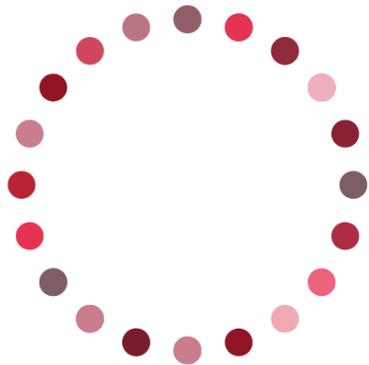


PMTCT in South Africa: Where are we?

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26 October 2018



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UNIVERSITY OF CAPE TOWN
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PARETO PRINCIPLE

20% EFFORT

80%
EFFORT



80%

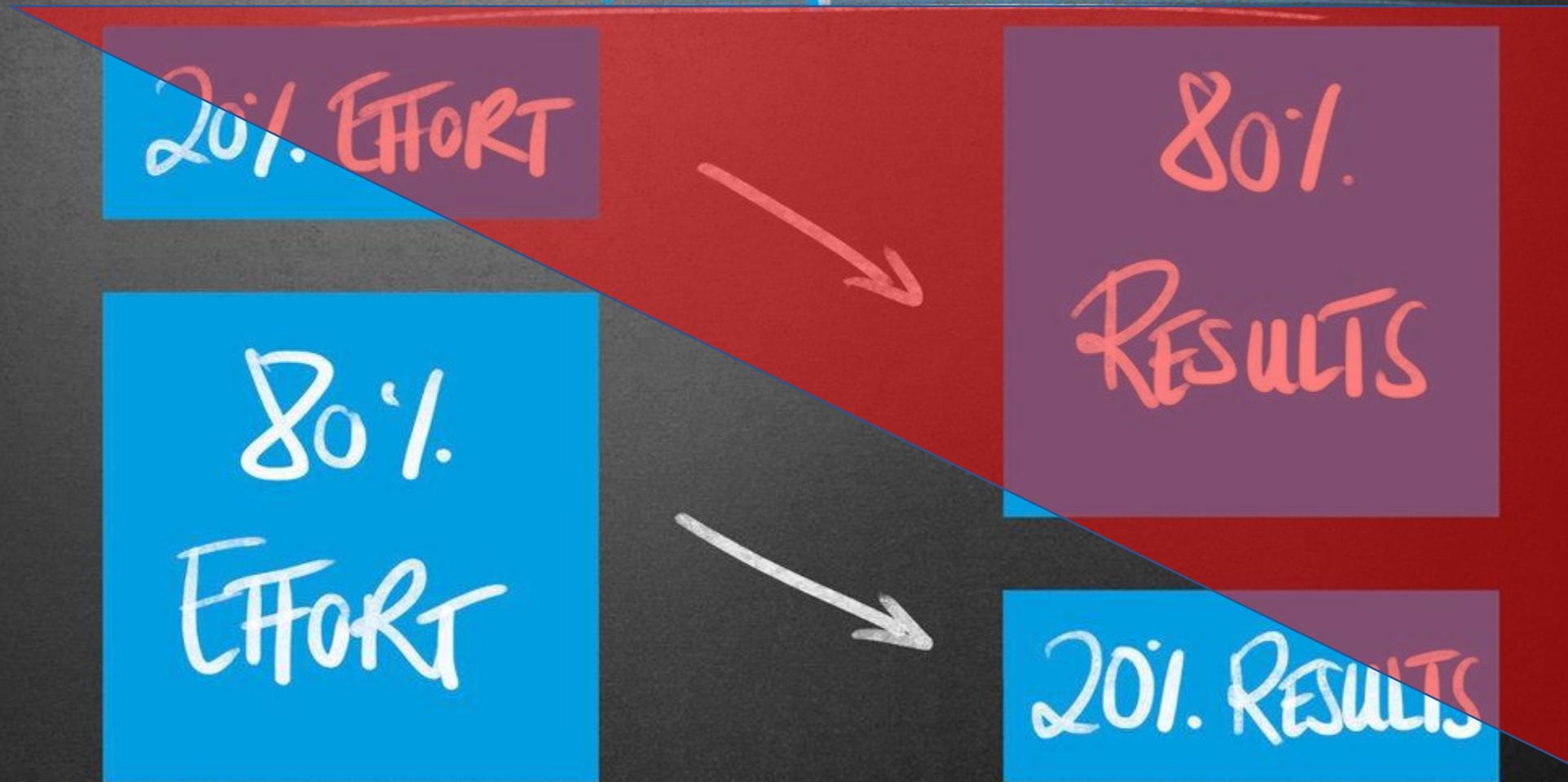
RESULTS



20% RESULTS

(also known as *the 80/20 rule*, the law of the vital few, or the principle of factor sparsity)

