Welcome to the webinar

Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

organised by

The United Nations Children’s Fund (UNICEF), the International Policy Centre for Inclusive Growth (IPC-IG), and the United Nations Office for South-South Cooperation (UNOSSC)
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socialprotection.org presents:

Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Presenters:

Dr. Dorothy Mbori-Ngacha, UNICEF HIV/AIDS, NYHQ

Dr. Sarawut Boonsuk, Director of Health Promotion Regional Center, Department of Health, MoPH, Thailand

Dr. Anita Suleiman, Head of HIV/STI/Hepatitis C Sector, Disease Control Division, Ministry of Health, Malaysia

Dr. Mariame Sylla, Chief, Health and Nutrition, Programme Section, UNICEF South Africa

Discussant:

Dr. Melanie Taylor, Medical Officer, World Health Organization

Moderator:

Ms. Laurie Gulaid, Senior Health Specialist, UNICEF ESARO
Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Moderator

Ms. Laurie Gulaid
Senior Health Specialist, UNICEF ESARO

Laurie Gulaid, Senior Health/HIV Specialist for UNICEF in Eastern and Southern Africa, is responsible for technical leadership and guidance on EMTCT, paediatric HIV, partnerships and HIV in emergencies. Ms. Gulaid joined UNICEF after 15 years as a senior consultant for various United Nations and civil society agencies and the US Government. Previously Ms. Gulaid served as monitoring and evaluation specialist with USAID Ghana, Deputy Director of clinical services for tuberculosis control in New York City and technical advisor on polio eradication in Nigeria and India. Ms. Gulaid brings over 30 years of health and HIV programming and management experience to her function. She holds a Master’s of Science degree in Public Health from the University of California at Los Angeles.
Submit your questions to the panellists

Simply type them in the chat bar!

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Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

**Presenter**

*Dr. Dorothy Mbori-Ngacha*

UNICEF HIV/AIDS, NYHQ

Dr Dorothy Mbori-Ngacha is the Senior HIV Specialist on EMTCT and Paediatric HIV for UNICEF’s global HIV/AIDS programmes. She is a medical epidemiologist with specialist training in pediatrics, infectious disease and child health. She has extensive experience as a public health professional working in academia, the public sector, the NGO community and international organizations. In her current role, she supports global efforts towards achievement of global targets to eliminate mother to child HIV transmission and attain universal treatment coverage for women, children and adolescents living with HIV. A national of Kenya, Dorothy holds a Medical Degree and a Masters of Medicine in Paediatrics from the University of Nairobi School of Medicine, and a Master’s in Public Health (Epidemiology) from the University of Washington, Seattle.
EMTCT: Global Progress and Guidance

Dorothy Mbori-Ngacha
Senior HIV Specialist
UNICEF HIV programme, New York
In 2018…

1.4M Pregnant women living with HIV

80% Pregnant women living with HIV receiving ARVs for PMTCT

13% Mother-to-child HIV transmission rate, including perinatal and postnatal infections
Global trends in PMTCT

PMTCT Coverage (%) and MTCT rate (%), 2010-2017

Source: Global AIDS Monitoring 2018 and UNAIDS 2018 estimates

Number of pregnant women living with HIV and number receiving ARVs, 2010-2017
Reaching the low hanging fruit is easy, reaching the fruit at top of the tree is difficult.
Those 20% of women who are not getting ART represent the ones who are *most* vulnerable

- Women living in extreme poverty
- Women in the most remote areas where access is poor
- Women who are ethnic minorities who don’t have good access to care or who mistrust the health service
- Women who are migrants
- Women who are marginalized in society because they belong to Key Populations or the partners of Key Populations
Achieving EMTCT of HIV is a multi-step process

- High early ANC attendance
- High levels of HIV testing in ANC
- For positive mothers: Treat with ART regimen
- For negative mothers: Comb prevention
- Promote retention
- Staying HIV Negative
The global elimination criteria are very stringent...

