Training Course in Sexual and Reproductive Health Research 2013

Module: Principles and Practice of Sexually Transmitted Infections Prevention and Care

The Global plan to eliminate mother to child transmission (eMTCT) of HIV: challenges in integration and of therapeutic strategies

V. Mangiaterra - WHO

Global Context

- The international agreements such as the ICPD 1994, the MDGs, the Maputo Plan of Action on SRH, the Global Strategy on Women and Children of the Secretary General, and the summit on FP recognise need for synergies between MNCH, SRH and HIV and call for integration
- The Global Plan for EMTCT also underlines:

  “HIV, maternal health, newborn and child health, and family planning programmes should work together to deliver quality results and lead to improved health outcomes”
- These commitments have been translated into country specific health sector strategic plans advocating for integrated, accessible and effective health service delivery
- The need for implementation of the new WHO guidelines

The Global Context: opportunities for optimizing strategies across MDG 4-5 and collaboration

The Joint Action Plan For Women's And Children's Health

10 Point Plan for Country Level Action

The Global **10 Point Plan** is as follows:

1. To conduct a strategic assessment of key barriers to elimination of new HIV infections and keeping mothers alive
2. To develop or revise costs, nationally-owned MTCT elimination plans
3. To asses available resources for EMTCT and develop a strategy to address unmet needs.
4. To implement a comprehensive, integrated package of HIV prevention and treatment interventions and services
5. To strengthen synergies and integration fit to context between PMTCT and related health services to improve MCH outcomes
6. To enhance the supply and utilization of human resources for health (HRH)
7. To evaluate and improve access to essential medicines and diagnostics and strengthen supply chain operations
8. To strengthen community involvement and communication
9. Better coordinate technical support to enhance PMTCT service delivery
10. To improve PMTCT outcomes assessment, data quality, and impact assessment

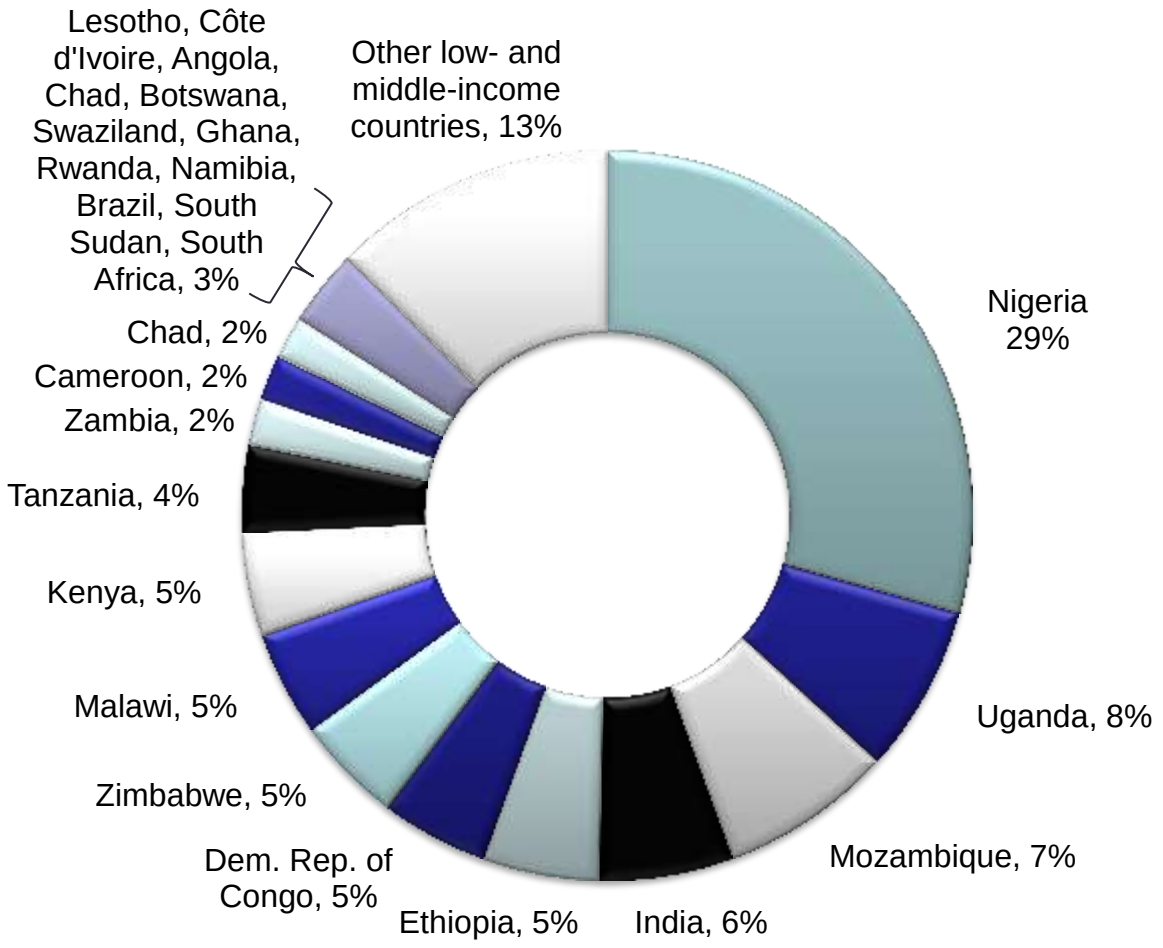
GLOBAL STEERING GROUP Core functions

- **Overseeing implementation of the Global Plan:**
  - Focus on goals
  - Oversight responsibility for overall implementation of the plan

- **Promote high-level engagement**
  1. Country-led
  2. Resource mobilization
  3. Communications and high-level advocacy
  4. Monitoring and accountability

The total gap in treatment coverage is unevenly spread among low and middle-income countries

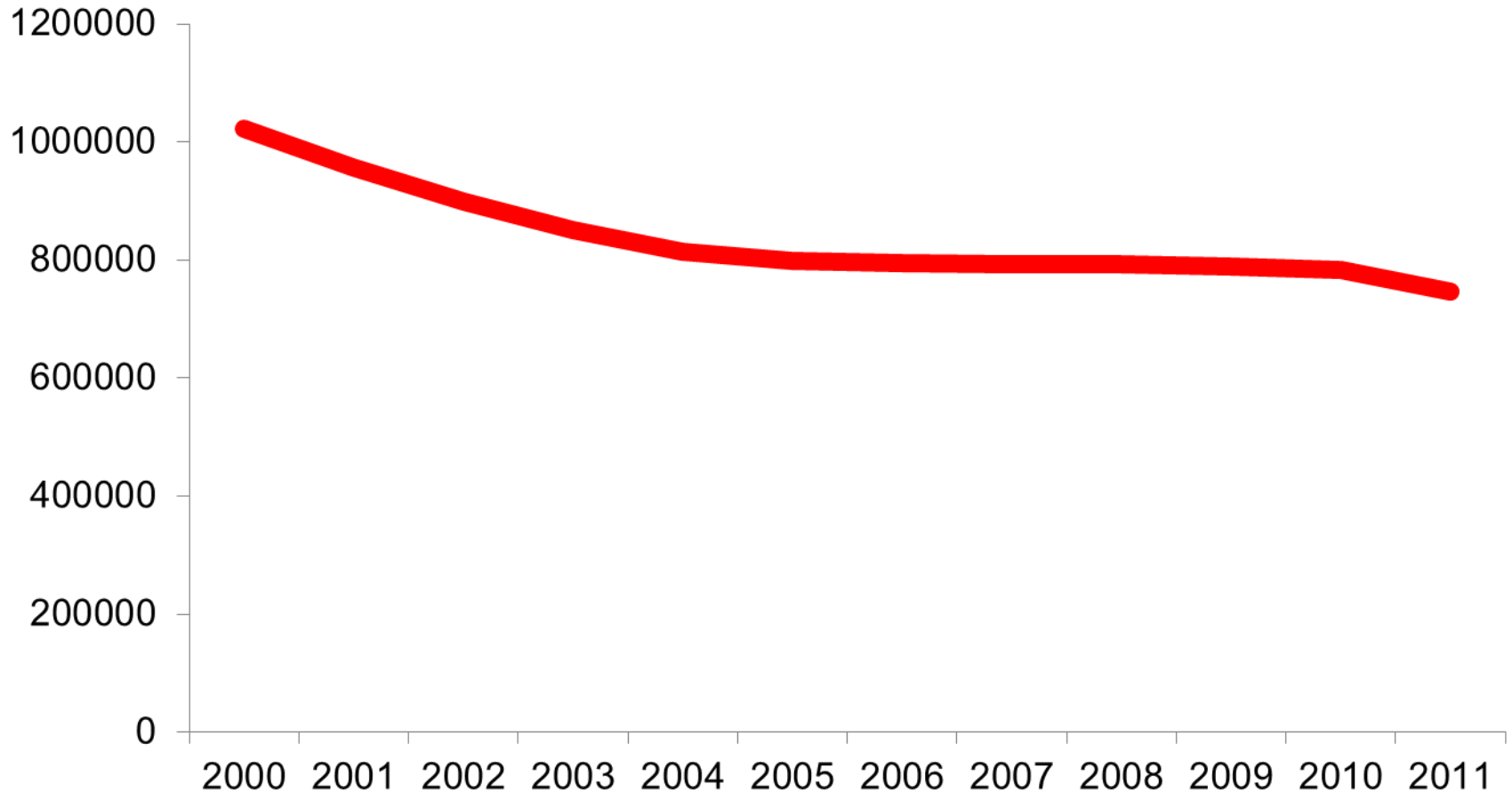
The share of each low and middle-income country in the total shortfall in providing antiretroviral medication to HIV-positive pregnant women to prevent new HIV infections among children.