PARETO PRINCIPLE



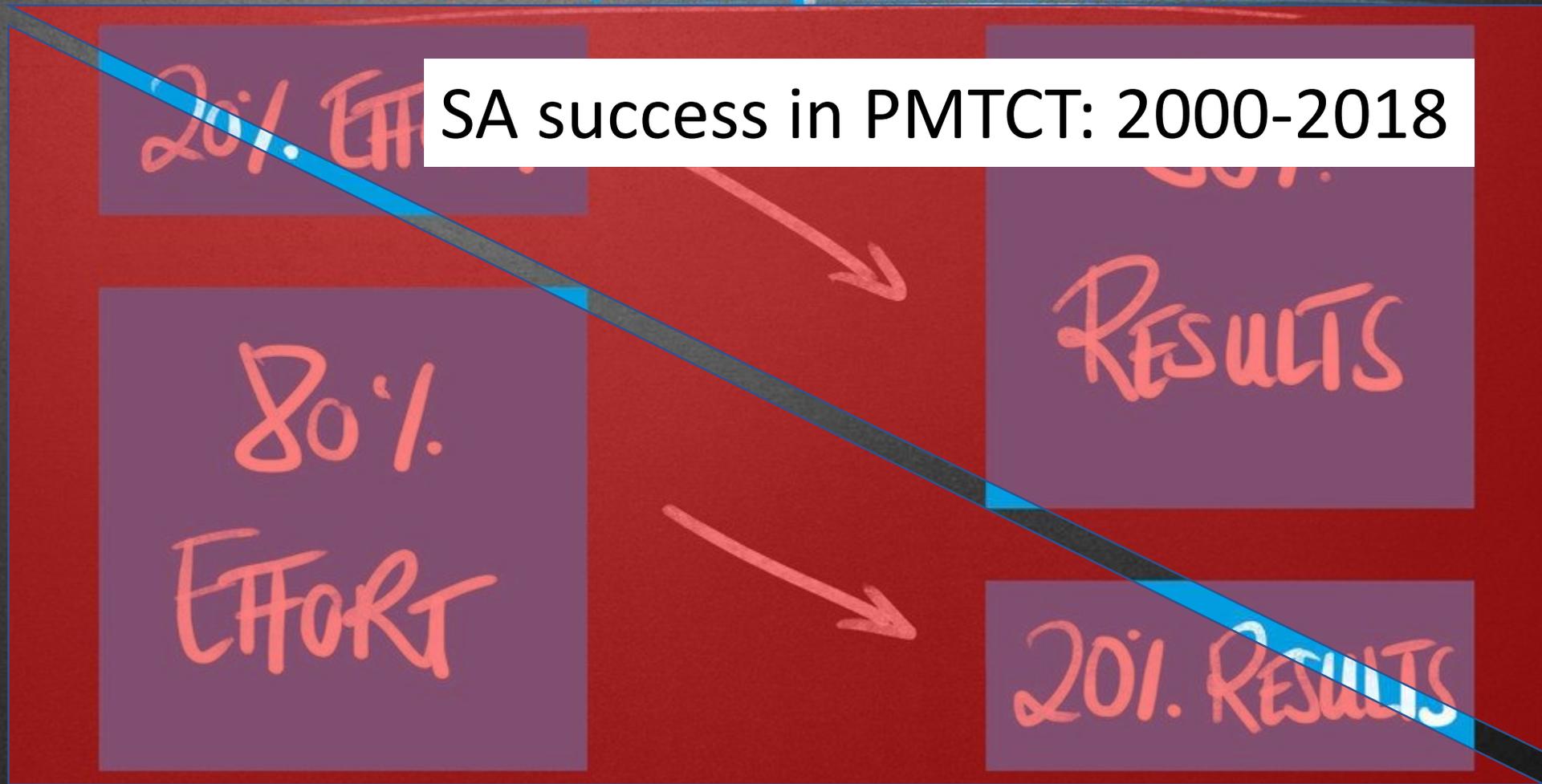
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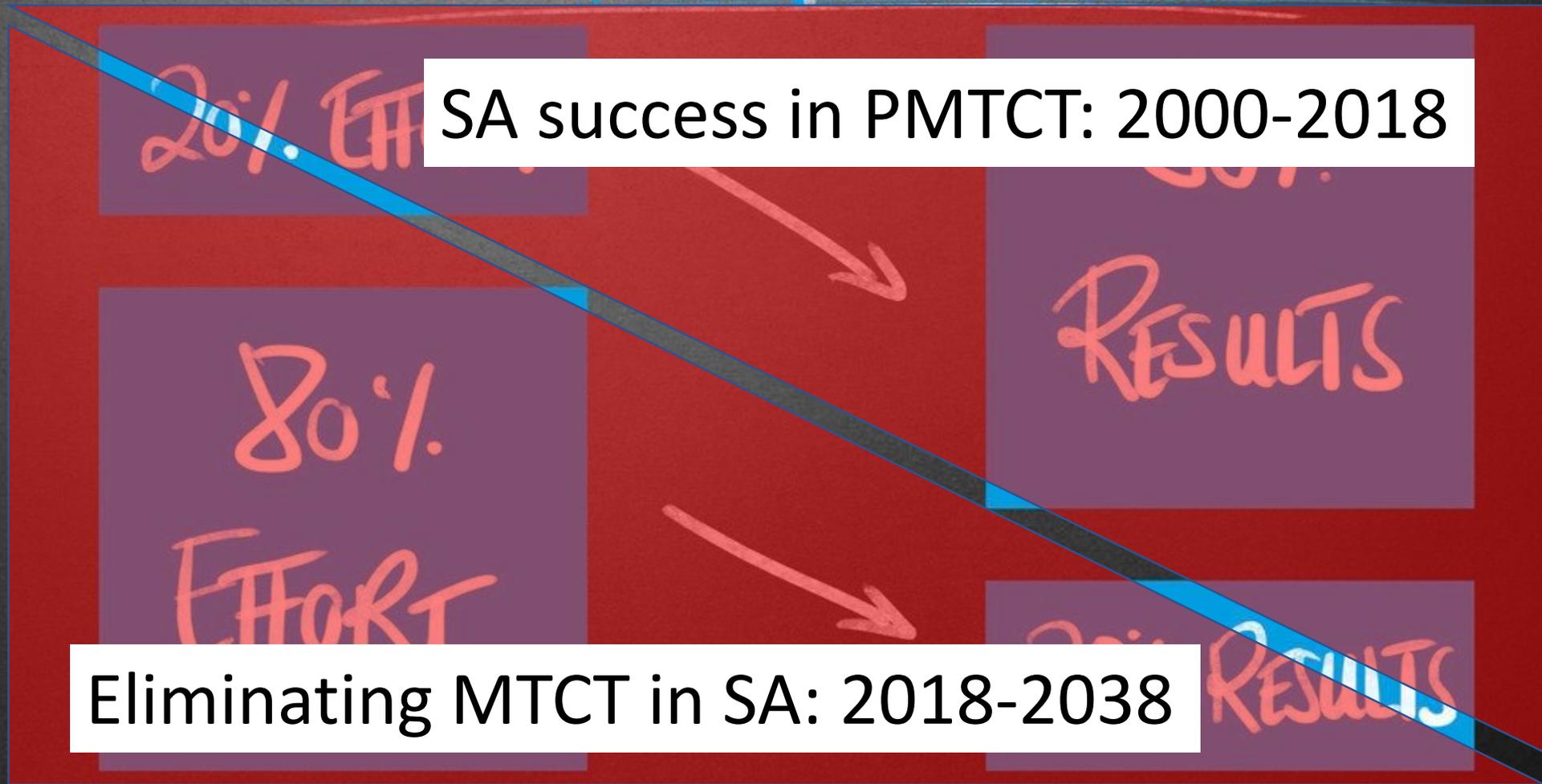
PARETO PRINCIPLE



