

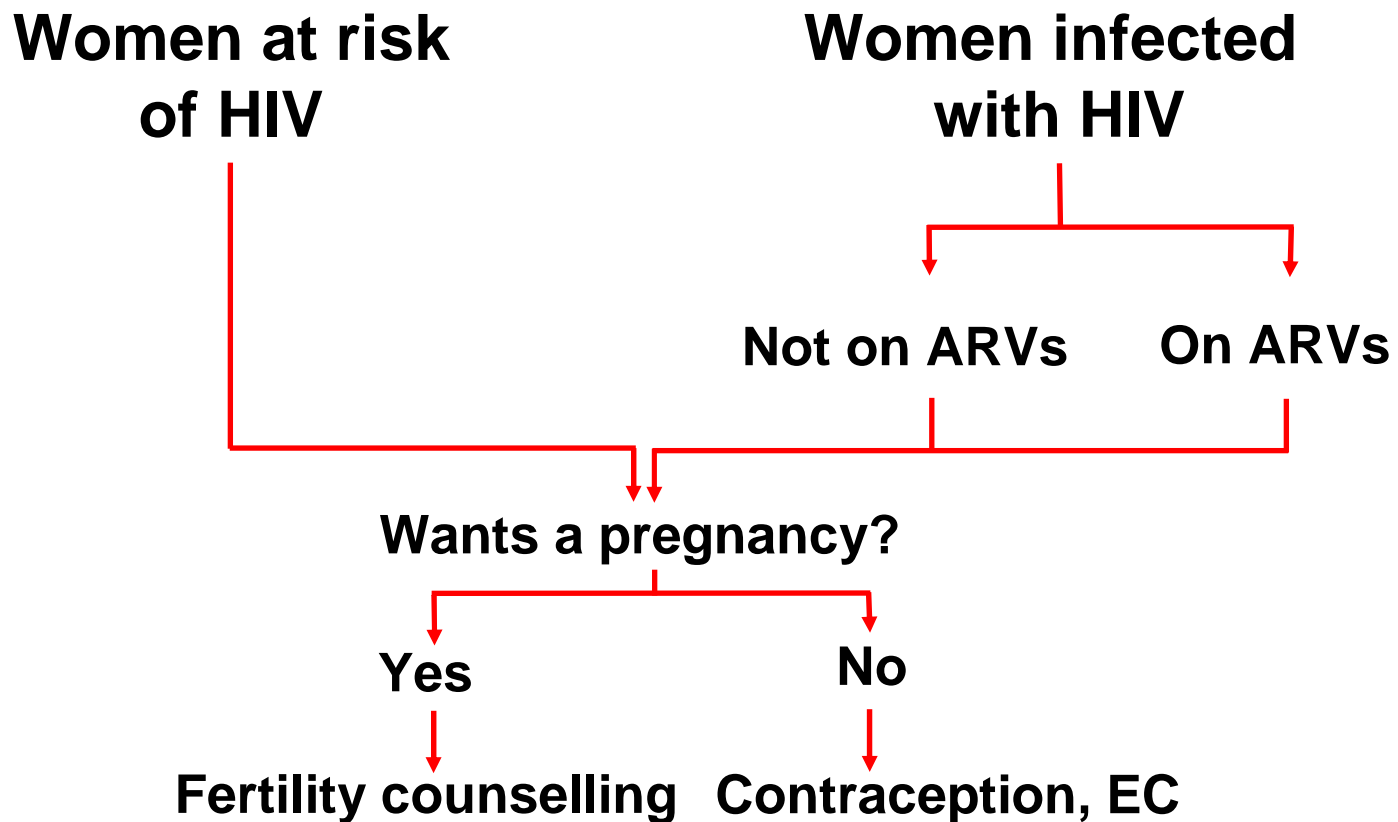
Integration Reproductive Health & HIV Services for Women: PMTCT

the secret of the care of the patient is in caring for the patient”
F.Peabody

Vivian Black



What should we consider when counseling women in a high HIV prevalence setting?



