

# Operationalizing Linkages of PMTCT and Sexual and Reproductive Health Service

## Experience from China

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# Presentation profile

- Background
- Achievements
- Challenges
- Next steps

# Background: HIV / AIDS situation in China

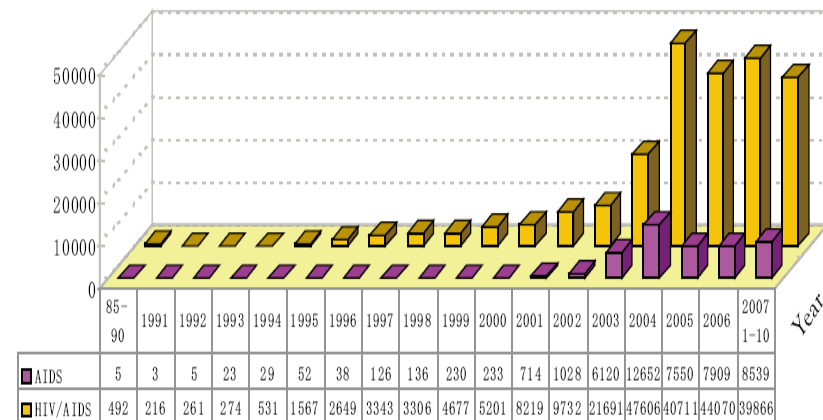


## Estimated number (2007)

- PLWHA 700,000
- Female 30.8%
- HIV Prevalence 0.05%

## Cumulative Reported cases

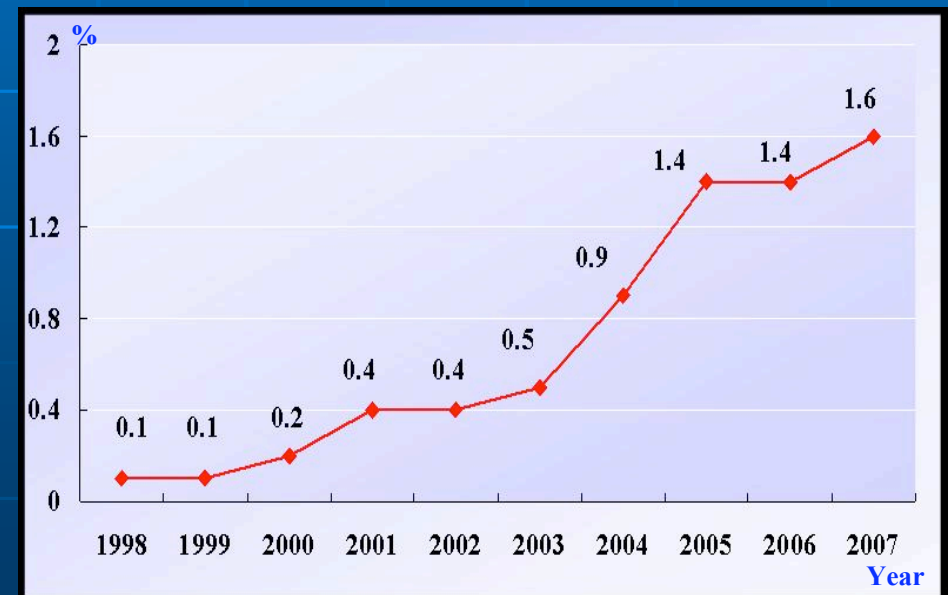
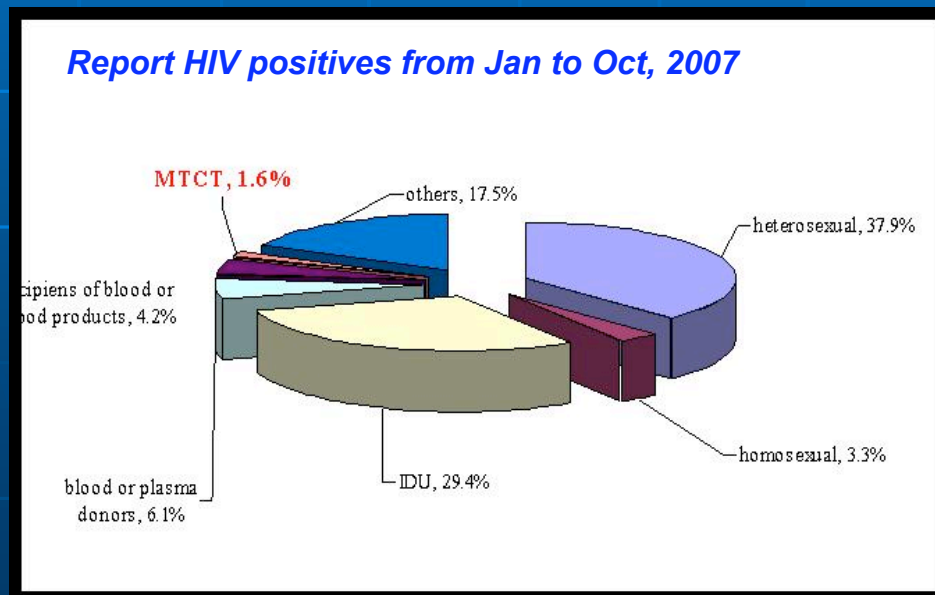
- HIV 223,501
- AIDS 62,838
- Deaths 22,205



