



MCH Programs:

A Platform for Achievement
of Prevention, Care and
Treatment Goals

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ICAP

International Center for AIDS
Care and Treatment Programs

MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

Outline

- Re-conceptualization of pMTCT
- Current situation
- Key components required
- Case studies
- Summary and conclusions

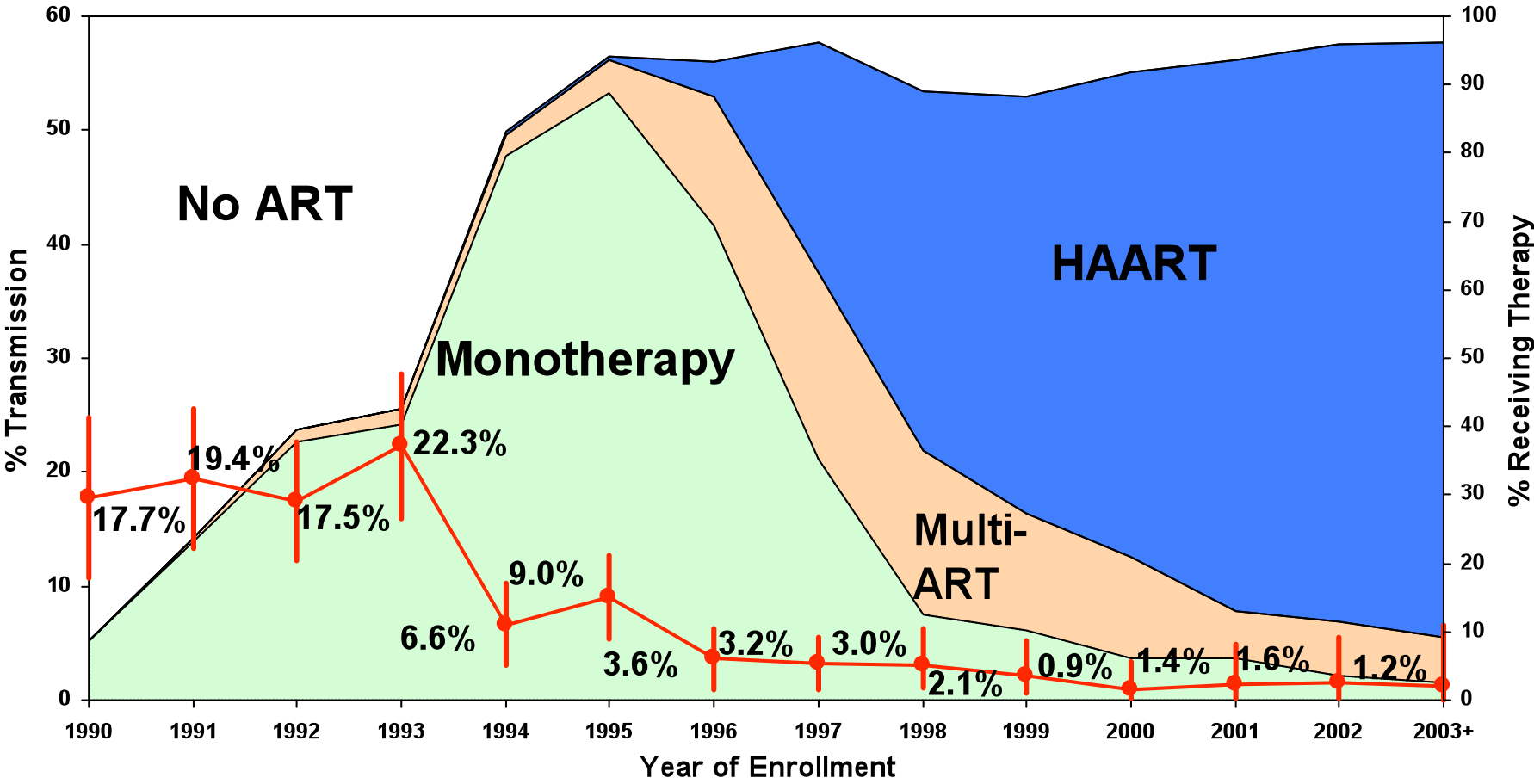
Re-Conceptualization of PMTCT

Imperative to move beyond concept of
sd-NVP for PMTCT

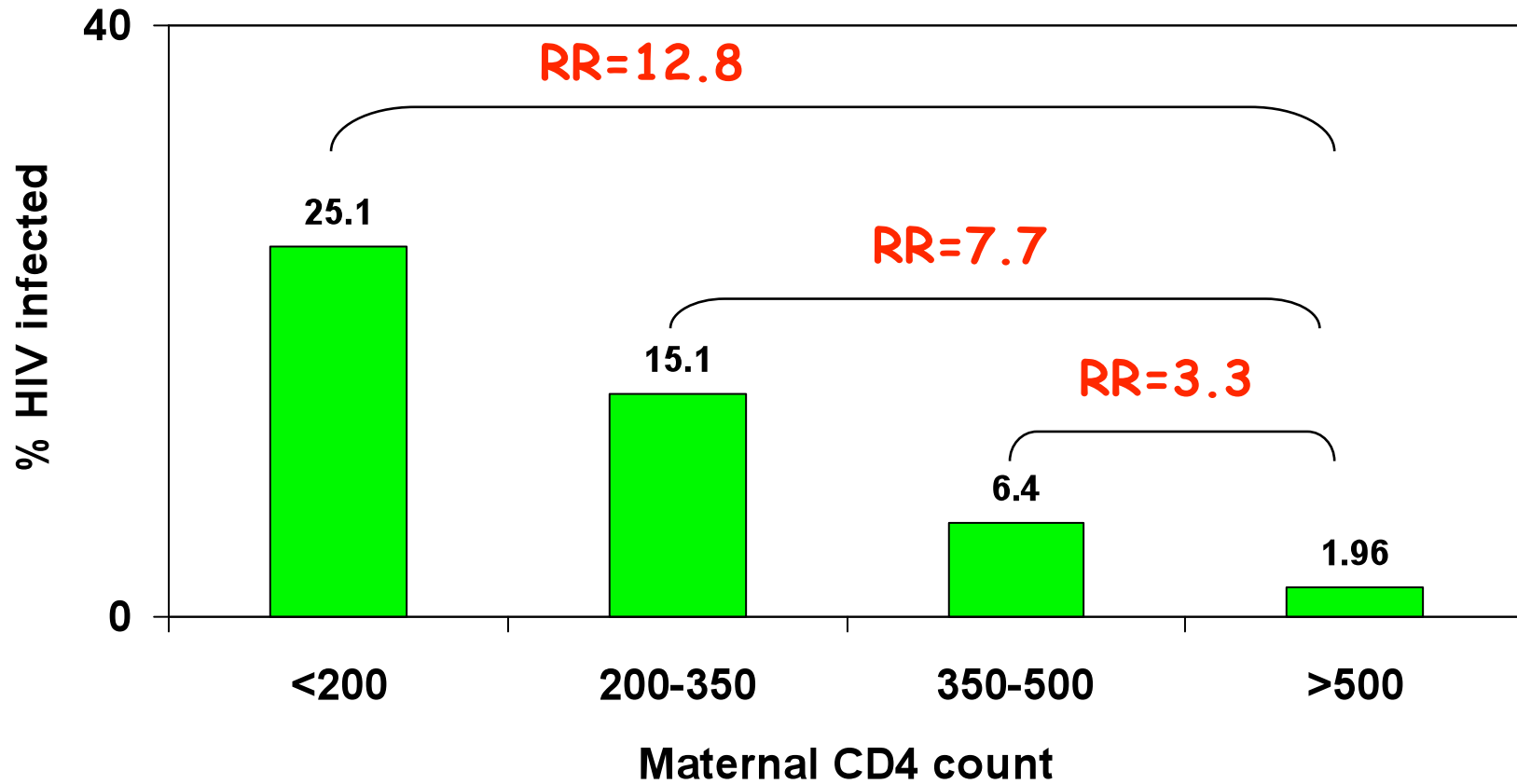
- Limited efficacy of single drug regimen for PMTCT
- Does not address health needs of the woman
- Based on “single-visit” model... inconsistent with chronic disease