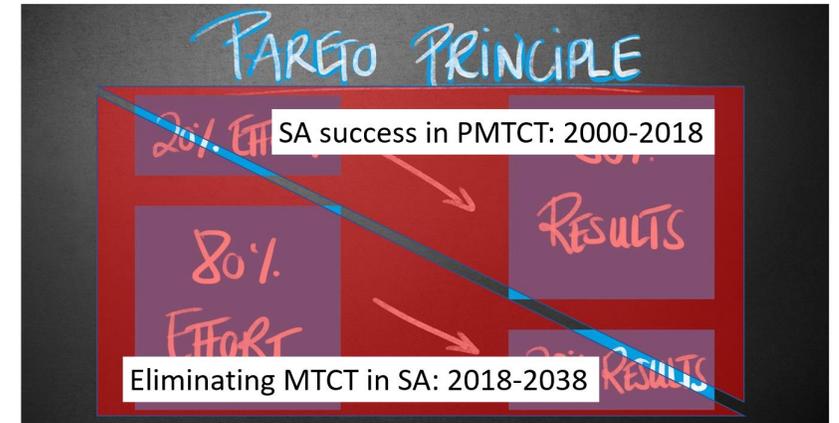
SA success in PMTCT: 2000-2018

(also known as *the 80/20 rule*, the law of the vital few, or the principle of factor sparsity)

PARETO PRINCIPLE



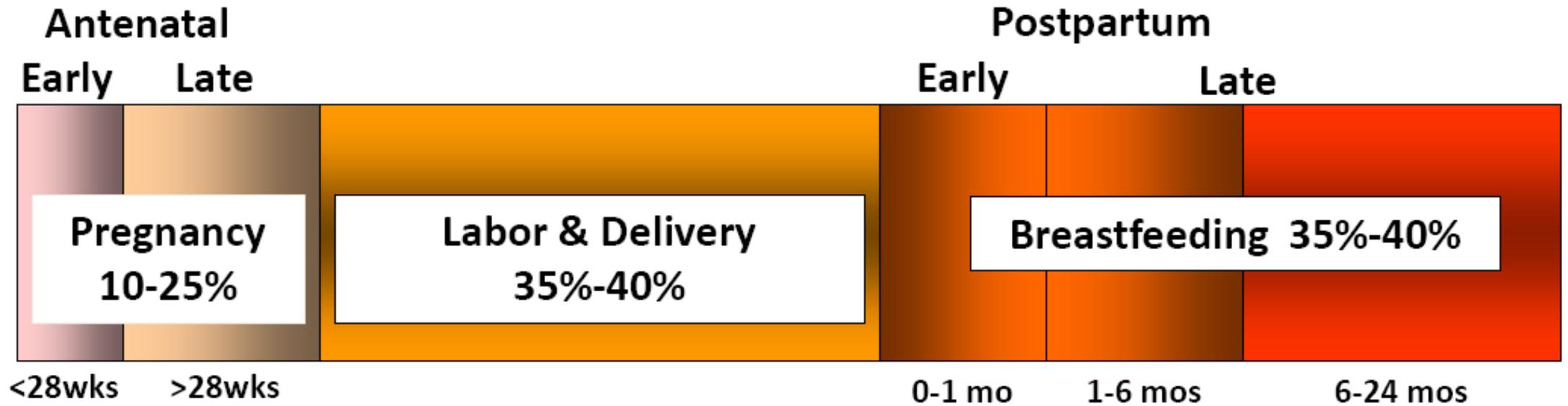
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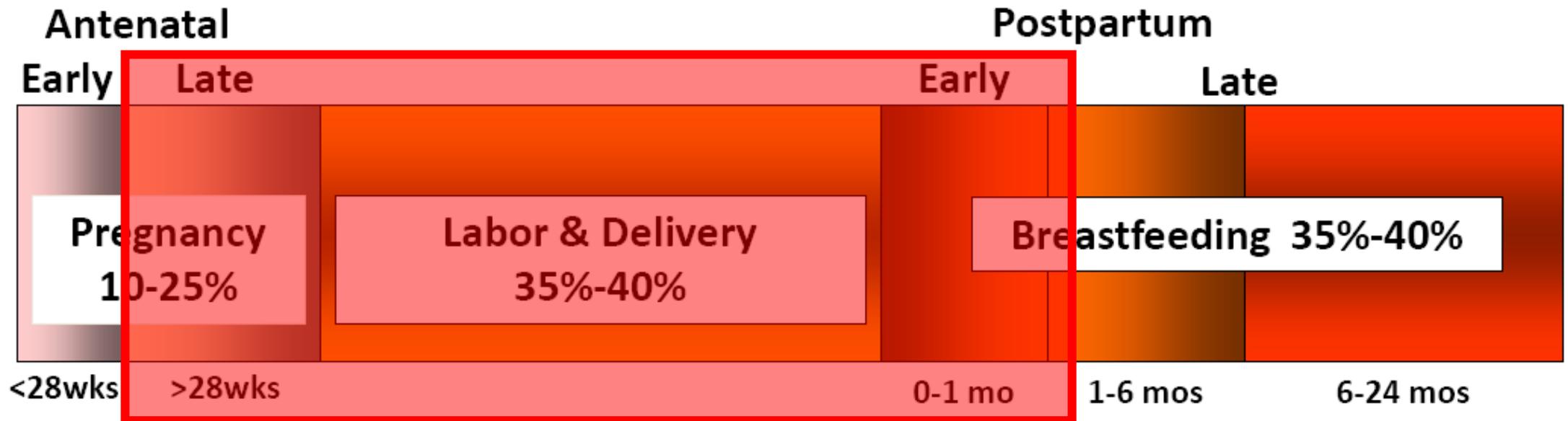
(also known as *the 80/20 rule*, the law of the vital few, or the principle of factor sparsity)