Source: Joint Assessment of HIV/AIDS prevention, treatment and care in China (2007)

# Background: Mode of Transmission (Reported cases)

- Sexual transmission gradually becoming the main mode, surpassing IDU
- The proportion of MTCT increasing rapidly



## Background: Fundamental data in MCH

■ ANC coverage*	89.7%
■ Hospital delivery#	91.6%
■ Skilled attendance at birth#	98.4%
■ MMR	36.6/100,000
■ IMR	15.3 ‰

*Source:*

*\* Chinese annual report for maternal and child health, 2006*

*# Chinese Health Statistical Digest, 2008*

# Background: PMTCT

- “Four Free and One Care” policy
  - Free ARV for groups with financial difficulties in rural, township and urban areas
  - Free VCT in the highly affected areas
  - Free counseling, testing, and treatment to HIV positive pregnant women and their newborn babies
  - Free education for AIDS orphans
  - 1 care: provide special relief to AIDS patients who have financial difficulties
- National AIDS Regulation
  - Integrate HIV/AIDS prevention into women and child work to increase women’s awareness
  - Provide HIV testing and counseling for pregnant women in all health facilities
  - Provide comprehensive PMTCT interventions for HIV-infected pregnant women in all health facilities

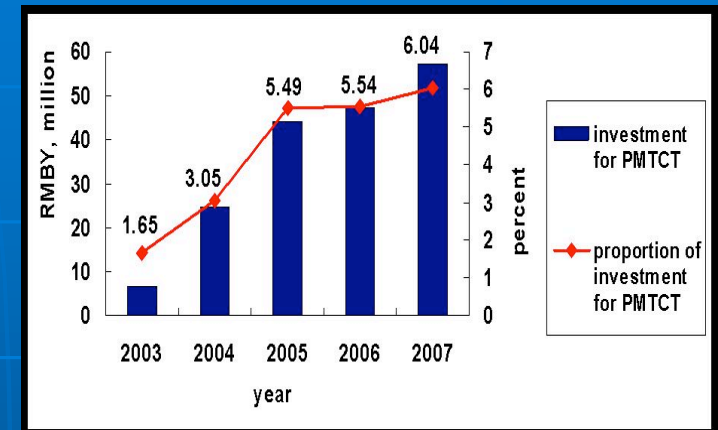
# Background: PMTCT

- **China's Action Plan** for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)
- Recommendation for **scaling-up PMTCT** programme by MOH (2006)
- Notification for further improving PMTCT work by MOH (2008)
- National PMTCT programme protocol (revised version, 2008 - include linkages)