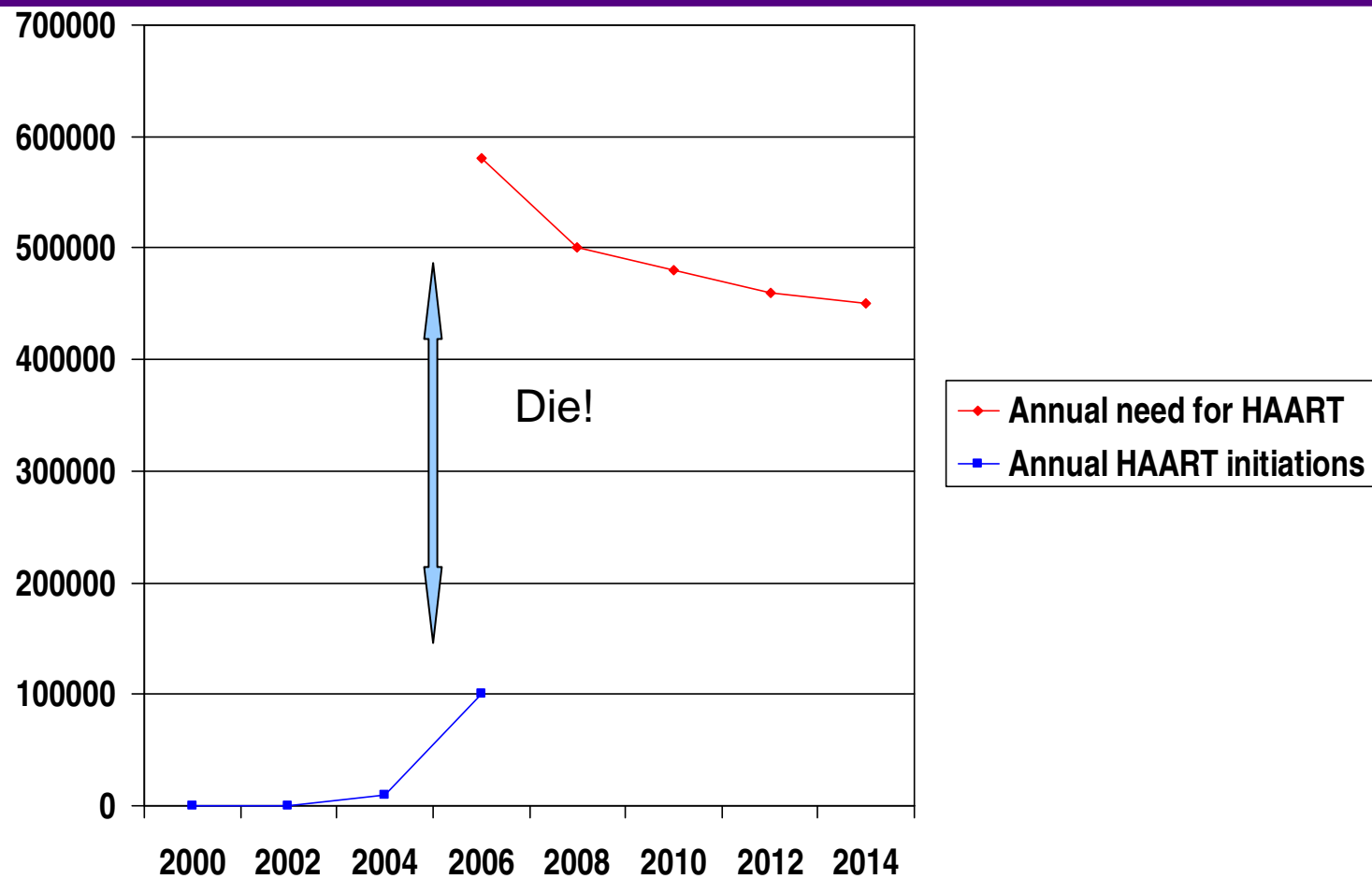
South African data

- 5/40 million HIV infected
- Majority in reproductive age group.
- >50% women.
- 75% unaware they are HIV positive!
- Only test when sick

