

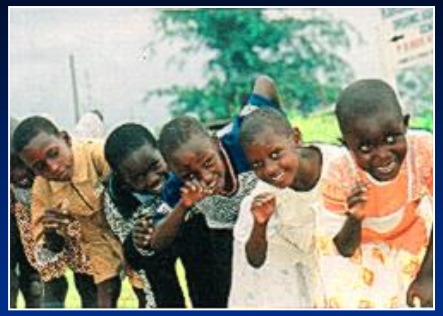
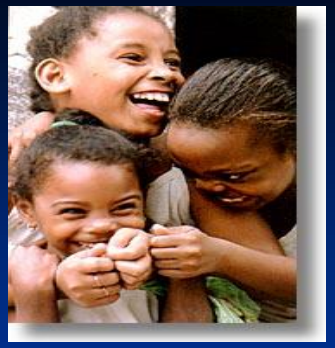

PMTCT (getting to zero - 2015) Stepping up the pace and challenges of achieving eMTCT in low resource settings

Dr.Sabrina Bakeera-Kitaka

Senior Lecturer; Specialist Paediatrician

BAYLOR COLLEGE OF MEDICINE Children's Foundation UGANDA

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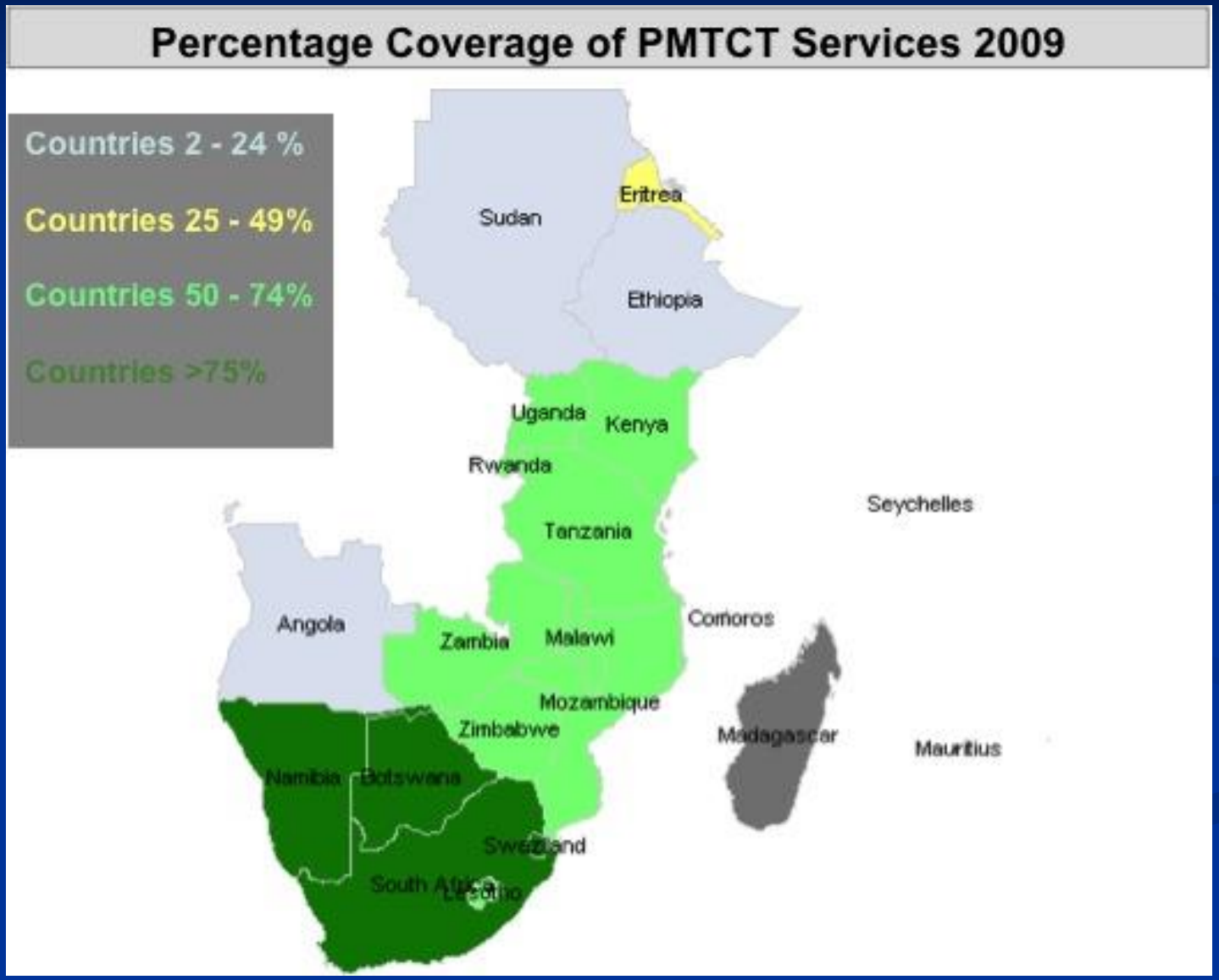
Background

