

**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 required¹

1. Stover J, Walker N, Garnett G P, Salomon J A, Stanecki K A, Ghys P D, Grassly N C, Anderson R M, Schwartländer B. Can we reverse the HIV/AIDS pandemic with an expanded response?. *The Lancet* Vol 360 July 6, 2002 73–77

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

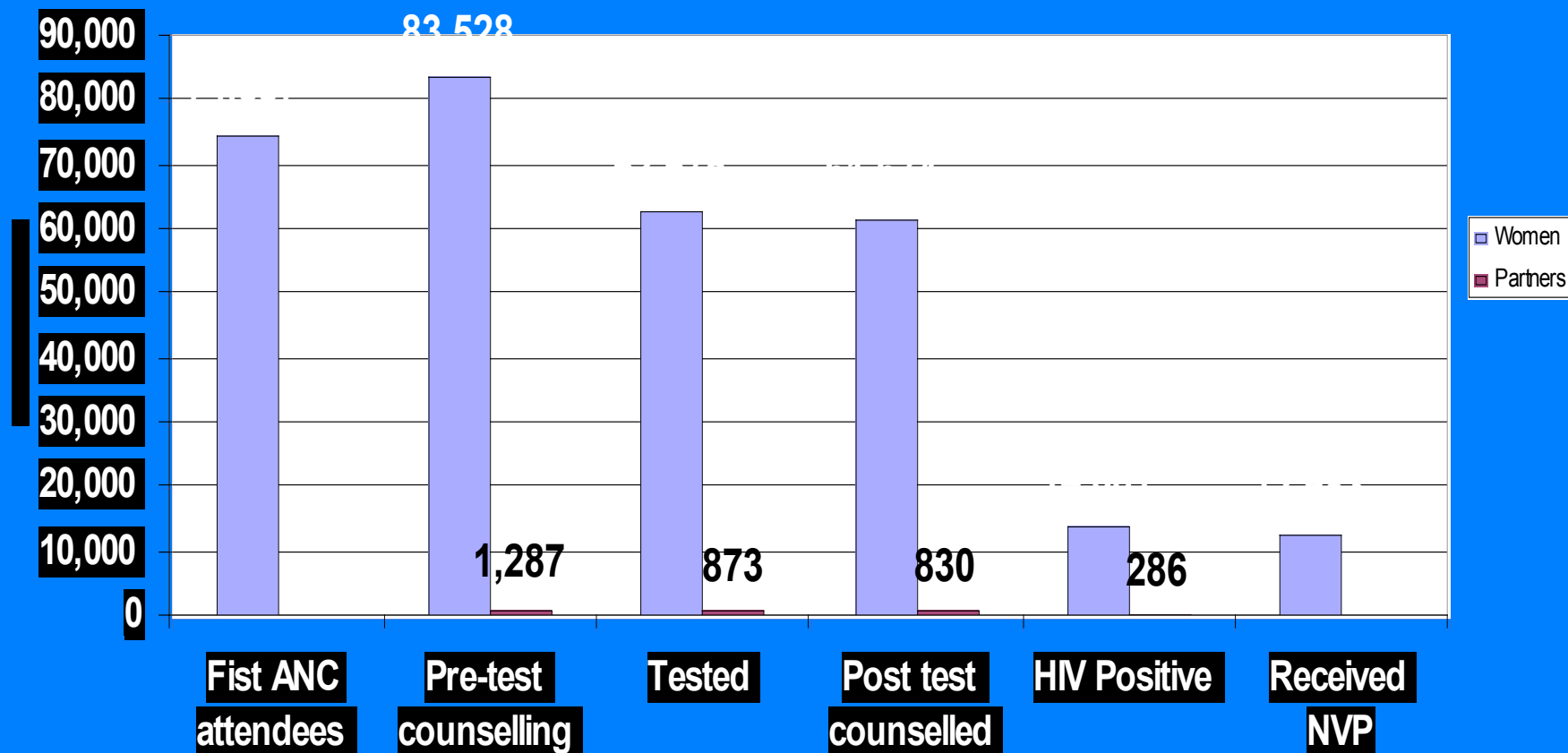
- HIV and AIDS is a declared national Public Health priority problem
- Epidemic proportions with 16% of pregnant women HIV positive
- Without intervention, 30% transmission risk, and progression of the mother to AIDS
- Proven interventions are available within the country.
- Business as usual was not 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

