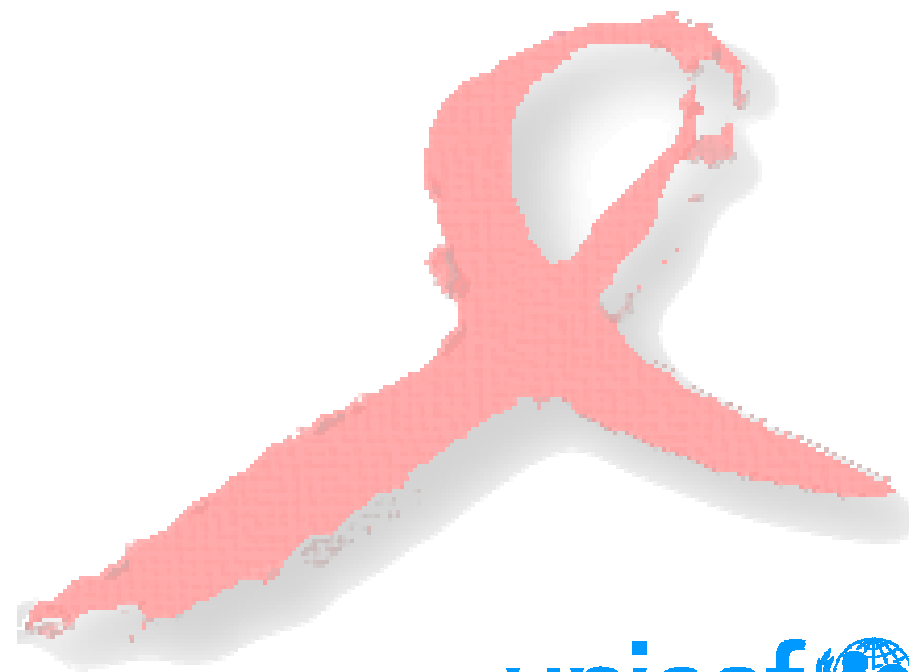


Overview of PMTCT Task Force Meeting

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Background

- A regional multi-stakeholder arrangement that involves governments, NGOs, donors, academics, and UN agencies (UNICEF, UNFPA, WHO, and WFP).
- The UN Regional Taskforce on PMCT, South East Asia and the Pacific was officially established in May 2000.
- The first preliminary meeting to discuss on the establishment of this taskforce was originated in 5th International Congress on HIV/AIDS in Asia and the Pacific, convened in Kuala Lumpur, Malaysia in October 1999.



UN regional task force aims to serve as a mechanism that supports countries in the region

- To identify needs and priority areas of assistance, provide technical guidance and information on funding, and devise a regional strategy for MCT intervention in the region.
- To beef up actions by UNAIDS co-sponsors at country and regional levels, on policy and technical interventions to reduce MCT to mitigate its consequence.



Task Force has to play five major roles:

- **Situation Assessment**
- **Technical Support** in developing regional strategy and policies
- **Coordination and Communication** to ensure that it help improve strategic responses in the region and the progress and outcomes are shared among concerned parties.
- **Resource Mobilization:** to identify funding needs, facilitate preparations of country-specific funding proposals, and draw up multi-country funding proposals to channel existing or new global funds to the region;
- **External Relations** to mobilize political support in the region.



Membership of Task Force

- Members of the Task Force are selected from three categories:
 - i) Policymakers and programme managers;
 - ii) Technical experts in the field of MCT and HIV/AIDS;
 - iii) Representatives of UNAIDS co-sponsors.
- Members are selected solely on professional merits, not on nomination by the agencies or departments they represent.
- Members are appointed on the basis of individual expertise and capacity to support and to implement the MCT regional strategy.
- They are responsible for sharing at the meetings and other discussion forums, information on policies, programmes and new initiatives of the organizations with which they are affiliated.
- Initial membership is open to countries in the geographic coverage of Southeast Asian Nations, with priority given to selected countries based on their maturity of epidemics. It could cover all of the ASEAN countries plus China, Papua New Guinea and India, making a total of 13 nations.



