Operationalizing Linkages of PMTCT and Sexual and Reproductive Heath Service

Experience from China

Wang Linhong, MD Professor
National Center for Women and Children’s Health, China CDC
Satellite Session on PMTCT, XVII International AIDS Conference
Mexico City, 3rd August 2008
Presentation profile

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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


- 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%
  - Testing: 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

- **2001–2002**: 1 pilot county in Henan province
- **2003**: 8 cities (include 20 counties) in 5 provinces
- **2004**: 85 counties in 15 provinces
- **2005–2006**: 127 demonstration sites for HIV/AIDS prevention and treatment
- **2007**: 271 counties in 28 provinces
- **2001–2007**: 333 counties in all provinces

- **2004**: 127 demonstration sites for HIV/AIDS prevention and treatment
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)”

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!