<table>
<thead>
<tr>
<th></th>
<th>HIV</th>
<th>Syphilis</th>
</tr>
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<tbody>
<tr>
<td><strong>IMPACT criteria</strong></td>
<td>• Incidence ≤ 50 cases per 100,000 live births</td>
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<td>• MTCT rate &lt; 2% or &lt; 5% in breastfeeding populations</td>
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<td><strong>PROCESS criteria</strong></td>
<td>• 1st ANC coverage ≥95%</td>
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<tr>
<td></td>
<td>• Testing coverage ≥95%</td>
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<td></td>
<td>• ART coverage ≥95%*</td>
<td>• Treatment coverage &gt;95%</td>
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The global elimination criteria are very stringent...

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<tr>
<td>• Incidence ≤ 50 cases per 100,000 live births</td>
<td>• Incidence ≤ 50 cases per 100,000 live births</td>
<td>• Reduction in prevalence of HBV &lt;5’s less than 0.1%</td>
<td></td>
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<tr>
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<td>• 1st ANC coverage ≥95%</td>
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<td>• Birth dose vaccine &gt;95%</td>
<td></td>
</tr>
<tr>
<td>• Testing coverage ≥95%</td>
<td>• Testing coverage ≥95%</td>
<td>• TDF for mothers?</td>
<td></td>
</tr>
<tr>
<td>• ART coverage ≥95%*</td>
<td>• Treatment coverage &gt;95%</td>
<td></td>
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Proposed draft criteria for HBV WHO - Western Pacific Region 2017
Beyond the indicator criteria, there are four additional qualitative requirements for Validation:

1. Process indicators in place for two years and impact indicators for one year

2. All areas of the country have to demonstrate effort and success, even low performing sub-national administrative units should show that they are not “unattended” hotspots of transmission

3. High quality M&E and laboratory systems in place (including in private sector) to capture data and accurately detect cases

4. Validation criteria have been met in a manner consistent with basic human rights considerations

Reaching elimination requires a lot of effort

- Sustained commitment from government and health workers
- High levels of coverage of testing, treatment and immunization services over time
- For HIV, retaining women on ART throughout breastfeeding and for life
- Robust systems to capture accurate data outcomes
- A human rights based approach to services which is focused on the mother and her consent and autonomy
- For HIV/syphilis the number of cases/100,000 live births is very low - equivalent to 0.05% incidence
Among high HIV burden African countries there is high coverage, but incidence in children is also well above threshold.

ARV Coverage (blue) and MTCT (red) for 20 of 21 Global Plan Countries in 2015

Estimated case rate (new infections in children/100,000 live births) in 20 of 21 Global

Elimination threshold 50 per 100,000 live births
Some countries have achieved dual EMTCT

- 2015
  - Cuba

- 2016
  - Thailand
  - Belarus
  - Moldova (S)
  - Armenia (H)

- 2017
  - Anguilla
  - Antigua & Barbuda
  - Bermuda
  - Cayman Islands
  - Montserrat
  - St. Christopher & Nevis

- 2018
  - Malaysia
South-South Cooperation towards Achieving EMTCT

2015
• Cuba

2016
• Thailand
• Belarus
• Moldova
• Armenia

2017
• Anguilla
• Antigua & Barbados
• Bermuda
• Cayman Islands
• Montserrat
South-South Cooperation towards EMTCT
Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Presenter

Dr. Sarawut Boonsuk
Department of Health, MoPH, Thailand

Dr. Sarawut has been a medical doctor for over 15 years and has worked in maternal and child health for over 10 years. Dr. Boonsuk has been the Chief of MCH division of the Department of Health, and Chief of MCH of ASEAN in 2015-2016. Dr. Boonsuk and his colleagues succeed in driving Thailand MTCT rate to meet World Health Organization (WHO) targets (under 2%) and validated the elimination of MTCT of HIV and syphilis in June 2016. He has conducted various researches to investigate and develop interventions to prevent MTCT of HIV and expands good practices through Thailand. On occasion, Dr. Boonsuk has been represented of EMTCT validation team of Thailand for WHO, UNICEF speaker for conferences on Thailand maternal and child health and elimination of MTCT of HIV and syphilis.
Expanding Access to Good Practices and Lessons learnt towards elimination of Mother-to-Child Transmission of HIV & Syphilis through South-South Cooperation

