

The Connections Among PMTCT, Pediatric HIV and Maternal Child Health Services

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FBO Consultation Meeting
St Paul's University, Limuru, Kenya
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Outline

- Current Status of Maternal Health, PMTCT and Pediatric HIV
- Opportunities for synergy between pediatric/PMTCT Programs and Broader MCH
 - New Initiatives and Leadership Interest
 - Integration of PMTCT and Pediatric HIV into Broader MCH
- Summary

The Maternal dream.....



HAPPY ENDING FOR EVERY PREGNANCY AND DELIVERY

The Pediatric dream.....



Healthy baby → child → adolescent → healthy adult

HIV, Maternal Child Health and the MDGs



- HIV/AIDS is one of the leading causes of child mortality



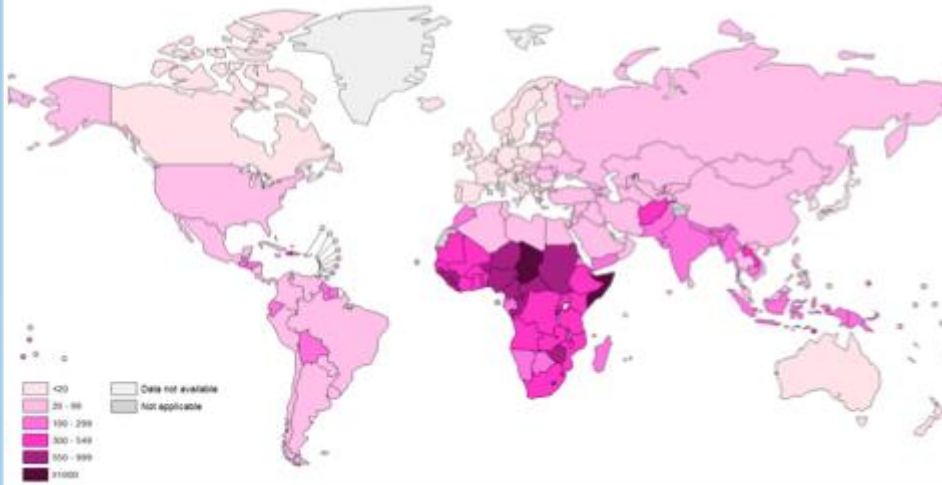
- HIV/AIDS is one of the leading causes of maternal mortality



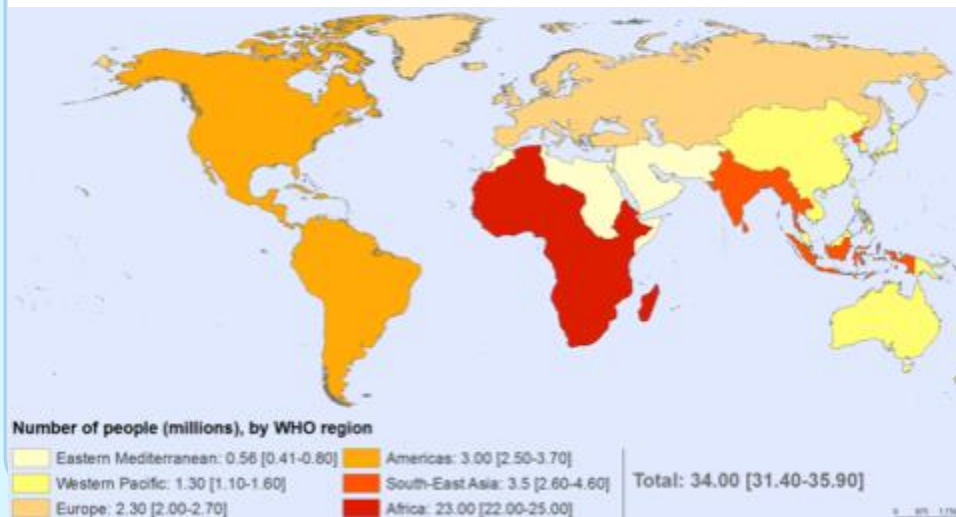
- Women disproportionately affected by HIV, and ART coverage for children lagging behind

Maternal deaths & HIV, Global

Maternal mortality ratio, 2010



People Living with HIV by Region, 2011



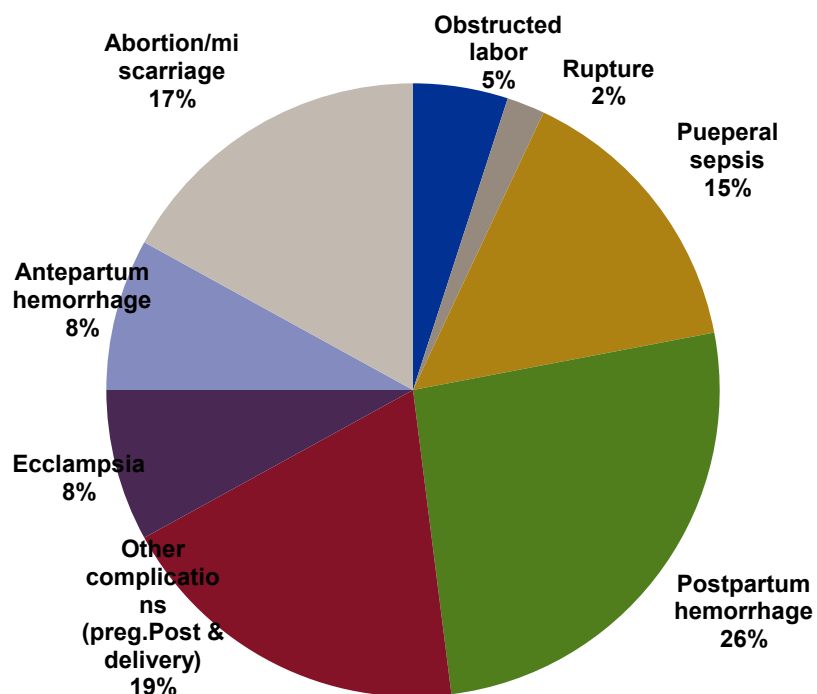
Source: WHO, 2011/2012

Every day
800 mothers die
due to pregnancy &
childbirth

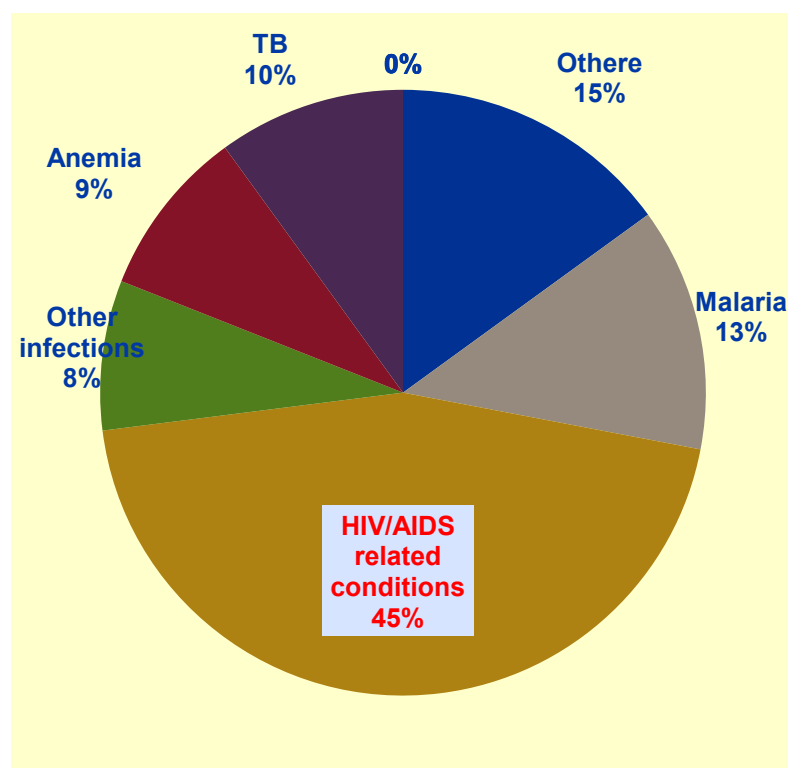
WHO estimates that
18%
of all maternal deaths are
attributable to HIV