Need to move rapidly to MTCT-Plus Model

Trends in Perinatal HIV Transmission and Maternal Antiretroviral Therapy, Women and Infants Transmission Study: 1990-2004



Postnatal HIV transmission is strongly related to maternal CD4 count, ZEBs



< 200: 45% of postnatal infections
< 350: 83% of postnatal infections

Re-Conceptualization of PMTCT-2

Need to build on MCH Platform

Maternal Child Health (MCH) Programs are:

- Health system attending to the needs of women and young children
- PMTCT traditionally provided within ANC/MCH
- Post-partum women and their infants are usually seen in these programs (EPI, immunization clinic etc)
- HIV resources can enhance MCH services

Integration of MTCT-Plus Components in MCH Programs

Current Situation

Linkage MCH & ART Programs Ineffective



- High loss to follow-up when women are referred
- Long waiting time in ART clinics
 - Pregnant women not prioritized
 - Missed opportunity to provide effective pMTCT
- Missed opportunity to address health need of HIV+ woman within her medical home (MCH)

Current Situation-2

Follow-up of HIV-Exposed Infants Ineffective



- Women who missed pMTCT during pregnancy are likely to visit clinics with their infants
- HIV exposed infants NOT routinely followed
- HIV-exposed infants lost to follow-up are generally receiving immunizations and routine care in MCH clinics

Key Components Required-1

- Identification of HIV status: testing & counseling across all MCH services
- Assessing maternal health status and ART eligibility within MCH services
 - Clinical evaluation
 - CD4+ cell count
- Providing multi-drug ART regimens within MCH
 - Short course (AZT+ sd-NVP)
 - HAART for women with advanced disease

Key Components Required-2

- Identifying HIV-exposed infants and their HIV-infected mothers in pediatrics/immunization clinics
- Providing effective follow-up of HIV-exposed babies to ensure package of care:
 - Cotrimoxazole
 - Growth monitoring
 - Monitoring for evidence of HIV disease
 - Early infant diagnosis of HIV

