed counselling.

ttC is our primary strategic vehicle for household-level education and behaviour change for maternal and child health, and it is an effective way to counsel households on PMTCT. Effective implementation should lead to health-risk mitigation and increased resilience at the household level. This model also encourages fathers, male partners and adolescents in the family to participate, and it addresses internal household cultural influencers such as grandmothers, who can have an impact on decision making and the impact of PMTCT outcomes.
c- PMTCT messages are integrated within ttC and delivered through the same CHW/V approach.



Channels of Hope

World Vision has helped to develop Channels of Hope (CoH), an interactive mobilisation and transformational process that engages community and faith leaders on HIV. CoH combines thorough appreciative inquiry with topical education for attitude and behaviour change, aiming at widespread stigma reduction, transformation of harmful values, and enhanced prevention and community care for people affected by HIV and AIDS. CoH includes key messages on PMTCT.

Two recent additional curricula have been developed, based on the CoH methodology: CoH for Gender and CoH for Maternal and Child Health (MCH).CoH for Gender explores gender-related issues (e.g. affirming the value of both men and women) and develop a positive faith-based appreciation of gender and sexuality. CoH for Gender supports an enabling environment for improved maternal and child health, including c-PMTCT. CoH for MCH provides a comprehensive understanding of pregnancy, birth, the young mother and young child, as well as affirmation of the role of the father and extended family. All three curricula (models) sensitise and mobilise the faith community, as well as the wider community, to respond to issues that affect the health of both the mother and the baby. With the inclusion of key messages of PMTCT, they create a supportive environment and lead to active involvement and participation.

Community care coalitions/Community child coalitions

World Vision has demonstrated the success of the community care coalition (CCC) approach for community mobilisation, strengthening and empowerment. We have worked with more than 4,500 CCCs over the past seven years. Their primary focus initially was to strengthen care and support for orphaned and vulnerable children within communities, through training and mobilisation of home-visitor volunteers and institutional capacity building. Today, the approach is being mainstreamed as a fundamental community system strengthening approach, with expanded focuses on child protection and MCH. The CCCs, now known as community child coalitions, provide a platform to inform, coordinate and mobilise various stakeholders in the community to eliminate vertical transmission of HIV. Currently, World Vision is developing supplementary components to the core CCC methodology, including key messages for c-PMTCT.

Local-level advocacy

Local-level advocacy (LLA) has been prioritised in World Vision's health and nutrition strategy as a core approach for advocacy in health, education and child protection. LLA emphasises empowering communities as partners, strengthening community systems and strengthening civil society to sustainably address community needs. We have introduced LLA approaches such as Citizen Voice and Action and Vulnerable Child Advocacy (the latter successfully addresses the needs of orphans and vulnerable children). LLA expands and strengthens civil society participation at community and national levels, promoting policies and programmes that support the well-being of children, including health policies to incorporate new WHO PMTCT guidelines and scaling-up access to PMTCT services.

Community-Change

Community Change (C-Change) is a proven intervention that is an adaptation of the community conversation model introduced and disseminated by other non-governmental organisations (NGOs) and the United Nations Development Programme. World Vision adapted this approach to empower communities to transform cultural behaviours and social norms that have a negative influence within the areas of health, and HIV and AIDS. The C-Change methodology engages communities in a broad dialogue focused on identifying common goals, transforming harmful cultural barriers and planning positive actions. C-Change is a vehicle for disseminating knowledge about PMTCT and also for reducing stigma and mobilising community support for PMTCT interventions.

Value-based Life Skills for Youth (VBLS)

World Vision has developed appropriate curricula and training manuals for in- and out-of-school children and youth to provide young people with reproductive health information and healthy problem-solving, decision making and communication skills, including how to prevent HIV infection and transmission. The curriculum supports a dialogue between youth and caregivers regarding sexuality, prepares the youth for life, and aims at stigma reduction and positive behaviour change. Aimed at young people both before and as they enter into reproductive age, this is an important vehicle for primary prevention of HIV and STIs as well as prevention of unplanned pregnancies.

Community case management

Community case management (CCM) is an intervention to increase access to care and deliver lifesaving treatment. CCM expands the use of curative methods bringing care closer to the households through trained CHWs. It also provides a link to the first-level health centre and enables the follow-up of specific cases into the community. Depending on the legal context, it also allows the distribution of medication directly to the household.

Mother support groups

Mother support groups (MSGs) are community-based groups for PMTCT support and sensitisation of pregnant and lactating women. The main method being used here is peer education among the women. MSGs provide a safe space for women to discuss challenging issues such as testing, partner disclosure, breast-feeding and infant care. It is important that they have sensitive, trained facilitation and linkages to PMTCT services (facility and community based).

World Vision's c-PMTCT models and the UNAIDS Global Plan

By using these different models, World Vision is covering multiple phases of the PMTCT cascade. The c-PMTCT programmes cover the following parts:

- Ensure that there is an enabling environment for PMTCT and that demand for services is increased; uptake of services is improved.
- Empower a community and implement PMTCT interventions.
- Ensure the well-being of mothers and their children.

