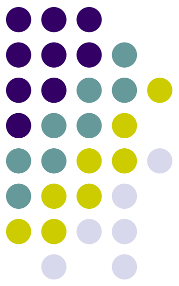
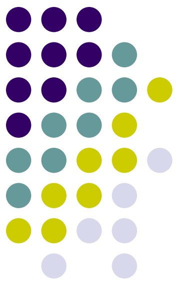
The Leaking PMTCT Cascade
Experience from MSF projects in Lesotho & Zimbabwe

# WHO 2010



The revised WHO guidelines fully implemented would significantly reduce transmission. But will better PMTCT regimens be enough?

# Reducing the losses



Tested babies at 18 months

Improve defaulter tracing

Completing PMTCT

Improve defaulter tracing

HIV+ pregnant women being commenced on PMTCT

Improve CD4 testing and systems for initiating PMTCT

HIV+ pregnant women being identified at ANC

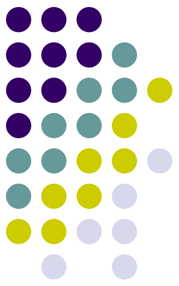
Improve HIV testing

HIV+ pregnant women attending ANC

Improve ANC uptake

HIV+ pregnant women in the community

# Lesotho - Zimbabwe



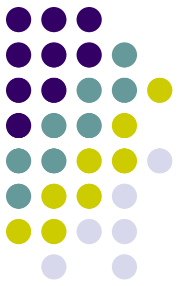
Lesotho:

- data from Scott Health service area
- MSF support since 2006
- 14 clinics + 1 hospital
- All care is provided by nurses who initiate + manage ART with support MSF teams

Zimbabwe:

- Data from Buhera district
- MSF support since 2004
- 22 clinics + 2 rural hospitals
- PMTCT done by MOH nurses, initiation and follow up of ART by mobile MSF teams

# Why do we need to know our cascades



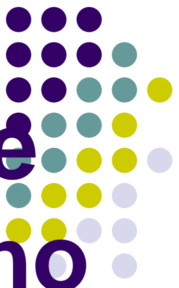
- Data was extracted from ANC/ PMTCT and HIV -exposed baby registers at clinic level
- In Zimbabwe: data from 13 rural clinics in Buhera district from April till October 2010
- Kaplan Meier survival method was performed to calculate rates of LTFU using time from initiation on ART as the timeline