Maternal deaths and HIV, Kenya

Direct Causes of Maternal Mortality, Western Kenya, 2003-2005

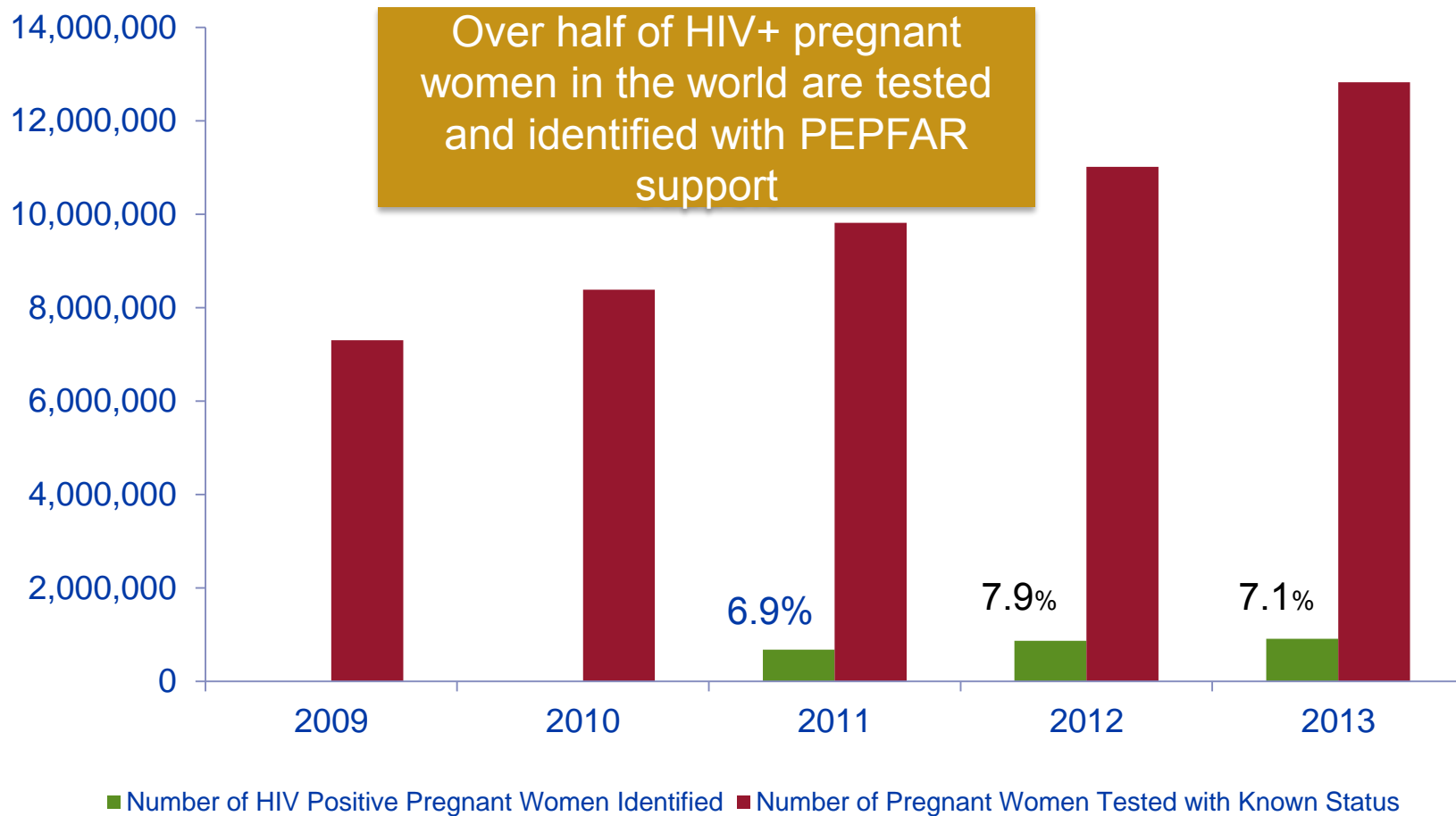


Indirect Causes of Maternal Mortality, Western Kenya, 2003-2005

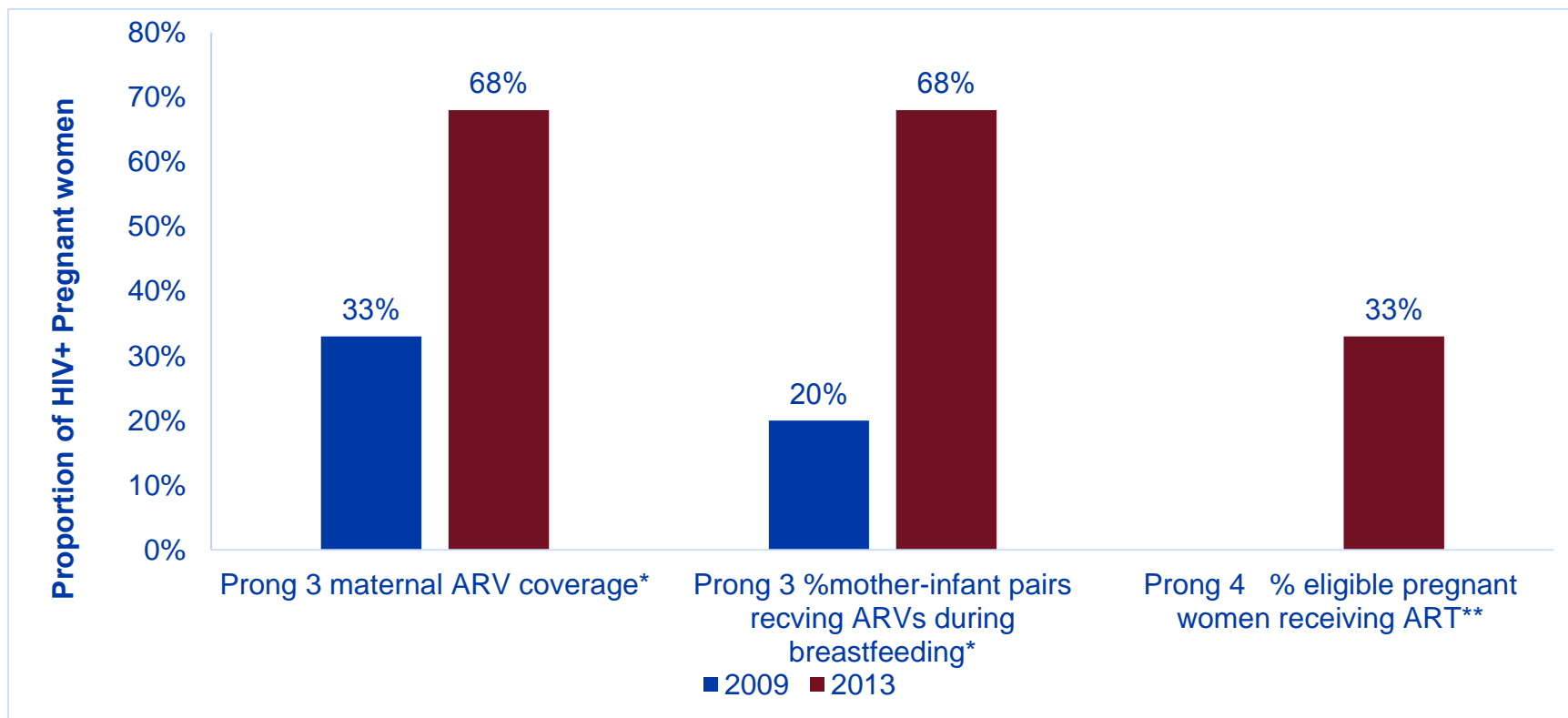


PMTCT: HIV testing for pregnant women

PEPFAR APR Results (PMTCT HTC, 2009 - 2013)



Progress across the Global Plan targets in 21 priority countries, 2009 and 2013



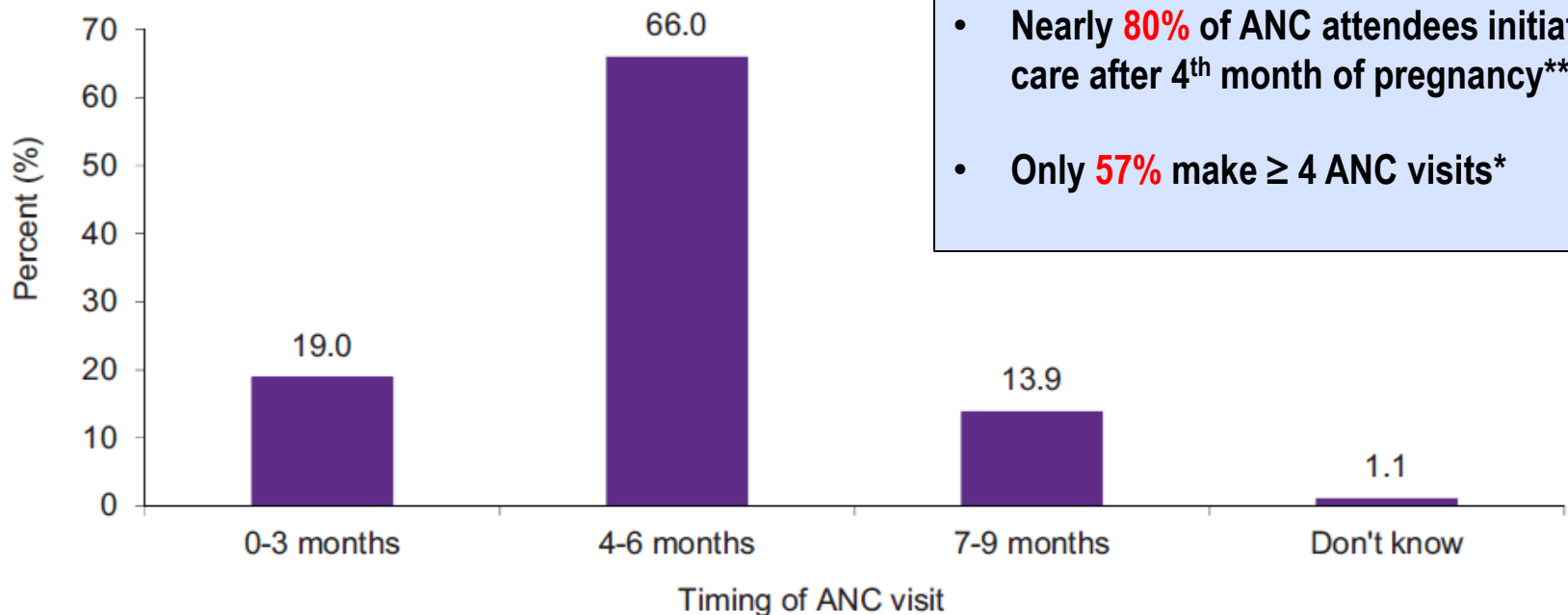
Source: UNAIDS, *Global Plan progress report, 2014*

Global Plan for eMTCT focuses on the 22 countries with the highest estimated need for PMTCT:

*Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, DRC, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, Tanzania, Zambia and Zimbabwe.

Missed opportunities- ANC

96% of women attend ANC in Kenya, but ...

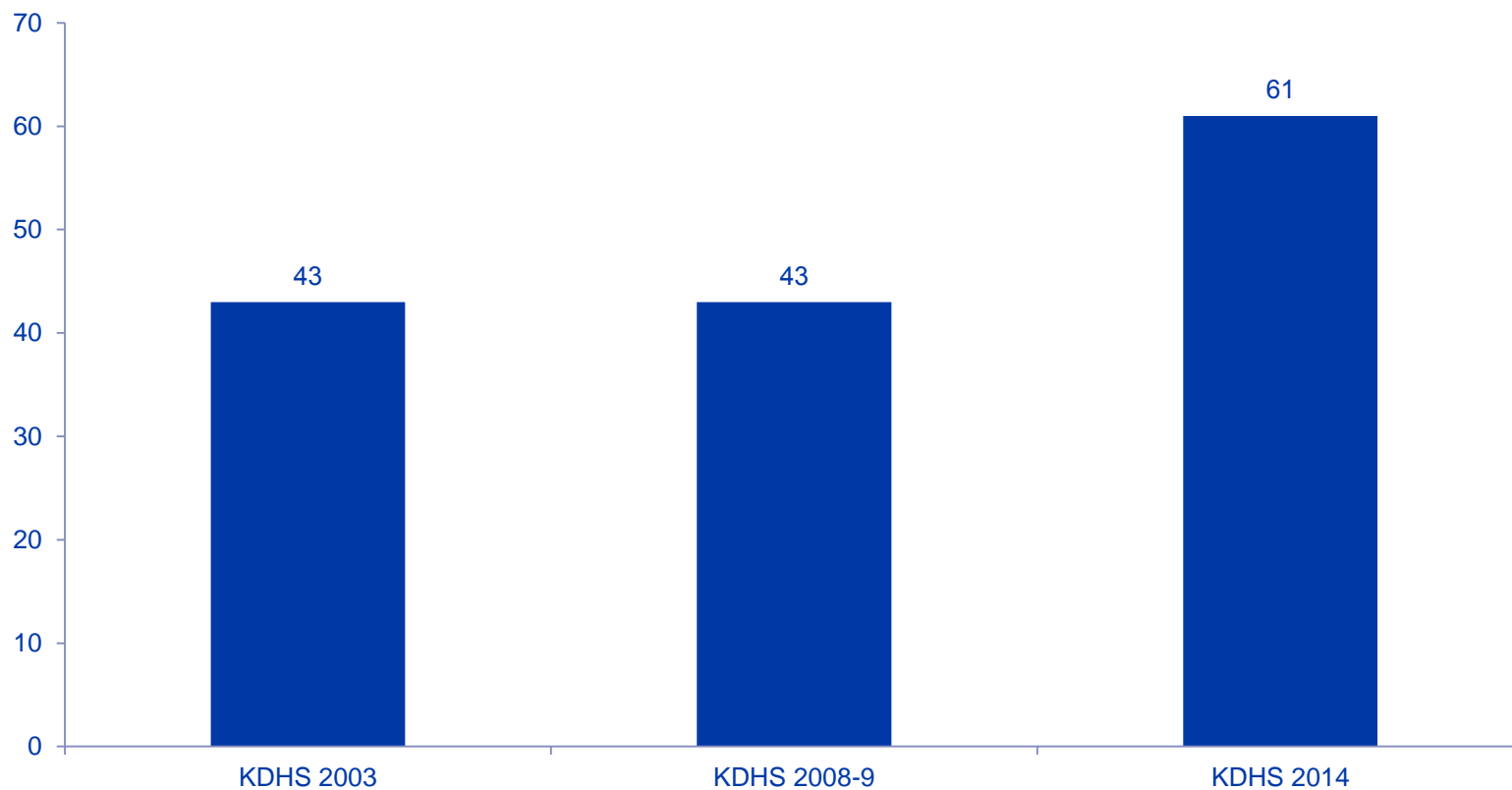


- Nearly **80%** of ANC attendees initiate care after 4th month of pregnancy**
- Only **57%** make ≥ 4 ANC visits*

Source: *Kenya Demographic and Health Survey, 2014; **Kenya IADS Indicator Survey, 2012