SA success in PMTCT: 2000-2018

Basics of vertical HIV transmission



How SA has been successful in PMTCT



Increasing potency of ARV regimens: sdNVP → triple-drug ART

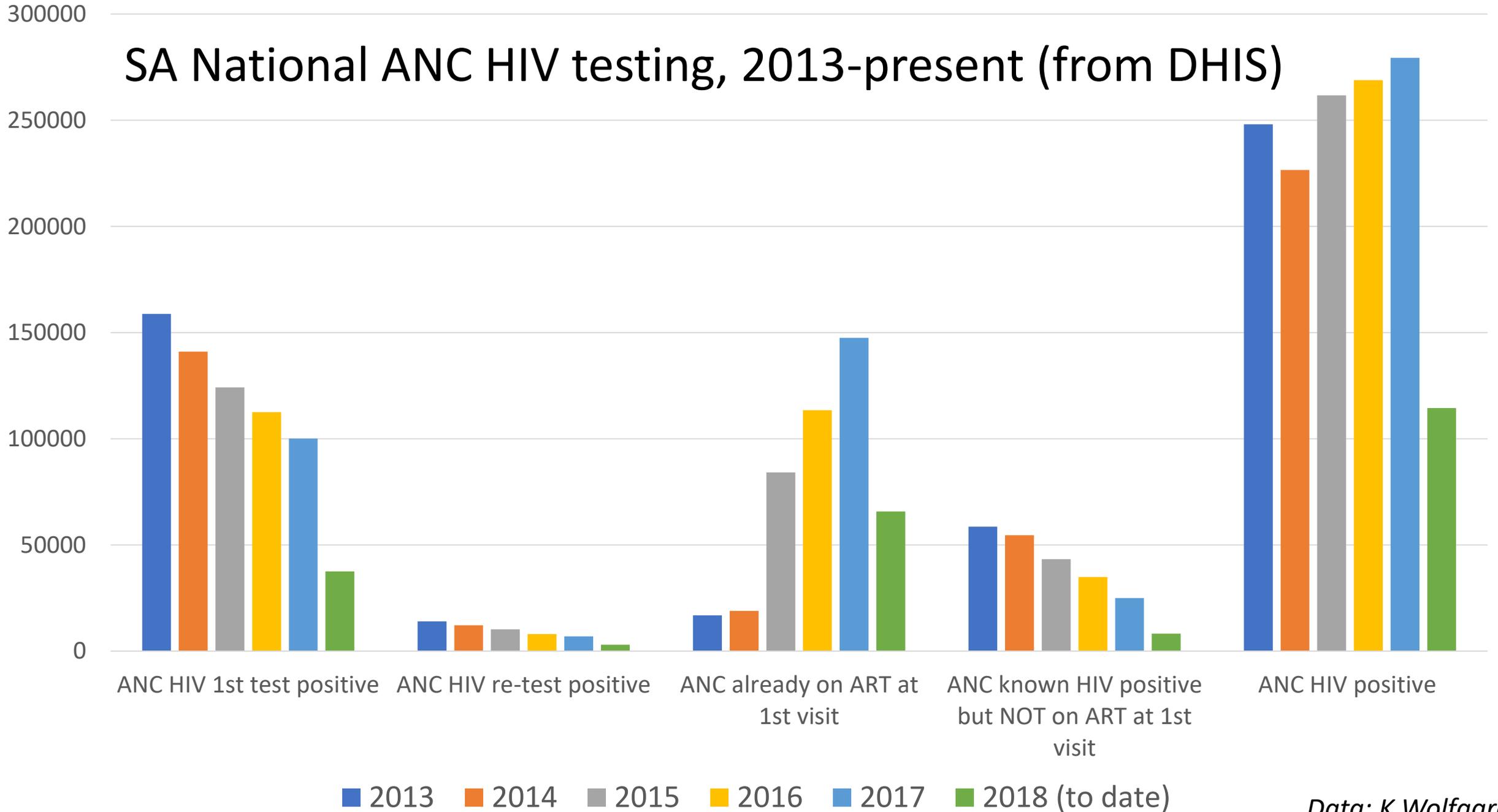
Broadening eligibility criteria for ART: CD4<200 → <350/<500 → Universal ART

Increasing coverage of ART in pregnant and breastfeeding women

Evolution of SA PMTCT policy, 2000-present

SAPMTCT Policy			
Year	Maternal CD4 0-250 cells/ μ l/ Stage IV	Maternal CD4 250-350 cells/ μ l	Maternal CD4 >350 cells/ μ l
2001-2008	sdNVP		Baby: sdNVP
Feb 2008-Mar 2010	Lifelong ART	sdNVP + 4-28d AZT	ARVP from 28 weeks + sdNVP+
April 2010-Mar 2013: Option A	Lifelong ART	Baby: 6 weeks NVP	ARVP from 14wks + sdNVP + TDF/FTC Baby: dly NVP till 1 week after BF stops
April 2013-Dec 2014: Option B	Lifelong ART	6 weeks NVP	ART until 1 wk after BF stops 6-weeks NVP
January 2015: Option B+	Lifelong ART		6-weeks NVP

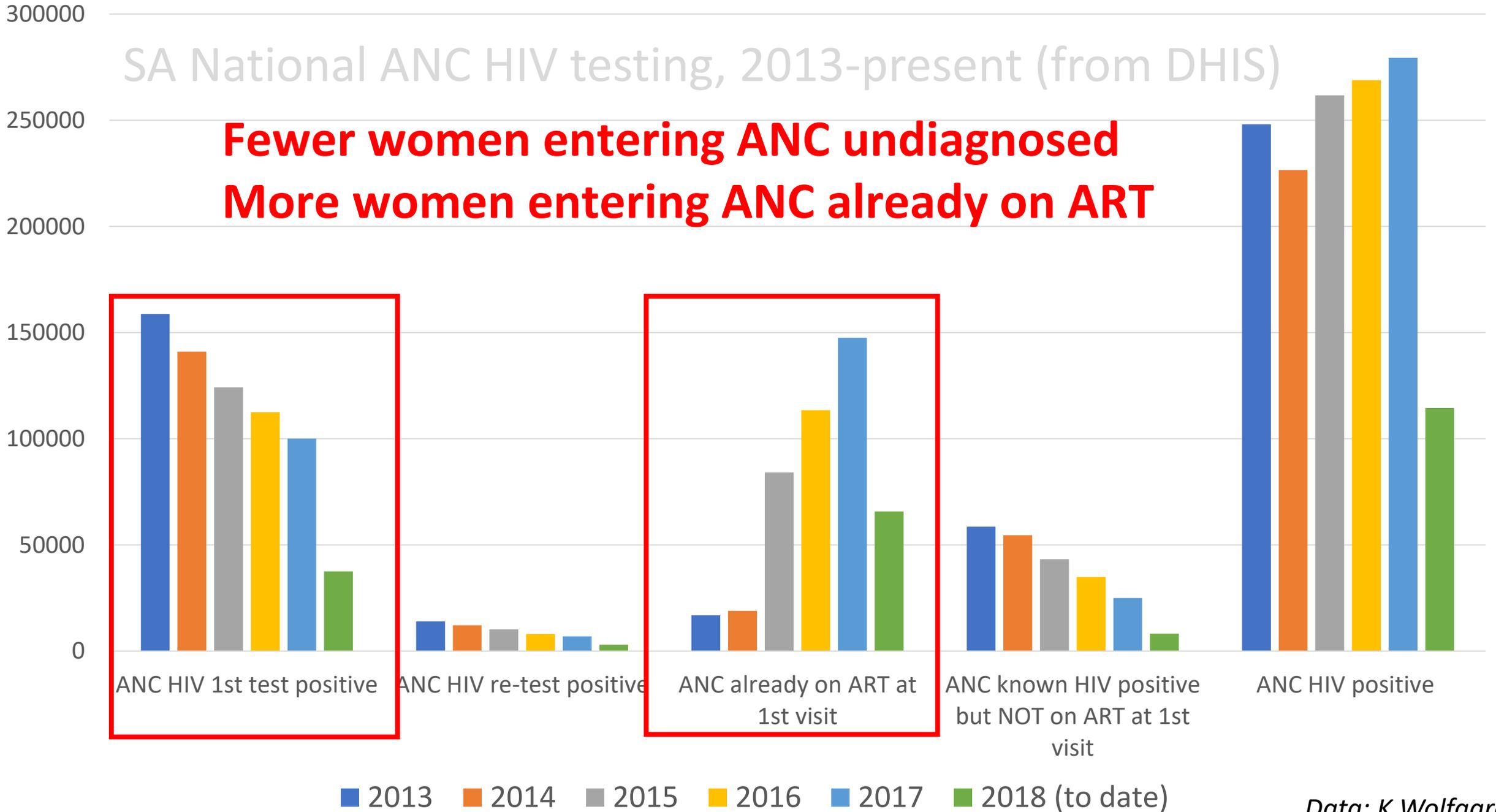
SA National ANC HIV testing, 2013-present (from DHIS)