The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive focuses on reaching pregnant women living with HIV and their children – from the time of pregnancy until the mother stops breastfeeding.

Main targets:

- Reducing the number of new HIV infections among children by 90 per cent
- Reducing the number of AIDS-related maternal deaths by 50 per cent
- This plan covers all low- and middle-income countries, but focuses on 22 countries with the highest estimates of HIV-positive pregnant women.

22 Key Countries



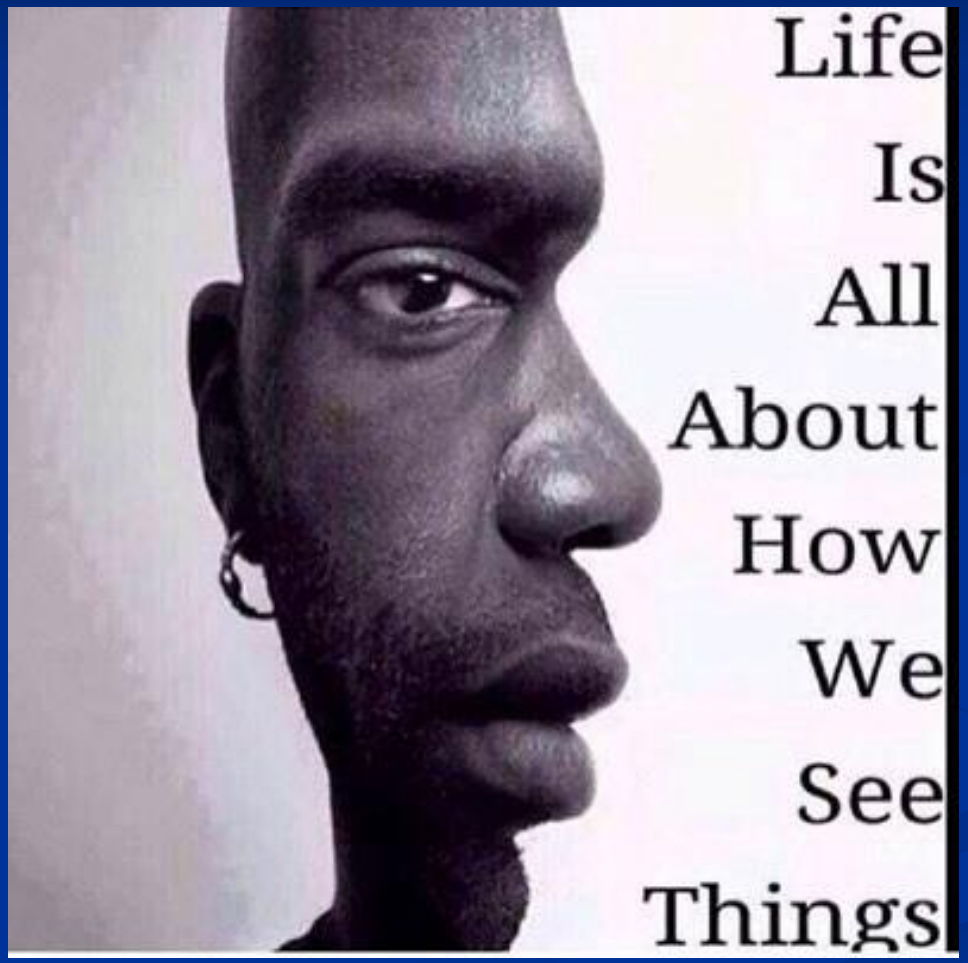
This regional average masks huge disparities

- Botswana, Namibia, South Africa and Swaziland, for example, already achieved coverage rates of more than 85 per cent,
- In Angola, Burundi and Ethiopia less than 20 per cent of HIV-positive pregnant women were enrolled in PMTCT programmes by 2009.
- Few countries have adopted option B+

And further disparities

- **Within countries , and for individual patients**
- **Recent cases of missed PMTCT:**
  - N.A, a 2 mo old baby admitted with disseminated TB and extensive staphyloccal dermatitis ; mother is a 23 year old newly diagnosed with PTB/HIV not in care . N.A passed away at day 4 of admission
  - P.N , a 9 month old baby struggling on the malnutrition ward,CD4 count 4!Mom,who is 18yr old declined HAART until DNA results were obtained.