Missed opportunities: Delivery

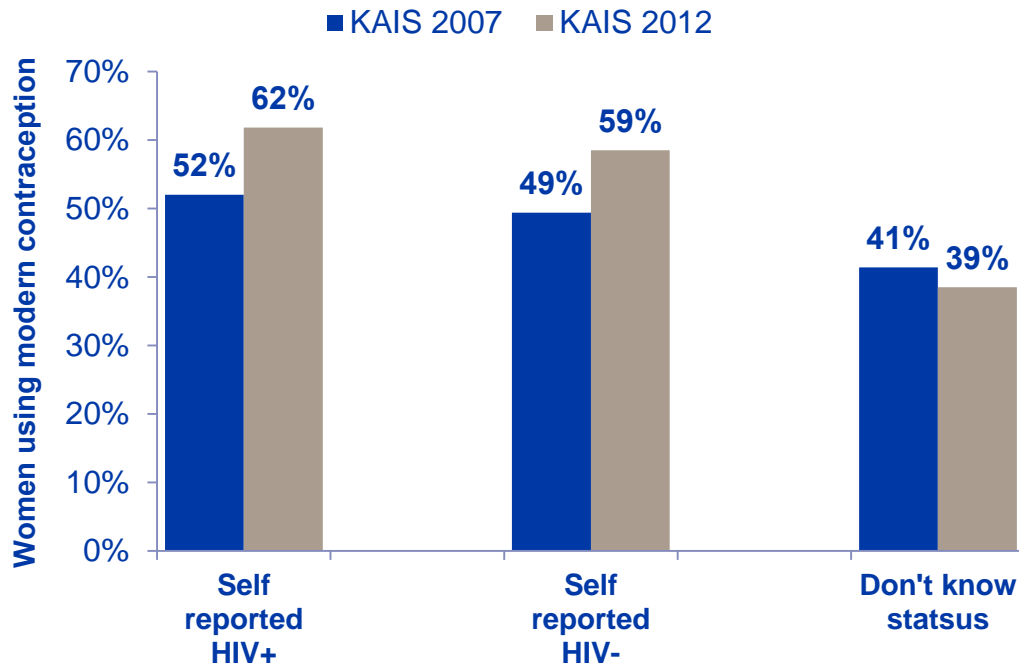
Proportion of women delivering in a health facility, Kenya, 2003-14*



Source: *Kenya Demographic and Health Survey, 2014

Missed opportunities: Family Planning

Contraceptive use among HIV+ women in married/cohabiting relationships aged 15-49 years not wanting a child ever or 2 yrs*



PMTCT/MCH Status, 2013**

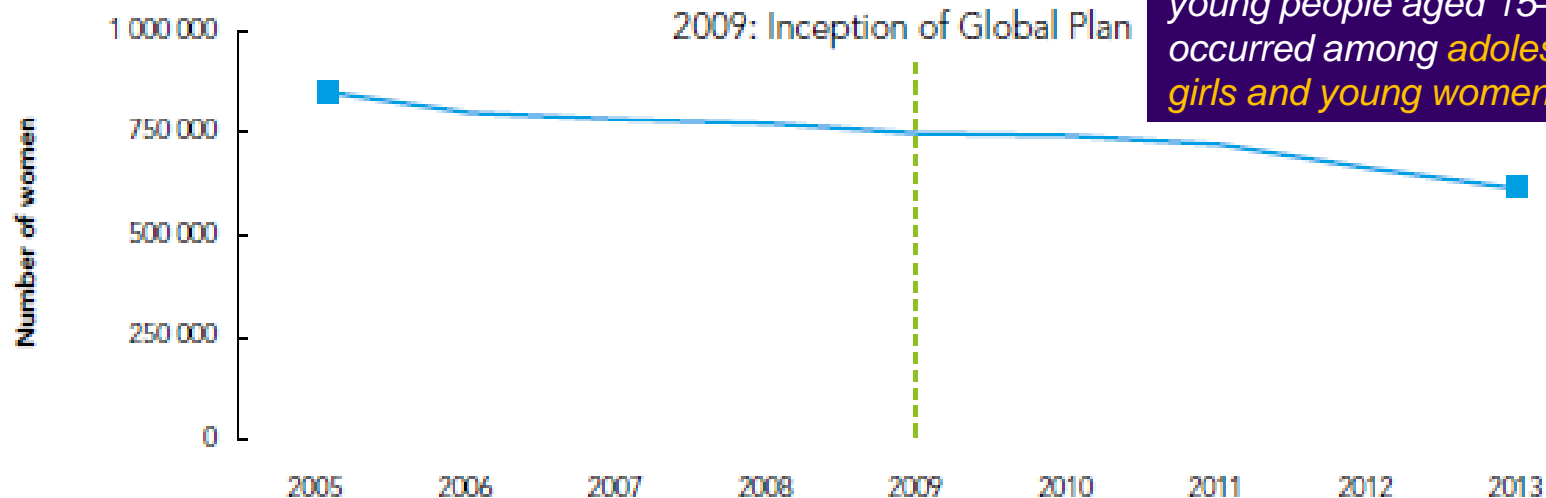
- 40% of HIV-infected women reported that their last pregnancy was unplanned
 - 45% of these were not on FP 9-months postpartum

*Adapted from 2007 Kenya AIDS Indicator Survey and 2012 Kenya AIDS Indicator Survey, NASCOP

**Evaluation of Prevention of Mother-to-Child Transmission (PMTCT) of HIV-1 and Maternal Child Health (MCH) in Kenya

Reduction in new infections among women of reproductive age

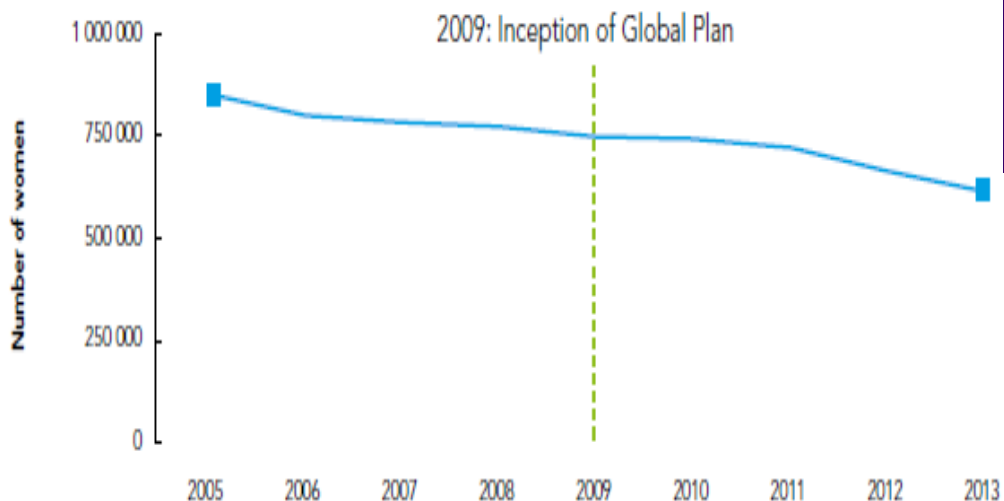
Number of women of reproductive age newly infected with HIV, 21 Global Plan priority countries



Source: UNAIDS 2013 Estimates, 21 countries.

Reduction in new infections among women of reproductive age

Number of women of reproductive age newly infected with HIV, 21 Global Plan priority countries

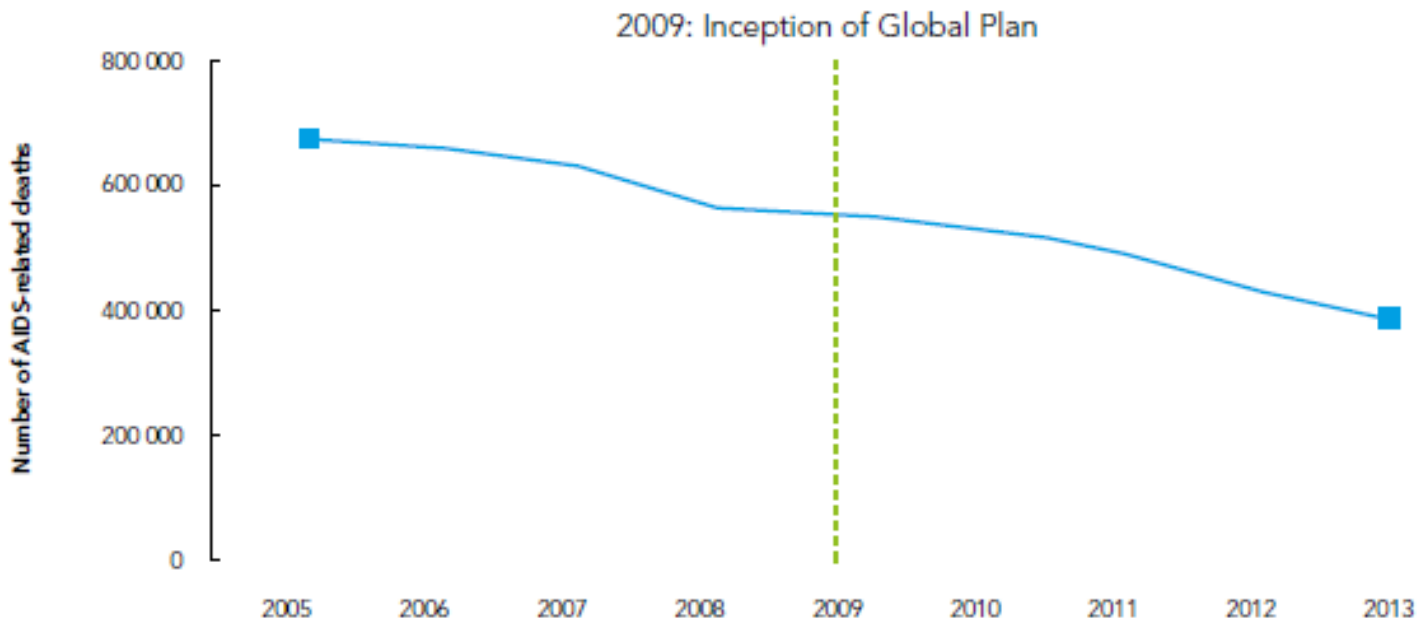


In 2013, in Kenya,

- **88,000** new adult infections,
 - **21% adolescents/young women**
- **70% of pregnancies in this age group**

Source: UNAIDS 2013 Estimates, 21 countries.

