ANTENATAL HIV TESTING AND COUNSELLING PRACTICES IN SEVEN ASIAN COUNTRIES: WORKING TOWARDS ELIMINATION OF LOW AND CONCENTRATED EPIDEMIC SETTINGS

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Introduction
To achieve significant strides towards eMTCT, each step of the PMTCT cascade must be evaluated to understand how to maximize program effectiveness and minimize losses to follow-up.

The critical first step is the identification of HIV-infected pregnant women in need of PMTCT interventions. In 2010, only 30% of pregnant women in Asia received HIV testing and counselling (HTC).

While there have been long-standing recommendations for universal, provider-initiated HIV testing and counselling (PTC) for pregnant women in generalized epidemics, similar clear-cut guidelines are lacking for countries with low and concentrated HIV epidemics.

Indeed, the applicability and cost-effectiveness of universal antenatal HIV testing in all low and concentrated epidemic settings is unclear.

Determining the most efficient methods to deliver HTC services in the low/concentrated HIV epidemic settings of Asia is thus a key priority.

Materials and methods
• We examined antenatal HTC policies and practices in seven Asian countries: Cambodia, China, India, Indonesia, Lao PDR, Thailand, and Viet Nam.

• A standardized data abstraction tool was developed using Microsoft Excel WorkBook.

• Data for each country were abstracted from country-level submitted Universal Access data (2008, 2009, and 2010) and the 2010 and 2012 UNGASS reports.

• Available country-level policy documents and guidelines on HTC, PTC, PMTCT, syphilis elimination, hepatitis B, and linked elimination strategies.

• Partially completed datasets were then submitted to each WHO country office so that data could be corrected and completed in collaboration with national program counterparts.

Results
The seven Asian countries reviewed in this analysis all have low or concentrated HIV epidemics. While they are often characterized as one homogeneous group, in reality there are numerous differences in the nature of the HIV epidemics between and within these countries (Table 1).

Furthermore, there are significant differences in the underlying health infrastructure and the delivery of MNCH services in each of these countries.

The analysis suggest three categories of countries.

Country: HIV testing in ANC 50-99%

1. Clear commitment to PTC among pregnant women at national level.
2. Epidemiologically driven geographic expansion of antenatal HTC services.
3. Integrated antenatal testing services for HIV, syphilis, and hepatitis B.
4. Continued commitment to link PTC with strengthening of MNCH services.
5. Expansion of PTC services to where women access ANC.

Further analysis is currently ongoing.

Conclusions
The preliminary analysis suggests five recommendations.

1. Clear commitment to PTC among pregnant women at national level.
2. Epidemiologically driven geographic expansion of antenatal HTC services.
3. Integrated antenatal testing services for HIV, syphilis, and hepatitis B.
4. Continued commitment to link PTC with strengthening of MNCH services.
5. Expansion of PTC services to where women access ANC.

Further analysis is currently ongoing.

Literature

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