What does stepping up the pace mean?



The Four-Pronged Approach to PMTCT Strategy

- Primary Prevention of HIV Infection among Women of Reproductive Age
- Prevention of Unintended Pregnancies among Women Living with HIV
- Prevention of HIV Transmission from Women Living with HIV to Their Children
- Provision of Care, Treatment, and Support to Mothers Living with HIV, Their Children and Families

The PMTCT Continuum of Services

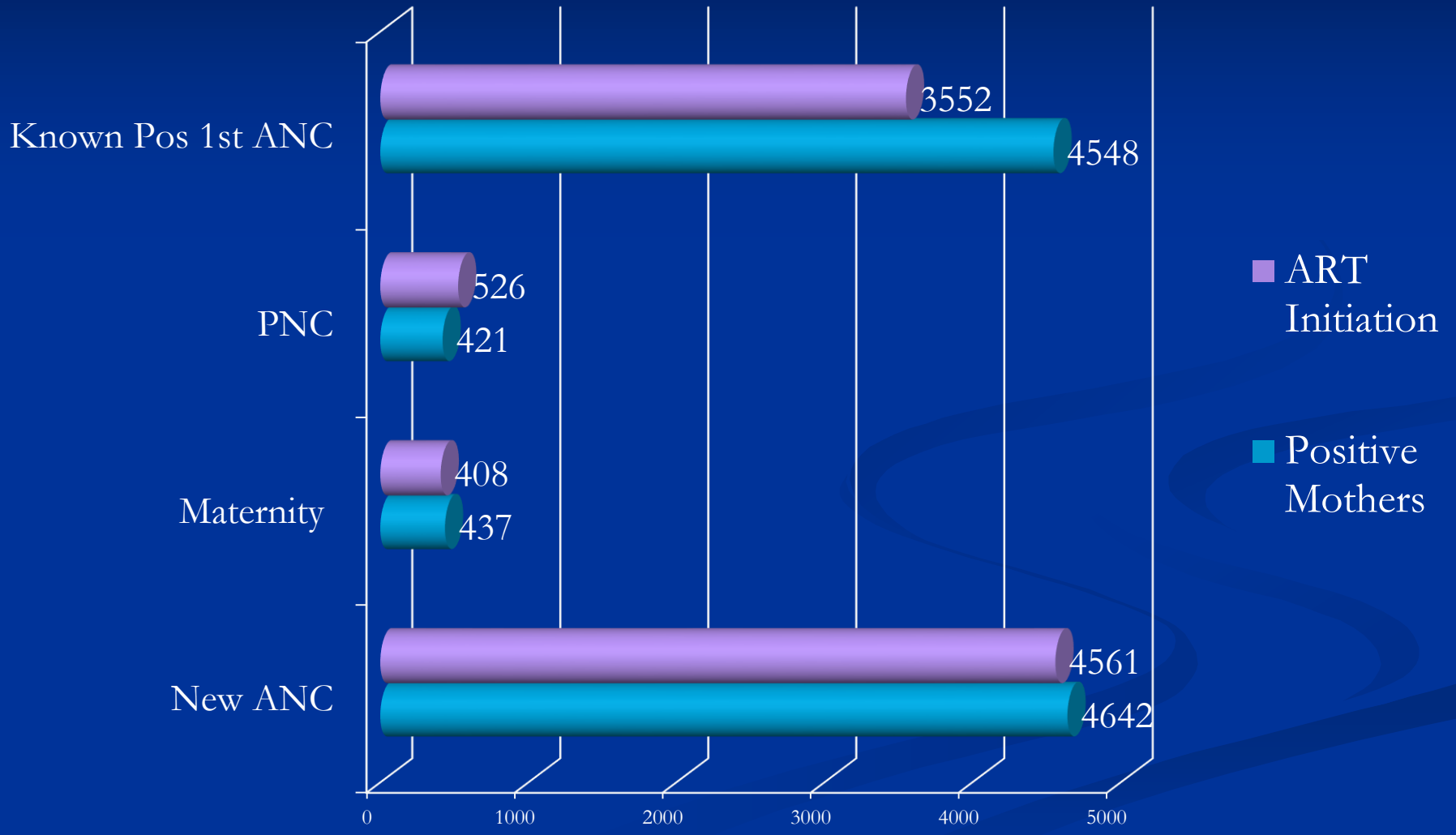
Antenatal Services → Intrapartum (Labor and Delivery) Services → Postpartum/Postnatal Services