UNAIDS

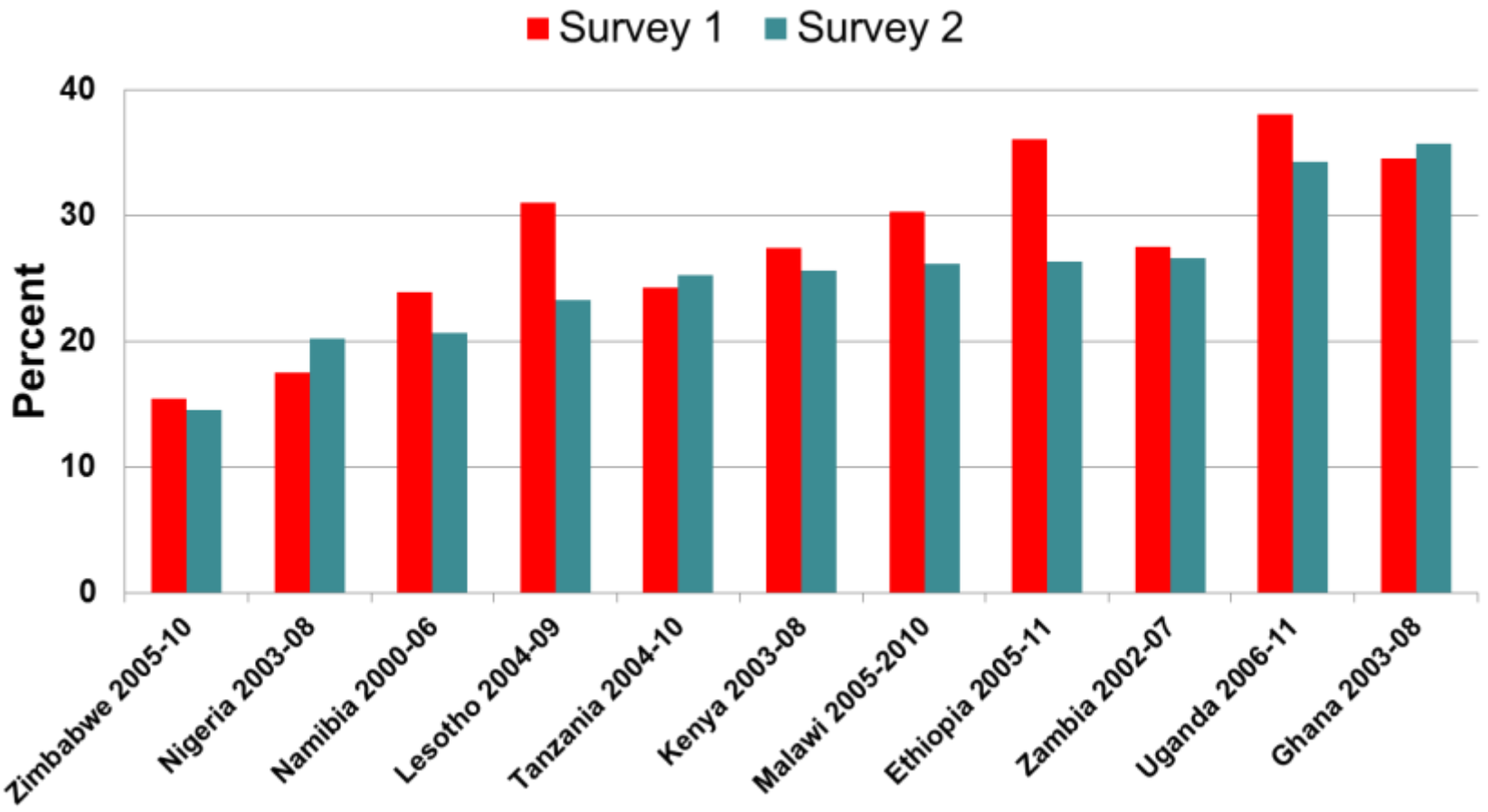
Source: UNAIDS 2012

Slight decline in new HIV infections among women 15-49, 21 priority countries



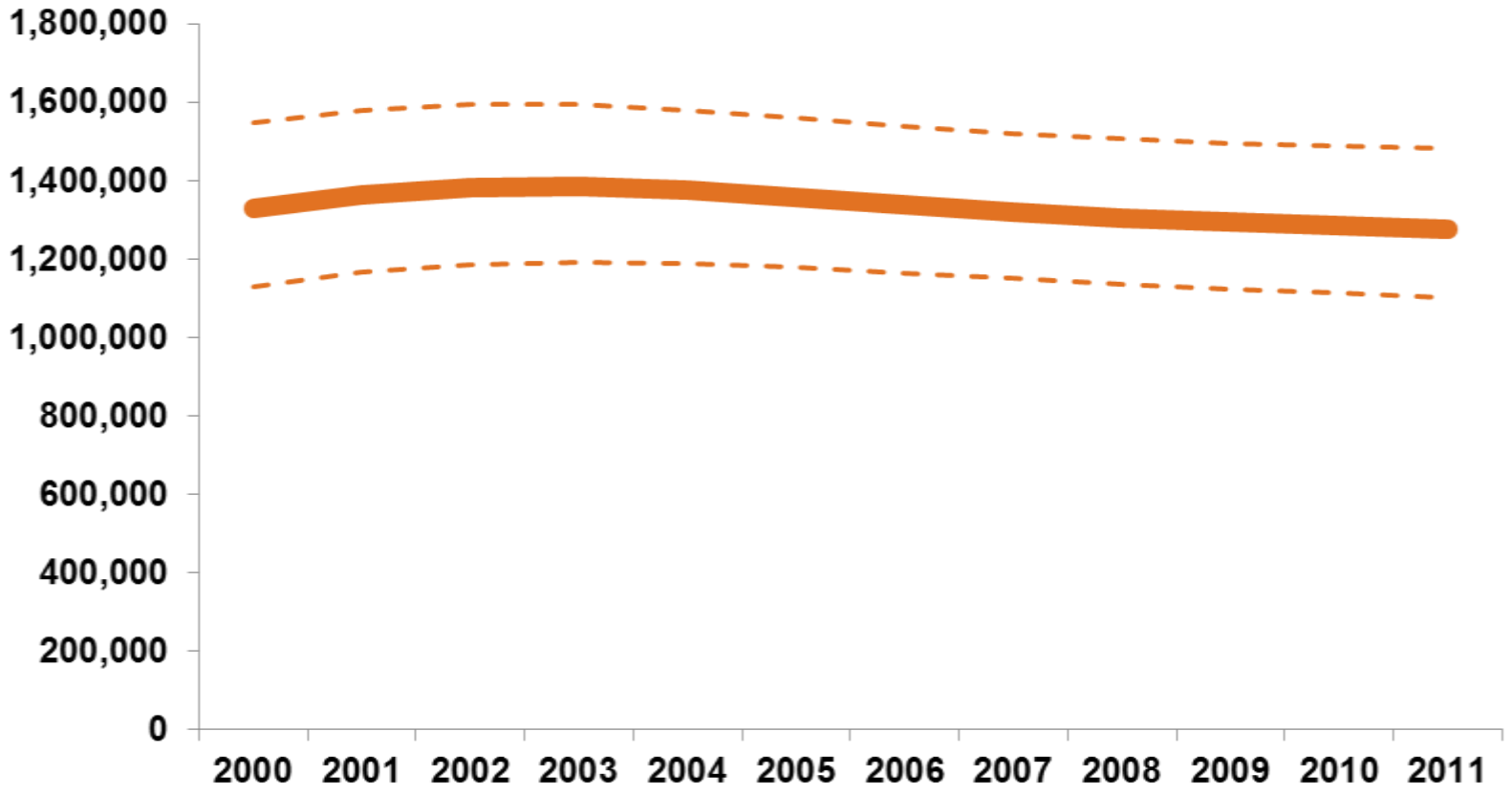
Source: UNAIDS Estimates 2012

Reduction in unmet need for family planning is slow (countries with available data)



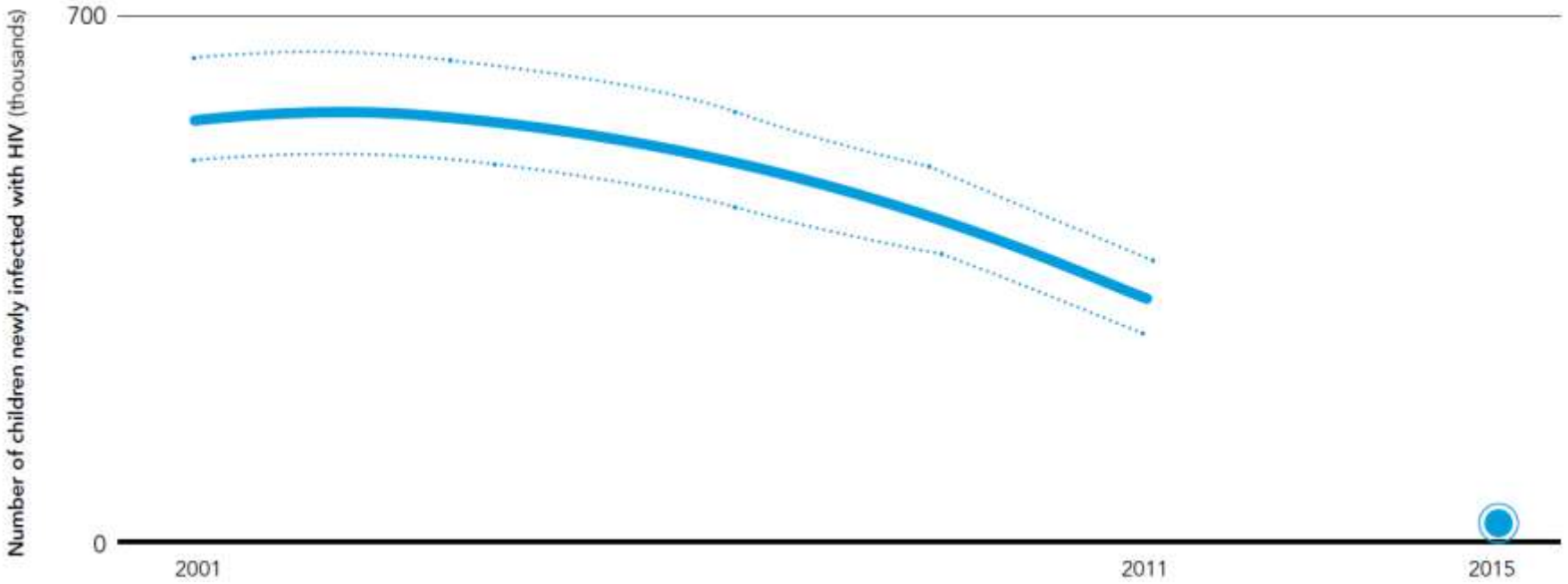
Source: Demographic and Health Surveys 2000-2011

As a results the number of women in need of PMTCT services remains constant



Source: UNAIDS Estimates 2012

New HIV infections among children (0–14 years old), 2001–2011 and the target for 2015



New HIV infections among children, 2009–2011

Rapid decline

Will reach the target if the 2009–2011 decline of more than 30% continues through 2015.

31%	Ethiopia
31%	Ghana
43%	Kenya
60%	Namibia
49%	South Africa
39%	Swaziland
55%	Zambia
45%	Zimbabwe

Moderate decline

Can reach the target if the decline in 2009–2011 of 20–30% is accelerated.

22%	Botswana
30%	Burundi
24%	Cameroon
20%	Côte d'Ivoire
21%	Lesotho
26%	Malawi
24%	Uganda