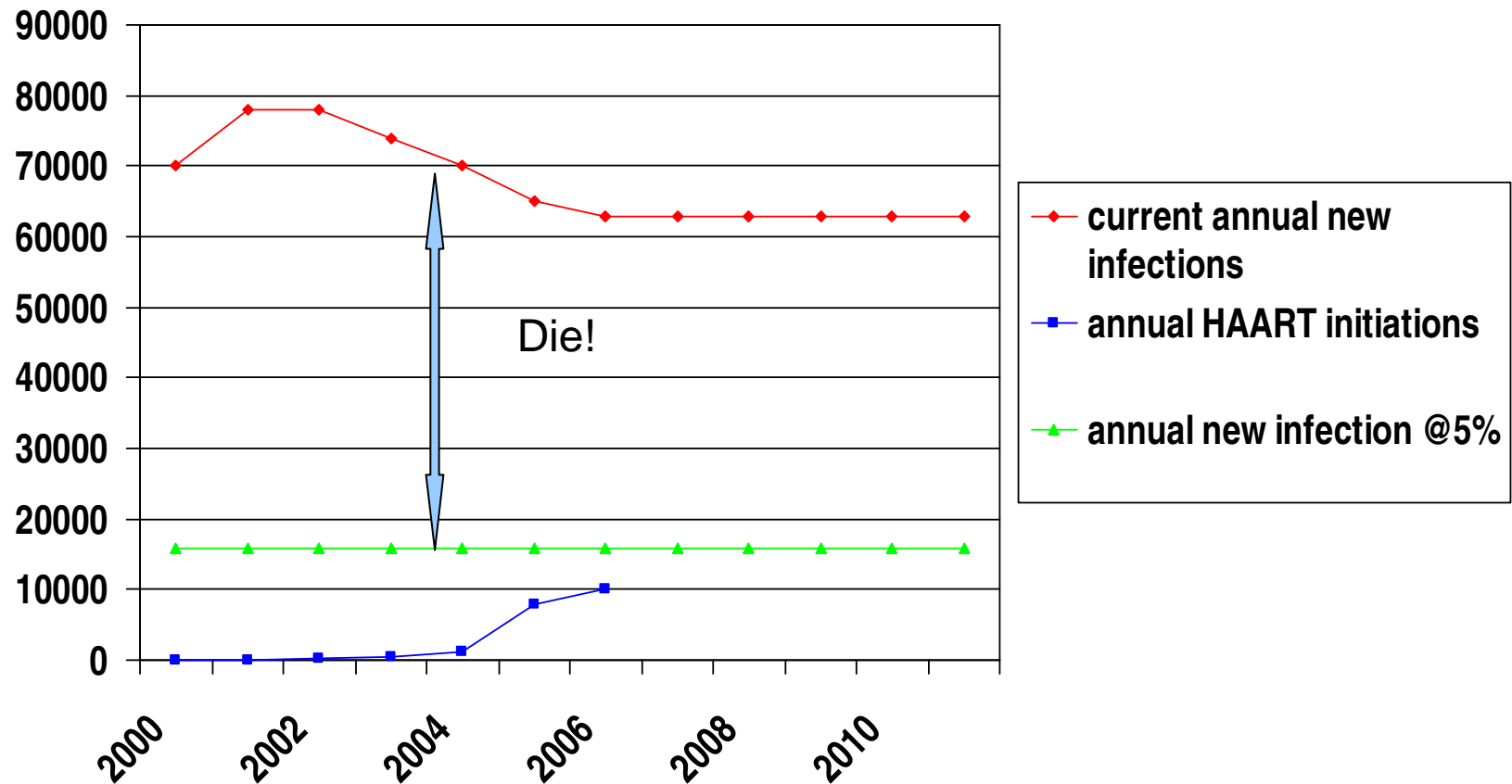
Treatment gap adults

- Currently 640 000 need HAART.
- 300 000 on HAART
- Shortfall– these people die.
- Every year more people are added into the system

Adult treatment gap



Treatment gap pediatrics



P. Barker F. Venter, SAMJ 2007

PMTCT in South Africa

- Pregnant women prevalence 29%
- Transmission rates >20%.
- > 63 000 infants were infected with HIV in 2006.



Actuarial Society of SA, UNAIDS,
National DoH

Using PMTCT fight against HIV

- PMTCT program - finds healthy HIV infected women
- With strengthening of PMTCT programs:
 - stage HIV infected pregnant women;
 - initiate them on HAART;
 - Find partners, other children
- Reduce pediatric HIV.
- Reduce infant and child mortality

How have we done

- Reduced transmission to 4.3%.
- Developed a post natal clinic— seen over 1200 patients



What we have done

- Integrated an ARV clinic into an antenatal clinic
- > 850 pregnant women with HAART
- No HAART deaths
- Few HAART side effects
- In those tested $\frac{3}{4}$ had a viral load < 400 by time of delivery

Integration is important

- Even free clinic visits cost the patient money
- Patient inconvenience impacts on compliance
- Duplicate services increase costs for both the patient and the health service

The patient's journey

- Make an appointment for ANC
- First ANC visit
- Test for HIV
Prevention for women who test HIV negative



The HIV infected patient's journey



- Issued NVP
- Staging of HIV with CD4 count
- Referral to ART if qualify

The HIV infected patient's journey

Labor

- Taking of intra-partum labor ART
- Infant post exposure prophylaxis





Post natal follow up of woman and infant

- Adherence support
- Feeding choice
- Partner involvement
- Contraception
- Infant testing
- Missed opportunities
- Pre-conception support

In summary barriers to PMTCT are:

- Access to health systems
- Poor HIV testing uptake
- No follow up of women of unknown HIV status
- Poor ongoing support for HIV infected women
- Referral for staging
- Referral for HAART
- Taking NVP in labor and post labor
- Follow up of HIV exposed infants
- Post natal follow up

The way forward

- Improve PMTCT services to care for HIV infected women (shift focus from preventing HIV in children to caring for the HIV infected women):
 - Maternal and pediatric health will improve
 - Pediatric HIV will decrease
 - Increased HIV awareness within communities
 - Reduce the HIV treatment gap
- Integrate reproductive health into PMTCT including pre-conception management, family planning and post natal care

Evolving relationship with Pefpar

- Changing emphasis from numbers to quality
- Embrace innovative ideas, and where successful rapidly implement them
- Stringent reporting requirements of Pefpar has resulted in strengthening of organizational structures to comply. Could build on this for PMTCT and Reproductive Health

Acknowledgements

- Pefpar
- USAID
- Reproductive Health and HIV Research Unit (RHRU)
- Department of Health, South Africa