Sarawut Boonsuk MD, MPH
Experiences and Solutions from Thailand
31 January 2019
Presentation Outline

❖ Epidemic context of MTCT of HIV and Syphilis

❖ Highlights of achievements and progress to date

❖ Key lessons learned

❖ Key challenges to maintaining success
Epidemic context of MTCT of HIV and Syphilis

Evolution of Thai National PMTCT Policies and Guideline

- HIV antibody at 12-18 months
- Infant formula (12 mo)
- Infant formula (18 mo)
- DNA PCR (2 times)
- DNA PCR based on risk of MTCT
- AZT x 4 wks or AZT/3TC/6 wks + NVP 2-4 wks
- AZT 28 wks + NVP 1 dose and HAART for eligible women
- HAART for all pregnant women (14 wks) and continue for eligible women
- Couples HIV testing and counseling

- Early infant diagnosis
- Infant feeding
- PMTCT infant
- PMTCT Pregnant women
- VCT/PITC

1993-2000 VCT and infant formula x 12 month

HIV DNA PCR testing at birth among infants born to HIV positive mothers who have high MTCT risk
Identify HIV positive pregnant women with high risks for MTCT and provide ART intensification (Raltegravir) in addition to HAART in these women
Maternal plasma viral load (VL) testing near time of delivery (34-36 weeks)
Recommended Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as a part of the combination prevention package for serodiscordant couples whose pregnant woman is uninfected and living with HIV positive partner

Sarawut Boonsuk , DOH Thailand
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HIV MTCT Rates (GARP report 2008-2015) Thailand

National adjusted MTCT rate
SPECTRUM v. 5.4 (2013-2015 used SPECTRUM data)

HIV Prevalence in Pregnant Women by ANC Status

Sentinel
PHIMS-ANC
PHIMS-No ANC

Sources: serosentinel surveillance, BoE PHIMS, Department of Health

Sarawut Boonsuk, DOH Thailand
# Epidemic context of MTCT of HIV and Syphilis

## The results of elimination of HIV and Syphilis transmission from mother to child in 2016-2017 (Thai and non-Thai)

<table>
<thead>
<tr>
<th>Impact indicators:</th>
<th>Target</th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Numerator</td>
<td>Denominator</td>
<td>%</td>
<td>Numerator</td>
</tr>
<tr>
<td>1. MTCT HIV rate</td>
<td>&lt;2%</td>
<td>1.79</td>
<td>75</td>
<td>4,199</td>
<td>1.68</td>
</tr>
<tr>
<td>- by Spectrum (GAM)</td>
<td></td>
<td>1.43</td>
<td>59</td>
<td>4,120</td>
<td>1.43</td>
</tr>
<tr>
<td>- by PCR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Annual rate of perinatal new HIV infections per 100,000 live births by birth cohort (SPECTRUM)</td>
<td>≤50</td>
<td>10.65</td>
<td>75</td>
<td>704,058</td>
<td>9.68</td>
</tr>
<tr>
<td>3. Annual rate of congenital syphilis per 100,000 live births (506)</td>
<td>≤50</td>
<td>15.06</td>
<td>106</td>
<td>704,058</td>
<td>14.66</td>
</tr>
</tbody>
</table>