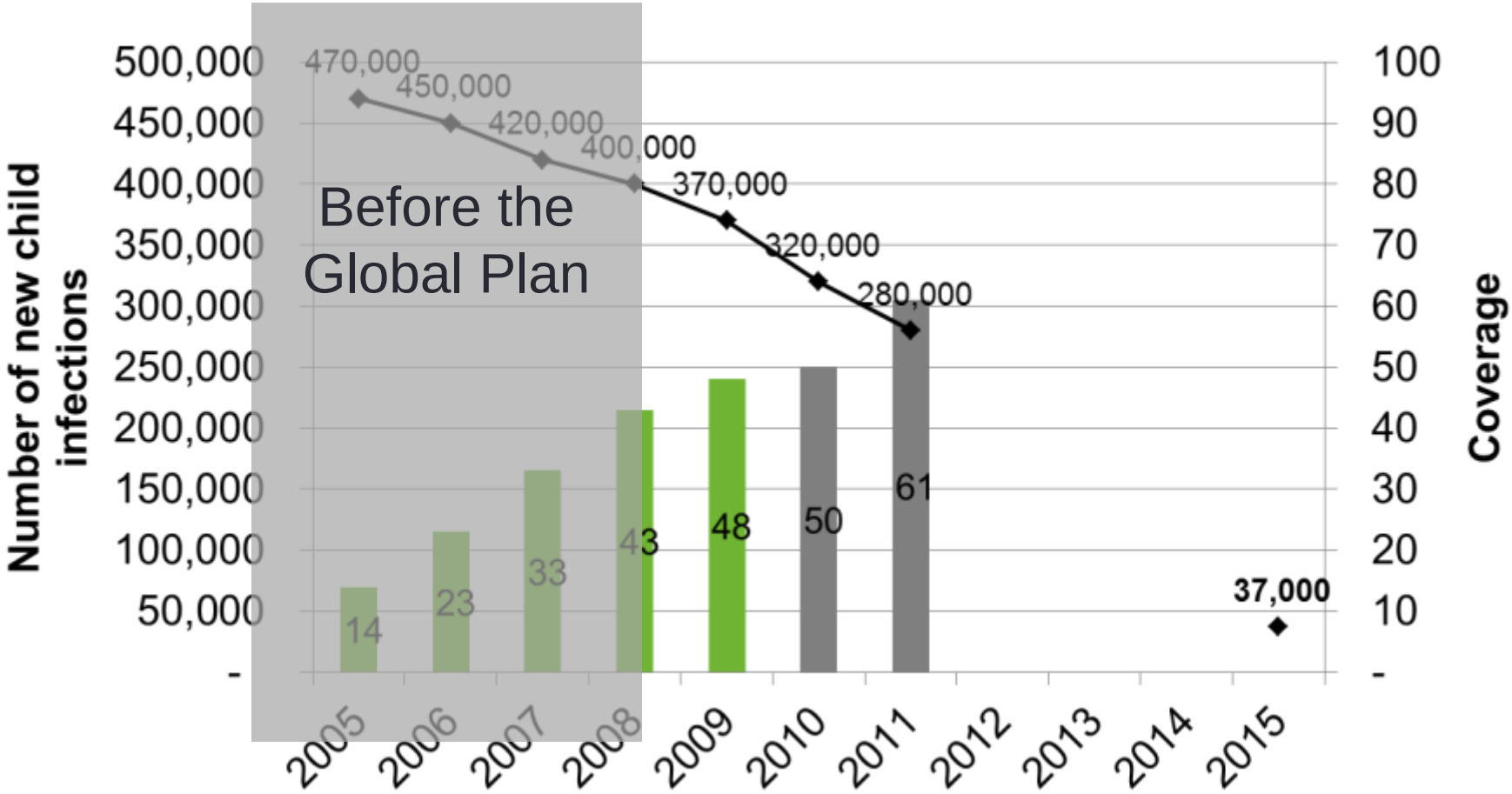
Slow or no decline

In danger of not reaching the target, with a decline in 2009–2011 of less than 20%.

0%	Angola
4%	Chad
–	Democratic Republic of the Congo
5%	Mozambique
2%	Nigeria
19%	United Republic of Tanzania
–	India

Note: The baseline year for the Global Plan is 2009. Some countries had already made important progress in reducing the number of new HIV infections among children in the years before 2009, notably
Botswana which by 2009 already had 92% coverage of antiretroviral regimens among pregnant women and a transmission rate of 5% (see table pp122–123). In countries with high coverage, further
declines are much harder to achieve.

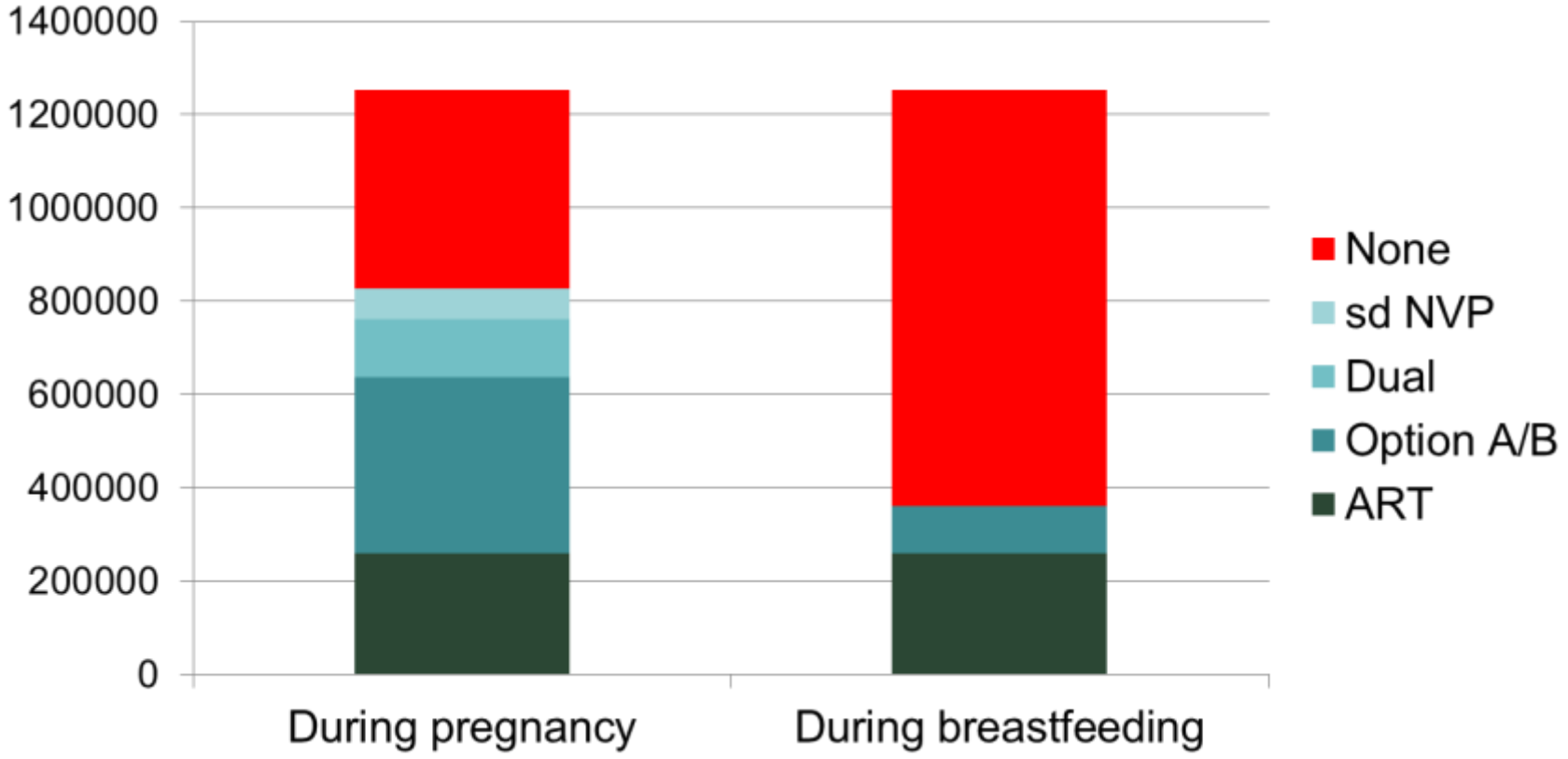
New child HIV infections and PMTCT coverage, 21 priority countries



