PMTCT and Community: updates & PEPFAR perspectives

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Objectives

- PEPFAR support of PMTCT
- New developments:
  - Update on the shift to B and B+
  - PMTCT national plans
- Community role in PEPFAR PMTCT strategy
- Recent PEPFAR-supported forums with community/PMTCT content
- Next steps
PEPFAR Investment
2004-2011 (8 years of PEPFAR)

Total PEPFAR Investment:
$21,285,918,291

...plus Global Fund contribution to date of $5,100,000,000
PEPFAR Support for Global Plan & eMTCT

Legend
- 6 Original Acceleration Countries
- 8 New Acceleration Countries
- PEPFAR PMTCT programs in 21/22 Global Plan countries*

* PEPFAR supports programming in India (not pictured)
New HIV infections in children

![Graph showing the estimated number of children newly infected with HIV in low- and middle-income countries from 2000 to 2015.](image)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009</th>
<th>2010</th>
<th>2015 Target</th>
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</thead>
<tbody>
<tr>
<td>Number of new pediatric HIV infections</td>
<td>430,000</td>
<td>390,000</td>
<td>&lt;43,000</td>
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Source: Universal Access Report, 2011
# New developments: Countries Implementing/Considering Option B+

<table>
<thead>
<tr>
<th>Country</th>
<th>Option</th>
<th>Transition Status</th>
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<tbody>
<tr>
<td>Malawi</td>
<td>B+</td>
<td>Currently implementing B+ at national level. Revised treatment guidelines were approved in July 2011 and implementation began in September 2011.</td>
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<td>Kenya</td>
<td>Mixed</td>
<td>Phased roll out of B+ beginning with high volume facilities. Most (60%) of the country receives Option A, with 40% receiving Option B. Revised PMTCT include B+, with a goal of 50% of HIV+ pregnant women on ART by Dec 2012.</td>
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<tr>
<td>Rwanda</td>
<td>B</td>
<td>Will begin implementing Option B+ in July 2012; already treating all pregnant women CD4&lt;500.</td>
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<tr>
<td>Uganda</td>
<td>Mixed</td>
<td>Will conduct a phased rollout of B+ over a 14 month period, beginning in regions with high HIV prevalence. Aim is to transition all sites by March 2013.</td>
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<tr>
<td>Haiti</td>
<td>B</td>
<td>MOH is considering transition to Option B+.</td>
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<tr>
<td>Namibia</td>
<td>A</td>
<td>Has had preliminary discussions about B/B+ and will be conducting a cost and benefit/feasibility analysis, although no timeframe has been set.</td>
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<tr>
<td>Zambia</td>
<td>A++</td>
<td>TWG recommended transition to B/B+ in early 2010, but has not been implemented due to lack of funding and HR challenges.</td>
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<tr>
<td>Mozambique</td>
<td>A</td>
<td>MOH endorsed piloting B+ at 241 PEPFAR PMTCT facilities with ART facilities if ARV availability can be secured.</td>
</tr>
<tr>
<td>Swaziland</td>
<td>A</td>
<td>B+ pilot studies planned; Discussions of a phased implementation are ongoing.</td>
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<tr>
<td>Cameroon</td>
<td>A</td>
<td>Planned pilot of B+ in 2 districts.</td>
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*TWG recommends B+ and/or being considered by MOH

*B+ implementation strategy in place

*TWG recommends transition to B/B+ in early 2010, but has not been implemented due to lack of funding and HR challenges.

*MOH endorsed piloting B+ at 241 PEPFAR PMTCT facilities with ART facilities if ARV availability can be secured.

*Planned pilot of B+ in 2 districts.

*Treatment of discordant couples
New developments: Finalizing and implementing national PMTCT plans

- Acceleration Plans all required to have community engagement elements to support PMTCT
- PMTCT Acceleration Plans incorporated into this year’s COP
- eMTCT plans in various stages of development and review
PEPFAR PMTCT Strategy: Community Elements

- Community education: include PMTCT topics and focus messages to pregnant women, their partners and young couples.
- Demand creation:
  - Awareness around importance of ANC and L&D attendance, esp. where service utilization is low.
  - Male partners should be key target group.
  - Utilize traditional leaders, faith based organizations, and community support groups.
  - Community provision of ANC/PMTCT services through outreach from facilities
  - Delivery waiting homes near L&D units so expectant mothers can board close to the facility in anticipation of delivery
PEPFAR PMTCT Strategy: Community Elements (2)

- Retention in care and linkage to ART programs to bring mother-baby pairs back to facilities using the following:
  - Support groups for HIV+ pregnant women
  - Mentor mothers programs
  - Traditional birth attendants and community health workers
  - Incentives

- Retention strategies should be linked to particular facilities and have good communication with PMTCT program
Recent PEPFAR-supported forums with community/PMTCT content

• “Meeting the HIV, MNCH & Social Support Needs of Mothers & Their Young Children” – Addis 11/2011
  – http://www.aidstar-one.com/focus_areas/care_and_support/resources/technical_consultation_materials/mnch_needs

• Update of 2006 Guidance on Orphans & Vulnerable Children’s Programming (in progress)

• Recruitment of Advisor at USAID HQ for PMTCT & Orphans & Vulnerable Children (focus on supporting integration of community and clinic based interventions)
Next steps