# CIFF'S SUPPORT FOR PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV

MEETING OF THE EXPERT PANEL ON THE PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION
U.S President's Emergency Plan For AIDS Relief (PEPFAR)

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THE CHILDREN'S INVESTMENT FUND FOUNDATION

# Agenda

- Introduction to CIFF
  - Our mission
  - Investment approach
  - Child life cycle analysis
  - CIFF's priority impact areas
  - Criteria for investment selection
- CIFF's support in PMTCT
  - Our vision and approach
  - Evolving strategy
  - Interventions under consideration
- CIFF's investments in PMTCT
  - A snapshot of current investments
  - Examples: AMPATH, MSF and PREFA
  - Potential investments under initial discussion

# CIFF's Mission

**Founded in 2003, The Children's Investment Fund Foundation (CIFF) is a rapidly-growing foundation headquartered in London that is working for children with one mission:**

*"The Children's Investment Fund Foundation aims to **demonstrably** improve the lives of children living in poverty in developing countries by achieving large scale and sustainable **impact**."*

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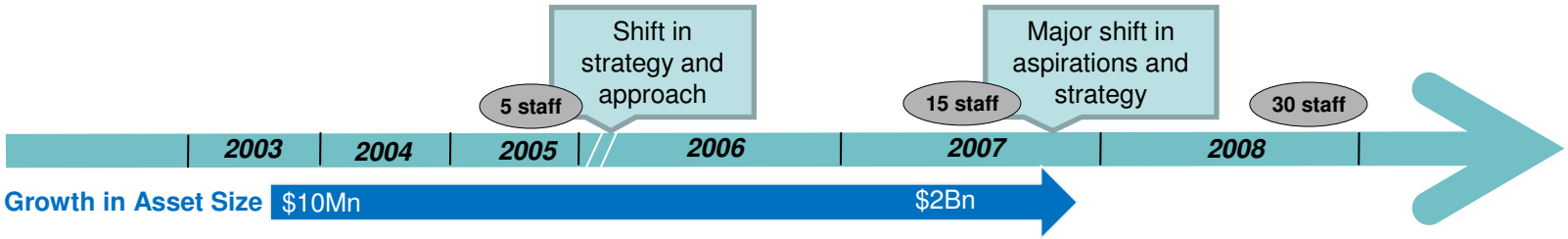
# Investment Approach- Journey Since 2003




| | | | | |
|---|---|---|---|---|
| **Strategic Themes/ Frameworks** | • Impact on children<br>• Focus on HIV/AIDS<br>• Focus on grants | • Engaged funder<br>• Core grantee vs. gap filler<br>• Portfolio approach | • 4x5 vision<br>• Business Planning<br>• Selection criteria and process | • Wellbeing framework<br>• Priority impact areas<br>• Big win, transformational change<br>• Increased focus on leverage |
| **Impact Focus** | • Impact on children in 5 countries | • Impact on children's health, education, nutrition, psychosocial well being in 5 countries | | • Global impact on children in 7 priority impact areas (focus on Sub Saharan Africa and India) |
| **Research Efforts** | | • Microfinance<br>• Sexual exploitation<br>• Food security | • Education<br>• WASH | • Current focus on: child survival; children's hunger and nutrition; educational attainment |

