

UNICEF SUPPORTED PMCT PROGRAMMES IN EAST ASIA AND PACIFIC REGION

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Where are we with HIV?

- Myanmar, Cambodia, Thailand and PNG with generalized epidemic
- China – on the brink of widespread epidemics – 67% rise in 1st half of 2001
- Indonesia – a rapid spread (zero to 50% among IDUs)
- Vietnam, Malaysia increasing trend in selected populations e.g. IDUs, CSWs
- Laos, Mongolia, DPRK, PICs, Timor Leste - still low prevalence?

Where are we with MTCT?

- Prevalence rate among Pregnant women:
 - Thailand (1.4%), Myanmar (2.7%) and Cambodia (2.6%)
 - PNG : 1% in major city, 8% of all transmission
 - China : Henan province, blood contamination, 2-5% of pregnant women HIV+
 - Indonesia: 1.5% in Jakarta
 - Viet Nam: 2 major hospitals: 0.7 – 1.5%

Organizational Target - PMCT

- Within the Medium Term Strategic Plan (MTSP), by 2005, national policies, strategies and action plans are in place in all countries affected by HIV/AIDS
 - Globally - 65 countries have a strategy
 - Regionally – 6 countries (Cambodia, China, Malaysia, Myanmar, Thailand, Papua New Guinea)
 - Globally – 30 are developing a strategy
 - Regionally – 4 countries are in the process (Indonesia, Lao PDR, Viet Nam, Some PICs)

APPROACH

- To broaden PMCT as part and parcel of HIV/AIDS prevention and care
- Emphasize the primary prevention among young people
- Working with Ministries of - Education, Health, Social Welfare and other NGOs
- Partnership with WHO, UNFPA, UNAIDS, CDC, EGF, Population Council, FHI and other technical organizations

Strategy

- Promotes the UN endorsed 4 pronged strategy:
 - Prevention of HIV in all women
 - Prevention of unintended pregnancy among HIV infected women
 - Prevention of mother to child transmission of HIV
 - Follow up care and support

Strategy

- Emphasize Primary Prevention
 - Lifeskills education through formal school system and out of school youth (in all PMCT programme countries)
 - Promote condom use (social marketing)
 - STD/STI management and care (Myanmar)
 - VCT for young people and general public (Cambodia)
 - Telephone counselling (Cambodia)

UNICEF Supported PMCT Programmes

- Initiated the existing PMCT programmes:
 - Cambodia, China, Myanmar, PNG
- Preparations underway to initiate in:
 - Viet Nam, Lao PDR, Indonesia, Some Pacific Island Countries
- Contribute in the initiation of Thailand's PMCT programme and now to Enhancing Care Initiative, beyond PMCT.