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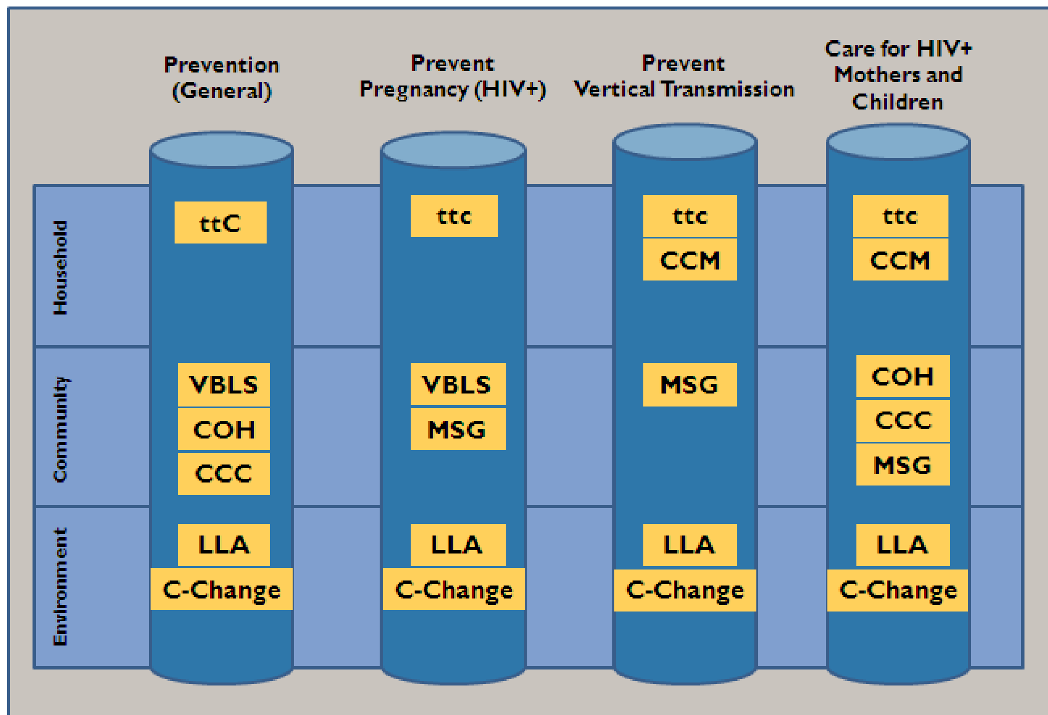
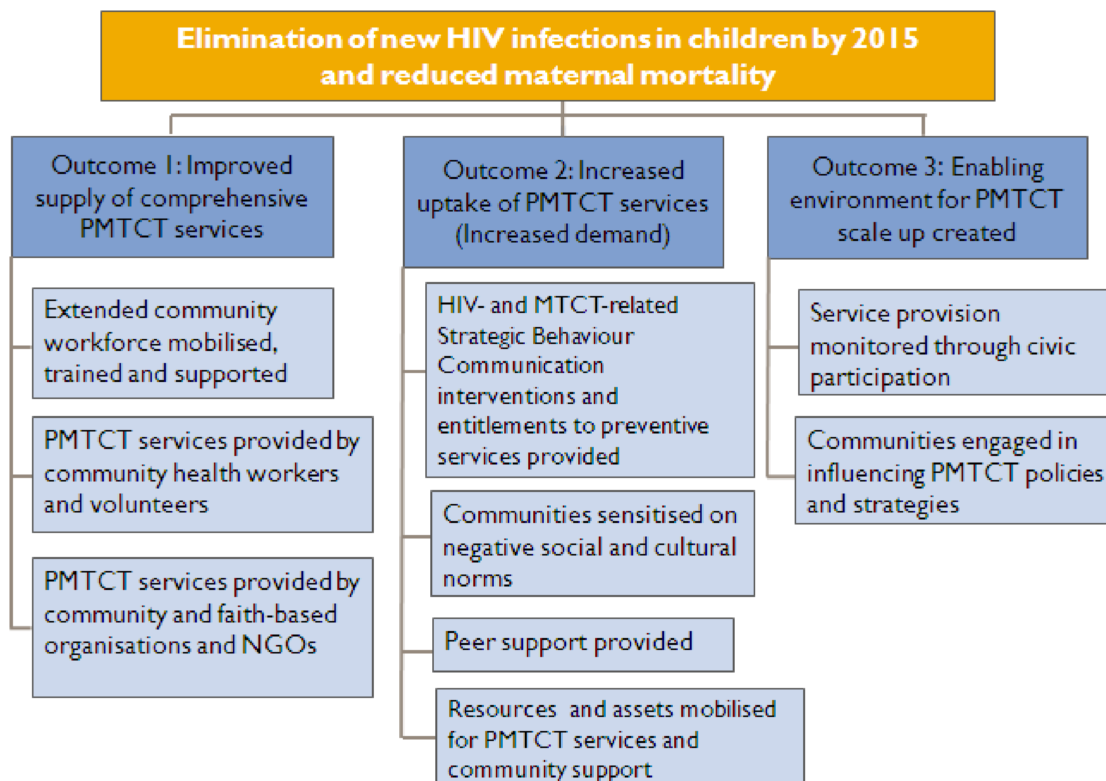
WV Core Models linked to the four prongs of the Global Plan