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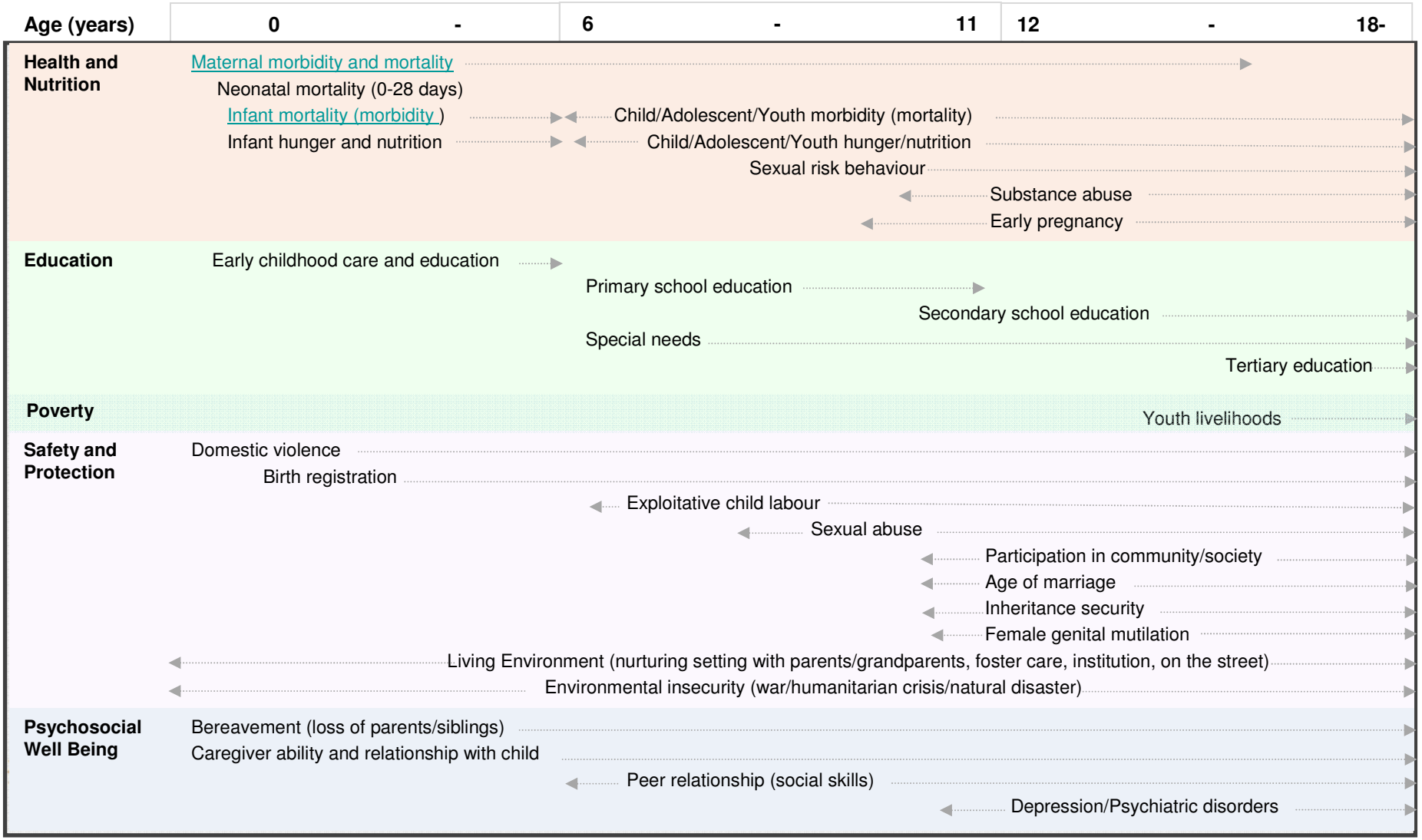
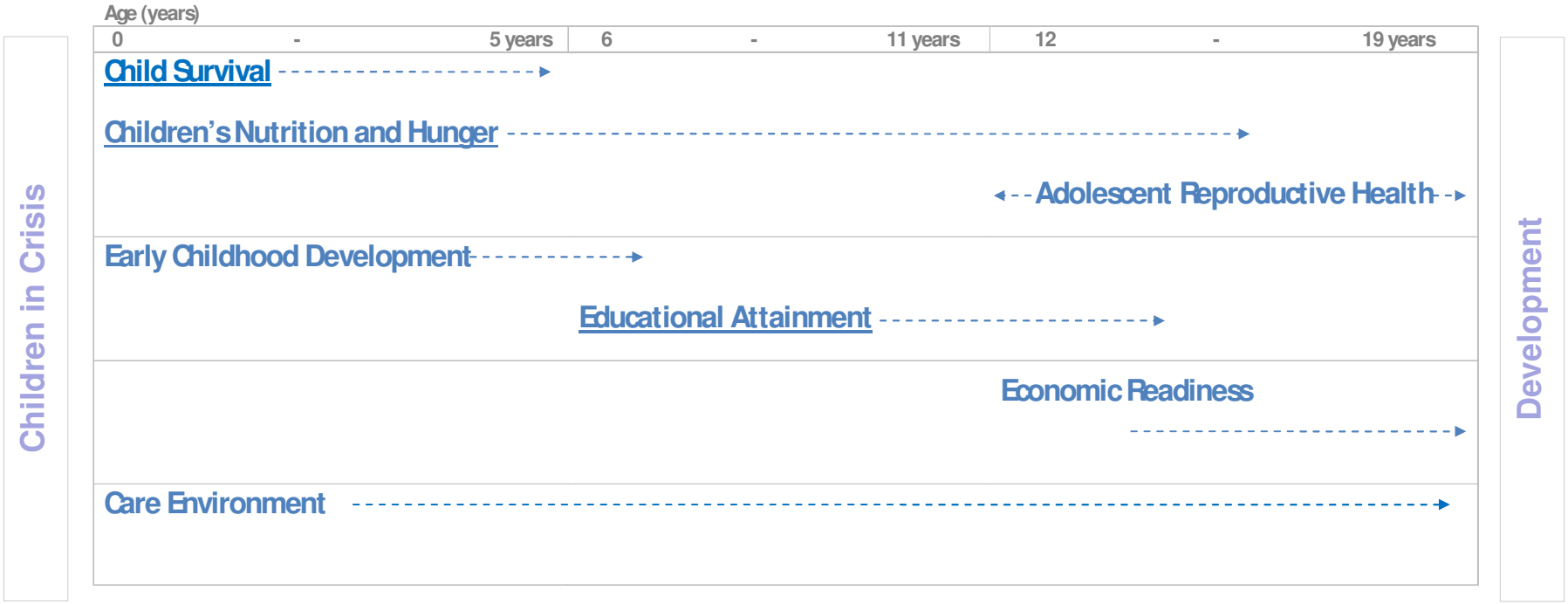
# CIFF's Child Life Cycle Analysis