Source: UNAIDS Estimates 2012

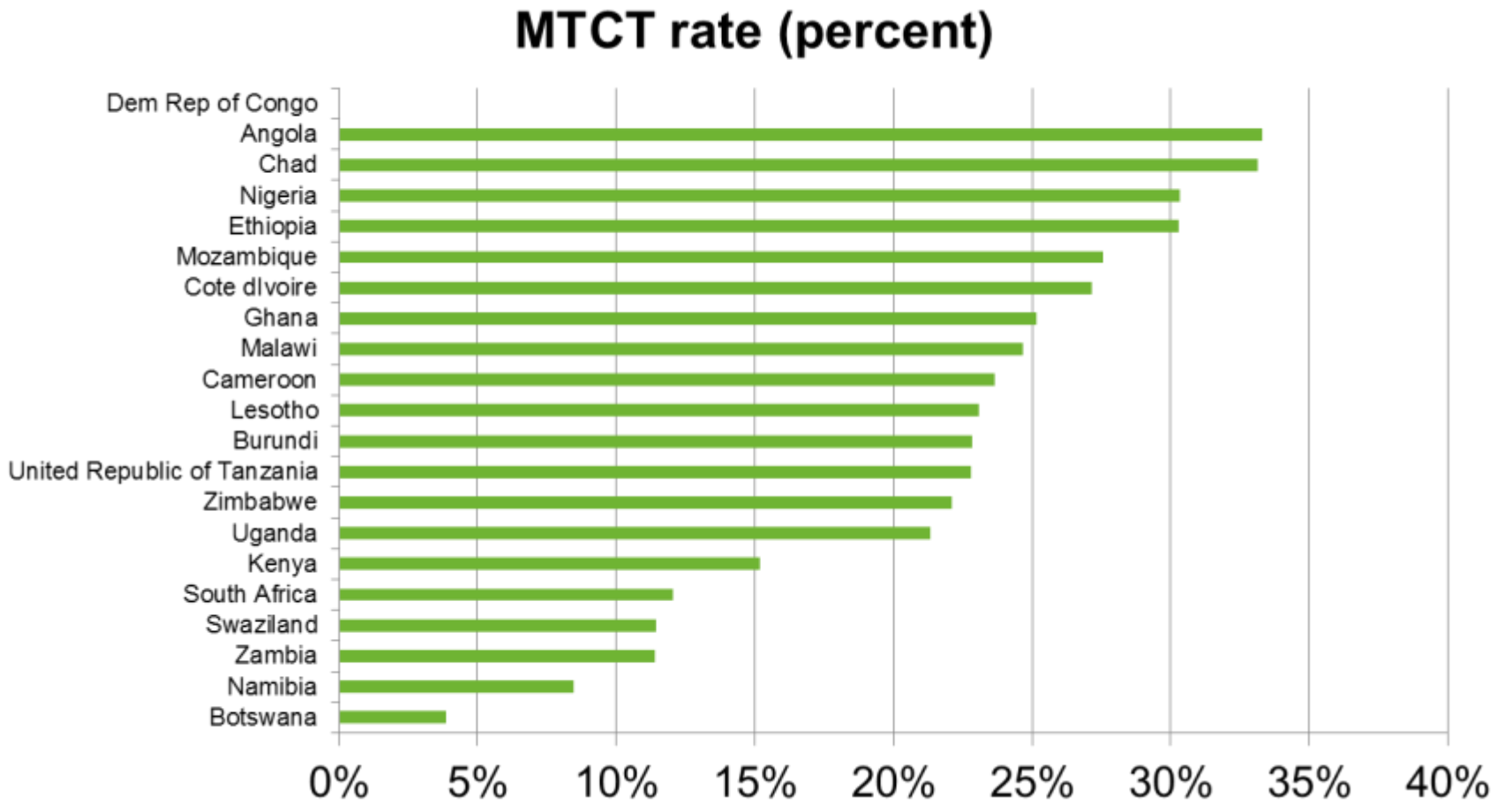
Prophylaxis coverage: the other half of the picture……

Number of women/infant pairs receiving prophylaxis, 2011, 21 priority countries



Source: UNAIDS Estimates 2012

As a result, MTCT transmission rates are still high

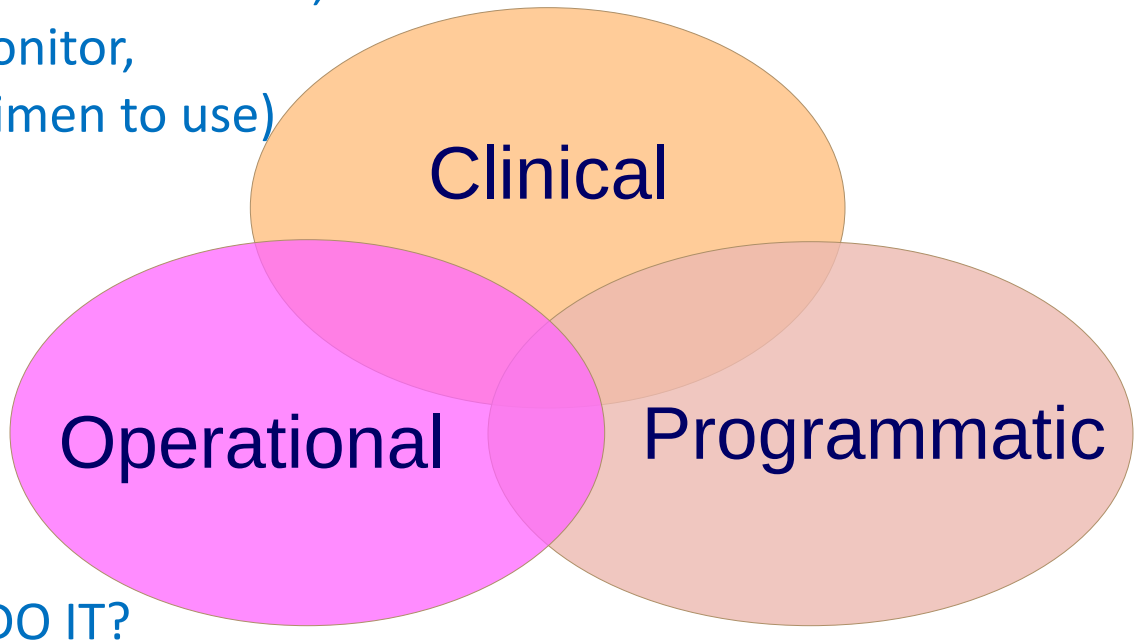


Source: UNAIDS Estimates 2012

WHO 2013 Consolidated ARV Guidelines

(Children, Adolescents, Adults, Pregnant women, Key Populations)

WHAT TO DO?
(when to start or switch,
how to monitor,
which regimen to use)



HOW TO DO IT?
(diagnostics,
service delivery)

HOW TO DECIDE?
(prioritization,
equity and ethics,
M&E)

New Recommendations in WHO ART guidelines (2013)

1) Immediate ART for children below 5 years

2) Harmonization of ART across populations (e.g., adults and pregnant women, B/B+) and age groups

3) Simplified, fewer, and less toxic 1st line regimens (TDF/XTC/EFV)

4) Improved patient monitoring to support adherence and detect failure (increased use of VL)

5) Recommend task shifting, decentralization, and integration

PMTCT – 'Option B+'

- Review of all WHO guidelines on the use of ARVs – Treatment 2.0 (2012-2013)

	HIV positive women CD4<350	HIV positive women CD4>350	
		Antenatal ARV interventions	Postnatal ARV interventions
Option A	**mART**	**+**	**Infant**
Option B	**mART**	**+**	**Maternal**
Option B+	**mART**	**mART**	**mART**