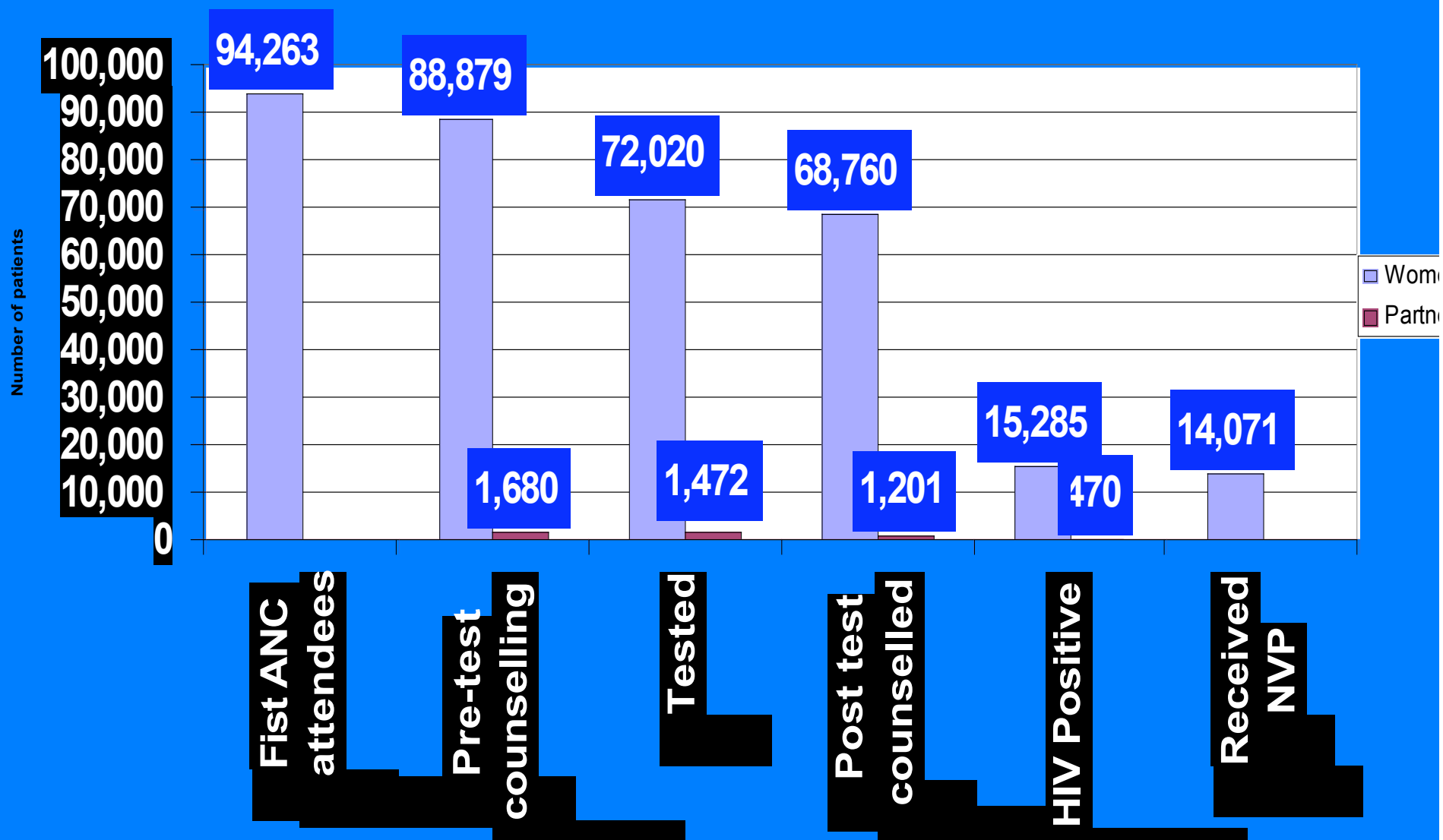
- Testing and counseling initiated in the antenatal, labour and deliver and postnatal periods by the service provider- record of the event kept.
- Babies initiated on testing at 6weeks, 12 months and 18 months
- HIV positive mothers are enrolled into the pre HAART programme and followed up.
- Babies 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 *