CASE STUDIES

Selected Experiences from ICAP-Supported Programs

Mozambique: MCH Referral to ART

Nurses prescribing AZT

Lesotho: ART in MCH

Ethiopia: Provider initiated counseling & testing
in EPI clinics

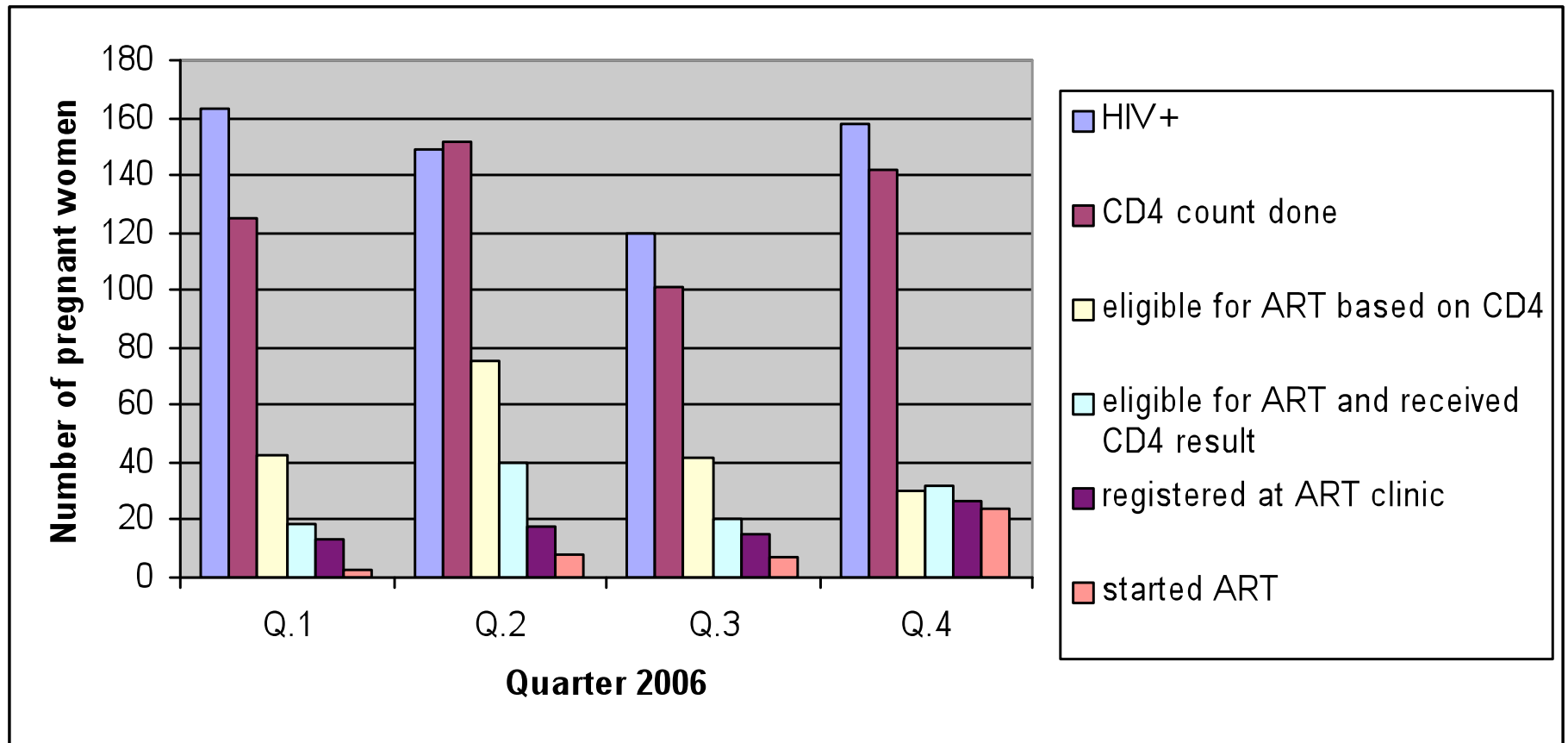
MOZAMBIQUE

MCH Referral to ART
Nurses prescribing AZT