Q. How to support countries anticipate, and respond to more changes in ARV recommendations and scale up interventions?

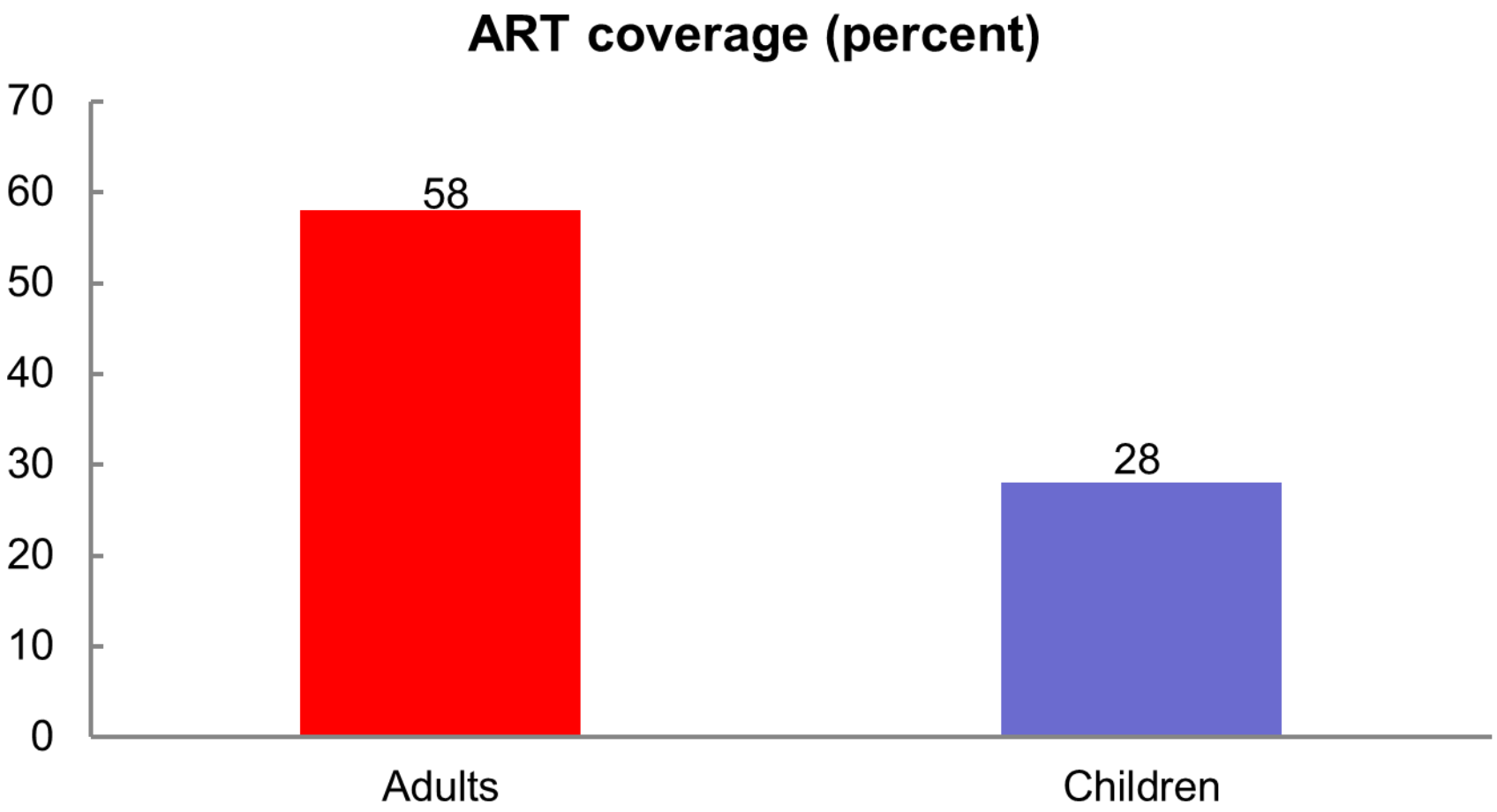
HIV and Infant feeding

- ARV interventions resolve many of the dilemmas facing mothers and health workers re. HIV & IF.
- Little experience on how best to implement extended interventions during postnatal period, including how to monitor them?
- Planned AFRO regional consultation on promoting optimal infant feeding practices in the context of HIV (with UNICEF)

Questions and Answers on infant feeding in the context of HIV
http://www.who.int/maternal_child_adolescent/topics/en/index.html

Q. How to support the development and implementation of country work plans to scale up ARVs and optimising IFPs?

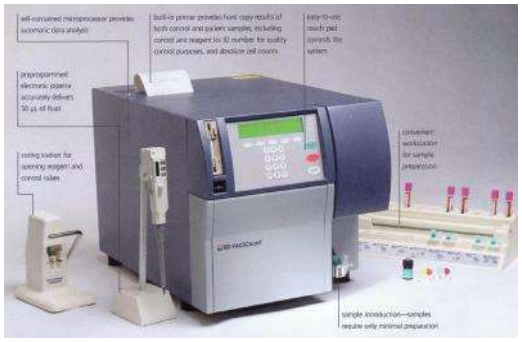
Percentage of those eligible receiving ART for their own health



Source: UNAIDS estimates 2012

Simpler drugs

Point of care diagnostics



Delivery models

Key actions needed to reach the Global Plan goals

- Strengthen all efforts but pay special attention to the lagging countries
- Strengthen efforts to reduce unmet need for family planning. Limited data on unmet need among women living with HIV
- Increase coverage of prophylaxis during breastfeeding
- Ensure eligible children receive ART
  - Increasing early infant diagnosis from 35% to higher levels will improve ART uptake
  - Ensure diagnosis is linked to treatment

BUT: what can be done to address the challenges of implementation?

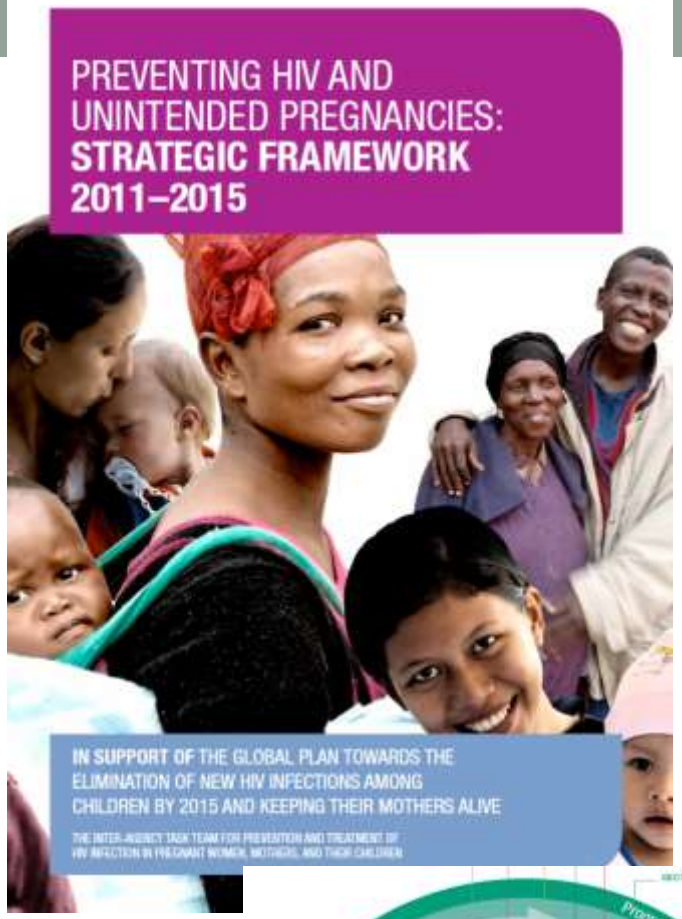
INTEGRATION: the overarching principle

Rationale for integrated RMNCH/PMTCT

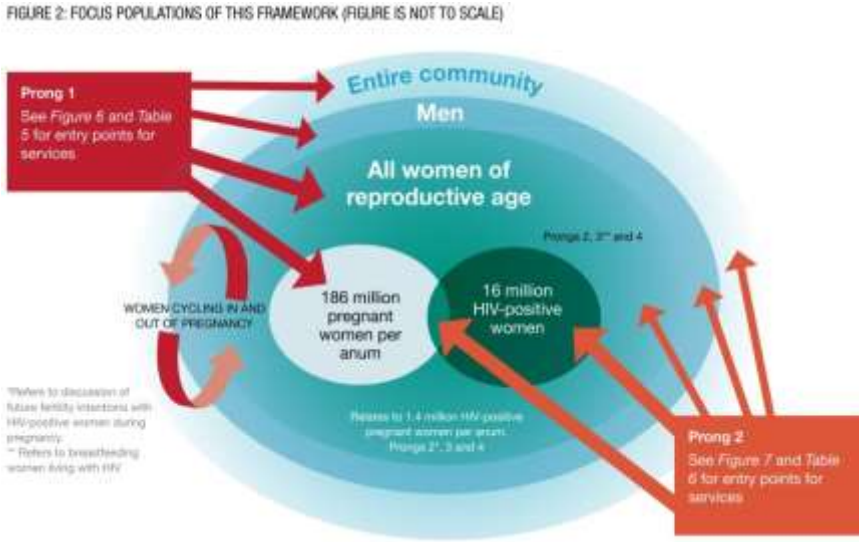
- Common goals are to keep the women and children healthy and alive
- Women of reproductive age and their children require both services
- Facilities are invariably the same and the same provider deliver services
- Simplifies and cuts cost care for the patient
- Supports continuity of care, minimizes dropout and reduces missed opportunities

Many bottle necks making integration a reality

- National guidelines, implementation manuals and standard operating procedures
- Skilled and adequate numbers of health care providers
- Adapted infrastructures to support integrated services
- Sustainable supply chain to address the issue of frequent stock-outs of essential commodities and supplies
- Strengthened referral system for continuity of care for women and children, especially those living with HIV
- Integrated training approaches into existing pre and in service training
- Strengthen and simplify information systems to support routine monitoring of integrated service delivery



1. Implement package of services within stigma-free integrated SRH and HIV services
2. Utilize key entry points to integrate HIV and SRH
3. Strengthen national programme implementation



Highlight: Rapid Assessment Tool Implementation – to date

2008-2012

37 (7) countries

21 (13) Rapid Assessment Summaries

Impact Interviews

20 Countries

Hormonal contraception and HIV

Technical statement

16 February 2012

Executive summary

Following new findings from recently published epidemiological studies, the World Health Organization (WHO) convened a technical consultation regarding hormonal contraception and HIV acquisition, progression and transmission. It was recognized that this issue was likely to be of particular concern in countries where women have a high lifetime risk of acquiring HIV, where hormonal contraceptives (especially progestogen-only injectable methods) constitute a large proportion of all modern methods used and where maternal mortality rates remain high. The meeting was held in Geneva between 31 January and 1 February 2012, and involved 75 individuals representing a wide range of stakeholders. Specifically, the group considered whether the guideline *Medical eligibility criteria for contraceptive use, Fourth edition 2009* (MEC) should be changed in light of the accumulating evidence.

