

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

**Session Notes and Summary**

**Session name:** Plenary 2- Prevention, Care and Treatment of the HIV-infected Woman of Reproductive Age and Her Family

**Note taker name:** Sara Riese

**Major Discussion Points and/or Conclusions:**

1. The question "What is PMTCT coverage in your country?" was posed to the audience. Answers ranged from 80% to 20%.
2. ARV interventions for PMTCT are well established, but why has PMTCT failed?
  - We haven't applied lessons from ART roll-out to PMTCT. Complex 3 drug regime hasn't hindered C&T but has hindered PMTCT roll-out
  - PMTCT remains separate and distinct from prevention and treatment services, within the Ministry of Health, programmatically in ICAP and outside.
  - It has been built on a one visit, one stop approach
3. Counseling and testing of pregnant women is NOT PMTCT. An opt-out approach to testing is one way to do VCT, not one way to do PMTCT.
4. Every time we test and identify an HIV+ pregnant woman and she doesn't get prophylaxis, it's a loss.
5. M+ Model of Care
  - Take advantage of pregnant woman touching the health care system
  - Increase the HIV free survival of infants
  - Decrease morbidity and mortality of mothers and infants
  - Increase overall survival

3 presentations of programmatic approaches to PMTCT:

Isabelle Yersin, ICAP MZ

Raphael Ntummy, ICAP Lesotho

Landry Tsague, ICAP Rwanda

**Q&A from country presentations:**

**How have you dealt with the human resource issue?**

If allowing nurses to initiate ART is not allowed, how have you dealt with this? Do you have a national policy of task-shifting?

Raph said that they have no option in the situation since there are no doctors in Lesotho. Quality training and supervision are required. Isabelle also said that the situation in Moz required reliance on nurses. They have relied on mentoring and close monitoring of nurses.

**Are CD4 counts really necessary when most positive pregnant women are not eligible for HAART?**

You need to consider the circumstances and the maturity of the epidemic. For example, data have shown that in Lesotho and Swazi, larger proportions of pregnant women are eligible for HAART.

**What were the arguments of the government against providing ART in MCH?**

They often fear that it is just a quick fix because of lack of doctors.

**How do you handle follow-up for women on AZT?**

Moz adapted a register to track and trace women, including a column for refill pickup. In Rwanda, the mother/infant tracing card allows provider to see if she continued with follow-up for PMTCT and EID.