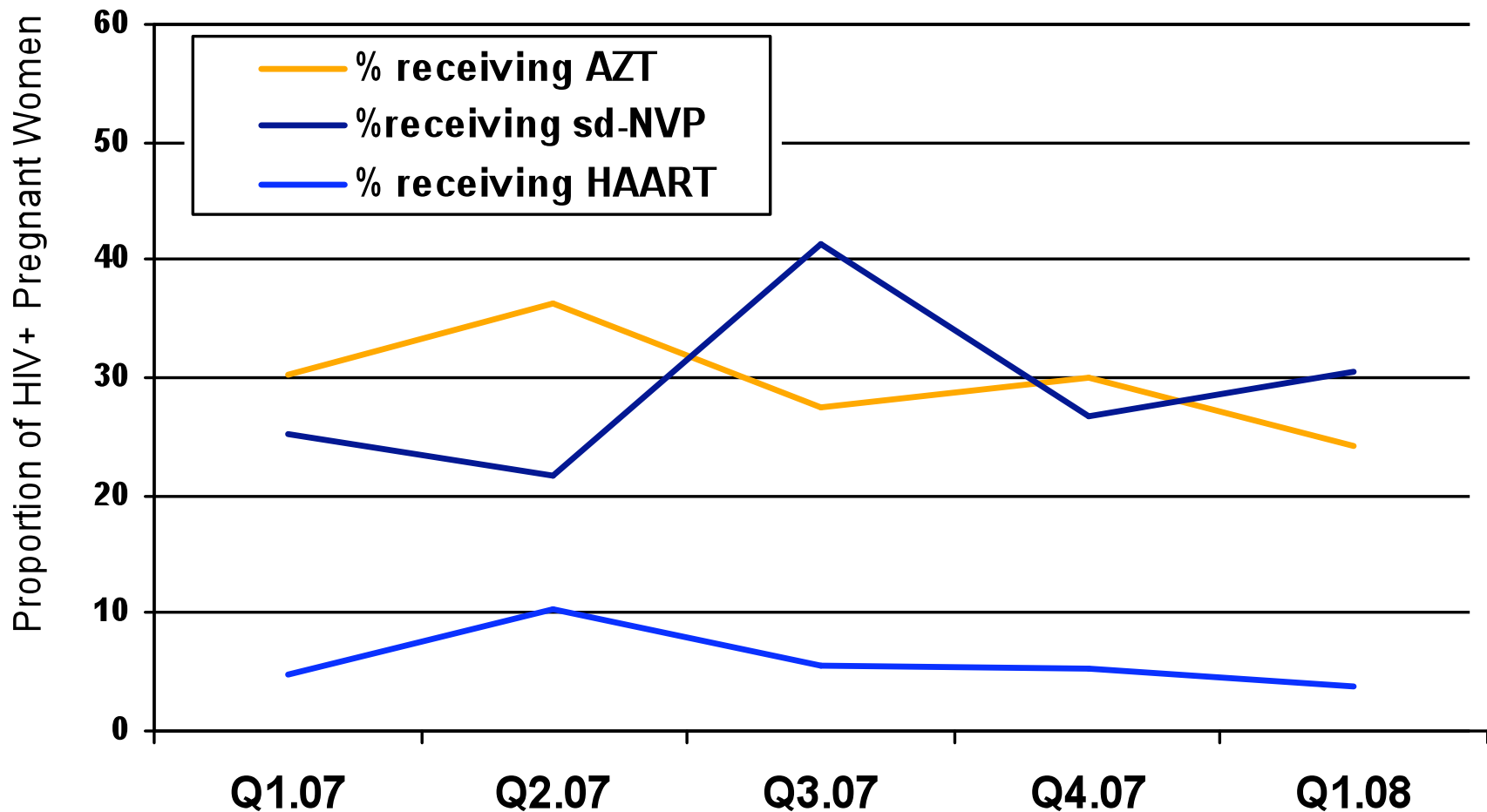


- ART evaluation (CD4 and staging) done within MCH and only those eligible for treatment referred to ART clinic
- MCH nurses prescribe AZT & cotrimoxazole
- Appointment for pre-ART counseling at 1st visit
- ART clinic designates one day/week specifically for treatment of pregnant women