Community Services

Option B + Scale up

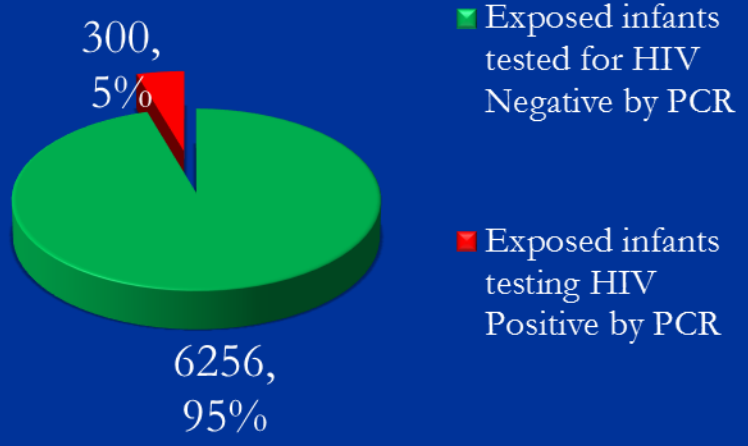
- Uganda adopted the Option B+ for the elimination of mother to child transmission of HIV (EMTCT) in 2013.
- The Champion for this EMTCT campaign is the 1st Lady of Uganda , demonstrating political support
- The MOH leads efforts in training , mentoring and implementation

Entry Points for ART Initiation in 7 districts supported by PREFA in Uganda

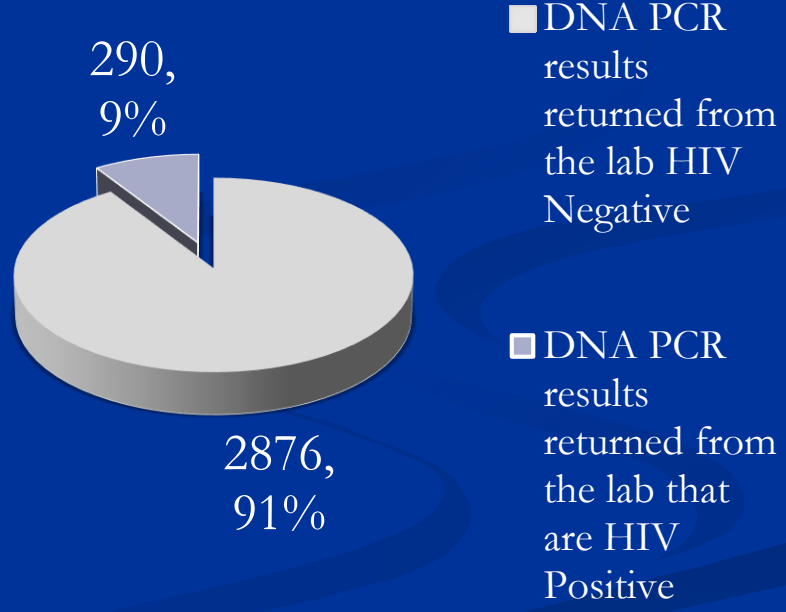


DNA PCR Test Results

Jul '13 – June '14



Oct '12 – Jun '13



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International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

UNITY AND FREEDOM

UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
MALAWIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

Elimination of Mother to Child Transmission of HIV:

Performance of Different Models of Care when Initiating Lifelong ART for Pregnant Women in Malawi (Option B+)

Monique van Lettow, Richard Bedell, Isabell Mayuni, Gabriel Mateyu, Megan Landes, Adrienne Chan Vanessa van Schoor, Teferi Beyene, Anthony Harries, Stephen Chu, Andrew Mganga, Joep J van Oosterhout

AIDS 2014
20th International AIDS Conference
Melbourne, Australia
July 20-25, 2014
WWW.AIDS2014.ORG
STEPPING UP THE PACE

