



“Implementing the Nurturing care framework in countries with high burden of HIV”

Geneva, Switzerland

1st -2nd July, 2019

1. Introduction

Driven by the increasing body of scientific and program evidence that underscores the importance and potential of integrated ECD services to impact long term developmental outcomes, ECD has been placed at the center of the Sustainable Development Goals and the Global Strategy for Women’s Children’s and Adolescents Health 2016-2030. SDG 4.2 proclaims that by 2030, “all girls and boys (will) have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.” The inclusion of ECD in the SDGs has set the stage for concerted coordination and accelerated investment to support meeting SDG goals and targets.

For the purposes of this workshop the period we focus on covers conception to 8 years of age. . It encompasses cognitive, physical, language, socio-emotional and motor development. It is during pregnancy and over the first 3 years of life that development is most sensitive to external influences. In these earliest years the brain develops at an astounding pace. Hence, it is most critical for the fetus and the child to receive nurturing care to improve early childhood development; this is also the time when children are highly responsive to interventions.

Poverty, any form of malnutrition, low levels of parental education, violence in the home and community, and poor environmental health are among the major risk factors for suboptimal child development. According to conservative estimates based on the risk factors of poverty and stunting alone, 249 million children (43%) in low- and middle-income countries are at risk of not attaining their full development potential, resulting in massive costs for societies, and current and future generations. Individuals affected by a poor start in life are estimated to suffer a loss of about a quarter of average adult income per year, while countries may lose as much as twice the amount they currently spend on health and education combined.

Many interventions for improving reproductive, maternal, newborn, child and adolescent health (including newborn care, nutrition, mental health, HIV prevention and care, responsive caregiving and opportunities for early learning) have a direct impact on child development. Moreover, the health sector is in a unique position to reach out to families and caregivers during the early years because pregnant women, mothers and children are more likely to interact with health services in the first years of life than with any other sector. The Nurturing Care Framework (NCF) provides a roadmap for action. It lays out five strategic actions for how to promote early childhood development. It builds on efforts that are

already ongoing in countries and seeks to strengthen the role of the health sector together with that of other sectors in supporting nurturing care.

HIV affected children are particularly vulnerable to sub-optimal development. They often live in poverty which compounds and is worsened by suboptimal health of both children and their caregivers. HIV affected households may experience high levels of emotional stress, and children in those households may themselves be infected with or exposed to HIV. Supporting families and communities affected by HIV to optimize early childhood development is a priority identified in the NCF. Programming to prevent vertical HIV transmission has been very successful in reducing the numbers of new HIV infections in children and increasing HIV-free survival for infants born to women living with HIV. However, although they are surviving better, such HIV-exposed uninfected (HEU) children are not always thriving. When compared with children born to HIV-uninfected women under similar socioeconomic circumstances, HEU children do not achieve the same health and developmental outcomes

Globally, in 2016 there were approximately 18.5 million HIV exposed uninfected (HEU) children and adolescents under 15 years of age¹. Annually, over 1 million infants are born HIV-uninfected after exposure to HIV and maternal antiretroviral drugs (ARVs), as an increasing proportion of women living with HIV are accessing antiretroviral therapy (ART) prior to conception, during pregnancy, and while breastfeeding. In the highest HIV burden countries up to 30% of pregnant women are HIV-infected, and most receive ART during pregnancy resulting in their children being exposed in-utero to both HIV and ART.

Three recent independent systematic reviews and meta-analyses confirmed that HEU infants have an 80-100% increased risk for mortality compared with HIV unexposed uninfected (HUU) infants during the first year of life. The reasons for increased mortality in HEU children are complex and multifactorial, likely resulting from a combination of universal infant risk factors, (including adverse birth outcomes, suboptimal breast feeding, maternal ill health and compromised social circumstances), and exposures unique to HEU infants, (including higher prevalence of infectious illnesses in the home and in utero exposure to HIV and ARVs). Concerns have been raised regarding poorer growth outcomes and neurodevelopmental deficits following in utero HIV and ART exposure, although evidence for this is inconclusive.