# Criteria Used to Prioritize Impact Areas

- Alignment with CIFF's vision and mission
- Scale and geographical relevance of problem
- Level of confidence that proven, scalable and cost-effective interventions can be identified
- Accepted research that identifies area as central to child well-being with potential to affect multiple levels of children's well being
- Potential to measure outcomes within impact area
- Severity of problem

# Seven Priority Impact Areas

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# Criteria for Investment Selection

**In each of our priority impact areas, CIFF's objective is to target investments on those interventions that have most potential to be *transformational* for children**

- We look to construct programmes of investment that have ambitious outcomes for children - we look for "*big wins*"

- To us, a big win is an opportunity to effect a profound improvement in well-being indicators (e.g., under 5 mortality rate, prevalence of stunting) which benefits large numbers of children, and where success extends well beyond the direct impact of the funded programme

- This means that we have highly specific **investment criteria** to guide where we focus, including that investments are:
  - ***Demonstrable***: the core of the investment must be to support an intervention for improving child outcomes that has been - or could reasonably be expected to be - demonstrated by evidence
  - ***Scale-able***: the programme must have a logical and compelling route to benefiting very large numbers of children (e.g., not be bounded by scarce or context-specific resources/capabilities)
  - ***Sustainable***: the programme must have good potential to continue beyond CIFF's investment and engagement
  - ***Value for Money***: the investment must meet high standards for cost-effectiveness

# PMTCT- Vision and Approach

***CIFF's goal is to support PMTCT delivery to significantly reduce the estimated 270 000 annual child deaths due to AIDS***

Significantly reduce paediatric HIV infection and associated child mortality through:

- The appropriate provision of Highly Active Antiretroviral Therapy (HAART) prophylactic regimens for all infected pregnant women, including through weaning
- The scaling up and optimizing of a mix of key interventions along the PMTCT cascade
- Proactive identification, routine or 'opt out' testing, and tracking mothers and children
- Supporting efforts in operational research and monitoring and evaluation to build the evidence base to influence global and national PMTCT policy and practice
- Provision of infant testing to determine status and free survival
- Linkages to and integration into health systems and services for quality care, support, and treatment programmes

# Evolving PMTCT Strategy

Strategy to ensure transformational impact

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|---|---|
| Fund catalytic programmes | ❑ Focus on key barriers / gaps in service delivery<br>❑ Fund organisations that demonstrate the most effective standards in care, treatment and operational delivery<br>❑ Support programs that measure not just increased coverage but also HIV free survival<br>❑ Expand the portfolio to increase coverage in high burden countries<br>❑ Support partners with experience of implementing PMTCT with proven impact |
| Strengthen the evidence base | ❑ Fund cutting edge / proof of concept interventions with potential high impact<br>❑ Support rigorous monitoring and evaluation<br>❑ Fund specific evidence gap areas such as costing/impact assessment, health management information systems<br>❑ Document, disseminate, share lessons learned |
| Actively advocate for change | ❑ Promote global /national policy change based on emerging evidence<br>❑ Increase national level mobilisation/advocacy for updating policies and guidelines<br>❑ Influence key strategic agencies/ thought leaders in the sector |
| Extend success beyond direct impact | ❑ Strategically use PMTCT cascade as entry point for additional MCH interventions<br>❑ Play a catalytic role to mobilise additional PMTCT donor funding in partnership with CIFF<br>❑ Influence other implementing agencies to deliver the most demonstrably effective standards of care and treatment |