Malawi

- new PMTCT strategy in 2011

  Option B+

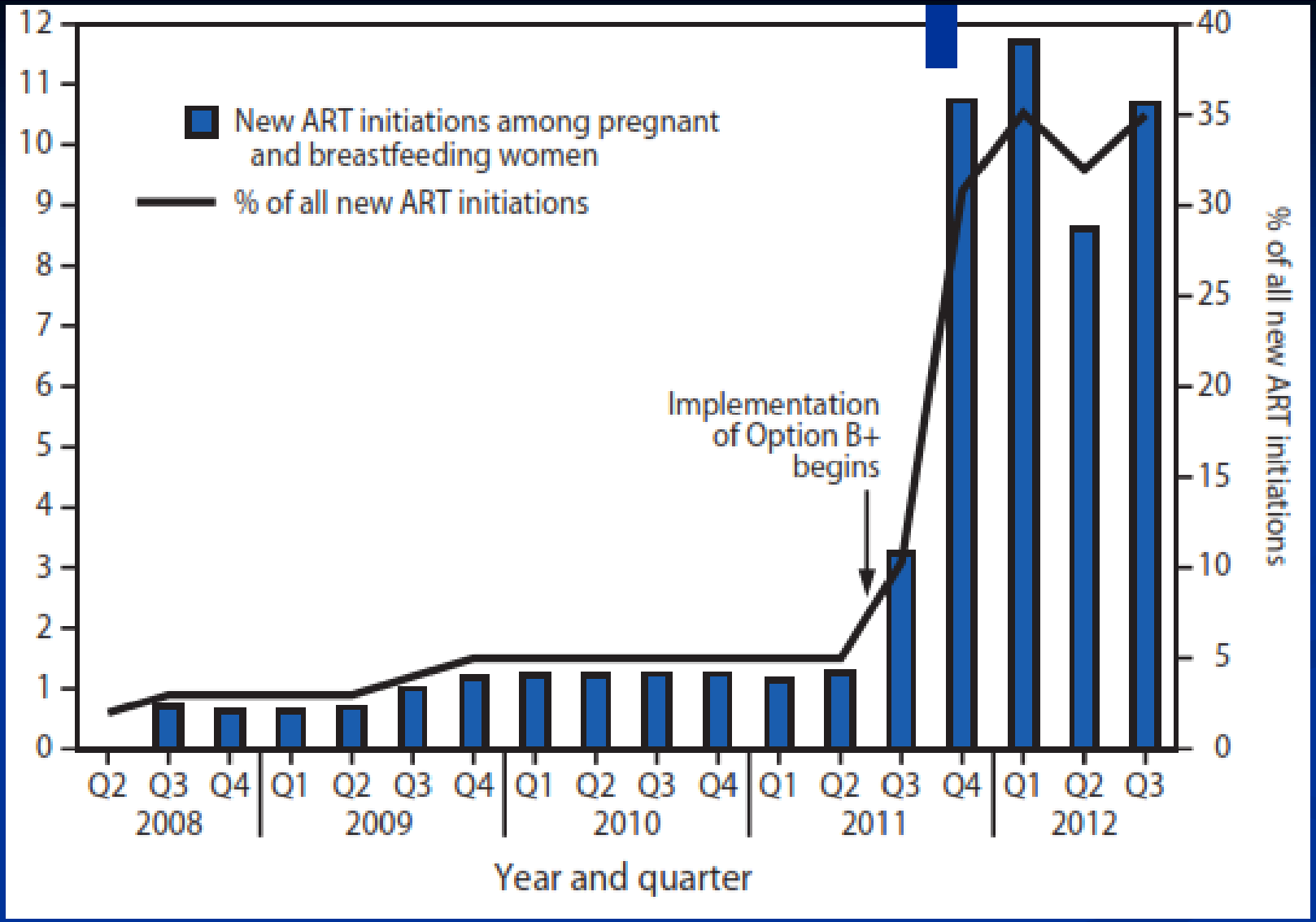
- Implemented in other countries

- No formal evidence base and concerns about losses to follow up

Option B+ in Malawi - Learning by Doing

- No guidelines for integrating Option B+ into the routine service
- Different approaches had to be considered for:
  - **Location, timing ART**
  - **Adherence counseling**
  - **Follow-up after delivery or breastfeeding**

Would this affect uptake, adherence, retention?