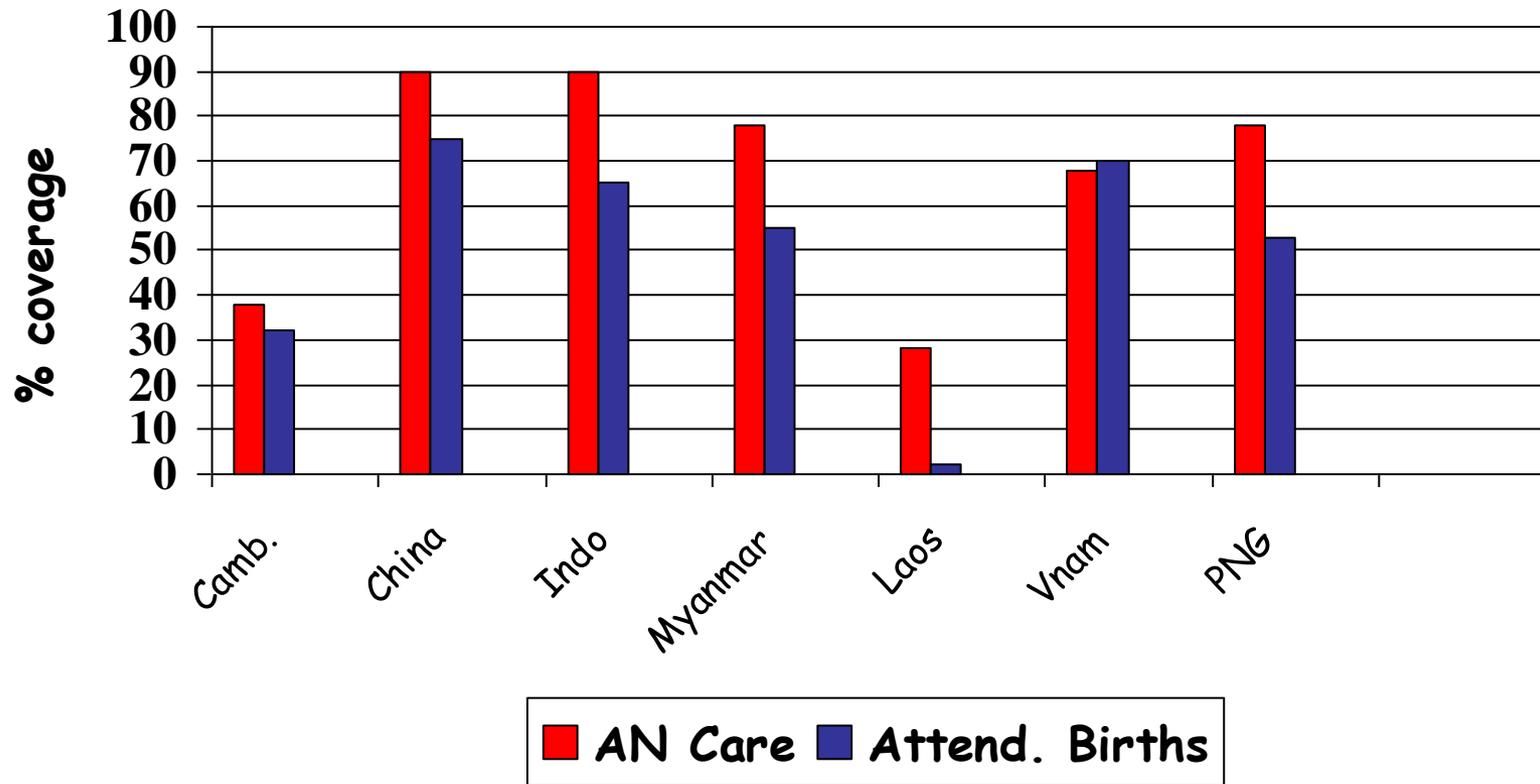
Location of Services

- Hospital/Clinics – Cambodia, China, Thailand, PNG, Myanmar
- Community-based - Myanmar
 - PMCT services were provided in Rural Health Centre at a village level by midwives

ARVs

- Nevirapine - China, Cambodia, Myanmar and PNG
- Short course ZDV - Thailand, Malaysia
- Nevirapine - Indonesia, Lao PDR, Viet Nam, PICs (planning)