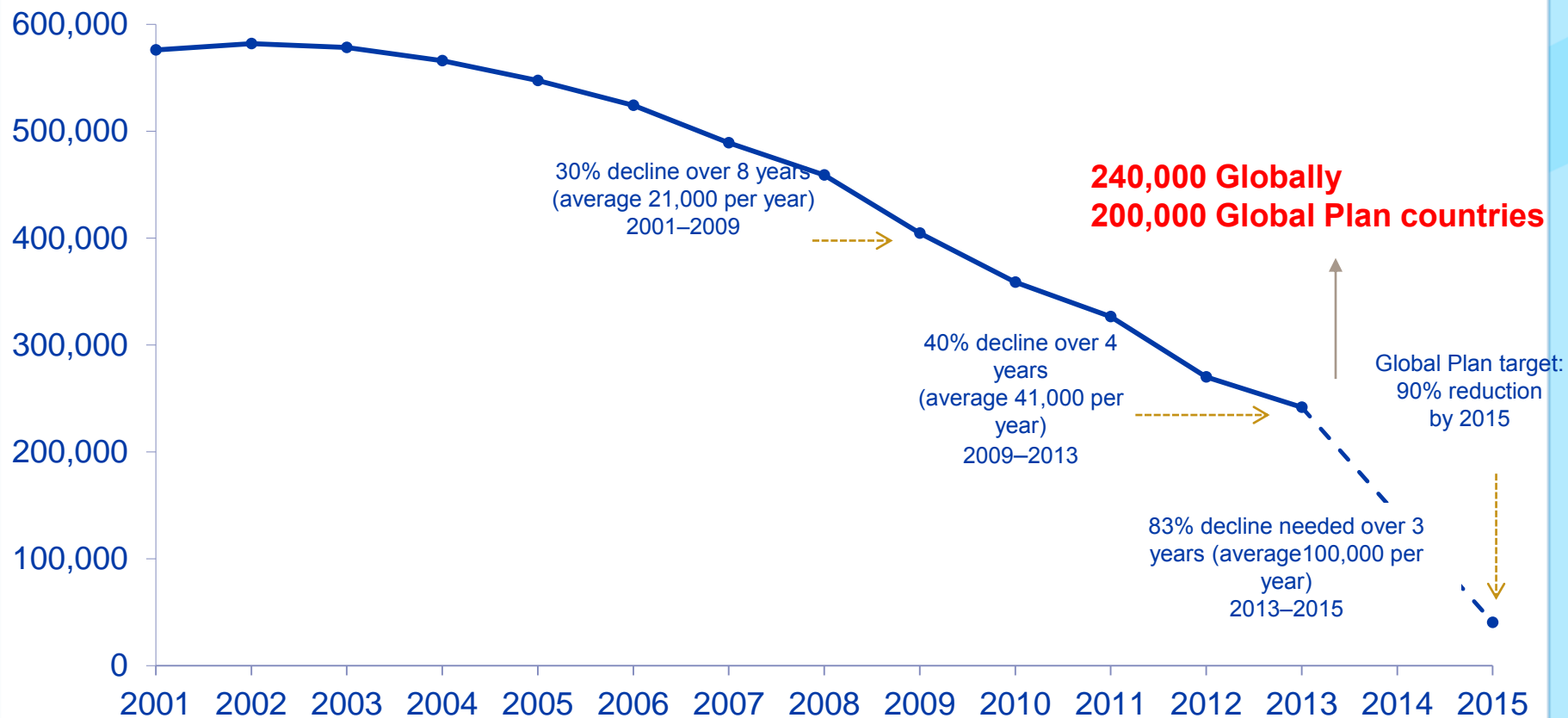
AIDS-related deaths among women of reproductive age in 21 Global Plan priority countries, 2005–2013



Source: UNAIDS 2013 Estimates.

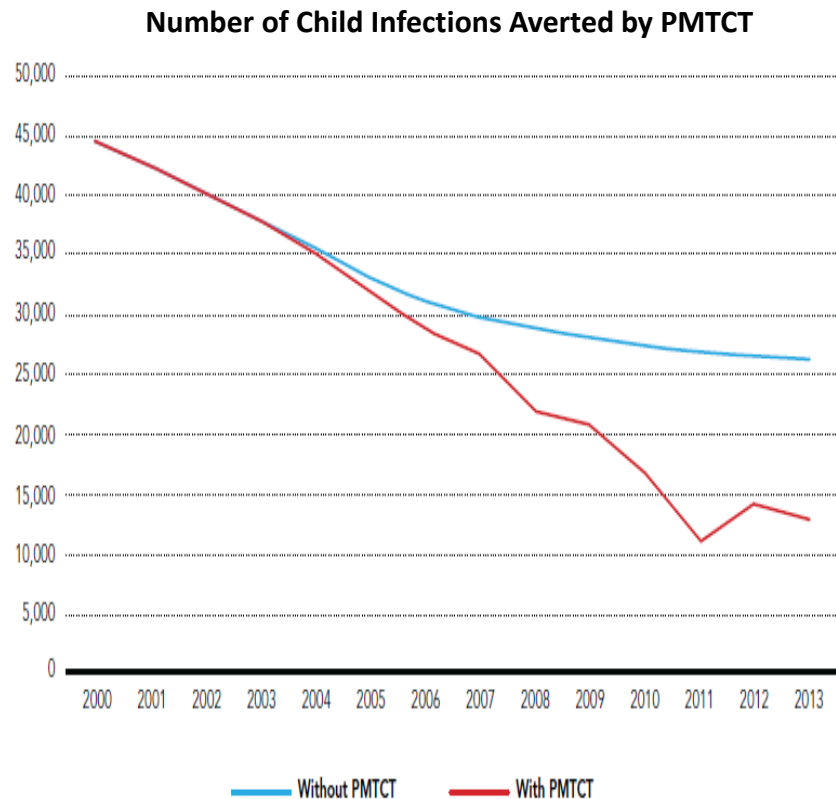
More progress in PMTCT since 2009 than the previous decade, but...

Estimated number of new HIV infections in children (aged 0–14): global trend, percent decline and projection, 2001–2015



Source: UNICEF analysis of UNAIDS, 2013 HIV and AIDS estimates, August 2014.

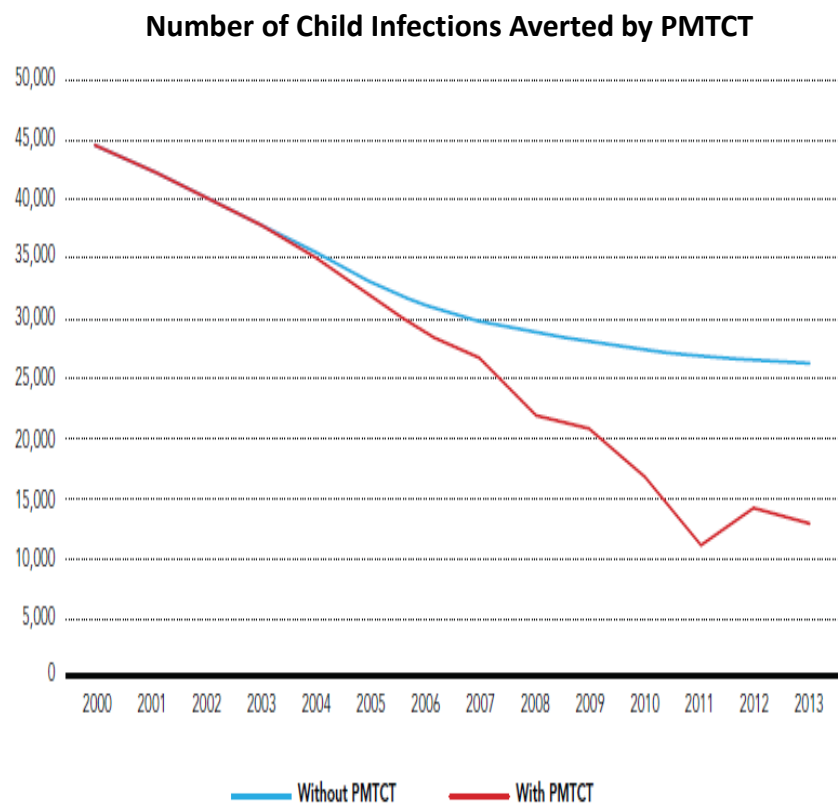
Although there has been a decline in in new pediatric HIV in Kenya with scale up of PMTCT...



**averting 73,000 infections
2004-2013, still...**

Source: Kenya Ministry of Health/National AIDS/STI Control Program, and
UNAIDS Global Plan Progress 2013 and Global AIDS Progress Report 2014.

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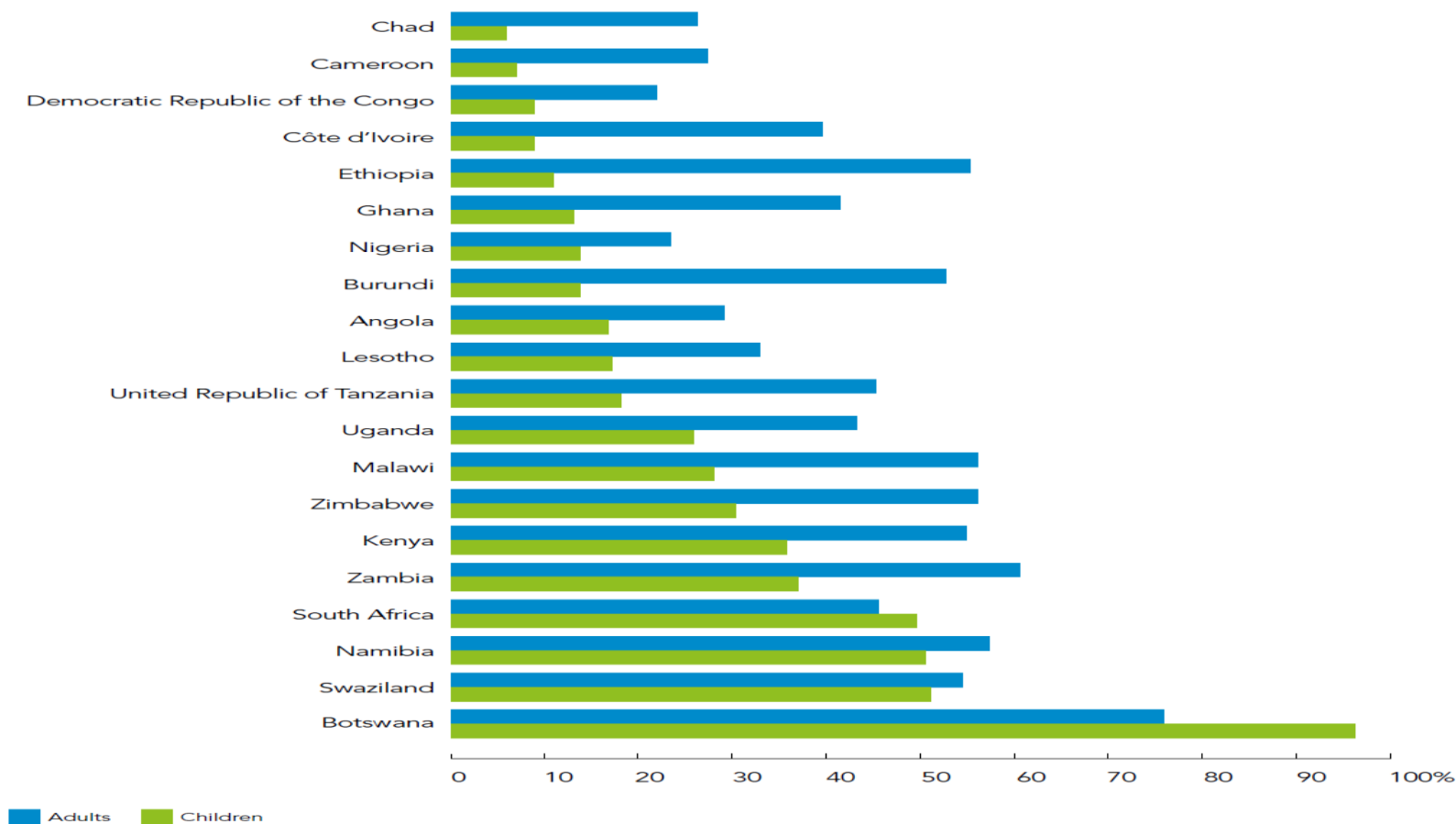


35 Kenyan children will
acquire HIV TODAY!

Source: Kenya Ministry of Health/National AIDS/STI Control Program, and
UNAIDS Global Plan Progress 2013 and Global AIDS Progress Report 2014.