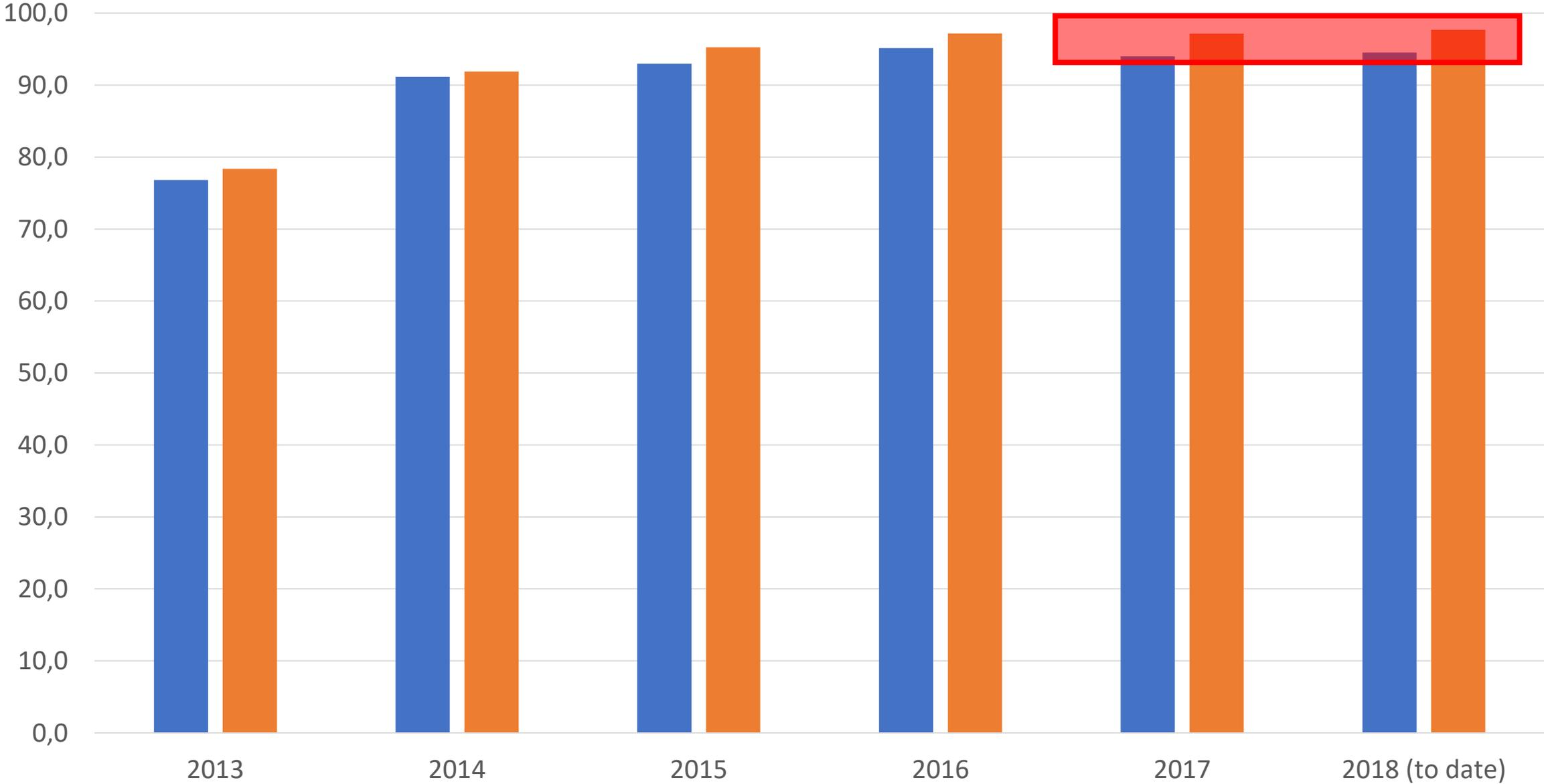
Data: K Wolfaardt

SA National ANC HIV testing, 2013-present (from DHIS)

Fewer women entering ANC undiagnosed
More women entering ANC already on ART



SA National ART coverage in ANC, 2013-present (from DHIS)