Chibwandira et al; MMWR 2013

- 750% increase ART pregnant & BF women

Retention in care under universal antiretroviral therapy for HIV-infected pregnant and breastfeeding women ('Option B+') in Malawi

Lyson Tenthani[*,a,b,c], Andreas D. Haas[*,b], Hannock Tweya[b,d,e], Andreas Jahn[a,c], Joep J. van Oosterhout[f], Frank Chimbwandira[a], Zengani Chirwa[a,c], Wingston Ng'ambi[d], Alan Bakali[g], Sam Phiri[d], Landon Myer[h], Fabio Valeri[b], Marcel Zwahlen[b], Gilles Wandeler[b,i,j], Olivia Keiser[*,b], for the Ministry of Health in Malawi and IeDEA Southern Africa

AIDS 2014

Nation wide HF level data:

- 6-month retention 83%
- Great variation between health facilities:
  100 – 42%

Limited insight into factors determining uptake and retention

4 Models of Care identified

A: Facilities where women are initiated and followed on ART at ANC clinic until giving birth *(n=75)*

B: Facilities where women receive only the first dose of ART at ANC clinic, then follow up at ART clinic *(n=38)*

C: Facilities where women are referred from ANC to the ART clinic for ART initiation and follow-up *(n=18)*

D: Facilities serving as ART referral sites *(n=9)* (not providing ANC)

Discussion

18-32% of pregnant women not tested for HIV at ANC

HIV testing uptake associated with

- Client : HIV testing staff ratio
- Test kit stock outs
- Model of Care

7-20% of women defaulted Option B+ by 6 months

Retention associated with

- District location
- Patient volume
- Model of Care

Worse program indicators in Model B

Facilities where women receive only first dose of ART at ANC

CONTRIBUTION OF LAY HEALTH PROVIDERS IN SCALING UP OPTION B+ INTERVENTIONS

Mentor Mothers' Contribution through Psychosocial Support Groups in East Central Uganda

2014 AIDS Conference
Melbourne, Australia

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STAR-EC

mothers2mothers®

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m2m | WHAT AND WHERE

DISTRICTS SERVED

Bugiri, Buyende, Namutumba, Namayingo, Mayuge, Iganga, Luuka, Kamuli & Kaliro

- mothers2mothers (m2m) supports peer education and psychosocial support interventions to prevent MTCT in **6 countries** (Uganda, Kenya, Malawi, Lesotho, Swaziland and South Africa)
- In Uganda m2m is implementing the Mentor Mother model as part of a consortium led by JSI and funded by USAID, amongst others
- The Mentor Mother model is currently being implemented in **45 health facilities**, in **9 districts** under the 'Strengthening TB and HIV&AIDS Reponses in East Central Uganda' Project (STAR-EC Project)
- The HIV prevalence in East Central Uganda, is **5.8%** compared to the National prevalence of **7.3%**

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m2m

THE MENTOR MOTHER MODEL

- **Recruits lay mothers living with HIV** with recent PMTCT experience willing to support their peers at local health facilities
- **Trains mothers** in basic HIV knowledge
- **Employs Mentor Mothers** at health facilities to provide:
  - Health education
  - Pre-screen clients for malnutrition, TB, cervical cancer, and GBV
  - Psychosocial support through support groups
  - Support intra-facility and facility-community linkages
  - Actively follow up 'mother-baby' pairs who have missed key appointments
- Mentor Mothers facilitate **task shifting** of non-clinical work from health workers