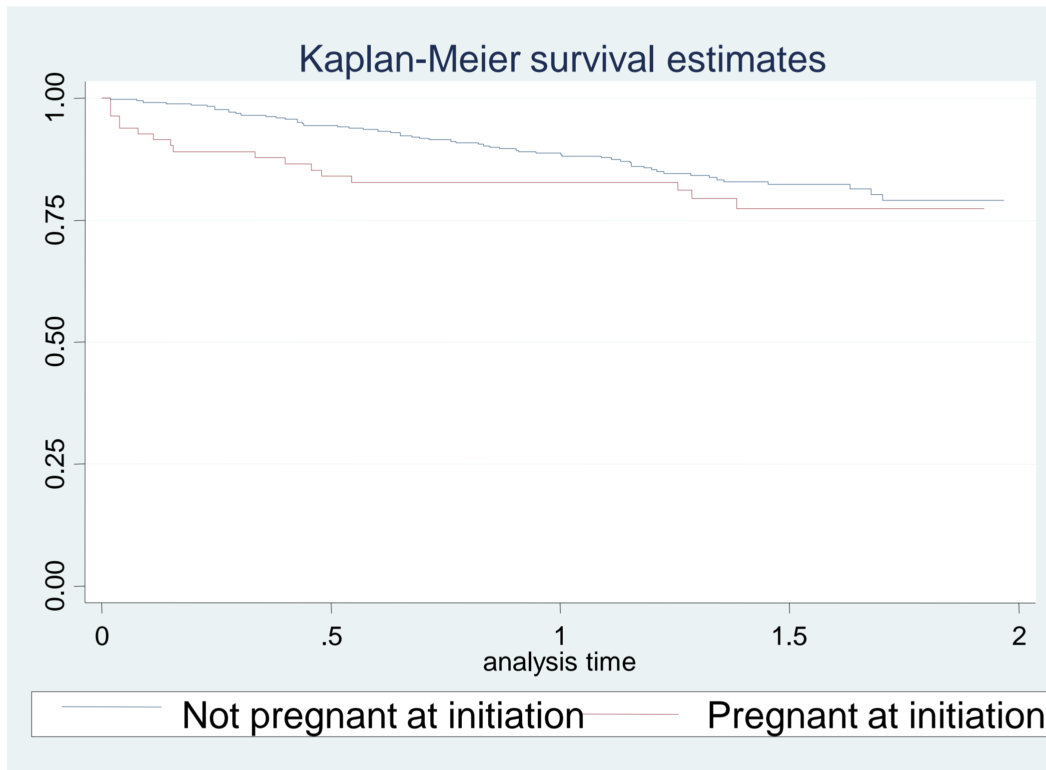
Lesotho – Scott Health Service area

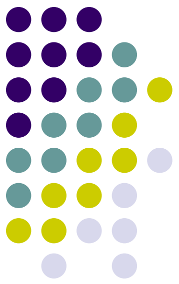
Zimbabwe - Buhera

| Lesotho – Scott Health Service area | | Zimbabwe - Buhera |
|---|---|---|
| 11% | Tested babies at 6 weeks | 43% |
| ? | Completing PMTCT ????? | ? |
| **36%** | HIV+ pregnant women being commenced on MER or ART | **48%** |
| 43% | HIV+ pregnant women being identified at ANC | 92% |
| 43% | Pregnant women attending ANC | 100% |
| 100% | HIV+ pregnant women in the community | 100% |

# Women initiated on ART whilst pregnant are 2.58 times greater to be loss to follow up in first year (Lesotho data)

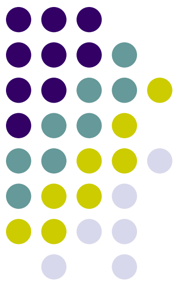






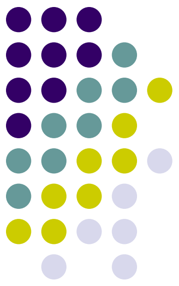
# Two different leaks needing 2 different solutions

# Barriers to accessing MCH in Lesotho



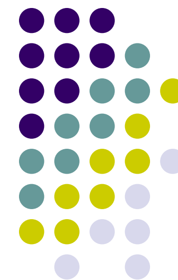
- Geography
- ANC fees
- Cultural beliefs
- Quality of the MCH service offered

# Barriers to accessing PMTCT in Buhera



- Low level of integration of MSF mobile HIV services into MOH - ANC is on another day (CD4 count, DBS, initiation of ART done by MSF mobile team on HIV day).
- No nurse initiation for triple ART, only for AZT
- High LTFU

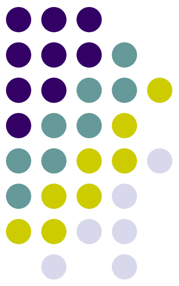
# No Primary Counsellor in clinics, improper registration MER



| PMTCT INTERVENTION | PCR'S (n) | HIV + | |
|---|---|---|---|
| | | n | % |
| HAART at 28 weeks or before | 161 | 10 | 6.2 |
| MER at 28 weeks* | 98 | 12 | 12.2 |
| MER at 28 weeks without infant prophylaxis | 12 | 2 | 16.7 |
| PMTCT at labour** | 113 | 12 | 10.6 |
| PMTCT at labour without infant prophylaxis | 25 | 1 | 4.0 |
| PMTCT at birth*** | 11 | 1 | 9.1 |
| No PMTCT | 92 | 19 | 20.7 |
| Incomplete information | 218 | 50 | 22.9 |
| Total | 685 | 98 | 14.3 |

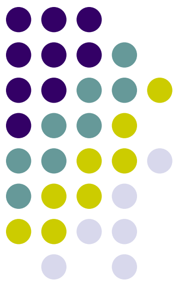
* Plus or minus single-dose NVP and AZT 300 mg intra-partum, tail protection for the mother and NVP plus or minus AZT syrups for the baby
** Sd NVP plus or minus AZT 300 mg intra-partum, tail protection for the mother and NVP plus or minus AZT syrups for the baby for 4 weeks
*** NVP plus or minus AZT syrups for the baby for 4 weeks

# Actions taken for Buhera

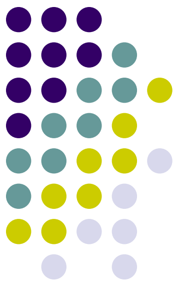


- Integration of MSF HIV activities into daily clinic activities
- DBS to be done by MOH nurse (CD4 in future?)
- Improve defaulter tracing:
  - Integration of TB/ HIV/ PMTCT defaulter tracing under responsibility of EHT
  - Extend appointment books for PMTCT visits