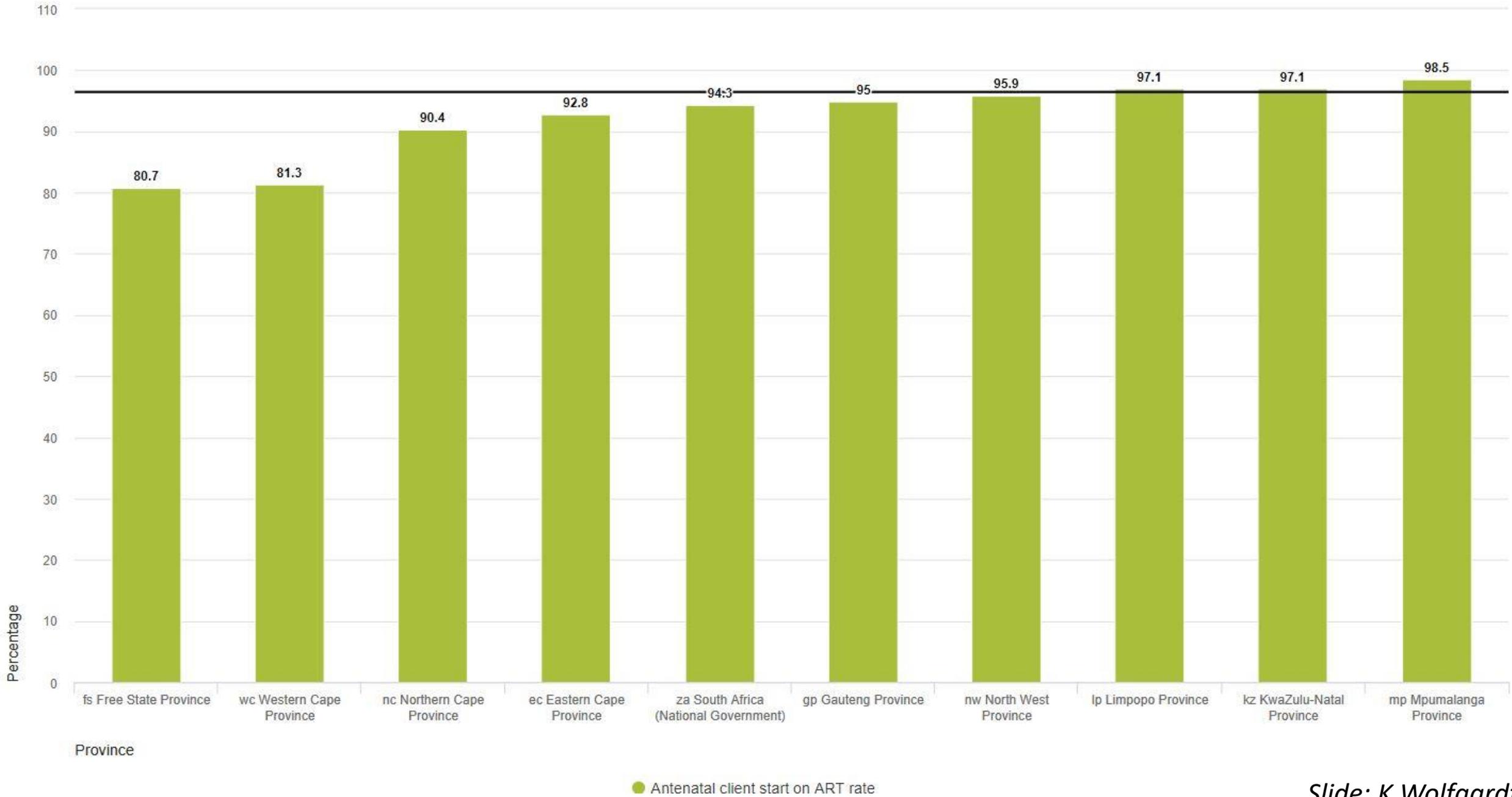


■ ART Initiation Rate (%) ■ Antenatal ART Coverage (%)

Data: K Wolfaardt

Antenatal client start on ART rate per province

Average for the last 12 months



Declining early (6 week) MTCT



First population-level effectiveness evaluation of a national programme to prevent HIV transmission from mother to child, South Africa