**Key monitoring indicators:** (PHIMS coverage: 2016 = 90 %, 2017 = 91%)

| 4. ANC coverage (at least one visit) | ≥95% | 98.46 | 549,472 | 558,083 | 98.53 | 535,708 | 543,702 |
| 5. HIV testing coverage among pregnant women | ≥95% | 99.73 | 556,560 | 558,083 | 99.82 | 542,722 | 543,702 |
| 6. Syphilis testing coverage among pregnant women | ≥95% | 99.22 | 553,742 | 558,083 | 99.14 | 539,001 | 543,702 |
| 7. ART coverage among HIV-positive pregnant women | ≥95% | 96.48 | 3,151 | 3,266 | 96.52 | 3,016 | 3,125 |
| 8. Syphilis treatment coverage among pregnant women | ≥95% | 97.84 | 589 | 602 | 97.54 | 911 | 934 |
Epidemic context of MTCT of HIV and Syphilis

Potential causes of MTCT of HIV in Thailand,
ACC data Aug 2014-January 2018

Goals:
MTCT rate < 1% by 2020 and No new perinatal HIV infection by 2030

30% of pregnant women had maternal VL testing near delivery

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Strategies to reach late presenters and migrants for PMTCT

**Late presenters**
- HIV rapid test in labor room for all pregnant women with no HIV test result
- If HIV+
  - AZT+SDNVP in labor
  - Counseling to continue HAART postpartum
  - Formula feeding/No BF
  - Management is similar to other pregnant women
  - Provide *Raltegravir* in additional to HAART in High risk MTCT

**Migrants**
- Encourage migrants to purchase migrant health insurance that provides health benefit package similar to universal health coverage scheme for Thais
- Special project supported by Thai Red Cross through DOH, MOPH: funds purchase migrant health insurance card, ARV drugs, HIV testing
- Formula feeding supported by self-paid or hospital social funds
Epidemic context of MTCT of HIV and Syphilis


Congenital Syphilis (<2 years) case rate per 100,000 livebirth, not include stillbirths


Source: DDC 506 report

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Highlights of achievements and progress to date

**Good Health system:**
well-developed national health system, community strengthened with health systems

**National partnerships and leadership:**
Sustained political commitment, Multi-sectoral working

**surveillance systems & Research**

**M&E/Management:**
Monitor / Gap analysis / Problem solving

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Pediatric HIV i-ACC Networks

- Pediatric HIV Centers: referral site, training and networking with provincial hospitals in the region
- Provincial hospitals: referral site and networking with their community hospitals in the province
- HIVNAT: a referral site and networking with Thai Red Cross and Bangkok Hospitals
Case Managers Used Social Media and LINE for Real Time Case Alert & Ongoing Technical & Management Support

**Communication method**
- Line
- Facebook
- E-mail
- Telephone

**Lab case manager** notified new PCR+ case 11.21 am

**Regional case manager** acknowledged that she received the message and will F/U the patient 11.24 am

**Regional case manager** created contact of EID network for 14 provinces in their region

**Album of key information for all LINE group members**
- ข้อมูล
- Project 194
- Project 209
- หนังสือจากการตรวจ
- ตาราง PMTCT-ACC
- ผู้รับผิดชอบโครงการ ACC
- ตัวอย่างช่องของน้าง PCR
- ตารางค่าความยา ARV เด็ก
- ประวัติเฝ้าระวังโครงการ ACC
- Window period
- วิธีการน่ารู้
- ตรวจ HIV อายุน้อยกว่า 18 ปี

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Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis
1. Increasing trend of congenital syphilis case rate and prevalence among pregnant women.
   • Implementation of national strategies for the prevention and control of STIs is urgent needed by targeting prioritized provinces with rising trend of syphilis prevalence
   • Strategies to manage high risk and vulnerable pregnant women including late presenter women, young women are needed
2. Number of migrants continue to rise
   • Sustainable system to document and support non-registered migrants for EMTCT of HIV and syphilis is needed
Key lessons learned

**Policy**: Strengthening MCHB in National and regional level

**Surveillance systems**: Improve definitions and surveillance systems for reporting data

**Investigation**: Scale up early diagnosis, treatment and care for infants and children.

**Human right**: Strengthening capacity policy in migrants population
Experiences of South-South cooperation and learning with other countries

1. Training of HealthCare Workers
2. Transferring Management Skills
3. Capabilities Management

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Recommendations for successful South-South Cooperation towards achieving EMTCT of HIV and Syphilis

• Strengthen the country is represented ,role as a knowledge hub and capacities of the organization in providing technical assistance and capability building support to partner country .
• Strengthen policy all level in each country.

