Increasing access of women and children to HIV testing and counseling through the introduction of provider initiated testing and counseling (PITC) into antenatal, delivery and postnatal care settings- experiences from Zambia

International AIDS Conference, Mexico City, Mexico, 3rd August 2008
Max Bweupe M.D. Reg. Obs/Gyne
PMTCT programme manager, Ministry of Health
Setting Standards for PMTCT

- According to the WHO / UNAIDS modeling for estimates of required coverage that will impact on the progression of the HIV/AIDS pandemic, a coverage of at least 50% of the target population is required.

Presentation summary

- Epidemiology of HIV in Zambia
- Overview, programme history and guiding principles and justification
- What has been achieved and the trends
- Program constraints
Epidemiology of HIV in Zambia

- Popn. of 11m, located in sub-Saharan Africa
- Zambia is divided into 9 provinces which have a total of 73 districts
- 16% prevalence among pregnant mothers
- ½ million births per year.
- MTCT of 30% without interventions
- 49% of births at home
overview

- 61% deliveries in institutions
- 93% first ANC visit
- Urban areas 70% 3 ANC attendance
- Rural area about 20% 3 ANC attendance
- 97% BCG coverage
- Postnatal recorded attendance about 20%
- MOH and partners are implementing a comprehensive program which includes:
  - efficacious antiretroviral drugs (ARVs) for prophylaxis;
  - training health providers in pediatric HIV care and ensuring the availability of pediatric formulations;
  - expanding CT services to children;
  - and establishing a system for PCR HIV DNA EID
  - District level planning using population based targets
Program history

- Pilot program implementation in MCH services in 1 urban / 2 rural districts 1999 - developed lessons for integration
- Strategic framework for scale up 2003-2006
  - Cascade model to reach country coverage - every district
- 2006 - National programme review in country and IATT support
- Rethink strategies for reaching universal access
- Use of more efficacious regimens
- Decentralization of services to districts with accountability, resources and capacity to implement
- Population based target setting, owned by the districts
- Innovative use and support to community level initiatives
- Introduction of PICT
Guiding principles

- Zambian Government providing leadership, with courage, clarity of purpose and support to frontline workers, and unambiguous messages to the public
- All pregnant women would be tested for HIV as part of normal care- normalizing HIV
- Drive demand by appropriate communication strategies
- Avail logistics and support to implement PICT
- Procure and avail TA whenever needed and harmonize M and E
- Leveraging of resources from GRZ, GF, USG, UN (WHO, UNICEF)
Justification for more assertive approach

- HIV and AIDS is a declared national Public Health priority problem
- Epidemic proportions with 16% of pregnant women HIV positive
- Without intervention, 30% transmission risk, and progression of the mother to AIDS
- Proven interventions are available within the country.
- Business as usual was not taking us far
- The feminization of the epidemic required opening a major second entry point for care apart from general HIV services
- There was a hesitant approach to HIV testing in pregnancy due to unclear guidance to health workers
The process

• Testing and counseling initiated in the antenatal, labour and deliver and postnatal periods by the service provider - record of the event kept.
• Babies initiated on testing at 6 weeks, 12 months and 18 months
• HIV positive mothers are enrolled into the pre HAART programme and followed up.
• Babies are registered as HIV exposed and tracked using the under 5 card and register
What has been achieved? Intervention uptake

Annual PMTCT National Service Utilisation
Year 2004 *

- Fist ANC attendees
- Pre-test counselling
- Tested
- Post test counselled
- HIV Positive
- Received NVP
Annual PMTCT National Service Utilisation
Year 2005 *

- Fist ANC attendees
- Pre-test counselling
- Tested
- Post test counselled
- HIV Positive
- Received NVP

Number of patients

0 10,000 20,000 30,000 40,000 50,000 60,000 70,000 80,000 90,000 100,000

- Wom
- Partn
Provision of prevention of mother-to-child transmission of HIV services in Zambia

Source: Ministry of Health, 2007 Report Card

- Of the estimated 500,000 pregnancies annually, 97,000 are HIV positive

- Number of facilities providing both ANC and PMTCT services: 678 (out of 1,281 ANC facilities)

- Number of pregnant women tested for HIV: 306,451 (61%)

- Number of pregnant women who tested HIV+: 52,846 (17%)

- Number of HIV+ pregnant women who received ARVs for PMTCT: 35,314 (36%)

- Number of exposed infants who received ARVs for PMTCT: 15,631 (16%)
HIV DNA PCR tests for Early Infant Diagnosis

Source: Ministry of Health, 2007 Report Card

- Total number of facilities providing virological testing services (PCR) for early infant diagnosis: **124**

- Number of exposed infants receiving a virological test for HIV diagnosis @ two months of birth: **7,664**
Trends of children on Antiretroviral therapy
(Source: Ministry of Health ART data, 2007)

- Number of facilities providing paediatric ART services: 320
- Provider Initiated Testing and Counseling (PITC) in selected hospitals has yielded positive results with approximately 90% of all children admitted to the University Teaching Hospital (Lusaka) being tested for HIV.
Results continued

- Facility deliveries from 47% to 61% in 5 years.

- 50% of women needing HAART have been initiated vs. 39% of men

- Population based coverage of HIV pregnant women
  - 14% in 2005
  - 25% in 2006
  - 39% in 2007
Results continued

- In selected areas MTCT transmission has been reduced from 30% to 9-11%

- Drop out of clients from the programme due to same day testing and giving results with reflex CD4 testing done on the same day
Key tools in use

- Mothers ANC card with provision for HIV status
- Delivery register documenting HIV status and interventions given
- Postnatal recording of delivery interventions given and feeding option initiated
- Revised under five register documenting feeding practice and tracing interventions given to baby including feeding, cotrimoxazole, Early PCR testing and ARV prophylaxis
- Streamlined training package for health workers and community lay workers with clear protocols, guidelines and job aids
- Mentoring of service providers
Lessons Learnt and Way Forward

- Provider initiated testing and counseling (PITC) as well as ‘opt out’ -strategy increases acceptability of HIV testing by mothers both for PMTCT as well as testing of children (for ART),

- Roll-out PITC is very well accepted, feasible and desirable, possibly imperative

- Strengthen linkages among programmes (MNCH, Malaria, HIV & AIDS and nutrition) for synergy and geographic equity of services.

- Mentoring of trained healthcare workers in Paediatric HIV care services is needed.

- Monitoring implementation of Paediatric HIV care services and scale-up plans is a priority.
Program Constraints

- Human resource deficit
- Lack of predictable sustained financing
- Inadequate infrastructure especially in rural areas
- Community level M and E not well developed
- Logistics management systems for drugs, test kits and other consumables need investment
- Insufficient systems for care of the HIV exposed child
- Insufficient male involvement
2006-2010 plan

• Build on lessons learnt and successful approaches, within and from the global arena
• Entrench PITC
• Reach 61% of legible HIV positive pregnant women by December 2008 and 80% by 2010
• Avert 50% of infections to children by 2010
Acknowledgements to

All PMTCT and Paeditric HIV Champions operating in Zambia
Thank you