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# Interventions Under Consideration by CIFF

**Prevention of new infections**
- Make available strengthened family planning, counseling and sexual and reproductive health services to HIV+ women and their partners during antenatal and post-partum care
- Educate on means of transmission and ways to prevent new infections or re-infection

**Antenatal counseling and testing**
- Group pre-test counseling & individual post-test counseling where found HIV+
- Proactive identification and opt- out testing
- Use of rapid HIV tests
- More extensive use of community workers to promote & follow up on mothers attending antenatal care
- Offer additional opportunities for antenatal testing (i.e. home-based testing, provider initiated testing, etc.)
- Expand availability of CD4 testing for pregnant women

**ARV prophylaxis**
- Appropriate provision of HAART for all women as a prophylaxis regimen

**Delivery**
- Encourage institutional delivery
- Training staff in techniques of safe delivery for HIV+ women
- Systematic testing provided for women in labour

**Infant feeding**
- Use AFASS guidelines to decide on optimal feeding practices: exclusive breast feeding or exclusive replacement feeding, including the provision of HAART through breastfeeding

**Linkages for infected and affected individuals**
- Ensure links to antiretroviral clinics for continued HIV care, especially for women
- Use of community workers to follow-up women for treatment, care, support
- Use immunization services, community workers and other innovative strategies to ensure cotrimoxazole prophylaxis and early infant diagnosis
- PCR testing for exposed infants, including HIV antibody test at 18 months

# A Snapshot of Current Investments in PMTCT

| Organisation | Country | CIFF Funding Duration | HIV Prevalence Among Pregnant Women (in the program catchment areas) | Mother-Infant Pairs Targeted | Estimated Baseline MTCT Rate | Target MTCT Rate[3] |
|---|---|---|---|---|---|---|
| CHAI | Lesotho | 2008-2010[1] | 27% | 24 975 | 15-22% | 10-18% |
| | Malawi | | 16.8% | 8 613 | 19-25% | 11-19% |
| | Ethiopia | | 3.5% | 1 980 | 27-40% | 14-23% |
| | Tanzania | | 9.4% | N/A | 20-28% | 10-18% |
| | Cambodia | | 1.1% | 333 | 27-41% | 11-19% |
| | Vietnam[2] | | 0.37%[2] | 6 000[2] | 29-43%[2] | 10-17%[2] |
| | China[2] | | 0.4%[2] | 2 400[2] | 12-19%[2] | 5-9%[2] |
| AMPATH | Kenya | 2006-2007 | 7% | 2 400[4] | 22-30% | <3% |
| MSF | Malawi | 2006-2008 | 19.8% | - | 19-25% | <15% |
| PREFA | Uganda | 2008-2011 | 7.5% | 10 524 | 30% | 8% |

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1. This doesn't take into account CIFF's funding for M&E of these programs that will extend till mid-2013.
2. Program details are still in negotiations with governments and are subject to change.
3. Target rates for women who have attended ANC and received HIV results
4. Reduced down to a cohort of 157 m/b pairs

# AMPATH: Academic Model for the Prevention and Treatment of HIV/AIDS

PROGRAM GOAL: To demonstrate a model of delivering PMTCT services in Kenya, using community outreach and village-based care

**Program Description**

AMPATH is the largest and most successful model of HIV/AIDS control in Western Kenya. AMPATH cares for more than 55,000 HIV infected adults and children at 15 clinics, with nearly one-half of all patients on anti-retroviral therapy.
Through this CIFF funded program, AMPATH is piloting an innovative approach to help reduce the MTCT rates in Western Kenya, with pilot sites in two rural areas and one urban area. The programme also supports improved PMTCT clinical practices and extensive data gathering so that results are well understood and can be replicated. The initiative will reach 2,400 pregnant women and aims to ensure that 97 percent of babies born in the service area are HIV free at time of weaning. All participating pregnant women visit a health facility for pre-natal care and are tested for HIV, with follow up by community health workers to guarantee adherence to an antiretroviral regime and safe feeding of their babies.