• Effectiveness of global surveillance and M/E

• Health literacy system have to implantation

• Health care service without borders .( global social founding)

Sarawut Boonsuk ,DOH Thailand
Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis
Acknowledgements

- **Thailand MOPH**
  - **Bureau of AIDS, TB, STIs, Department of Diseases Control**: Dr. Sumeet Ongwanee, Dr. Cheewanan Lertpiriyasuwat, Pacharapon Pavaputhanondh, Suparut Hongprasert
  - **Department of Health**: Dr. Sarawut Boonsuk, Chaweewan Tonphudsa, Pariwat Tungpong
  - **Department of Medical Sciences**: Dr. Archawin Rojanawiwat, Ms. Hansa Thaisri, Mr. Wiroj Puangtapit, Chaydan Boonrossak
- **Department of Medical Technology, Chiang Mai University**: Dr. Tanawan Sumleerat
- **Ramathibodi Hospital**: Dr. Wasan Jantratit,
- **Chiang Rai Prachanukroh Hospital, Chiang Rai**: Dr. Rawiwan Hansudeewecharakul, Ms. Areerat Kongpoeni
- **Srinakarind Hospital, Khonkaen**: Dr. Pope Kosalaraksa, Ms. Somjai Ratanamanee
- **Prachomklao Hospital, Petchburi**: Dr. Witaya Petchdachai, Ms. Manee Yentang
- **Hatyai Hospital, Songkla**: Dr. Thitiporn Bhokird, Dr. Ratchanee Suksawas, Ms. Usa Sukhapan
- **HIV Netherland Australia Thailand Research Collaboration (HIVNAT), Bangkok**: Dr. Thanyawee Puthananit, Ms. Thidarat Jupimai, Ms. Tulathip Suwannalerk
- **Global AIDS Program Thailand/Asia Regional Office**: Dr. Rangsima Lolekha, Dr. Michael Martin, Ms. Thananda Naivawanakul, Ms. Worawan Faikratok, Ms. Benjamas Baipluthong

Sarawut Boonsuk, DOH Thailand

Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis
Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Dr. Anita Suleiman
Disease Control Division, Ministry of Health, Malaysia

Dr Anita Suleiman has 30 years of experience in the area of public health ranging from providing primary care services at implementation level to crafting innovative HIV strategic plans, policy development and national investment case for HIV in the country. Currently heading the HIV/STI/Hepatitis C Sector at Ministry of Health, her involvement in getting the country validated for elimination of mother-to-child transmission of HIV and syphilis is instrumental. She also has vast experience leading the country’s HIV estimations, integrated biological and behavioral surveillance survey and population size estimations for key populations.
Expanding Access to Good Practices and Lessons learnt towards elimination of Mother-to-Child Transmission of HIV & Syphilis through South-South Cooperation

Experiences and Solutions from Malaysia

31 January 2019
Epidemic context of MTCT of HIV and Syphilis

Seropositive HIV and Syphilis among antenatal mothers, Malaysia 2010 - 2017

MTCT of HIV and Syphilis

New antenatal attendance
No. screened (HIV+syphilis)
HIV seropositive (%)
Syphilis seropositive (%)

SEROPOSITIVE (%)

0.07%
0.04%
0.08%
0.04%
0.00%
0.02%
0.04%
0.06%
0.08%
0.10%
0.12%
0.14%

NO. ANTENATAL MOTHER
0 100,000 200,000 300,000 400,000 500,000 600,000

HIV vertical transmission (%)