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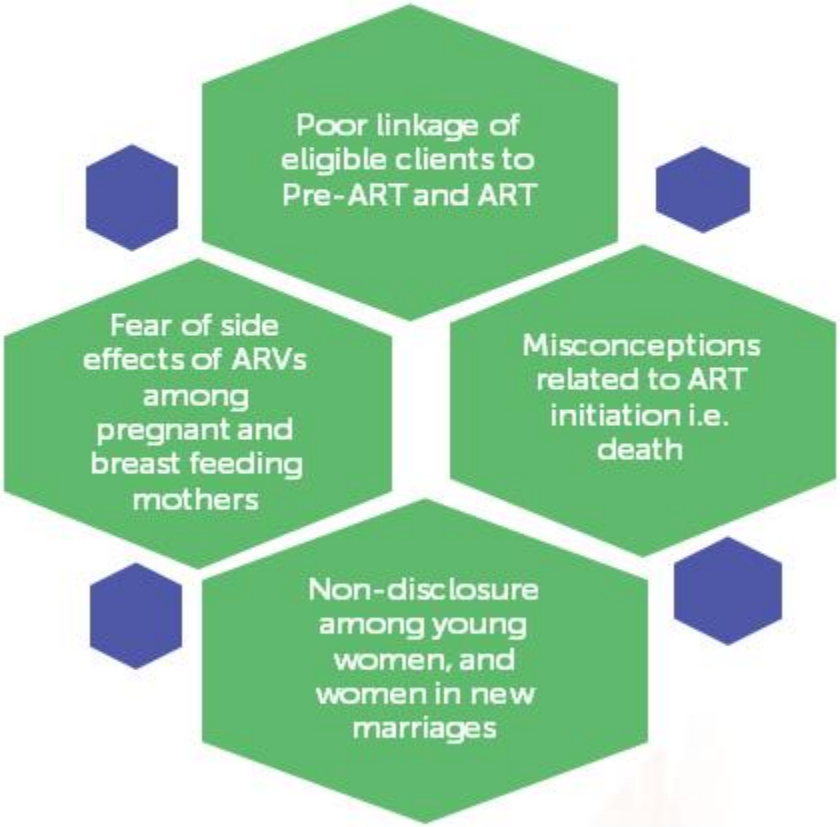
BARRIERS TO B+ ROLL OUT



Therefore to mitigate the barriers and strengthen linkages, Mentor Mothers were facilitated to proactively link their peers to health workers for ART initiation in April 2013.

m2m | CONTRIBUTION OF MENTOR MOTHERS

- In collaboration with selected community linkage facilitators, Mentor Mothers mobilized PMTCT mothers to attend psychosocial support groups
- **Provided education on Option B+** with support from health workers
- Prepared eligible women individually, and **linked them to health workers** for ART initiation
- **Encouraged sharing of testimonies** during the group meetings
- **Conducted active client follow up** of group members missing appointments in subsequent months

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m2m | RESULTS

PROPORTION OF PREGNANT & LACTATING WOMEN IN THE PSYCHOSOCIAL SUPPORT GROUPS, LINKED AND STARTED ON OPTION B+

Currently, linkage of PMTCT Clients to chronic care is 92% and to ART 93%

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OTHER PMTCT SERVICES ACCESSED BY GROUP MEMBERS DURING THE QUARTER

77% (N:830) of clients who needed a baseline CD4 test, were tested.

93% (N:464) of infants due for a PCR test, were linked and received PCR test.

94% (N:259) of mothers who had not disclosed their HIV status to spouses, disclosed.

m2m | LESSONS

FACTORS CONTRIBUTING TO THE SUCCESSFUL ROLL OUT OF OPTION B+ PSYCHOSOCIAL SUPPORT GROUP MEMBERS

- The training of **Mentor Mothers** prior to the roll out of option B+
- The use of a peer approach. A number of **Mentor Mothers** were initiated on Option B+ together with their peers hence they shared from experience
- Team work among **Mentor Mothers** health workers and other linkage facilitators
- Availability of drugs supported by STAR-EC and Ministry of Health

SUCCESS

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m2m | CONCLUSIONS

"**Mentor Mothers** providing peer-led psychosocial support and linkages through support groups are important channels in the **acceleration and adoption of new PMTCT interventions** in resource constrained settings"

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Operational challenge: Linkages from prevention of mother-to-child transmission services to care and treatment services in Zambia