Ameena E Goga,^{1,2} Thu-Ha Dinh,³ Debra J Jackson,^{4,5} Carl Lombard,^{6,7}

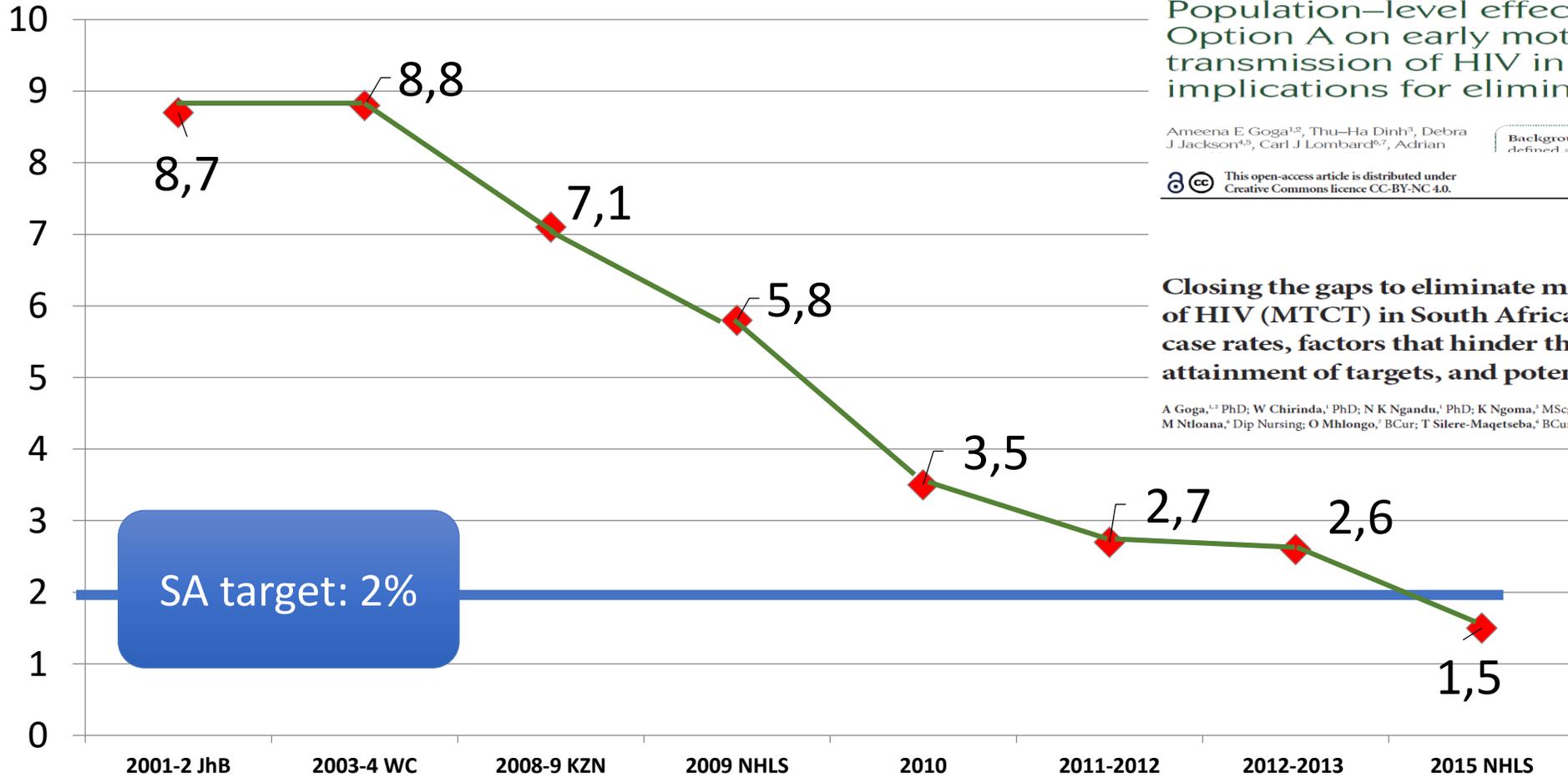


Population-level effectiveness of PMTCT Option A on early mother-to-child (MTCT) transmission of HIV in South Africa: implications for eliminating MTCT

Ameena E Goga^{1,2}, Thu-Ha Dinh³, Debra J Jackson^{4,5}, Carl J Lombard^{6,7}, Adrian

Background Eliminating mother-to-child transmission of HIV (EMTCT), defined as <50 infant HIV infections per 100,000 live births, is a global

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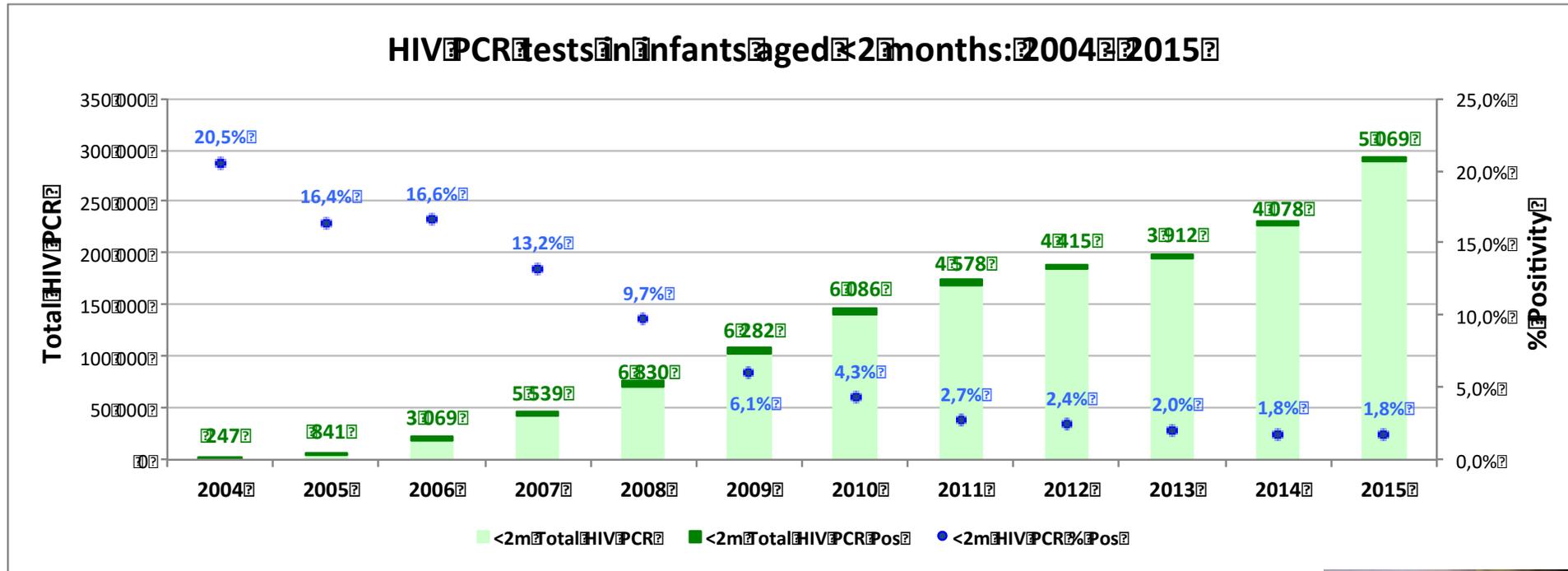
Closing the gaps to eliminate mother-to-child transmission of HIV (MTCT) in South Africa: Understanding MTCT case rates, factors that hinder the monitoring and attainment of targets, and potential game changers

A Goga,^{1,2} PhD; W Chirinda,¹ PhD; N K Ngandu,¹ PhD; K Ngoma,² MSc; S Bhardwaj,² MD; U Feucht,^{2,4} PhD; N Davies,⁵ MPH; M Ntloana,⁶ Dip Nursing; O Mhlongo,⁷ BCur; T Silere-Maqetseba,⁶ BCur; F Moyo,^{8,9} MSc; G Sherman,^{5,9} PhD

Source: Goga A, Dinh TH, Jackson DJ, Lombard C, Puren A, Sherman G, Pillay Y for the South Africa PMTCT Evaluation (SAPMCTE) Team. Population-level effectiveness of maternal antiretroviral treatment initiation before or during the first trimester and infant antiretroviral prophylaxis on early mother-to-child transmission of HIV, South Africa: Implications for eliminating MTCT. Journal of Global Health September 2016: doi <http://www.jogh.org/documents/issue201602/jogh-06-020405.pdf>

MONITORING EARLY INFANT DIAGNOSIS

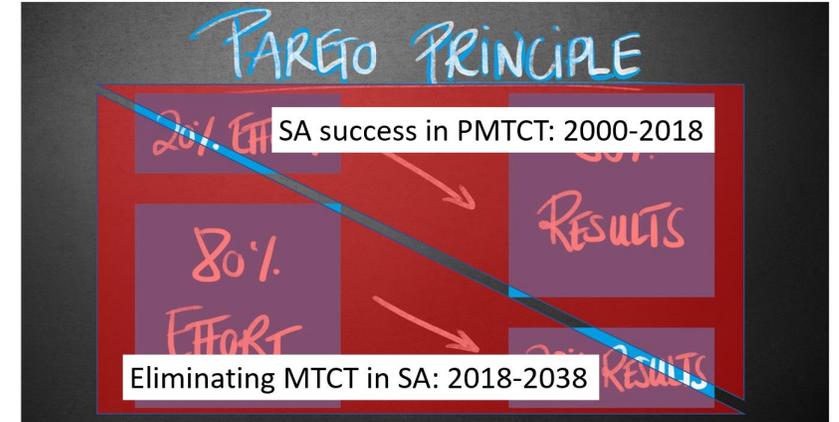
REDUCING 6 week MTCT TO <2%



S.A. PMTCT Evaluation survey (MRC)