After detailed, prolonged deliberation, informed by systematic reviews of the available evidence and presentations on biological and animal data, GRADE profile summaries on the strength of the epidemiological evidence, and analysis of risks and benefits to country programmes, the group concluded that the World Health Organization should continue to recommend that there are no restrictions (MEC Category 1) on the use of any hormonal contraceptive method for women living with HIV or at high risk of HIV. However, the group recommended that a new clarification (under Category 1) be added to the MEC for women using progestogen-only injectable contraception at high risk of HIV as follows:

Some studies suggest that women using progestogen-only injectable contraception may be at increased risk of HIV acquisition, other studies do not show this association. A WHO expert group reviewed all the available evidence and agreed that the data were not sufficiently conclusive to change current guidance. However, because of the inconclusive nature of the body of evidence on possible increased risk of HIV acquisition, women using progestogen-only injectable contraception should be strongly advised to *also always use condoms*, male or female, and other HIV preventive measures. Expansion of contraceptive method mix and further research on the relationship between hormonal contraception and HIV infection is essential. These recommendations will be continually reviewed in light of new evidence.

The group further wished to draw the attention of policy-makers and programme managers to the potential seriousness of the issue and the complex balance of risks and benefits. The group noted the importance of hormonal contraceptives and of HIV prevention for public health and emphasized the need for individuals living with or at risk of HIV to also always use condoms, male or female, as hormonal contraceptives are not protective against HIV transmission or acquisition.

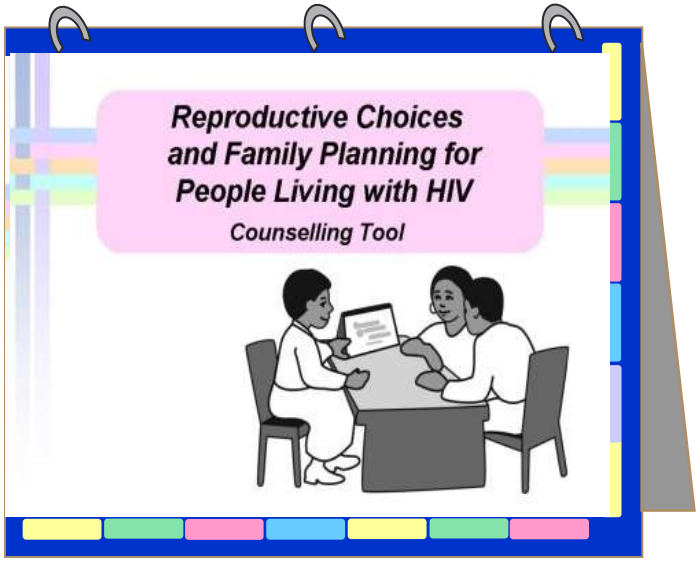
40 hrp years of innovation

World Health Organization

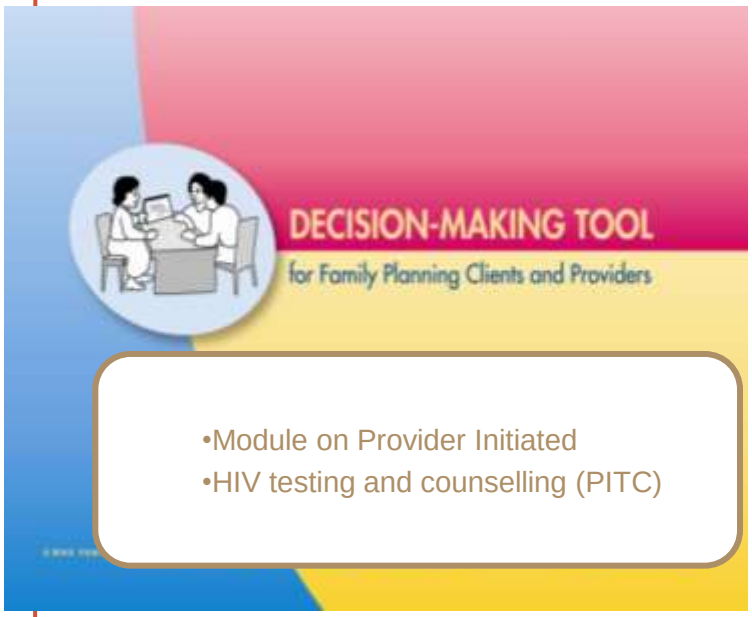
Policy brief:

- Technical statement to continue use of HC by PLHIV, advice on condom use.
- Programmatic and research issues

HIV and FP linkages and integration tools

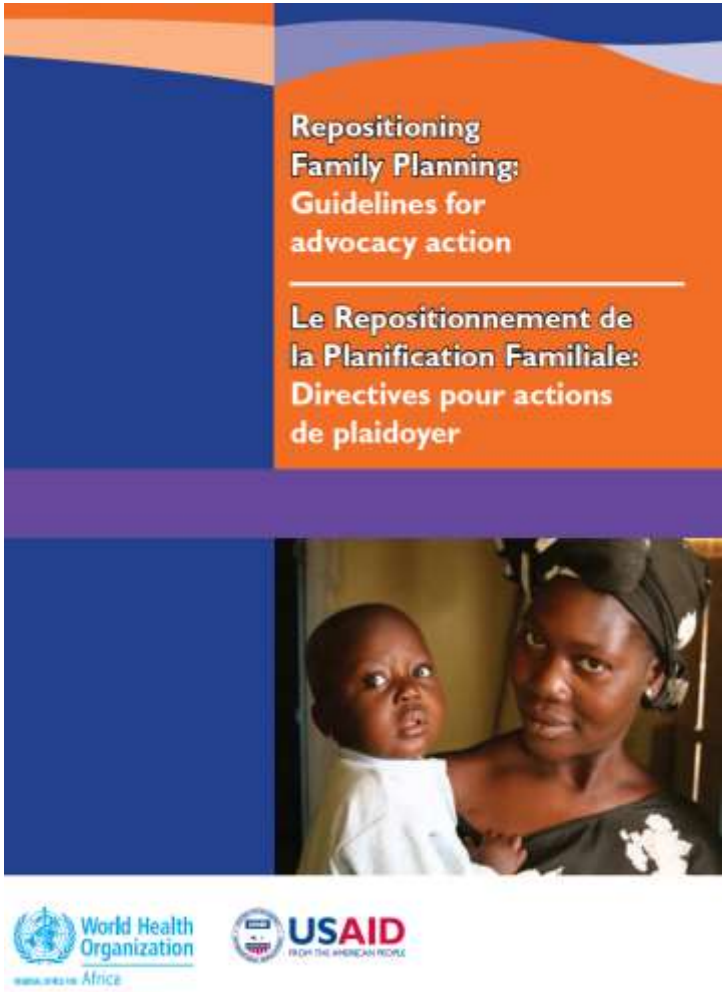


- Counseling for FP in HIV clinics



- Counseling on testing in FP clinics

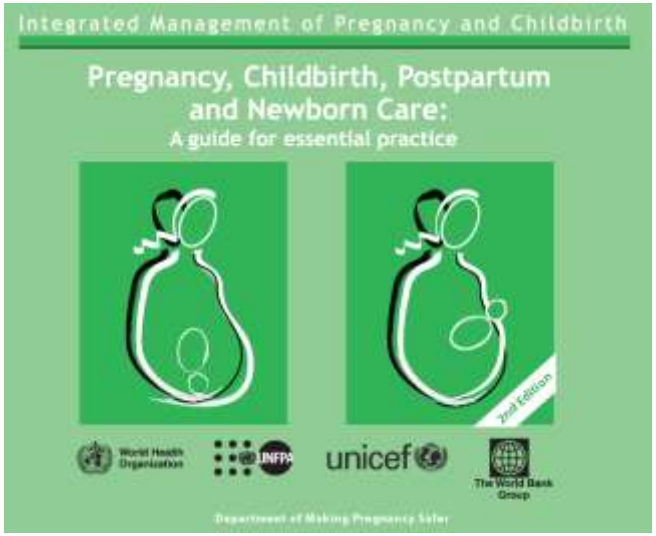
Repositioning Family Planning Advocacy toolkit