S. Okawa, **M. Chirwa**, N. Ishikawa, F. Pande,

H. Kapyata, C. Msiska, K. Komada, H. Miyamoto,

A. Mwango,Chongwe District Community Health Office

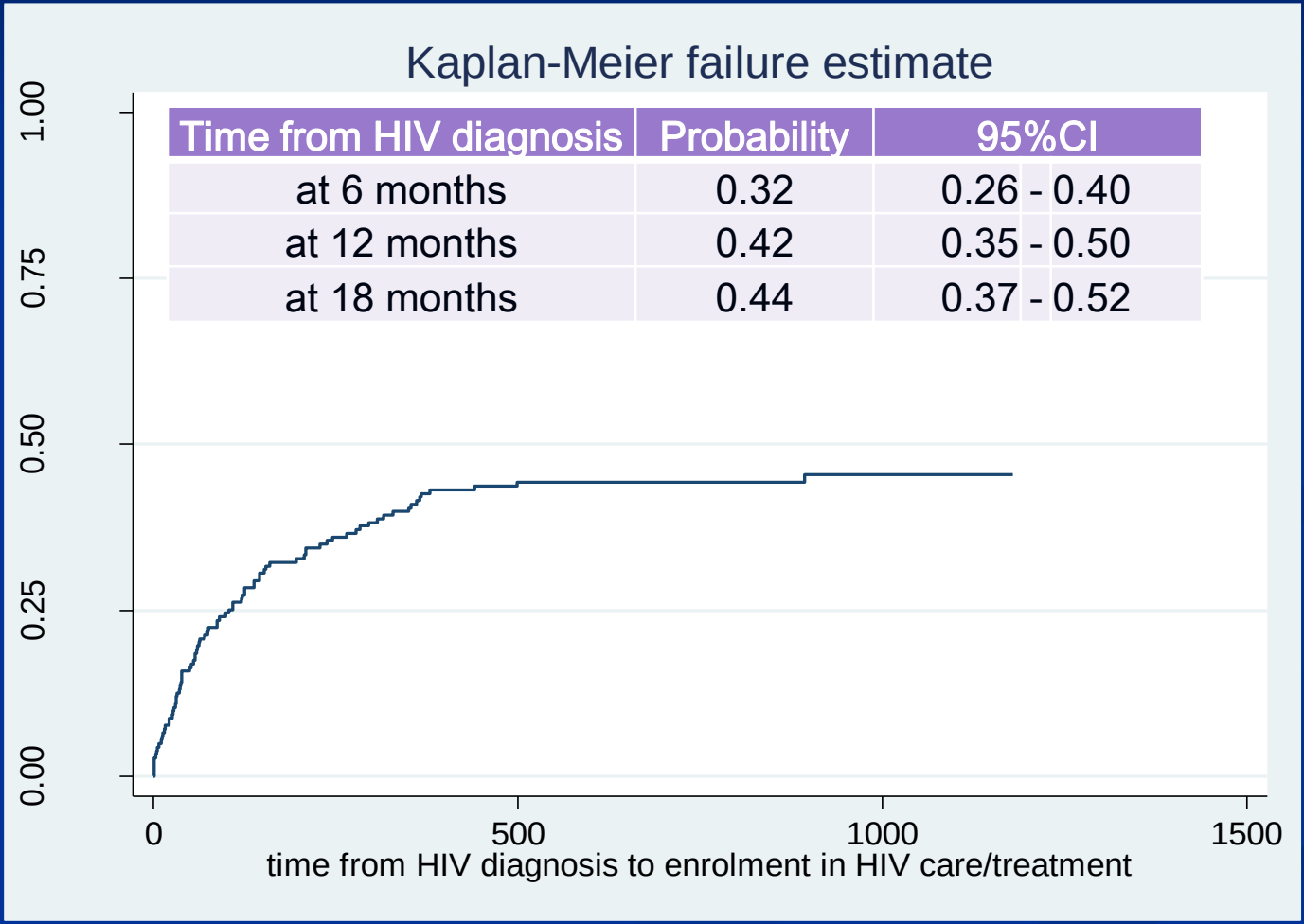
- Ministry of Health Zambia - Japan International Cooperation Agency SHIMA project, Lusaka, Zambia

shimaproject@gmail.com

Background

- Great success in scale-up of the PMTCT program in Zambia
  - PMTCT ARV coverage: 97% (UNAIDS, 2012)

Probability of enrolment in HIV care/treatment



Time from HIV diagnosis	Probability	95%CI
at 6 months	0.32	0.26 - 0.40
at 12 months	0.42	0.35 - 0.50
at 18 months	0.44	0.37 - 0.52

Predictors for enrolment in HIV care/treatment

Predictors	Hazard ratio	95% CI
Age		
≤20	0.26	0.09- 0.71†
21-30	1.00	
≥31	0.79	0.44- 1.42
Education		
None	1.00	
1-7	0.80	0.32- 2.00
≥8	1.59	0.62- 4.08
Marital status		
Married/Cohabit	1.00	
Not married	0.65	0.29- 1.44
Parity		
Primigravida	1.00	
1-3	0.93	0.41- 2.12
≥4	1.21	0.43- 3.46

Risk factors for not enrolled in HIV care/treatment

- Younger maternal age
- Attending rural health centers not providing HIV care/treatment

Summary

- EMTCT is critical for child and maternal survival,
- There are big disparities between and within countries
- Lessons from successful programs like the m2m
- Young mothers are a key risk for failure EMTCT


THANK
YOU