MTCT of HIV and Syphilis

Programmatic Data (%) Spectrum (%) New paediatric CS infection (per 100,000 LB)

0.0 1.0 2.0 3.0 4.0 5.0 6.0 7.0 8.0 9.0 10.0 11.0 12.0

0.0 2.0 4.0 6.0 8.0 10.0 12.0

Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis
### Highlights of achievements and progress to date

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>WHO eMTCT Target</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td></td>
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<td>%/100,000 N D</td>
<td>%/100,000 N D</td>
<td>%/100,000 N D</td>
</tr>
<tr>
<td>MTCT rate (by HIV PCR)</td>
<td>&lt;2%</td>
<td>0.65 2 308</td>
<td>0.66 2 301</td>
<td>0.61 2 330</td>
</tr>
<tr>
<td>MTCT rate (spectrum)</td>
<td></td>
<td>2.38 8 346</td>
<td>1.99 7 340</td>
<td>1.77 5 335</td>
</tr>
<tr>
<td>Annual rate of new paediatric HIV infections per 100,000 LB by birth cohort (Program data)</td>
<td>≤50</td>
<td>0.38 2 521,136</td>
<td>0.39 2 508,203</td>
<td>0.39 2 508,685</td>
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**Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis**
Highlights of achievements and progress to date

- Updated Guideline for PMTCT Syphilis – for government and private facilities circulation by February 2019
- Updated Guideline for PMTCT HIV – for circulation and re-training by May 2019
- Newly added information on
  - Importance of testing and adherence to treatment
  - Delivery & infant feeding options
  - Stillbirth reporting + syphilis test to mothers
- National Committee for PMTCT Syphilis formed 2018
  - Various expertise - O&G, Paeds/Paeds ID, Neonatologist, Dermatologist, pathologist, MCH, epidemiologist
  - review CS in accordance with WHO definition
- Review pre-marital training module
  - Importance of early booking and repeat testing
  - Spousal testing etc.
Key lessons learned

1. Political commitment – National Strategic Plan for Ending AIDS
   • eMTCT emphasised
   • 95% HIV responses domestically funded

2. PMTCT is fully integrated in public MCH’s services – success in comprehensive ANC delivery
   • >300 Family Medicine specialist in >1000 government clinics providing ANC to 83% pregnant women
   • 97.4% of women in Malaysia had a minimum of four antenatal visits. Home visits.
   • Free ARV (option B+ in 2012). Free replacement feeds. Free syphilis Rx. POCT.
   • Unbooked mother tested in intrapartum and treated
   • Tracing of cases lost to f/up by District Health Office

3. Prevention of unintended pregnancies through pre-marital HIV testing
   • Platform to educate and pre-planned conception for better outcome

Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis
Key Lessons Learned (cont.)

**ART COVERAGE FOR PREGNANT WOMEN**

- On treatment <4 weeks before delivery
- On treatment >4 weeks before delivery
- Already on treatment before current pregnancy

**HIV PREVALENCE AMONG PREMARITAL WOMEN (15-49), MALAYSIA 2010-2016**

Percent HIV premarital women (15-49 years)

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Key challenges to maintaining success

1. High risk mothers - late presentation, lost to follow-up, non-adherence due to stigma
   - Module HOPE to combat Stigma & Discrimination for HCW 2019
   - Community empowerment – CSOs

2. Migrant women - fee for basic ANC consultations (new Fee Act 2014)
   - Free ARV (Option B) + Free ART prophylaxis and formula feeds for infants
   - Majority access ANC services in the public sector (77.7%) compared to private (19.5%)
   - UNHCR card holders enjoyed 50% discount for lifelong ART (Option B+)
Experiences of South-South cooperation and learning with other countries