# Background: PMTCT

- **Financial support** for PMTCT from central government increased from RMBY 6.43 million ( US\$0.9 million) in 2003 to RMBY 57.01 million (US\$ 8.15 million) in 2007
- Proportion of PMTCT funds in total investment also increased



- **Free for pregnant women and HIV-infected pregnant women:**
  - HIV testing and counseling
  - ARVs for PMTCT or women's own illness if they need this
  - Infant formula (milk powder)
  - Financial assistance for hospital delivery
  - Follow-up for mother and baby

# Background: PMTCT

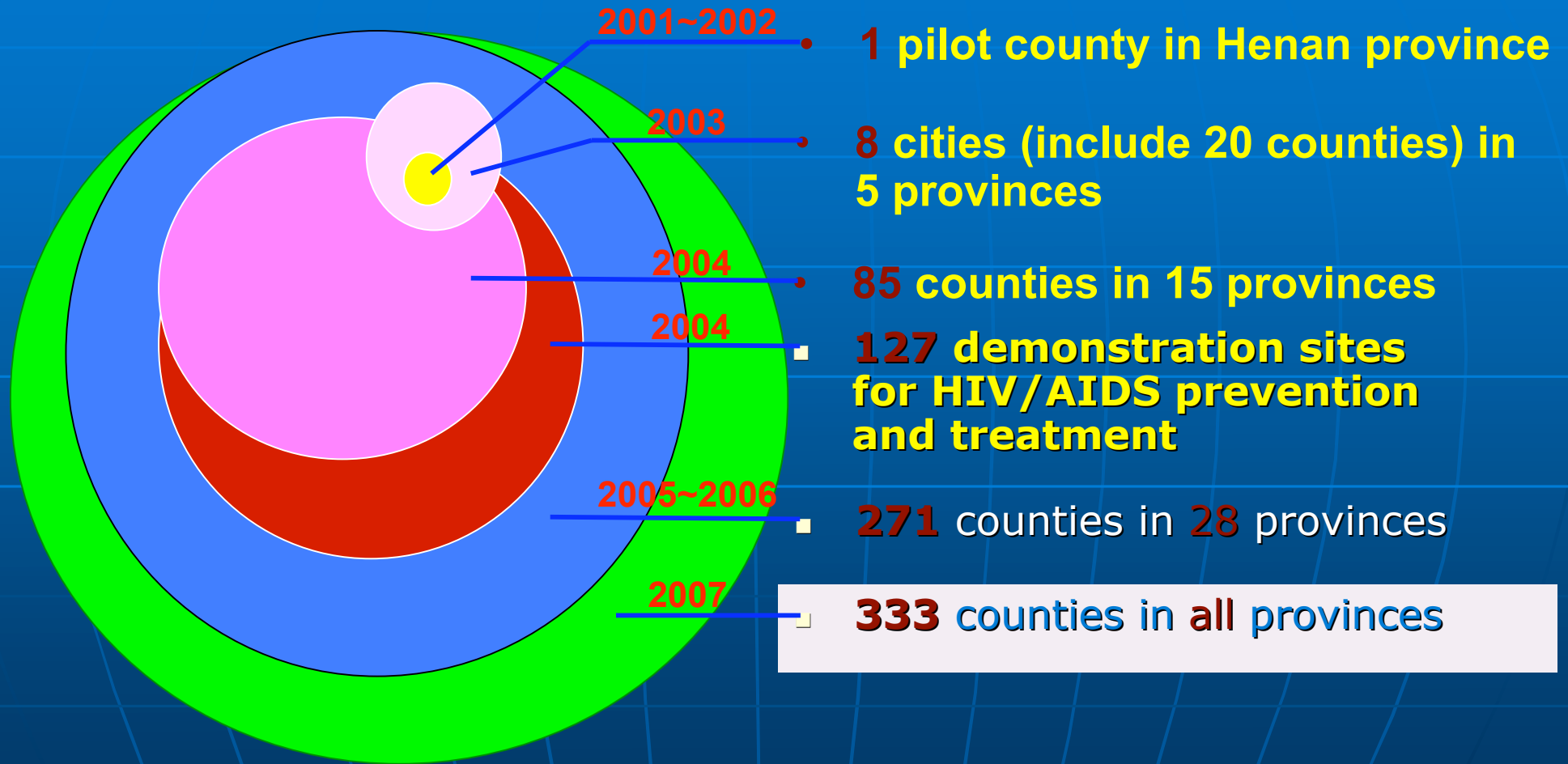
- **Provider initiated HIV testing and counseling (PITC) linked with HIV volunteer counseling and testing (VCT); couple visits, testing and counseling are encouraged**
- **Strengthened MCH services for HIV-infected pregnant women, follow-up, hospital delivery, safe delivery assistance**
- **More efficacious combined ARVs prophylaxis or ART regimen for both HIV-infected pregnant women and their infants, improve the quality of ARVs use**
- **Encourage and support formula feeding for infants born to HIV-infected mothers, unless local situation can't meet the AFASS of formula feeding**
- **Strengthened child health care for children born to HIV-infected pregnant women, such as specific neonatal care, feeding and nutrition guidance and support, follow-up, monitoring of growth and development**
- **Care, support and referral services for HIV-infected pregnant women, their children and their families by medical and care facilities, mental support facilities, communities, NGOs**

