Mother-to-child transmission remains the primary source of new infections among paediatric populations in resource-limited settings (RLS). The current upscale of evidence-based programmes to prevent mother-to-child transmission (PMTCT) can serve as a vehicle to eliminate new HIV infections in infants. However, identifying HIV-exposed infants and subsequently linking them to care and prophylaxis programmes remain grave challenges, and consequently, coordinated efforts are required for a more effective scale-up of PMTCT programmes. The recent establishment of a Global Task Team (GTT) initiated by UNAIDS will focus on eliminating new infections among children by 2015. Furthermore, the UN General Assembly High Level Meeting on AIDS resulted in the adoption of a Political Declaration on AIDS by setting clear targets for the elimination of vertical transmission from mother to child.

This session provides an overview of the scale-up efforts in PMTCT interventions and programmes in RLS, along with the operational and implementation issues associated with such efforts. Furthermore, challenges in identifying HIV-exposed infants as a proxy for evaluating PMTCT programmes at a country-level are highlighted. Barriers to linking identified infants to care/prophylaxis programmes also are addressed. Lastly, a panel discusses the context of PMTCT scale-up, early infant diagnosis (EID), and linkages to care from a country perspective.