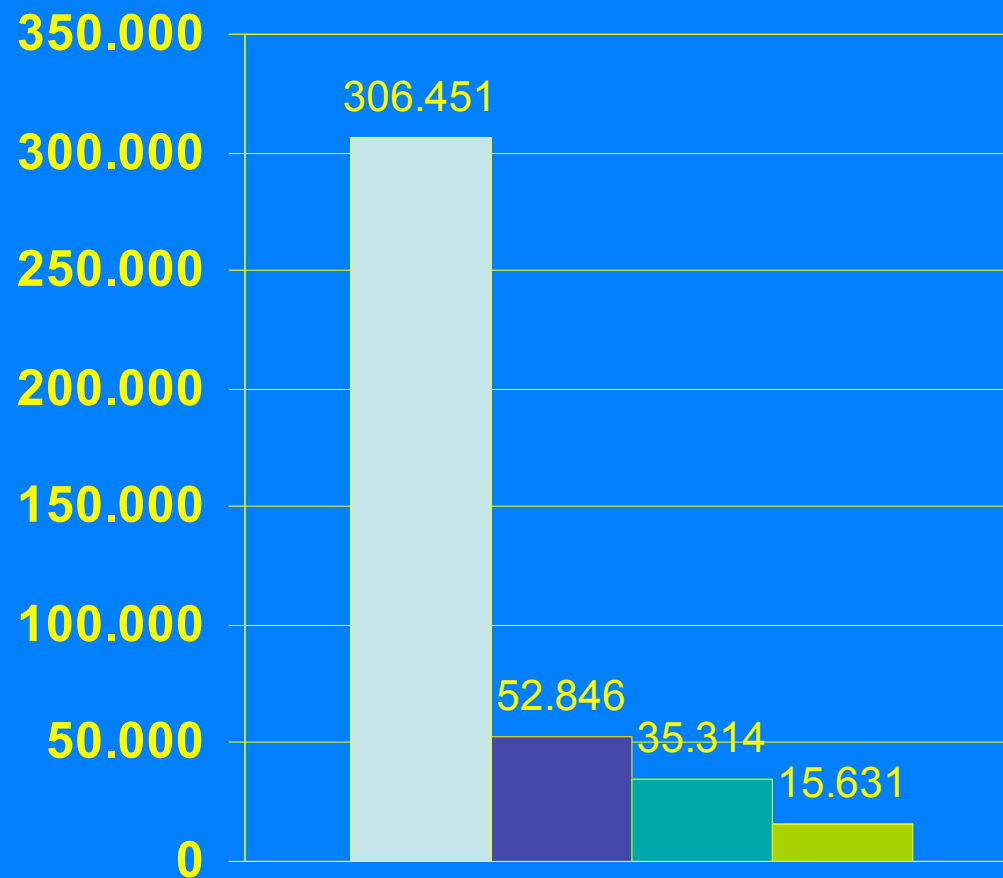
Annual PMTCT National Service Utilisation Year 2005 *



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 1281 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%)