Access to AN Care and Births Attended by Trained Personnel



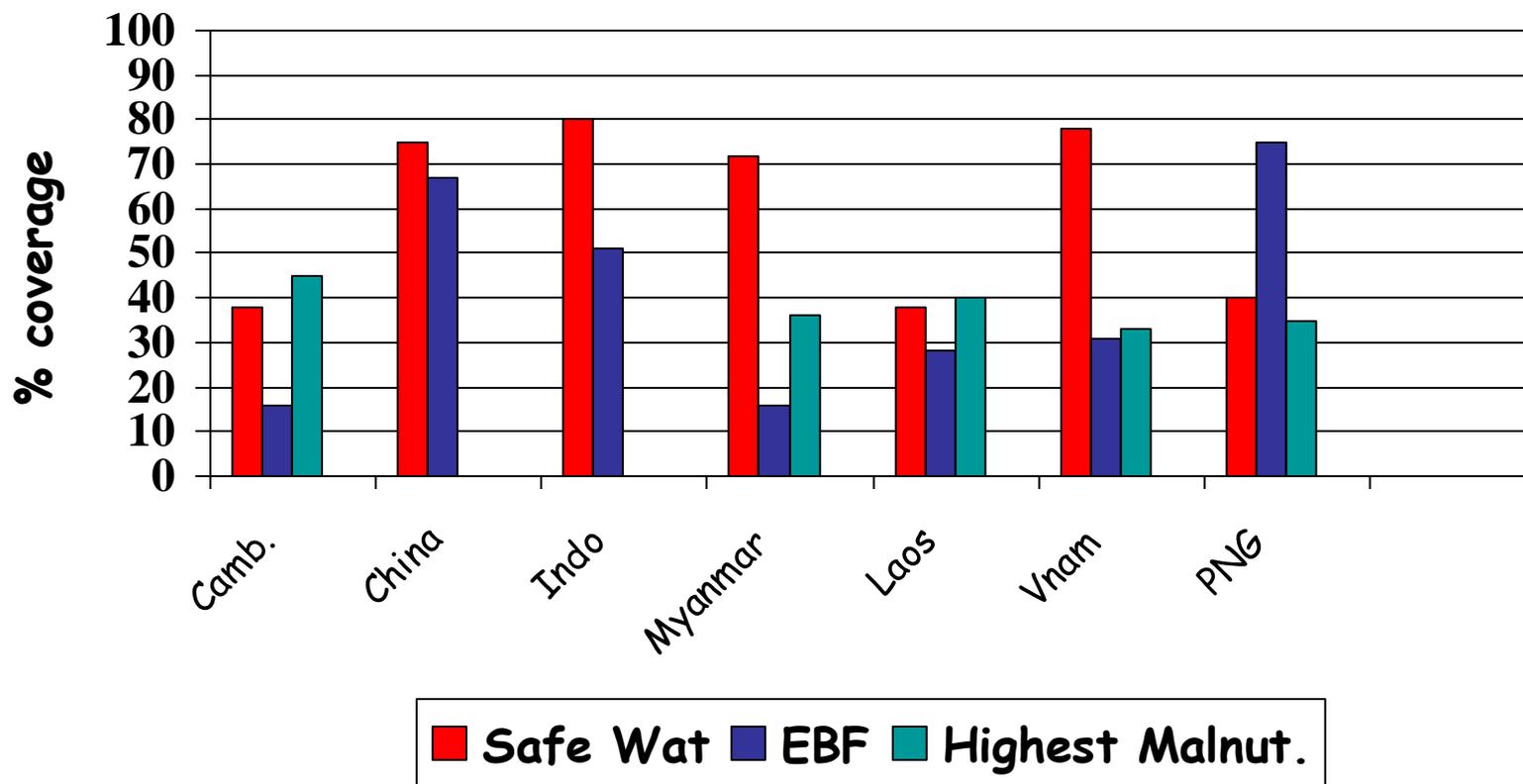
Scaling Up Strategy

- Access to AN Care/Attended Births:
 - >50% - China, Indonesia, Myanmar, PNG, Viet Nam
 - <40% - Cambodia, Laos
- 2005 – how to provide PMCT services to current reach, while strengthening/increasing AN coverage in other areas
 - First priority - Population densed areas + high HIV prevalence areas
 - Areas with better quality services, partners
- Beyond 2005:
 - Expand to other areas

Infant Feeding Options

- EBF for six months – Cambodia, Myanmar, PNG. Formula not affordable. Limited access to Safe water and fuel. Diarrhoea still a major childhood killer + Informed choice of mothers.
- Recommend formula feeding - China, Thailand, Malaysia.
- To develop infant feeding policy in the context of PMCT - Indonesia, Viet Nam, Lao PDR, Pacific Island Countries

Access to Safe Drinking Water, EBF, Malnutrition



Regional Atlas

Scaling Up Strategy

- Access to Safe Drinking Water:
 - >50% - China, Indonesia, Myanmar, Viet Nam
 - <40% - Cambodia, Laos, PNG
- Highest proportion of malnutrition
 - Cambodia, Myanmar, Laos, Viet Nam, PNG
- 2005 - First priority - LBW, aggressively promote for EBF for 6 months, introduce complementary food only at six months, frequency, energy densed foods
- Beyond 2005: Add up other activities

Inputs (Provide support to-)

- Conduct PMCT baseline assessment
- Develop policy and guidelines on PMCT – VCT, Infant feeding
- Develop PMCT action and scale up plans
- Improve antenatal, delivery and post natal services Improve child health through UCI, Nutrition, IMCI
- Provide training to a range of service providers
- Provide/facilitate access to nevirapine
- Establish regular monitoring and reporting sys.

Inputs continued.....

- Formative research on infant feeding
- Follow up and monitoring of International Code of Marketing of Breastmilk substitutes
- Develop policy and strategy on children affected and infected by HIV/AIDS

Linkages with other UNICEF supported programmes

- AN, PN, Safe delivery – Safe motherhood, Women's Health
- Universal Child Immunization Programme
- Baby Friendly Hospital Initiative
- School based HIV/AIDS Prevention and Care
- Nutrition Programme (growth monitoring, Vitamin A supplementation)
- Integrated Early Child Care and Development (IECD)
- Integrated Management of Childhood Illnesses (IMCI)
- Child Protection

Lessons learned

- A 2002 Evaluation of UNICEF supported pilot programmes in 11 countries:
 - Feasible to successfully integrate PMCT into MCH services even in low resource settings
 - A gradual scale up is underway as increasing number of women accessing services
 - Highly valued by the clients “Hope for a healthy baby”
 - Major challenge – increasing coverage of VCT, ensure follow up for women who test positive for HIV

CONCLUSION

- ❖ In collaboration with partners, providing technical and financial support, to expand from pilot/demonstrative projects to scaling-up
- ❖ Advocate with governments to respect and protect human rights issues
- ❖ A good communication strategy to address stigma, male's involvement is essential for women to use the existing services