Access to ART among eligible HIV infected children remains suboptimal

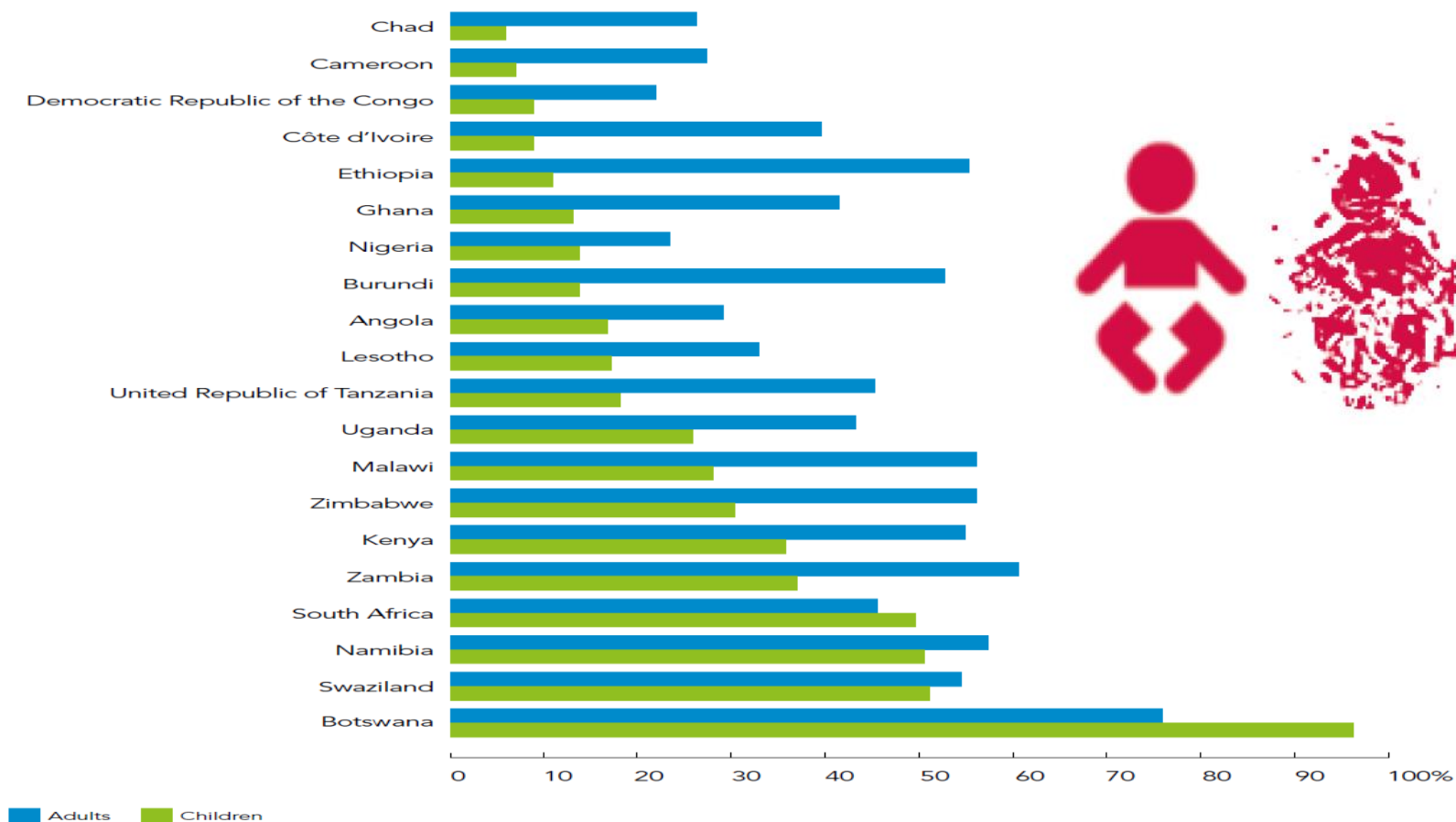
Percentage of adults (aged 15+) and children (aged 0–14) living with HIV who were receiving antiretroviral therapy in 2013, in 21 priority countries



Source: 2013 estimates from UNAIDS, WHO and UNICEF.

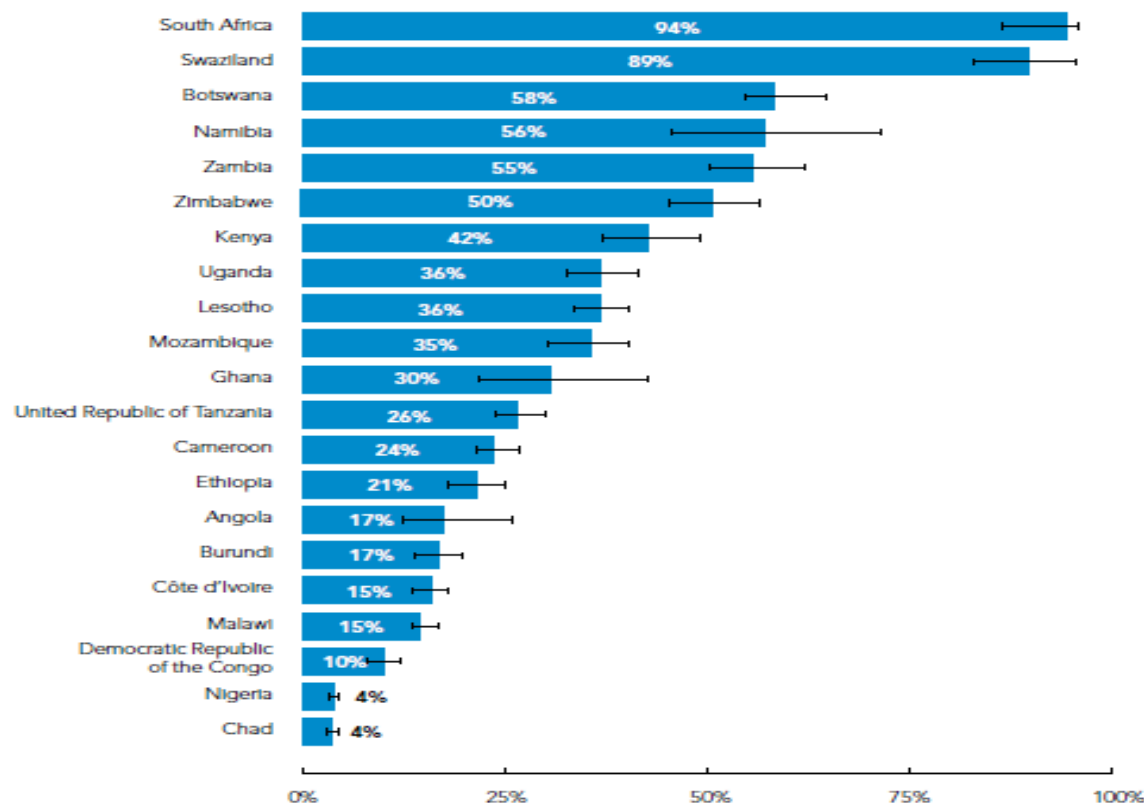
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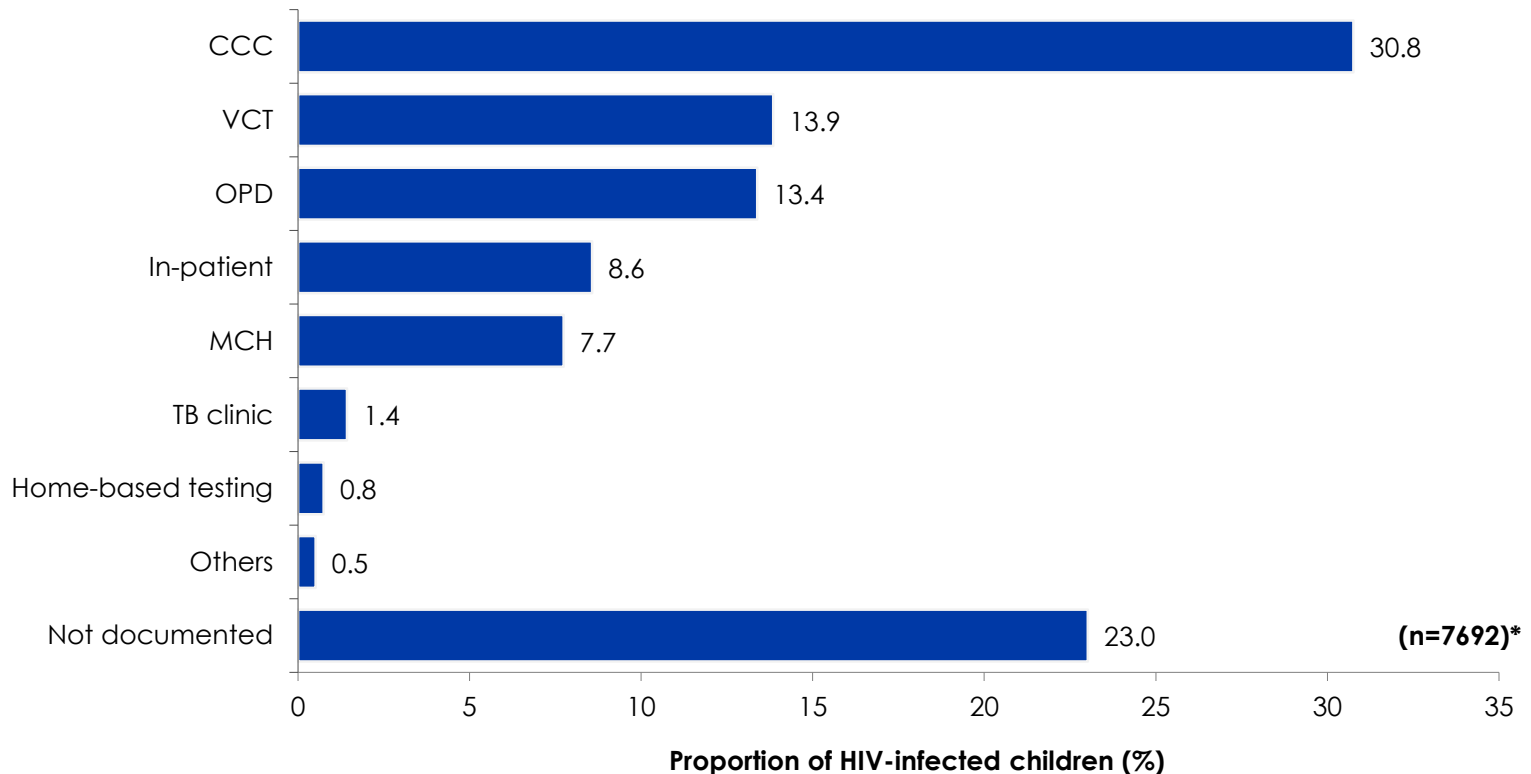
Although there has been scale up of testing of HIV exposed infants, gaps still remain



Percentage of infants born to pregnant women living with HIV receiving a virological test for HIV within two months of birth in 21 Global Plan countries, 2013