Task Force Meetings

- The first UN Regional Taskforce meeting was held in March 2000 in Cambodia.
- The participants are country “teams” which are established at the country level, the representatives from the National AIDS Control Programme and the UNICEF and WHO offices
- Originally co-convened by WHO and UNAIDS, It is now co-convened by UNICEF ROSA and EAPRO on an approximately annual basis. The last meeting was held in 2005 in Mumbai, India.
- The 15 countries represented were: Afghanistan, Bangladesh, Cambodia, China, Fiji, India, Indonesia, Lao PDR, Maldives, Myanmar, Nepal, Pakistan, Papua New Guinea, Thailand and Vietnam.



Objectives of the meetings:

- **To review programme/projects implementation** of selected countries in this region
- **To share experiences and lessons learned** of these projects
- **To update and share the latest technical data related to PMTCT**
- Meetings in 2004 and 2005 also focused on recommending strategies and concrete activities for accelerating programme coverage in the context of universal access to prevention, care, treatment and support.
- The emphasis was also placed on the supply chain management as well as procurement of HIV/AIDS commodities linked to PMTCT.



Issues :

- Issues addressed in early years were more of specific interventions and focused on ARV, VCCT, setting up PMTCT programmes.
 - quality counseling; capacity building of staff; procurement and logistics issues; infant feeding options; monitoring, reporting and documentation of the programme; ensuring primary prevention and continuum of care;
- Issues on PMTCT policy development at country level; pediatric treatment guidelines and formulations; comprehensive care, treatment and support in context of “care and support framework for orphans and vulnerable children”
- Political leadership
- Funding resources
- The integration of PMCT into the reproductive and child health programme
- Scaling up PMCT programme



Key challenges

- Implementing comprehensive PMTCT at scale in many countries is still a major challenge in the region
- Very limited integration into the MCH/RCH systems and structures and low utilization of MCH/ANC service
- Gap to comprehensively address the primary prevention and continuum of care
- Stigma and discrimination at all levels, from community to health workers
- limited community mobilisation
- lack of involvement of male partners in all elements of PMTCT
- Not enough attention and effort to address HIV and infant feeding
- inadequate resources (financial and human)
- inadequate planning of scaled up PMTCT interventions
- procurement and logistics issues in supply chain management



Recommendations

- **Scaling up PMTCT – different emphasis in different country settings**
- **Increase action on primary prevention (prongs 1 & 2)**
- **PMTCT as an entry point for targeting HIV prevention to women of reproductive age**
- **Using PMTCT to strengthen MCH/ ANC service quality**
- Reducing stigma and discrimination
- Quality counseling
- Increase advocacy for increased availability of pediatric drug formulations and political leadership



Recommendations

- **Increase funding and resources (GFATM and other funds)**
- **Human, financial and organizational resources presently focusing on prong 3 and 4 should be reassessed and increasingly made available for prong 1 and 2.**
- **Build country level capacity for readiness for supply chain management:** assessments, forecasting, supply chain system development and management
- **Monitoring and evaluation**
 - A need for globally agreed core indicators for PMTCT prongs 1, 2 and 4 which can be added to at country levels. UNICEF/WHO/UNFPA regional and global levels need to provide more support to ensure that prong 1 and 2 are incorporated in measuring progress towards UNGASS targets.



Recommendations

- **Update and adapting national guidelines and regimens**
 - It is suggested that a ‘scientific Task Force’ of the National PMTCT Committee or National Care, Support & Treatment Committee convenes preferably twice yearly to review the latest science and global technical updates and recommend to appropriate authorities for rapid changes in guidelines and standards.
- **Linking PMTCT to Care, Support and Treatment**
- **The strategic intent of PMTCT needs to be improved maternal and child survival and the importance of placing it within a Child (and maternal) Survival and Development approach**
- **Involvement of men in PMTCT**
 - Interventions should focus on safe sexual practices and will require active involvement of male partners.



Recommendations for Task Force Meeting

- To maintain task force as a two –region network
- Meet appromxiamtely 3 times in two years
- Ensure WHO, UNAIDS and key NGOs participation
- Meeting should be a balance of expert technical updates: detail programme interventions/ guided discussions on one or two issues (with country presentations focusing in particular issues) and to study tour /site visits
- Ensure key advocacy statements and plans engaged from the network



Thank you!

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