1. Newly certified for EMTCT 8th October 2018

2. Webinar hosted by WHO Regional Office for the Western Pacific (5th December 2018)

3. Invitation to present at The SHIELD Zero Transmission International Forum hosted by Chinese Foundation of Hepatitis Prevention and Control, Guangzhou Municipality (14th December 2018)
Recommendations for successful South-South Cooperation towards achieving EMTCT of HIV and Syphilis

Potential for maximizing SSC to advance EMTCT goals and targets:

1. Enhance capacity building through sharing of expertise within member countries

2. Promote learning and solution sharing from other developing countries through showcasing of best practices & challenges and study results

3. Facilitate sharing / transfer of knowledge / technology / skill - inventory of resource persons in the region

Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis
Thank you...

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Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Presenter

Dr. Mariame Sylla
Health and Nutrition, Programme Section, UNICEF South Africa

Dr Mariame Sylla is the Chief of Health and Nutrition since March 2018. She has previously served in various capacities in UNICEF offices including Burkina Faso, Ethiopia, the Regional Office for West and Central Africa in Senegal and the organization’s New York Headquarters. Before joining UNICEF in 2002, she worked in Guinea as Medical Doctor and technical advisor at the Conakry City Health Directorate, and served as a Global health Fellow for the World Health Organization’s Global Programme on Evidence for Health Policy in Geneva, Switzerland. A national of Guinea, Mariame holds a Medical Degree from the University of Conakry and a Master’s Degree in Public Health from the Johns Hopkins School of Public Health.
Expanding Access to Good Practices and Lessons learnt towards elimination of Mother-to-Child Transmission of HIV & Syphilis through South-South Cooperation

Experiences and Solutions from South Africa
31 January 2019
Epidemic context of MTCT of HIV and Syphilis

• Biggest HIV epidemic in the world, with an estimated 7.35 million people living with HIV in 2017 (Thembisa 4.1)

• Largest ART programme in the world (total client on ART 4,471,523), which has undergone even more expansion in 2016 with the implementation of ‘universal test and treat’ policy

• HIV prevalence among South Africans of all ages in 2017 was 14.0%

• 157,644 children under 15 years remaining on ART at end November 2018
Highlights of achievements and progress to date

- 97.2% HIV positive pregnant women on ART vs. ~80% in 2009)
- 0.66% at birth and 0.9% at 10 weeks vs. 8% at 6 weeks in 2009 – DHIS FY2017-18);
- 4.3% final MTCT rate (18m)
- 450,000 new paediatric HIV infections averted since 2009
- 14,287 new HIV infections in children <15 years vs. 38,219 new infections in 2009 – Thembisa 4.1)
Highlights of achievements and progress to date

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Highlights of achievements and progress to date

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Lessons learned

**Political leadership and commitment** at the highest levels and at all levels - crucial for accelerating the national HIV response including EMTCT.

- In the public sector and in civil society - President, Minister of Health, National Department of Health, SANAC
- At every level, from national structures to local organisations

**National HIV response is coordinated by the South African National AIDS Council (SANAC)** - one country, one plan, one response

**Partnerships for change** - strong partnerships with development and implementing organisations, academia and CSO

**Advocacy for progressive policy change and accountability** - Civil Society have collectively played a pivotal role in the HIV response and EMTCT - Engaging with civil society at various levels e.g. with SANAC
Lessons learned

Last Mile Plan- working towards elimination –
- Well-informed selection of interventions and targeting to reach those most in need

Operationalizing – the last mile plan - focusing on impact with data/real time info and building evidence (data for action – last mile plan)

Evidence based and data drive actions at all levels - with data/real time info and building evidence (data for action – last mile plan)
  - Data for action for the Last Mile Plan monitoring
  - Use of standard data collection tools by all partners involved

• Integration of PMTCT Programme Components into MNCWH Services

• Continuous mentorship and supervision of healthcare workers - important for adoption and implementation of policy changes.