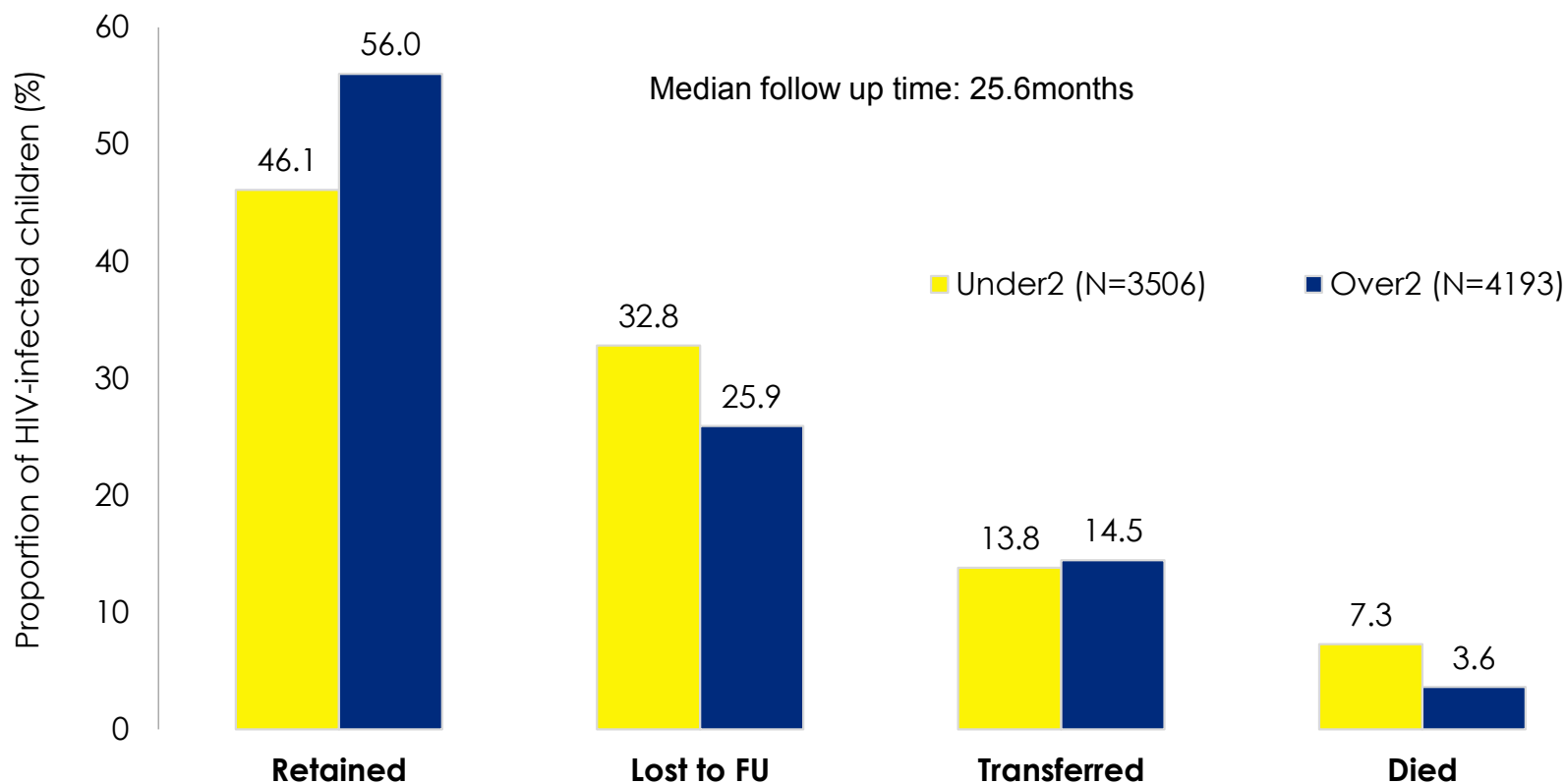
Suboptimal EID implies need for strategies to identify children who “slip through the cracks” of PMTCT

Location of HIV diagnosis among HIV- infected children, in Kenya, 2004-2010*



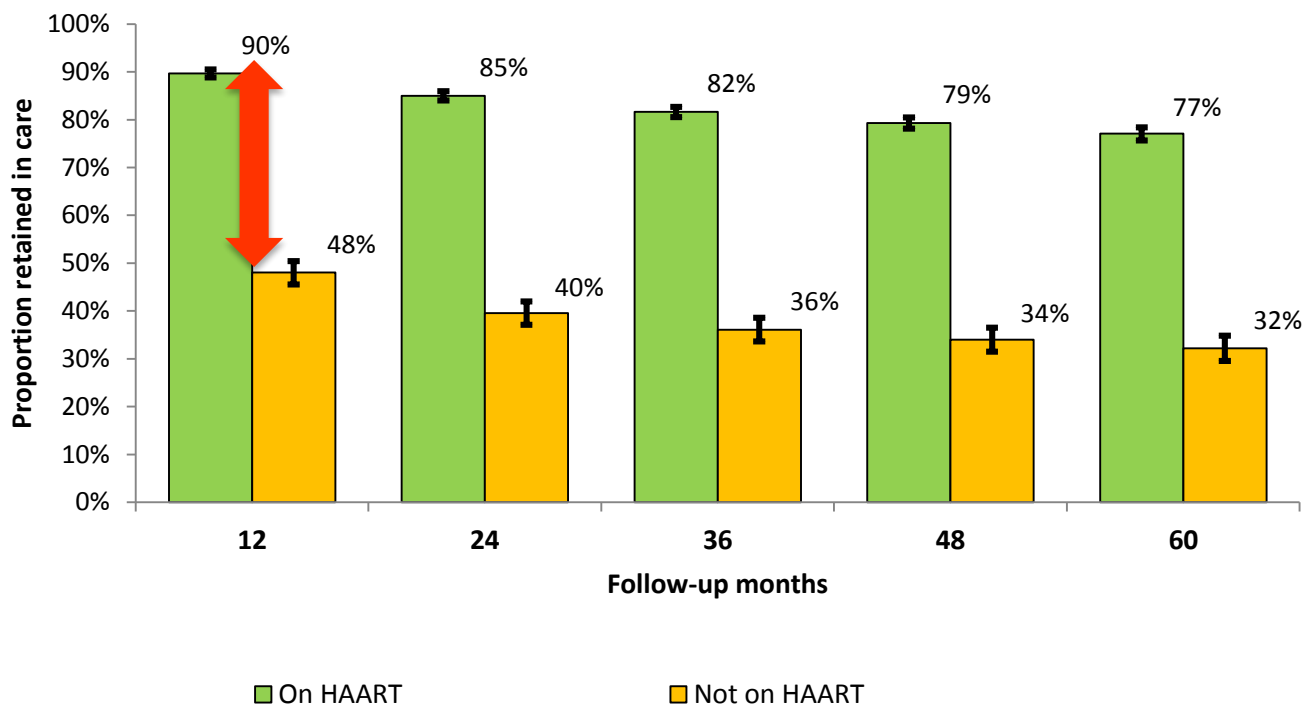
*Kenya Ministry of Health/NASCOP, Longitudinal Surveillance of Pediatric HIV Care and Treatment in Kenya, 2012

Retention of HIV-infected children in care remains suboptimal



Not being on ART is associated with low retention of HIV infected children

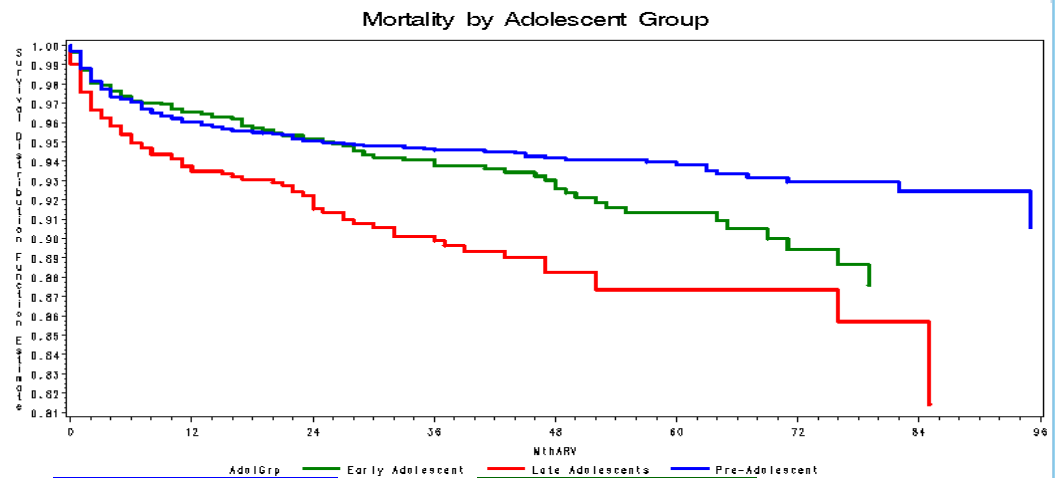
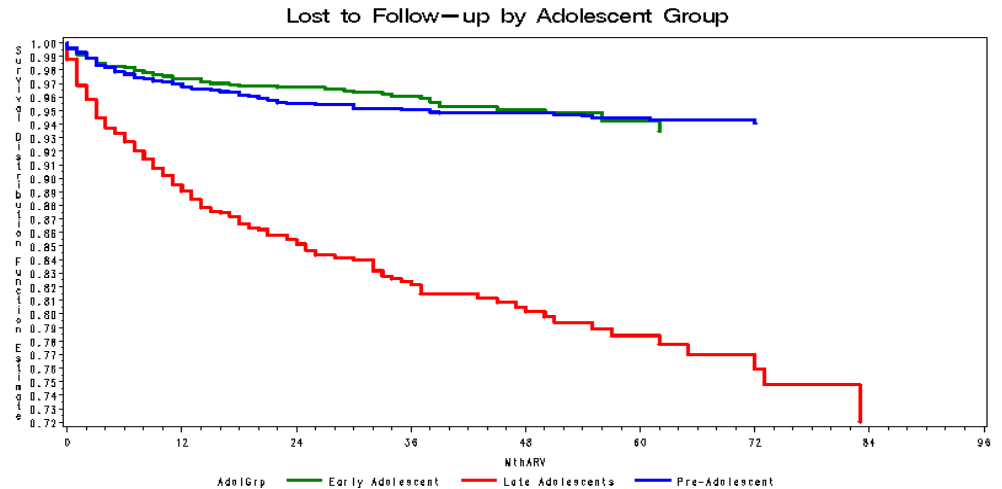
*Retention in care among HIV-infected children enrolled in care in Kenya, stratified by HAART status, 2004-2011**



*Kenya Ministry of Health/National AIDS/STI Control Program, Longitudinal Surveillance of Pediatric HIV Care and Treatment in Kenya, 2012

Treatment outcomes of HIV+ adolescents

Loss to Follow up and Mortality by Adolescent Age Group at ART Initiation in Kenya*



Pre-Adolescents 5-9yrs	Early Adolescents 10-13yrs	Late Adolescents 14-19yrs
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**Opportunities for synergies between
pediatric/PMTCT Programs and Broader MCH**

New Initiatives and Leadership Interest

Saving Mothers Giving Life

An Innovative Public-Private Partnership

SMGL is bringing together key partners...