# Actions taken for Buhera



- PC's in 11 clinics. Lobby for PC in every clinic
- Joint-supervision MSF-MOH
- On job-training and mentoring and coaching
- Simplification registers
- Lobby for Nurse initiation ART

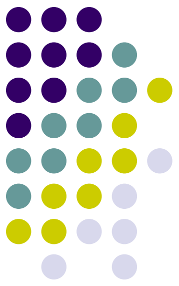


# DASHBOARD

| Strategic objective | Operational objectives | Indicators | Bangure | Buhera | Chirozva | Mombeyarara | Nerutanga | BBH |
|---|---|---|---|---|---|---|---|---|
| By June 2011 in 6 clinics in Buhera district MoH is providing quality comprehensive HIV/TB care with ongoing MSF mentorship | Accreditation | Clinic to be accredited for follow up and initiation of ART | 🙂 | 🙂 | 🙂 | ☹ | ☹ | 🙂 |
| | Outcomes | % of all follow up patients seen by MoH | ☹ | ☹ | ☹ | ☹ | ☹ | 😐 |
| | | % of target adult initiations performed by MoH | ☹ | ☹ | ☹ | ☹ | ☹ | ☹ |
| | | % of target Children ART initiation by MoH | ☹ | ☹ | ☹ | ☹ | ☹ | ☹ |
| | | RIP | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 |
| | | LTFU | 😐 | 😐 | 😐 | 🙂 | 😐 | 😐 |
| | | Supervision score | 🙂 | 🙂 | 🙂 | 😐 | 😐 | 🙂 |
| | HR Nurses | 2 Nurses able to follow up all pre art and Art patients 4 nurses for BBH and Buhera | 🙂 | 😐 | 😐 | 😐 | ☹ | 🙂 |
| | | 2 Nurses are able to initiate ART 4 nurses for BBH and Buhera | 😐 | 😐 | 😐 | ☹ | ☹ | 😐 |
| | | 2 nurses able to follow up TB 4 nurses for BBH and Buhera | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 |
| | | 2 nurses are able to initiate TB 4 nurses for BBH and Buhera | 😐 | 😐 | 😐 | ☹ | ☹ | 😐 |
| | | 2 nurses able to carry out full PMTCT 4 nurses for BBH and Buhera | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 |
| | HR counsellors | 1 MoH PC counsellor to provide health promotion,VCT , HIV , TB and PMTCT counselling | ☹ | ☹ | ☹ | ☹ | ☹ | 🙂 |
| | HR admin | Observations registration and filing to be performed by MoH | 🙂 | 🙂 | 🙂 | 😐 | 😐 | 🙂 |
| | Drug supply | ARV and OI order to be done by MoH | 🙂 | 😐 | 😐 | 😐 | 😐 | ☹ |
| | | All drugs to be dispensed by MoH | 😐 | 🙂 | 😐 | ☹ | ☹ | ☹ |
| | Lab services | All specimens to be taken by MoH staff | 🙂 | 🙂 | 🙂 | ☹ | ☹ | 😐 |
| | M and E | MoH staff to fill pre ART; ART PMTCT and TB registers | 🙂 | 🙂 | 🙂 | 😐 | 😐 | 🙂 |
| | | Monthly reports to be filled by MoH on time | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 |
| | Programme management | Joint clinical supervision with MoH to be performed monthly | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 |
| | | Joint clinic supervision tool with MoH to be performed quarterly | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 | 🙂 |

# Zimbabwe-Defaulter tracing in PMTCT

# Challenges



- Making the cascade: to many registers – register linking ANC/Exposed infant necessary

# Linking ANC/Delivery/Exp infant register

| ANC | | | | | | | | | | Delivery/Labour | | | | | | | | | | Exposed Infant | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HIV+ | | MER | | ART | | | | | | Status | | SdNVP | | AZT/3TC | | | | | | CTX/NVP | | | | | | | | | DNA/PCR W6 | RT M18 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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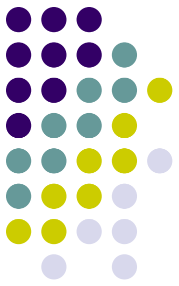
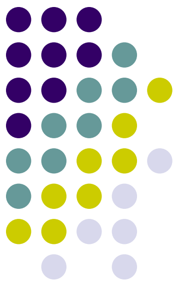


# Acknowledgement


- MOH
- OPHID
- Staff working in the clinics (MOH-MSF)



Drugs are not enough!

Ntatenda Very Much Nekuterera!