# Achievements: More pregnant women and their children receiving PMTCT services

- Total pregnant women 4.41 million
  - Counselling 82.7%
  - Tested 79.1%
- HIV positive pregnant women and their infants
  - ARVs prophylaxis or ART (HIV-infected pregnant women) 74.0%
  - ARVs prophylaxis (infants) 83.7%
  - Formula feeding 88.1%
- MTCT rate is estimated to be reduced by 60%

*Data from 271 national PMTCT programme counties*

# Achievements: Coverage increasing each year



# **Achievements: PMTCT and Sexual and reproductive health services being linked (1)**

- Integrate HIV prevention education and HIV/PMTCT services into national SRH programme
- Provide perinatal, FP and HIV/PMTCT services including condom promotion by health and FP sectors
- Translated the “ Global Elimination of Congenital Syphilis: Rational and Strategy Action (WHO)”
- Developed “ Prevention and Treatment Guideline of Congenital Syphilis in China”, “ Action Plan for Prevention and Treatment of Congenital Syphilis in China”

## **Achievements: PMTCT and Sexual and reproductive health services being linked (2)**

- Translated the “Regional Operational Framework for Linking HIV/STI Service with Reproductive, Adolescent, Maternal, Newborn and Child Health Services”
- Pre-adaptation of the above Framework done by the National Expert Committee
- Operational linkages proposal developed
  - Linkage strategies for China identified: PMTCT, STI/RTI, abortion care
  - Pilot sites chosen: 4 Provinces (Guangdong, Guangxi, Zhejiang and Hunan)
  - Coverage: 30,000 to 50,000 women and their partners

# Challenges: PMTCT

- For the size of China, PMTCT coverage still low
- Poor collaboration among health and non-health sectors
- Weak capacity to provide quality PMTCT services
- Poor follow-up of infected women and their children
- Early infant diagnosis available in very few sites
- Lack of continuous provision of ARVs tailored for infants and small children

# Challenges: Operationalizing linkages

- No enabling policy directive
- Evidence that this will work still has to be generated
- Inadequate funding
- Human resource constraints
- Stigma and discrimination
- Poor involvement of NGO and private sectors

# Next steps

- Assess the feasibility of operationalising PMTCT and SRH services linkages
- Finalize linkage framework for China based on the pilot experience
- Increase coverage at rate of 100 more counties per year in the next 2 years
- Strengthen capacity to run effective programmes
  - PMTCT service mechanisms
  - Multi-sector cooperation and responsibility
  - Training
- Improved the quality of PMTCT services

THANKS!