Preventing HIV infection among women of childbearing age;

Strengthening family and community support for women and their partners to prevent HIV infection and to access services for preventing mother-to-child transmission;

Expanding access to voluntary and confidential counselling and testing;

Improving antenatal care for pregnant women;

Expanding antiretroviral therapy for preventing mother-to-child transmission of HIV;

Providing counselling and advice on appropriate feeding methods for infants of HIV-positive mothers; and

Improving the health, nutrition and well-being of parents and children living with HIV/AIDS.

Since April 1999, UNICEF has participated in a United Nations inter-agency programme to prevent HIV infection in pregnant women, reduce transmission from HIV-infected mothers to their infants and provide care and support for mothers and children living with HIV/AIDS.

By 2001, the UN inter-agency effort was supporting 2 national and 79 site-specific programmes to prevent mother-to-child transmission of HIV, operating in 16 countries. Between April 1999 and July 2001, these programmes reached over 300,000 new clients in antenatal care centres, providing counselling to 220,000 women, HIV testing to 138,000 women and treatment with antiretroviral drugs to over 4,500 HIV-positive pregnant women.

In addition, in recent years UNICEF has provided support to the development of communication strategies as part of mother-to-child prevention programmes in Asia and Africa. This support has helped these programmes develop, review and strengthen communication and community participation.

UNICEF also supports the design and implementation of simple monitoring and evaluation systems to assess the effectiveness, safety and acceptability of programmes to prevent mother-to-child transmission. Most country programmes supported by UNICEF, such as in Rwanda, have established routine monitoring systems for data collection and are designing programme evaluations.

Preliminary results of the UN-supported programmes to prevent mother-to-child transmission demonstrate that they are effective, reducing transmission of HIV by as much as 50 per cent. If more countries expand such programmes, some 300,000 to 350,000 infants can be protected from contracting HIV infection each year.
In the Declaration, governments determined that, together with partners, they would:

1. Preventing HIV infection in all people, particularly young women. This entails educating women and men about HIV/AIDS, providing access to condoms, strengthening the position of women in society and in their households and increasing men’s responsibility for stemming the spread of HIV. Given the thousands of infants infected through mother-to-child transmission every year, a key element of prevention must be to meet the needs of HIV-positive pregnant and lactating women.

2. Prevention of unintended pregnancy among HIV-positive women. Strengthening reproductive health and family planning services so that all women are enabled to avoid unintended pregnancy.

3. Specific interventions to reduce HIV transmission from HIV-infected women to their infants. These interventions include antiretroviral therapy, safe delivery practices, and counselling and support on infant-feeding methods. Increasing access to voluntary and confidential counselling and testing is crucial, allowing women and their partners to learn whether they are infected with HIV.

Treatment with antiretroviral drugs. Such treatment can cut by half the rate of mother-to-child transmission during pregnancy, labour and delivery. Treatment options include a one-month course of zidovudine (AZT) during the last weeks of pregnancy, or a single dose of nevirapine given to the mother at delivery, followed by a single dose to the infant within 72 hours of birth.

Safe delivery practices. These include avoiding such invasive obstetrical procedures as episiotomy. Caesarean sections are effective in reducing mother-to-child transmission, but are often not feasible in developing countries because of the high cost and risk of complications.

UNICEF’s Response

UNICEF’s work is guided by the Convention on the Rights of the Child, the world’s most widely embraced human rights treaty. Winning against HIV/AIDS is a top priority for UNICEF because this disease is depriving millions of children of their rights to survive, to develop, to be protected and to have a say in decisions that affect them.

Partnerships at all levels are key to UNICEF’s response. These partnerships include support to pilot projects on mother-to-child transmission. UNICEF is also working closely with national governments, people living with HIV/AIDS, NGOs, civil society and faith-based organizations, in addition to UNAIDS and its co-sponsors. Further key alliances include support for the development of innovative community-based programmes to provide care and support for children and families in need.

A robust response to HIV/AIDS is a top priority in UNICEF’s Medium-Term Strategic Plan for 2002-2005. Among a range of actions, the Plan commits UNICEF to:

- Over 2.5 million children were at risk of HIV infection through mother-to-child transmission in 2001
- 90 per cent of the world’s HIV-infected children are in sub-Saharan Africa
- India is currently the world’s most affected country, with 1.7 million children aged 6 to 19 years old

UN-sponsored programmes to prevent mother-to-child transmission of HIV, 2000

- 16 countries: 79 implementing sites, 2 national programmes

A family in Thailand. Thailand’s Government, together with UNICEF and NGOs, has created the HIV/AIDS education initiative, aimed at the country’s 18 million children aged 6 to 19 years old.