**Co-Funders**

PEPFAR

**Planned Outcomes and Progress to Date**

Original cohort of women reduced from 2400 to 157. Tracking of the reduced cohort has shown notable successes in reduction of peri-natal and post natal transmission.

| **Data as of July 08** | | |
|---|---|---|
| 6-week HIV transmission rate | 133 infants tested | 2.2% positive |
| 6-month PCR– | 114 infants eligible<br>50 tested | no new +ve diagnosis otherthan those +ve at 6 weeks |
| Institutional deliveries | (101/131) | ~77% (high for Kenya)<br>But may have been influenced by the cohort post project reconstruction |

# MSF: Care and Treatment in Thyolo, Malawi

## Program Goal: Roll-out of comprehensive care, support and treatment programme, including PMTCT

**Program Description**

CIFF is supporting MSF in providing full-spectrum HIV services in the Thyolo district, in conjunction with the Malawian government. This program serves 50 percent of the people with HIV in the district and is the only example of universal access in the country. MSF clinics deliver services ranging from voluntary counselling and testing, antiretroviral and opportunistic infection treatment, nutritional support and PMTCT. The programme is able to realise significant impact by decentralising delivery of antiretroviral therapy (ART) from doctors "downstream" to clinical officers, medical assistants and volunteers.

**Co-Funders**

Elton John AIDS Foundation, Belgium government, EU

**Planned Outcomes and Progress to Date**

Output indicators as highlighted below show significant progress and the perception in Malawi is of a high quality program that is making a significant contribution to HIV care in the district. Also, MSF has now increased the number of PMTCT sites from 6 to 16.

| **Access to PMTCT** | ***Actual Jan-Jun 07*** | ***Actual Jan–Jun 08*** | ***Target end 2008*** |
|---|---|---|---|
| PMTCT enrolment | 3302/yr | 3,842/yr | 2,500/yr |
| PMTCT newborns having ARV prophylaxis | 1482/yr | 2,172/yr | 1,220/yr |
| HIV+ deliveries in health facilities as % of HIV+ | | 32% | 50% |

# PREFA: Protecting Families against HIV/AIDS

Program Goal: To set a new standard for HIV prevention, care and treatment by combining PMTCT with universal HHHCT (Home-to-Home HIV Counselling and Testing) and nutrition/food security

| | |
|---|---|
| Program Description | Working in two rural, high-prevalence districts in Uganda, PREFA would pilot an innovative, proven strategy that combines PMTCT services with universal HHHCT and nutrition/food security. With successful implementation, PREFA will then replicate the program in an initial 15 Ugandan districts where the organisation is currently operating. The programme aims to provide significant results in all 15 districts, as well as to deliver a comprehensive model, tested at scale, for the prevention, care and treatment of HIV. |
| Co-Funders | PEPFAR |
| Planned Outcomes and Progress to Date | • Provision of home testing and counselling to 42,034 at risk children and 339,401 adults, resulting in saving or prolonging the lives of 4,200 infected children, 15,775 infected mothers and 9,860 infected fathers<br>• Prevention of infection in 2,052 infants via a significant reduction in MTCT rates (from 30% to 8.1%)<br>• Provision of PMTCT services to 90% of HIV+ women (10,524 over 3 years) and their exposed children<br>• Improved nutritional status for 1,052 and 252 severely malnourished HIV+ pregnant women and children<br><br>Although it is still early to judge the progress of the program on the key goals, early indicators are positive. With incremental funding secured from CDC, there is an opportunity to expand the CIFF program to another 26 districts. |

# Potential Investments- Initial Discussions Underway

| ORGANIZATION | COUNTRY | RATIONALE |
|---|---|---|
| **Family Health International** | Ethiopia<br>Nigeria | PMTCT in an urban environment. Strengthening linkages to uptake of pediatric treatment.<br>PMTCT in a high prevalence state with a high number of HIV+ pregnant women. Demonstrate feasibility of 'gold standard' approach to leverage national policy and practice in poor performing country. |
| **AMPATH** | Kenya | Scaling up a pilot project within a catchment area of 1.3 million HIV-infected people using a mix of interventions including door-to-door testing, integrated PMTCT services, and HAART through breastfeeding. |
| **DREAM** | Malawi, Mozambique, Tanzania, Kenya, Congo and others | Use of HAART regimen for all HIV+ pregnant women in resource poor settings. Strengths in building evidence base and implementation know-how. |
| **Elizabeth Glaser Pediatric AIDS Foundation** | Uganda plus | Providing effective regimens and comprehensive family centered care and treatment. Can influence other important players in PMTCT practice and PEPFAR. |
| **Tamil Nadu Family Care Continuum** | Tamil Nadu, India | Demonstration of more effective regimens within a high prevalence state to ultimately accelerate national policy change. |
| **Absolute Return for Kids** | South Africa<br>Mozambique<br>Zambia / other | Proven demonstration of decreased transmission through 'gold standard' of care, and focused investigations into the contributions of community health workers to patient adherence and loss-to-follow-up |
| **UNICEF** | | Investment in currently running programs to improve the integration between paediatric HIV and MNCH programs in high burden countries |

# THANK YOU