Expected outcomes

The following 'objective tree' shows World Vision's expected outcomes when implementing the c-PMTCT process. It is important to emphasise that World Vision is not a service provider but will be working through the community to meet the desired goal and outcomes.



Priority countries for c-PMTCT roll-out

Seven countries have been chosen to focus technical and financial support in order to pilot the c-PMTCT approach. These priority countries have been chosen according to the following criteria: operating World Vision programmes, inclusion in the UNAIDS Global Plan[7] for PMTCT, identification as one of UNAIDS top 20 HIV-prevalent spots, presence of generalised epidemics, and possession of the capacity and willingness to commit to the process. The list below shows all the countries where c-PMTCT will be rolled out with the priority countries highlighted in red.

Africa		
Burundi	Lesotho	Tanzania
Chad	Malawi	Uganda
Democratic Republic of the Congo	Mozambique	Zambia
Ethiopia	Rwanda	Zimbabwe
Ghana	South Africa	
Kenya	Swaziland	
Asia		
India		

World Vision's c-PMTCT process

The following table shows the step-by-step process to achieve the expected outcomes in the seven focus countries. Initial results from the seven focus countries should be available in mid-2013.

Process	Activity
Gap analysis paper developed	Gap analysis showing where World Vision models can include key PMTCT activities and where they cannot
Implementation guide written	Guide written showing process of integration for country programmes
Integration of c-PMTCT into core model guidelines	Discussions by coordinator of c-PMTCT working group with lead person for each model to adjust core model guidelines to include c-PMTCT
Planning of c-PMTCT Integration into seven country strategies (workshop)	Regional workshop to be held in Nairobi to include: • Finalisation of implementation plan • Explanation of c-PMTCT activities and process • Start of strategic planning of c-PMTCT in each country
Implementation of c-PMTCT country integration strategy using guidelines	• Country assessment of models, integration opportunities, gaps and potential partnerships • Capacity building of key personnel to ensure c-PMTCT is included in models • Programme planning and adjustment
In-country partner identification and advocacy	Strategic partnerships formed to fill gaps identified
In-country monitoring and evaluation	• Monitoring of pilot projects in seven countries • Evaluation written and shared

[7] Global Plan to eliminate new paediatric HIV infections by 2015 and keep mothers alive launched, HIV/AIDS HLM, NY in June 2011.

Role of strategic partnerships in successful c-PMTCT work

World Vision is a member of the international community committed to the fight against vertical transmission and to the common goal of achieving zero HIV infections. The only way this ambitious goal will be achieved is if all organisations work together in strategic partnerships. Working in partnerships will be essential because World Vision's contribution of facilitating community engagement through improving the supply of services, creating demand and local advocacy are only part of what is necessary for reaching zero infections. Strengthening communities to engage with the PMTCT response is important, but so too are effective clinical PMTCT services, which are not World Vision's niche. World Vision must work in partnership with government ministries, UN agencies, civil society organisations and faith-based organisations from community-level facilities to district, provincial and national levels. Working in effective partnerships, World Vision will be able to complement the work of other organisations and reach the level of scale-up required to achieve zero infections.

Through existing community programmes, World Vision aims to:

- Reduce discrimination and stigma, eliminate socio-cultural and gender barriers, mobilise communities and increase demand for uptake of PMTCT services (CoH model).
- Ensure that there is knowledge of HIV prevention and reproductive health among in- and out-of-school children and youth (VBLS model).
- Through community institutions such as schools, faith-based organisations, health committees, CCCs, and other local groups and networks, mobilise and strengthen community support and improve uptake for high-quality PMTCT services.
- Increase uptake for improved quality and coverage of PMTCT services at the primary-care level (LLA model).
- Using the MoH national PMTCT strategies, train CHWs, TBAs, home-based care providers and other community volunteers on HIV prevention, treatment literacy and adherence to care, and equip them with the skills and services needed to improve health-seeking behaviour at the household level.
- Strengthen home and community-based follow-up for treatment literacy and adherence, breast-feeding and nutritional support, re-testing and counselling.
- Assist communities to form support groups for mothers, fathers, couples, PLHIV and other support groups.
- Improve the uptake of PMTCT services and reduce the loss of follow-up at each stage, by initiating and strengthening community-to-facility linkages (including referrals, monitoring, reporting and supportive supervision).

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