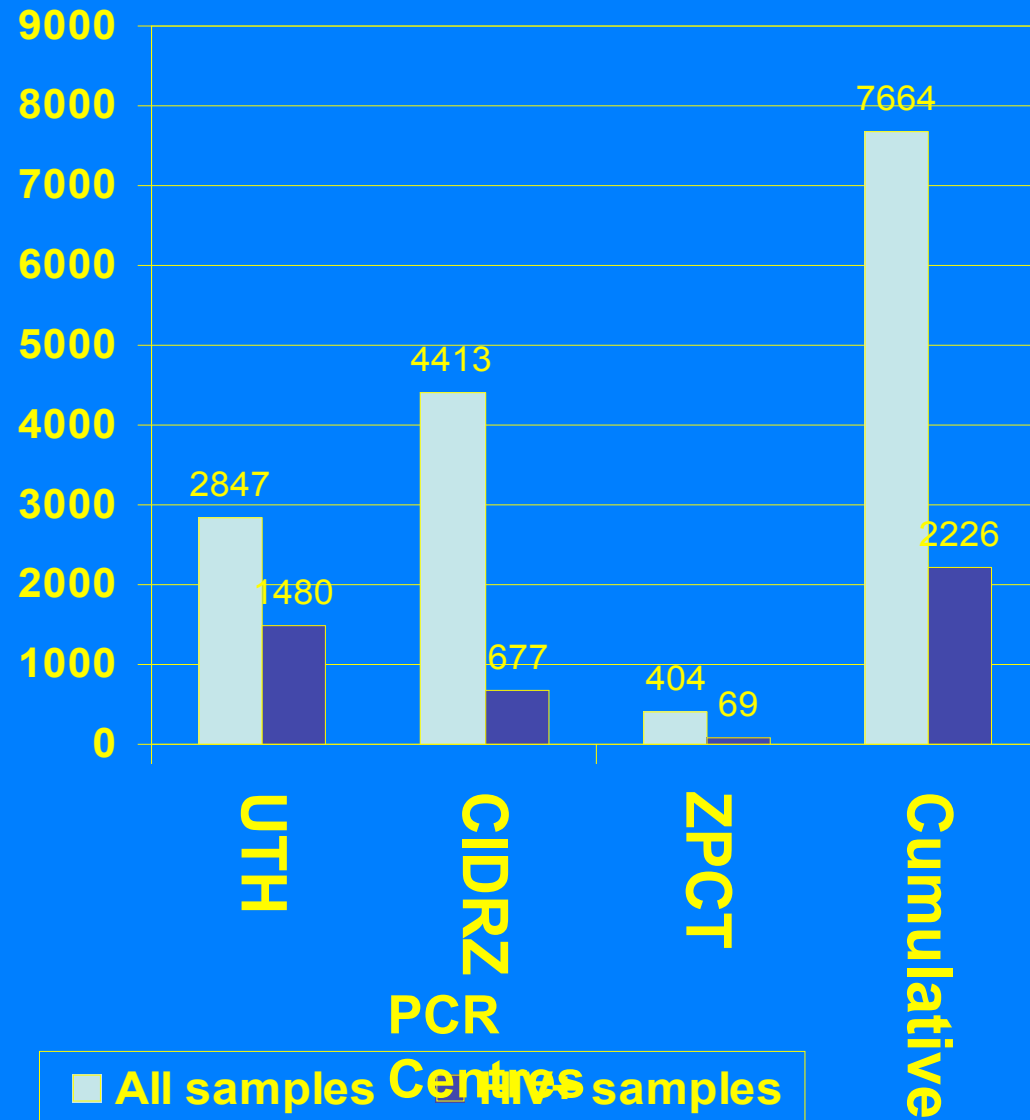


- Tested for HIV
- HIV positive
- ARVs for PMTCT
- Exposed infants who received ARVs for PMTCT

HIV DNA PCR tests for Early Infant Diagnosis

Source: Ministry of Health, 2007 Report Card

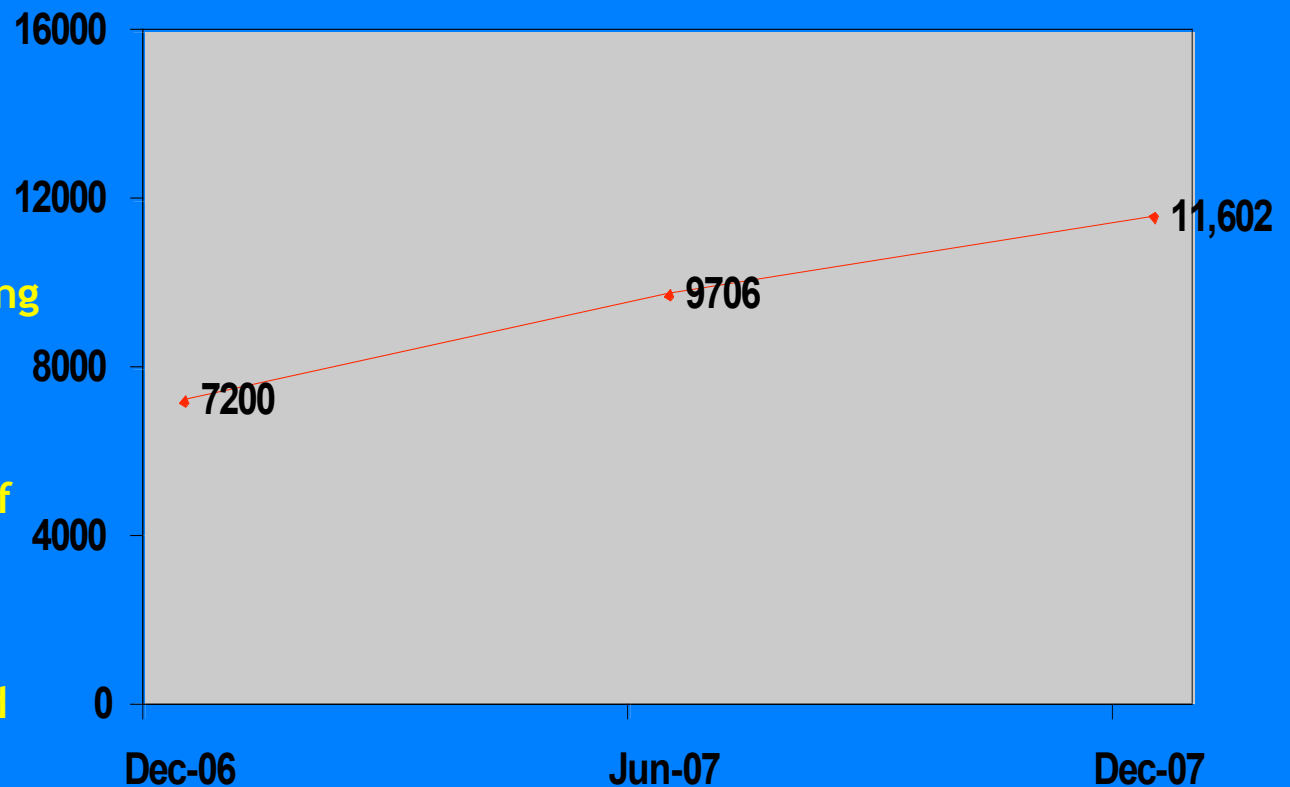
- Total number of facilities providing virological testing services (PCR) for early infant diagnosis: 124
- Number of exposed infants receiving a virological test for HIV diagnosis @ two months of birth: 7,664



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