• Community health workers - an important resource integral to the improvement of patients’ access to services bridging gap between clinical and community level care.
Epidemic context of MTCT of HIV and Syphilis

Figure 1: PMTCT and EID Cascade
(National April 2017 - March 2018 - DHIS)

Using 30% prevalence amongst pregnant women

- HIV positive pregnant women: 304,240
- HIV positive pregnant women with known HIV status: 279,470 (91.9%)
- HIV positive pregnant women on ART: 271,516 (97.1%)
- Live birth to HIV positive woman: 266,471
- PCR at birth: 245,371 (68.3% Tested)
- PCR at 10 weeks: 179,154 (92.7% Tested)
- 0.7% Positive

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Key challenges to maintaining success

- **Integration of services**
  - Holistic approach to healthcare (Ideal Clinic) where women and children can access all their healthcare needs in one appointment

- **Prevention**
  - Especially contraception in light of Dolutegravir

- **Innovation for impact**
  - How to reach the hard to reach, key populations
  - Overcoming cultural barriers

- **Sustainability of interventions and support**

- **Reaching elimination** - Due to the large burden of HIV infection in the country

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Experiences of South-South cooperation and learning with other countries

- South Africa hosts bi-annual AIDS conference that allows sharing of research and best practices including collaboration with other countries

- Numerous TA type projects from Academia worldwide – e.g. Siyakhula project in Tshwane; Caprisa in KZN

- Internationally recognized experts that provide inputs into SA policies and provide technical support around the world.
Recommendations for successful South-South Cooperation towards achieving EMTCT of HIV and Syphilis

- Greater engagement of governments, CSOs (such as SANAC) and academia

- Operationalize knowledge management and dissemination between managers at district/operational levels where it matters most

- Collaborative research across countries to identify risk factors and best practices and their applicability internationally

- More sharing opportunities such as conferences and webinars and set up regional conferences and webinars to allow cross country engagements

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Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Discussant

Dr. Melanie Taylor
World Health Organization

Melanie Taylor MD, MPH is a medical officer with the WHO Department of Reproductive Health and Research, STI Program, seconded from the U.S. Centers for Disease Control and Prevention. She works primarily on elimination of mother to child transmission of HIV and syphilis and global STI surveillance. She is an infectious disease physician.
Expanding syphilis screening and treatment in ANC

Melanie Taylor, MD, MPH
Medical Officer, RHR/STI

Twitter @HRPresearch
Testing coverage for HIV & syphilis in pregnant women that visit ANC in selected countries (2016-2017, %)

HIV Testing Rate
Syphilis Testing Rate
4% Difference in Testing Rates

Prevalence in women between 15-49 years of age

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<thead>
<tr>
<th></th>
<th>HIV</th>
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<tr>
<td>India</td>
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Sources:
- India: HMS 2017-2018
- Other countries: WHO/STI report 2015; UNAIDS databases 2016-2018

Prevalence of HIV and Syphilis in women between 15-49 years of age.
Missed Opportunities To Prevent Adverse Birth Outcomes due to Syphilis

Current state of adoption for the dual HIV-syphilis rapid diagnostic test (RDT)

Legend
- Green: Dual RDT adopted (algorithm adjusted)
- Yellow: Dual RDT adoption in progress
- Pink: No dual RDT adoption
- Grey: To be determined

Update: 27 Jan 2019

Sources: WHO, PAHO, CHAI, SD Bioline, PEPFAR, GFATM
Cost-effective Interventions to Prevent Mother-to-Child Transmission of Syphilis

- Screening of all pregnant women for syphilis early in antenatal care
  - Rapid treponemal (syphilis) tests
  - Rapid dual HIV/syphilis tests
- Treatment of pregnant women with syphilis with benzathine penicillin
- Partner treatment
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Discussion

Submit your questions to the panellists

Simply type them in the chat bar!
Thank you for joining

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Make sure to answer our webinar survey, available after the session!

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