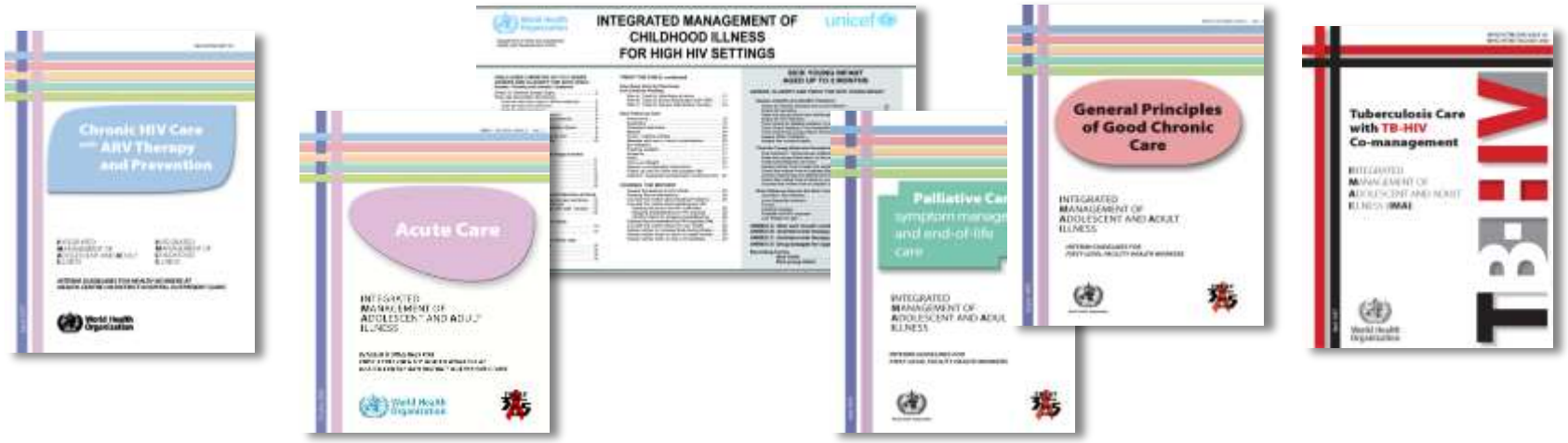


- Aims to help those working in family planning across Africa to effectively advocate for renewed emphasis on family planning.
- It aims to enhance the visibility, availability, and quality of family planning services for increased contraceptive use and healthy timing and spacing of births, ultimately, improved quality of life across the region.
- It was developed in response to requests from several countries to assist them in accelerating their family planning advocacy efforts.

IMAI-IMPAC primary level tools

Based on WHO normative guidelines, translating guidelines into simplified, operational tools to be applied for service provision





IMAI-IMCI tools build clinical teams

IMAI/IMPAC clinical course on PMTCT

- Modular course
  - **Module I: Covers PMTCT during Pregnancy**
  - **Module II: Covers PMTCT during Labour**
  - **Module III: Covers PMTCT during Postnatal Period**

- To equip the health workers to provide integrated PMTCT as part of routine maternal health services

We would continue to:

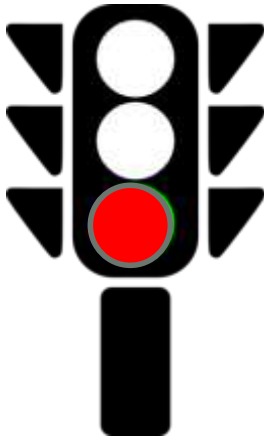
- Integrate PMTCT and ART into MNCH and SRH, and have a MNCH training manual for all providers
- Offer a super-market approach for services
- Allow task shifting
- Give midwives opportunity to: 1) own and lead in PMTCT implementation; and 2) manage HIV positive women
- Integrate EID into immunization services

What we will improve:

- Focus on all 4 prongs: but would focus on them equally, instead of mainly focusing on prong 3
- Provide family planning at all service delivery points
- Provide wellness services to encourage male involvement
- Integrate Peds HIV into IMNCI services
- Harmonize PMTCT and MCH data, and reporting at all levels

What we would not repeat:

- Implement PMTCT and MNCH/RH as separate programs
- Have PMTCT managed/coordinated by 2-3 departments or units of MOH
- Separate the child from her mother by putting pediatric HIV in a different directorate
- Focus on selected prongs, instead of all PMTCT prongs
- Have a parallel systems for supplying HIV related commodities



Lessons learned

- Tools are useful but do not solve the systemic problems
- Integration needs to begin with the “Right integrated mind-set” of all players
- Proper planning is critical for effective implementation (joint planning, establishing baselines, bottleneck/gaps analysis, adapting infrastructure, joint monitoring)
- Define and prioritize the package of integration based on set goals, space, and HR

Lessons learned

- Need for continuous support supervision, mentoring and coaching
- Successful integration requires a committed and proactive focal person/team
- Integration needs to go hand in hand with quality insurance initiatives
- Adequacy of HR (Nos & skills) & Task shifting critical
- Partner coordination key to integration

Conclusion

Programs for women's health should mainly consider their holistic needs:

- Think "integration" at all levels-Funding, training, supervision and reporting.
- Optimal models of integration still need to be conceptualized and shaped country by country
- Develop a consensus on standards of evidence for integration implementation and dissemination of current research findings on what works in terms of effectiveness, cost efficiency, quality etc.
- There is no "One size-fit all" integration solution, innovative ideas are there: work with your country context

References

Preventing HIV and Unintended Pregnancies: Strategic Framework 2011 – 2015, UNFPA, 2012
http://www.unfpa.org/public/home/publications/pid/10575

Hormonal contraception and HIV, technical statement, WHO/RHR, 2012
http://www.who.int/reproductivehealth/topics/family_planning/Hormonal_contraception_and_HIV.pdf/

Reproductive choices and family planning for people living with HIV, Counselling Tool, WHO, 2012
http://www.who.int/reproductivehealth/topics/family_planning/9241595132/en/index.html

Global Plan for the elimination of new HIV infections among children by 2015 and keeping their mothers alive, 2011
http://www.unaids.org/en/targetsandcommitments/eliminatingnewhivinfectionamongchildren/

Global Strategy for Women's and Children's health, UN Secretary-General Ban-Ki Moon, 2010
http://www.who.int/pmnch/topics/maternal/201009_globalstrategy_wch/en/index.html

Guidelines on HIV and infant feeding, WHO, 2010
http://www.who.int/maternal_child_adolescent/documents/9789241599535/en//

IMAI/IMPAC clinical training for integrated PMTCT services, WHO
http://www.who.int/hiv/topics/mtct/training/en/

Repositioning family planning, guidelines for advocacy action, WHO, USAID, 2008
http://www.who.int/reproductivehealth/publications/family_planning/fp_advocacy_tool/en/