To address the 3 delays that contribute to maternal mortality:

U.S. Government



Government of Norway



Delay in decision to seek care

Delay in reaching care

Delay in receiving quality health care



The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Uganda Ministry of Health

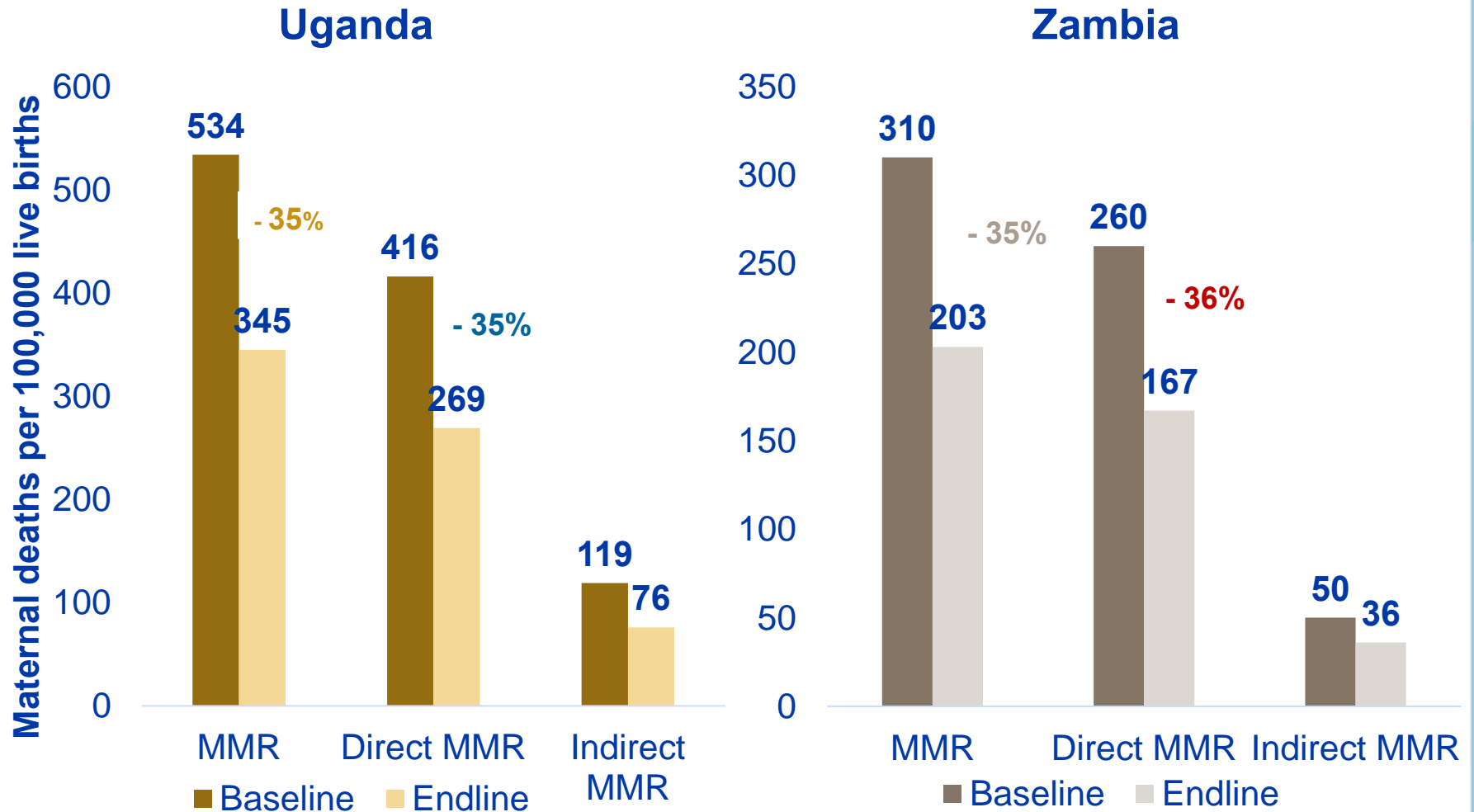


Zambia Ministry of Community Development, Mother and Child Health



SMGL Phase 1 Results:

Institutional Maternal Mortality Declined in both Uganda & Zambia



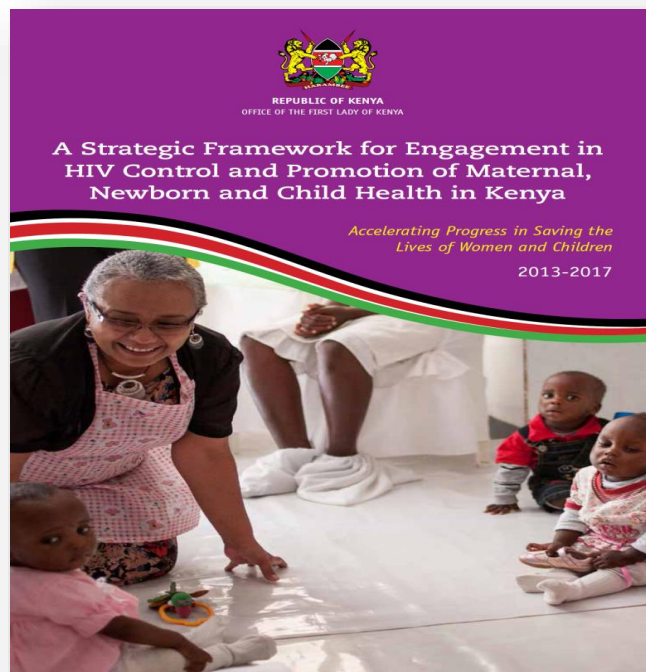
Percentage declines noted are statistically significant

Taking advantage of leadership opportunities

Addressing HIV, Maternal and Child Health Issues in Kenya



“I have decided to run to raise awareness and mobilize resources to be used for prevention of maternal and child deaths, because I care.” H.E., Margaret Kenyatta, First Lady of the Republic of Kenya

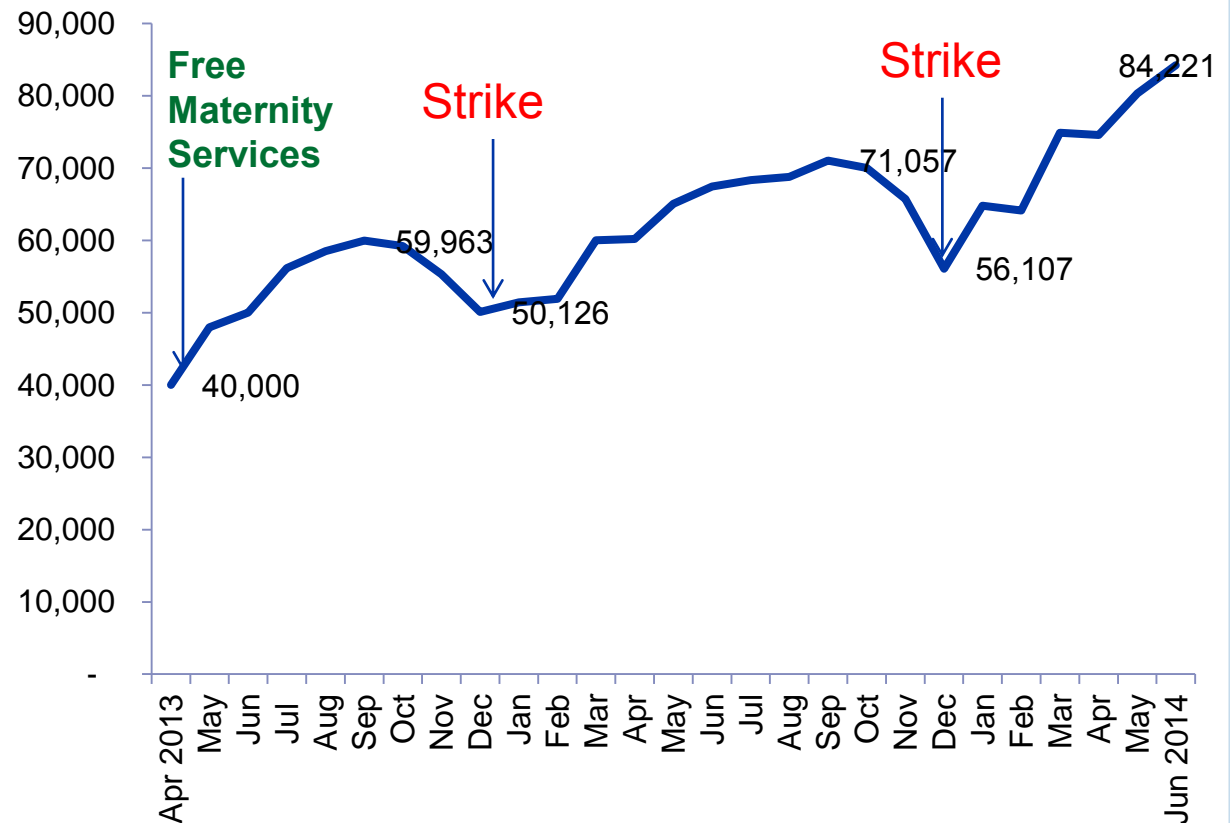


Impact of political goodwill

Free maternity services and national campaign



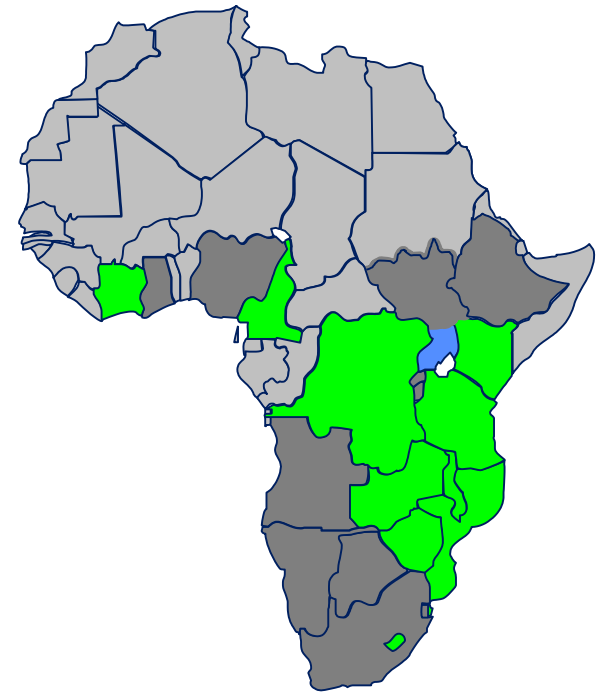
Deliveries in public health facilities, Kenya, 2013-14*



Source: *Ministry of Health, Kenya, 2015

Accelerating Children's HIV/AIDS Treatment (ACT) Initiative

- A collaboration between PEPFAR and Children's Investment Fund Foundation (CIFF)
- The ACT Initiative aims to invest **\$200M** to **double the number of children on treatment** across 10 countries in 2yrs
- This initiative could help **avert an additional 250,000 HIV-related deaths** of children under the age of 5
- Through ACT Initiative, potential MCH support for HRH, infrastructure, commodities



Opportunities for prevention of HIV among young women



The DREAMS Partnership
**WORKING TOGETHER FOR AN
AIDS-FREE FUTURE FOR GIRLS**



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

BILL & MELINDA
GATES foundation

Nike Foundation

\$210 Million, 10 countries

ALL IN 

.....
#EndAdolescentAIDS



Integration of PMTCT and Pediatric HIV into Broader MCH

Synergies between PMTCT and broader MCH/FP

Preventing unintended pregnancies

Two approaches:

- Provide family planning (FP) services broadly
- Provide integrated FP services at MCH and in ART clinics

Linkage to support for FP commodities

Capacity building of health workers



Use of the MCH Platform for Identification of HIV-infected children

- Optimize Early Infant Diagnosis
- Within health facilities, MCH clinic for identification of HIV infected/exposed children
- Within communities, integrate follow up of child health services with HIV services