CD4 Testing & ART Initiation: Jose Macamo



PMTCT Prophylaxis by Regimen at 13 Primary Health Facilities Jan 2007- Mar 2008



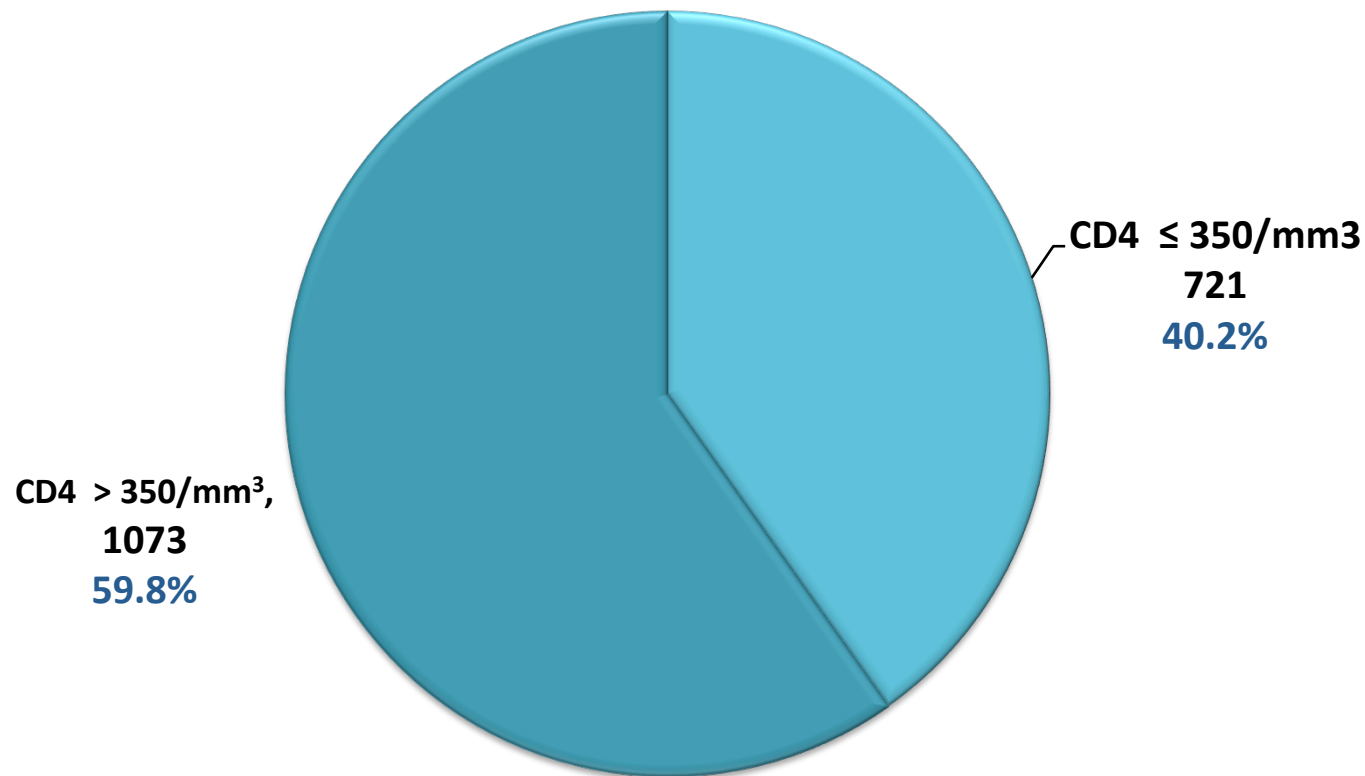
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ART IN MCH