In this context, to operationalize the Nurturing Care Framework for ECD by countries with high burden of HIV, the WHO HIV department, and the Department of Maternal, Newborn, Child and Adolescent Health in collaborating with UNICEF, are proposing to host a technical consultation of experts, with the aim to develop a policy brief on nurturing care for HIV affected children. The policy brief will be part of a series of operational guidance documents that WHO and partners are preparing to support the implementation of the NCF.

2. Objectives and Expected Outcomes

2.1. General Objective

The overarching objective of this workshop is to discuss the challenges and opportunities to implement the Nurturing Care Framework in countries with high burden of HIV and develop guidance to leverage existing HIV programmes and promote integration with ECD platform.

2.1.1. Specific Objectives

1. To discuss and review specific vulnerabilities of HIV-exposed infected and uninfected infants and children and their families.
2. To formally review and evaluate current models and approaches that seek to support caregivers to provide nurturing care to young children, in countries with high burden of HIV.
3. To develop implementation considerations to support country implementation of the nurturing care framework. This will be done by accounting for specific vulnerabilities of HIV exposed infected and uninfected infants and children, and considering the role of health and other sectors.

2.2. Expected outcomes and outputs

It is anticipated that the meeting will generate consensus on key considerations for the implementation of the Nurturing Care Framework in countries with high burden of HIV and provide insight through specific case studies on scalable best practices.

Expected outputs from the meeting will include:

1. Implementation considerations document
2. Policy brief to provide guidance to countries on the implementation of the Nurturing Care Framework in the context of high burden of HIV.

3. Dates and venue

The workshop will be held in Geneva, 1-2 July 2019.

4. Language

The meeting will be in English

5. Agenda

Day 1: Monday, 1 July 2019		
09:00-09:05	Welcome and opening remarks	Meg Doherty
09:05-09:15	Background and objectives of the meeting	Shaffiq Essajee and Martina Penazzato
Co-Chairs: Nigel Rollins and Molly Rivadeneira		
Session 1: Setting the scene		
9:15-9:30	Overview presentation: the Nurturing care framework and its implementation	Bernadette Daelmans
9:30-9:40	Updates on HIV burden: HIV infected and HIV exposed uninfected children	Mary Mahy
9:40-9:50	Overview of HIV services for mothers and children	Morkor Newman
9:50-10:30	Discussion	All
10:30-10:50	Break	
10:50-11:00	Overview on HIV Exposed Uninfected and Infected children vulnerability	Amy Slogrove
11:00-11:10	Integrating interventions: example from a study in Zimbabwe	Andrew Prendergast
11:10-11:20	Integrating interventions: example from a program in Malawi	Evelyn Udedi (remotely)
11:20-11:30	Community: a common solution to different problems	Fiona Burt
11:30-12:30	Discussion	All
12:30-13:30	Lunch	
Session 2: Developing guidance to support countries		
13:30-14:00	Community perspective	Fiona Burt and Josephine Fera
14:00-14:30	Key considerations for supporting nurturing care in HIV-related platforms	Mark Tomlinson
14:30-14:45	Tools and key resources to support nurturing care in HIV-related platforms	Nandita Sugandhi
14:45-15:15	Questions and answers	All

15:15-15:30	Break	
15:30-17:55	Structured discussion in breakout sessions	Facilitators
17:55-18:00	Wrap up	Nande Putta

Day 2: Tuesday, 2 July 2019		
Co-Chairs: Andrew Prendergast and Sheila Manji		
8:30-9:30	Country perspectives	MOH representatives (remotely)
9:30-10:00	Report back from group work	Rapporteurs
10:00-10:45	Discussion	All
10:45-11:00	Break	
Session 3: Developing an integrated strategy for integration of HIV/ECD services		
11:00-13:00	Group work on developing an integrated strategy to disseminate additional guidance and promote attention to ECD in HIV programmes <ul style="list-style-type: none"> • Programmatic • Research • Advocacy 	Facilitators
1:00-13:30	Lunch	
14:00-14:30	Report back	Rapporteurs
14:30-15:45	Discussion	All facilitated by Mark Tomlinson
15:45-16:00	Break	
16:00-17:15	Critical review of meeting outputs and dissemination/communication strategy Discussion	Sheila Manji
17:15-17:30	Next steps and closing remarks	Shaffiq Essajee and Martina Penazzato