3.5% (2.9-4.1) 2.7% (2.1-3.2) 2.6% (2.0-3.2)





(also known as *the 80/20 rule*, the law of the vital few, or the principle of factor sparsity)

Eliminating MTCT in SA: 2018-2038

Key requirements for elimination of MTCT

<5% overall transmission through end of breastfeeding

AND

<50 cases of MTCT per 100 000 live births

SA is currently around overall % transmission targets

But still >10-fold above the elimination threshold!!

Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive age
2. Preventing unintended pregnancies in women living with HIV
3. Preventing MTCT in pregnant & BF women living with HIV
4. Ensuring lifelong care and treatment for women and families living with HIV

Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive age

Ongoing efforts to reduce incidence, especially in young women

HIV incidence in pregnancy/breastfeeding :

- How do we strengthen postpartum testing?
(Where is postpartum care?)
- Implement partner testing & treatment
- What interventions to reduce risk? Do we need PrEP here?

2. Preventing HIV

3. Preventing

4. Ensuring family

with

Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive age

2. Preventing unintended pregnancies in women living with HIV

3. Preventing HIV transmission from women to their children (especially in women living with HIV)

4. Ensuring the health and well-being of women and their families

Levels of unintended pregnancy in SA are unacceptable

(especially in women living with HIV)

- Strengthen contraception/fertility planning programmes & services
- Integrate FP into all HIV care
- New contraceptive technologies (NB: drug-drug interactions)

Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive

Ongoing improvements across PMTCT cascade

Geographic hotspots

Young women are at special risk

2. Preventing HIV infections in women living with

3. Preventing MTCT in pregnant & BF women living with HIV

4. **New antiretrovirals, new concerns around risk vs benefit**

Promoting postpartum retention & adherence: how do we reduce breastfeeding transmission?

With more women with ART exposure: increasing clinical complexity

Four prongs of PMTCT programming

How do we keep women engaged in care after PMTCT risk ends?

Ongoing adherence & retention?

Preventing repeated (unintended) pregnancies?

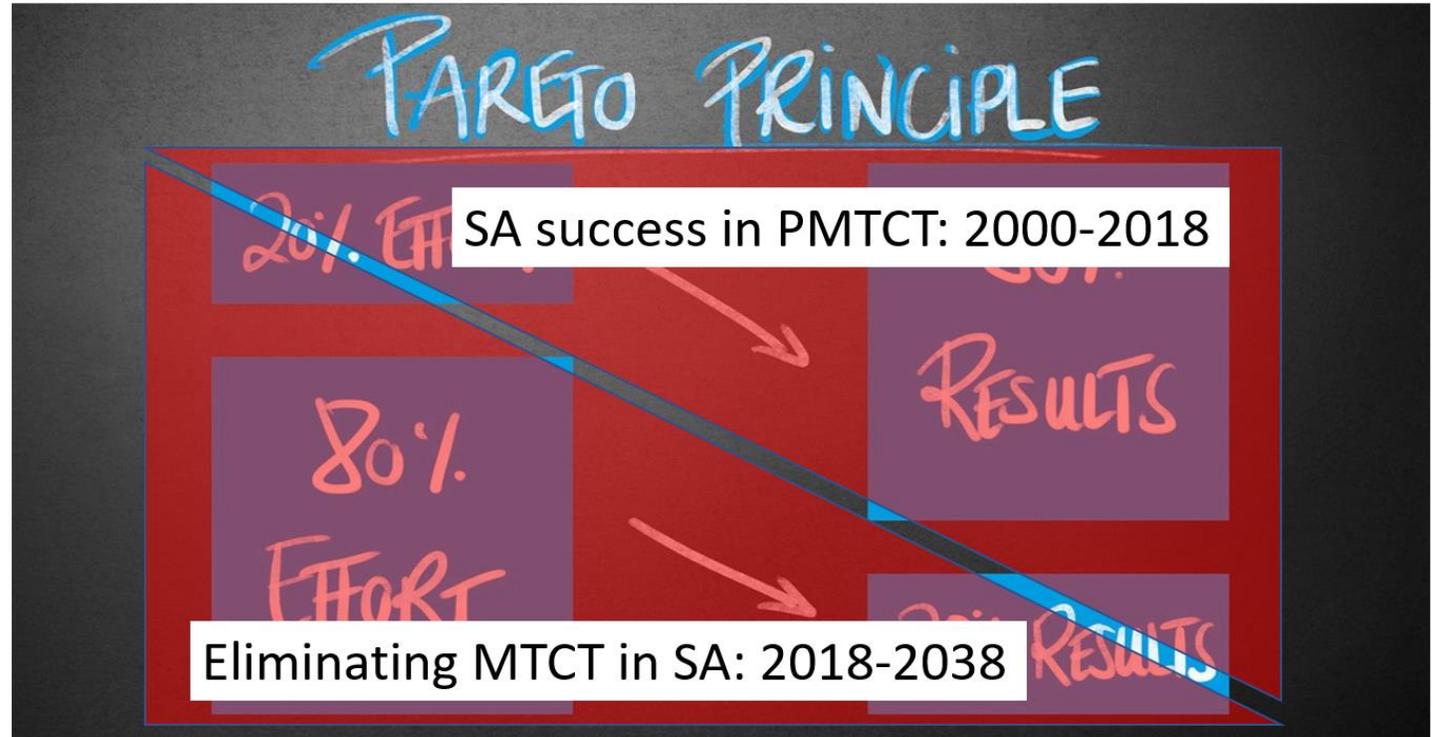
Addressing women's health over lifecourse (including non-HIV issues)

Promoting healthy families

4. Ensuring lifelong care and treatment for women and families living with HIV

Thank you!!

Ameena Goga
Gayle Sherman
Kerry Wolfvardt
Carmen de Koker
Tamsin Phillips
Elaine Abrams
Lynne Mofenson



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