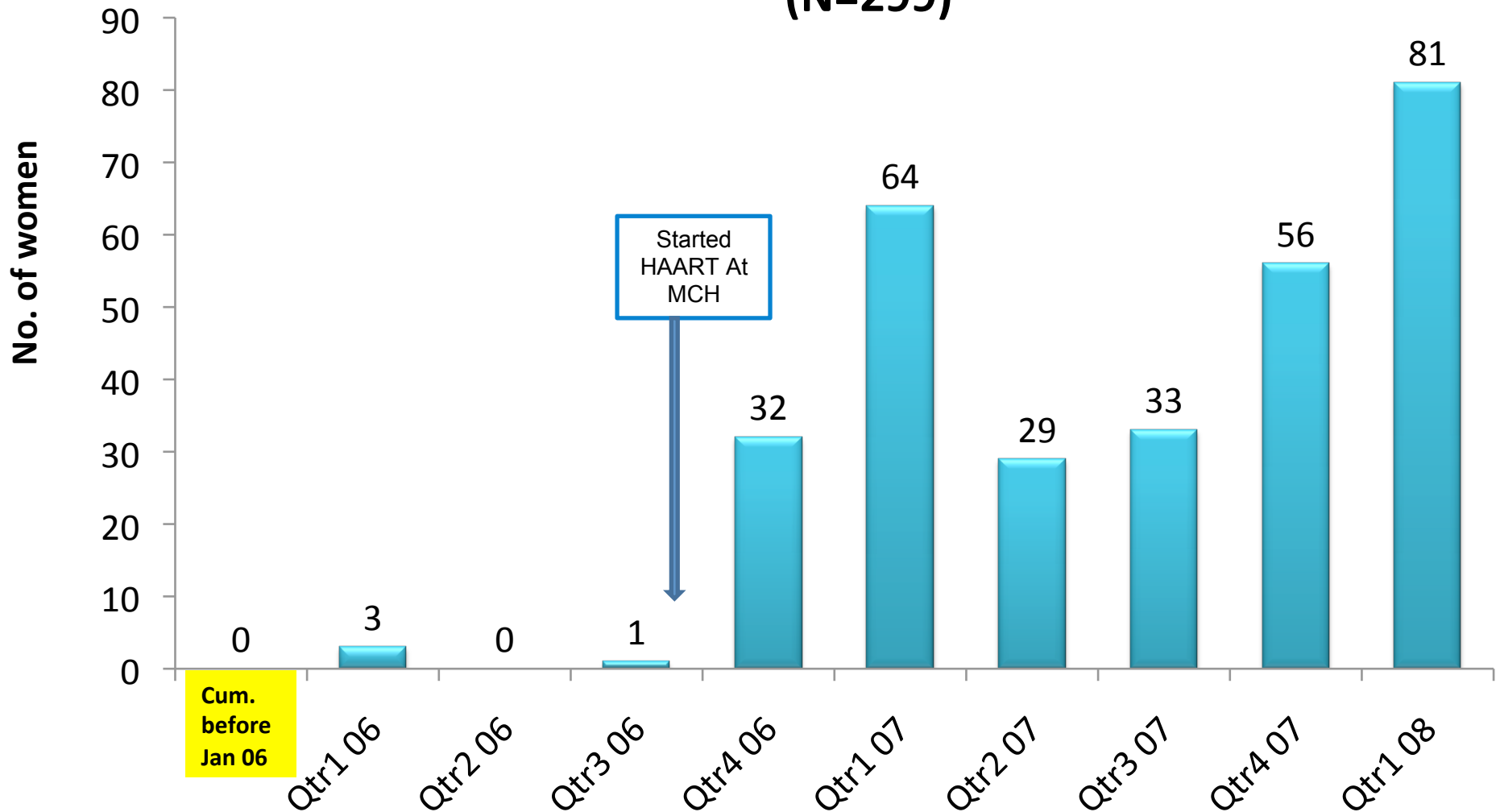


- ‘ART consulting room’ created within the MCH
- Nurses prescribing AZT + sd-NVP
- ART provided within the MCH setting by adult ART physician (No referral required)
- Task shifting/sharing within the MCH to support the provision ART

**CD4 Count Test Results of HIV Positive Pregnant Women
ICAP-Supported sites
Oct 06-Mar 08**



HIV Positive Pregnant Women Initiated on HAART QEII Hospital (N=299)