Early infant diagnosis services



HIV Testing (PITC) in MCH clinic

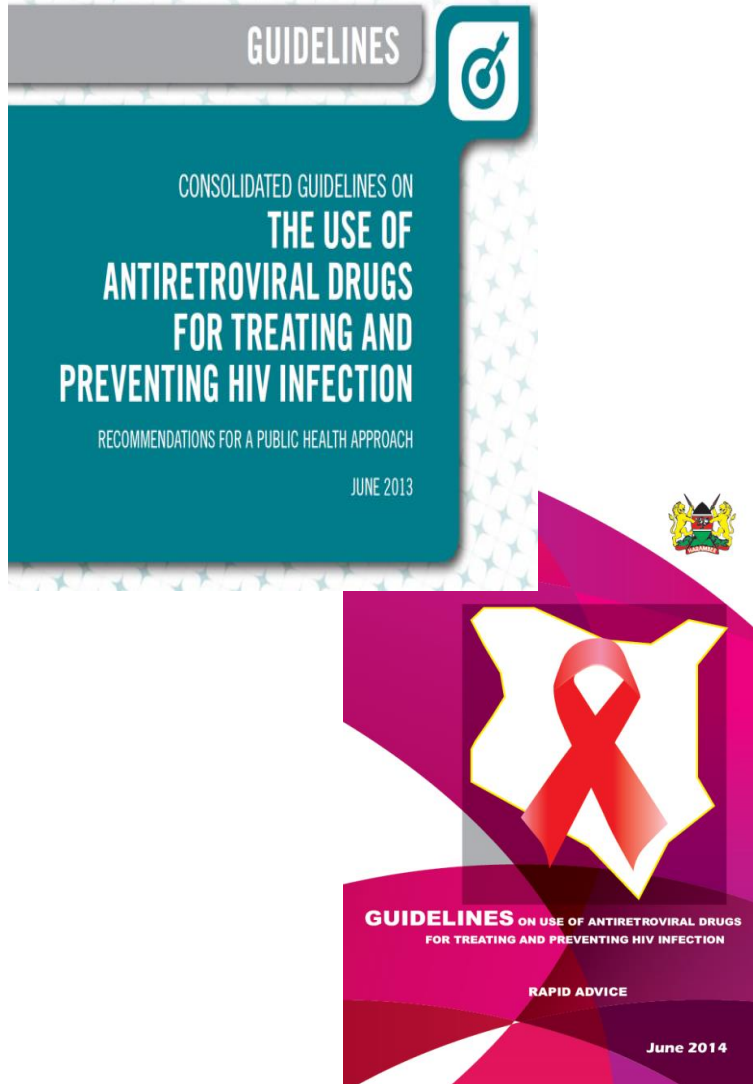


Targeted community outreach



Adaptation of 2013 WHO ARV Guidelines

ART scale up for HIV+ women and children within MCH

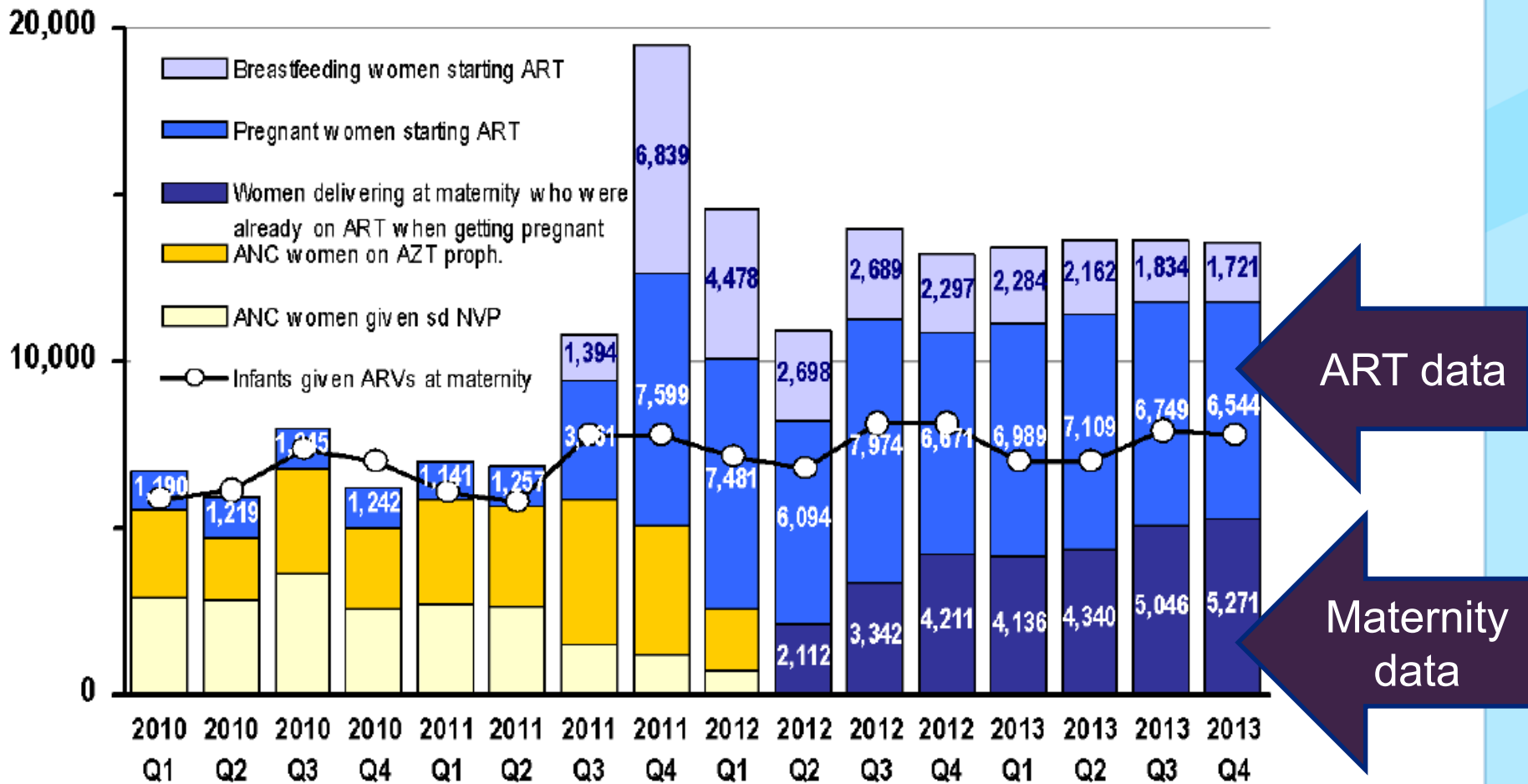


Option B+: Lifelong ART for all HIV+ pregnant and breastfeeding women

ART scale up among HIV+ children

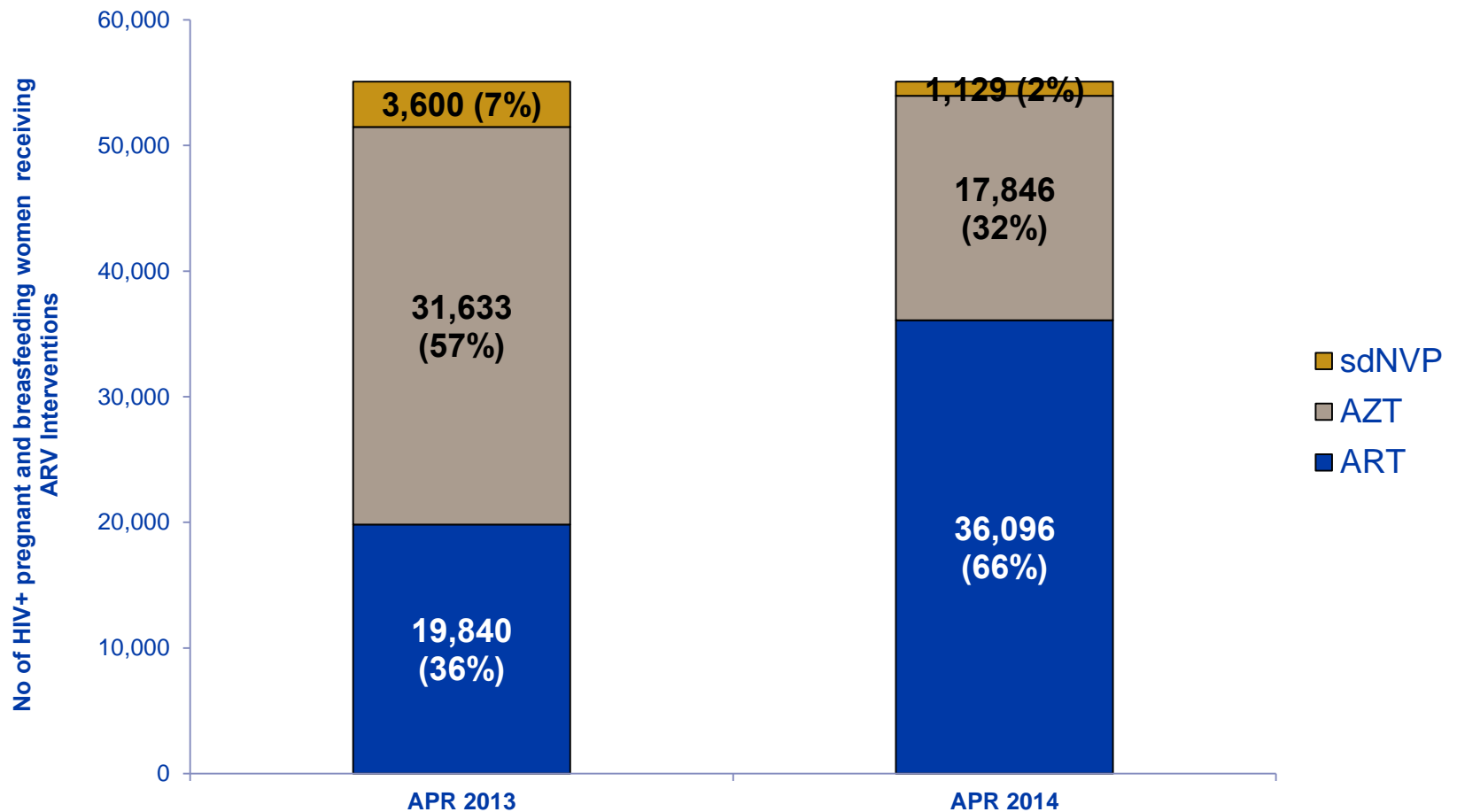
ART Integration in MCH key to success

Option B+ Implementation in Malawi: Rapid scale up of ART among pregnant and breastfeeding women



Source: MOH Malawi, 2014

Option B+ Implementation in Kenya: Rapid scale up of ART among pregnant and breastfeeding women



Ongoing care, treatment and support for infected women and their families



Capacity Building of Health workers

Using the HIV Platform to build capacity in broader MCH



Ministry of Health
National AIDS and STI Control Program

National HIV Integrated Training Manual
for Health Workers

Capacity of health workers and care givers to strengthen PMTCT and pediatric HIV also includes **broader maternal and child health aspects**

- Antenatal Care
- Intrapartum Management
- Postnatal Care
- Infant Feeding
- Immunization
- Nutritional Assessment/Growth Monitoring
- Approach to management of the sick child/IMCI

Monitoring and Evaluation

Shared reporting tools for PMTCT and MCH



	Visit	Visit Date	Gestation weeks	Weight (kg)	BP	Treatment						Counselled on... [Codes]	Test Results				Results for ARV Eligibility			
						TT Dose		IPT(1-4) Doses given	Deworming	Iron	Folic Acid		ITN	HIV Results		ART Eligibility Assessment Done		WHO Stage	CD4	
						total previous doses	new doses given							Initial	Retest	WHO Stage	CD4			[Circle]
(m)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	(z)	(aa)	(ab)	(ac)	(ad)	(ae)	(af)	(ag)
(a) ANC Cohorts:	1																<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result
(b) Month:	2																<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result
(c) Registration no:	3																<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result
(d) Name:	4																<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result
(e) Date of Birth: ; Age:	5																<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result
(f) Marital Status:																	<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result
(g) Residence (Village/Estate)																	<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result
(h) Phone no.																	<input type="checkbox"/>	<input type="checkbox"/>	[1 2 3 4]	Date Result

Kenya Health Information System
Welcome to the Kenya Health Information System

dhis2

Username:

Password:

[Forgot password?](#) [Create an account](#)

ART Eligible	Started ART	On CTX
N Y	N Y	N Y

ARV Prophylaxis to Mother			NVP baby	
AZT	HAART	On HAART	N	Y

Through optimizing synergies between PMTCT, pediatric HIV and broader MCH...



...we could ensure that, every week,

- The 4,600 babies who would have acquired HIV remain HIV-
- The 3,600 children who would have died from HIV survive
- The >5,000 mothers who would have died survive to bring up their children

Thank you