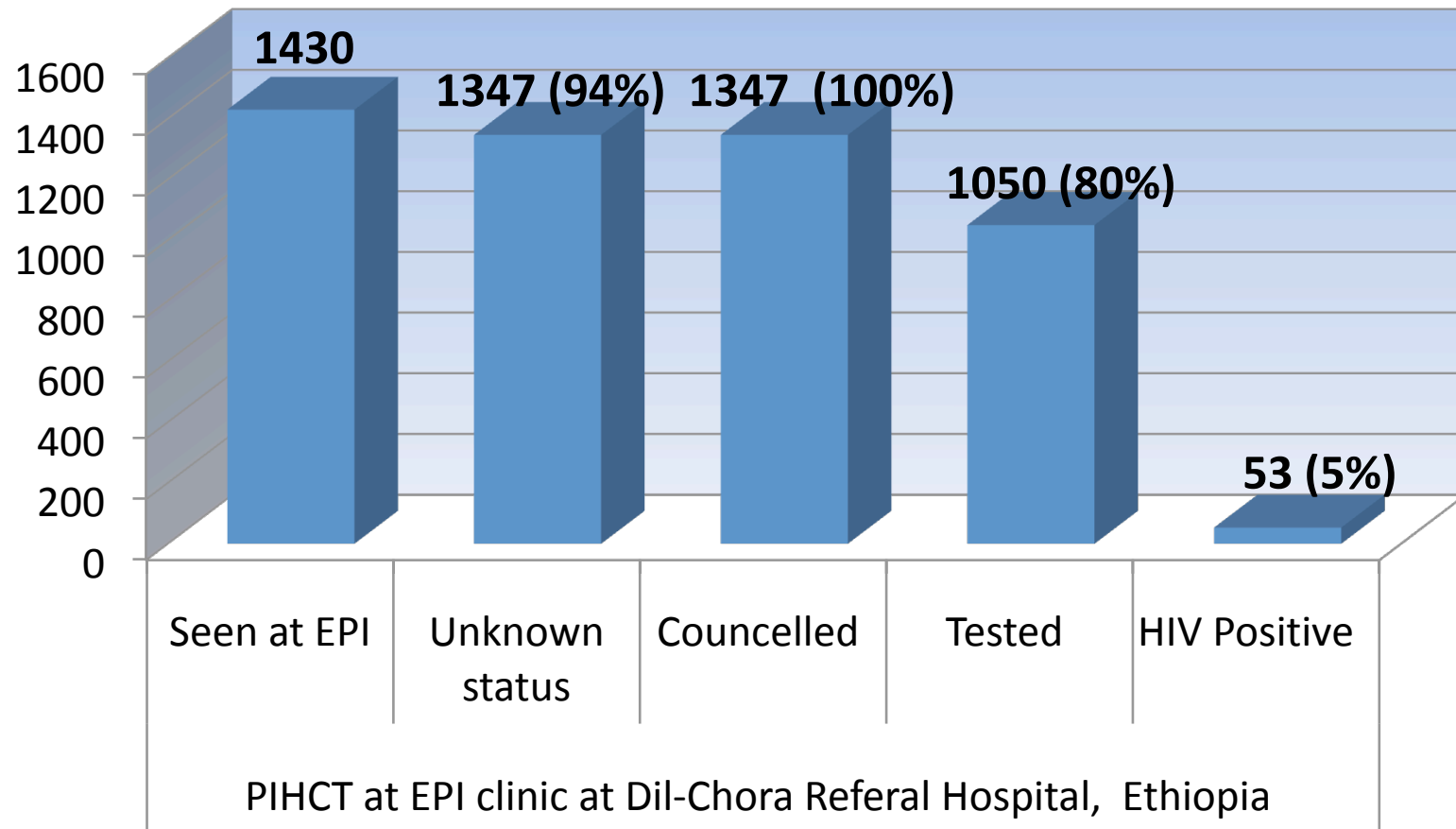
ETHIOPIA

PIHCT in EPI Clinics



- EPI provider routinely reviews ANC card of women coming to immunization clinic with their infants
- Opt-out HIV testing offered to all women with unknown status
- Women found HIV+ along with their infants are linked to HIV care and treatment services in the facility

PIHCT of Mothers Attending EPI Clinic with Their Infants April –November 2007



Summary-1

- Approaches may differ based on setting and sero-prevalence but MCH platform can be effectively used to enhance PMTCT efforts
- ART pre-screening services at MCH are a key component in getting pregnant women to initiate HAART early
- MCH referral to ART clinic achievable with excellent results when ART clinic available on-site

Summary-2

- In countries where ANC attendance and health facility delivery rates are low, HIV testing and counseling in EPI clinics can identify HIV+ women and facilitate enrollment of mother-infant pairs in care and treatment
- HIV exposed infants can receive appropriate interventions through focus on integrating their care into MCH platform

MCH Platform can catalyze a transformation of services for pregnant women and their children

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