Scaling-up Pediatric Treatment in South Africa

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Introduction

- Out of the 48 million people currently residing in South Africa (SA), over 5.7milllion are infected with HIV. Among those living with HIV it is also estimated that 240 000 are children under the age of 15.
- As of June 30th, 2008, approximately 500, 000 people were on ART in the public and private sector, Approximately 9% of those on ART were children.
- As of March 31st, 2008, EGPAF/SA programs had ever enrolled 79,804 patients into care, with 7,991 (10%) being children below 15 years of age.
- Of those ever enrolled into care, over 48,417 had initiated ART. Among those on ART, 5,401 (11%) were children below 15 years of age.
- The Foundation supports the CCMT and PMTCT programs in 4 out of the country's 9 provinces i.e. 28 ART initiation sites with their 75 feeder primary healthcare clinics (PHC), and 126 PMTCT sites.

EGPAF/South Africa Footprint

SOUTH AFRICA - PROVINCES

ZIMBABWE
BOTSWANA
NAMIBIA
LIMPOPO
Folokwane
MPUMALANGA
Nelspruit
Pretoria
Mafikeng
Johannesburg
NORTH WEST
GAUTENG
Klerksdorp
FREE STATE
Upington
Kimberley
Bloemfontein
KWAZULU-NATAL
LESOTHO
Pietermaritzburg
Durban
NORTHERN CAPE
Umtata
ATLANTIC OCEAN
INDIAN OCEAN
EASTERN CAPE
East London
WESTERN CAPE
Cape Town
Port Elizabeth
Mossel Bay

Adults and Children in Care and Treatment as at 31 March 2008

	Care Adults	Care Paeds	Treatment Adults	Treatment Paeds
Province 1	48758	13%	24939	16%
Province 2	12125	2%	9035	2%
Province 3	5530	8%	5523	8%
Province 4	11574	9%	7302	11%

Percentage of pediatric patients on treatment

	Adults %	Paeds %
Province 1	84	16
Province 2	98	2
Province 3	92	8
Province 4	89	11

Key Points of Discussion

- Existing strengths
- Challenges/ gaps
- Barriers to recruitment
- Strategies used and lessons learned
- Future areas of focus

Existing strengths

- National government's commitment to HIV reflected in the financial resource allocations to HIV programs
- Free ARVs are available in the public sector since 2004, including AZT/NVP and HAART for PMTCT
- ART widely accessible with 1 ART initiation site per district (100% coverage) and 1 ART initiation site per sub-district (87% coverage)
- Treatment guidelines and protocols are available and, are reviewed periodically - 2months to 17yrs on ART
- Treatment for opportunistic infections (e.g. cotrimoxazole, anti-TB drugs), cervical screening, milk formula supply (AFASS determined)
- Laboratory services are offered through NHLS - tests provided include free PCR at 6 weeks, Rapid HIV, HIV Elisa, CD4 count, and viral load. PMTCT re-testing at 34 weeks

Existing strengths

- Highly qualified and committed clinicians and pediatric HIV/AIDS education offered in the undergraduate medical training/ clinical rotation and at postgraduate level of education
- Supportive Social Welfare System which provides services such as, foster-care, dependent care, and disability grants
- Home Affairs Department service points at health establishments that provide birth registration, grants, etc.
- Concerted efforts to integrate conventional and traditional medicine
- Community support structures/ services exist
- Support from PEPFAR partners, including EGPAF

Challenges/ gaps

- Prevention efforts suboptimal
  - Pregnant women presenting late for 1st ANC visit
  - Fragmented services (e.g. ANC at PHC, delivery and ART at hospital)
  - Ineffective referral of HIV-positive pregnant women to care and treatment services with no follow up on referral outcome and suboptimal HAART initiation
  - Mixed feeding
- Poor identification/ recruitment of HIV-infected infants and children
  - Provider initiated testing and counseling (PITC) suboptimal at various possible entry points such as PMTCT, IMCI, EPI, TB, (pediatric wards > PHC)
  - Poor follow-up of HIV exposed infants with minimal clinical staging at various entry points
  - Ineffective referral to care and treatment services - referral outcome often unknown
  - CD4 count turnaround time (TAT) 1 to 2 weeks at some sites
  - PCR testing limitations, especially at PHC level
    - Long TAT - 3 weeks (plasma to 3 months (DBS)
    - Skills limitations – PCR testing technique/ methods
    - In some cases, no results available due to loss of specimens, poor data capturing, etc.

Challenges/ gaps

- ART services originally designed for adults
  - ART initiation gap – PCR done at 6 weeks
  - ART service points not baby-friendly
  - Adolescent-friendly services gap
- Community awareness about pediatric care and treatment issues is suboptimal
  - Little pediatric focus in existing mass media campaigns
- Poor linkages between health facility-based and community-based services
  - Poor referral between health facilities and community-based support services such as OVC, home-based care, support groups
- Limited home-brewed pediatric HIV research efforts
- Staff shortage due to multiple factors

Barriers to recruitment

- HIV-positive pregnant women/ mothers not presenting for HAART or not bringing infants and children for treatment
  - Ineffective and inefficient referral systems
  - Stigma and discrimination
  - Mothers not coming back for test results due to guilt, fear, cost, trans-border migration, etc.
  - Denial and non-disclosure of HIV status to partners, family, or children
  - Cultural beliefs (e.g. use of traditional medicines, ARVs do not work/ kill)
  - Pregnancy and HIV (e.g. looks well whilst pregnant but deteriorates postpartum)
- Children brought in late
  - Poor referral/ linkages between service points
  - Children not brought in for care and treatment services because mother died, mother too ill, mother working, granny not informed, or stigma/denial about HIV
  - TB service points not screening for HIV and children assumed to be TB contacts
  - Transport costs
- Child-headed households, OVC
- Mixed messages from traditional vs. scientific practitioners

Barriers to recruitment

- Poor integration of pediatric HIV services – vertical HIV programs
- Poor attitudes, ignorance and lack of ownership – some health care workers at other service points have the “HIV is not our problem” mindset
- Lack of knowledge - resulting in lack of confidence in managing pediatric HIV and AIDS
- Didactic training without any supportive supervision, on-site coaching and mentoring to ensure that theory translates to quality clinical practice
- HIV testing policies and patients rights
  - Patient can refuse testing
  - Constitutional right to confidentiality (non-disclosure)
  - Child Health Act - confusion around HIV testing consent

Strategies used & lessons learned

- Community engagement in awareness raising efforts around pediatric care and treatment
  - Engage community leaders, retired nurses, private doctors, etc.
  - Present success stories with before and after pictures
  - Allow traditional practitioners to participate in Clinic Health Committees
- PITC in pediatric wards
  - PN and counselors ward rounds
    - Post-test counseling, treatment literacy
  - Elisa+, awaiting CD4 count & viral load results
  - On HAART
    - Adherence counseling
- HAART initiated in the ward
- Follow-up clinic visits
  - Growth monitoring, adherence counseling
  - PCR testing day – 40 infants tested per day
  - PN, counselor, and parents' responsibilities made clear

Strategies used & lessons learned

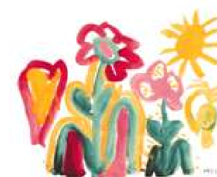
- Use of enrolled nurses/ nursing assistants for counseling and testing in the PMTCT setting
  - Retired nurses willing or accustomed to shifts & weekend duty
  - Outcome - 30% increase in PCR testing capacity in 6 months

2007 Average	Jan 2008	Feb 2008	March 2008	April 2008	May 2008	June 2008	2008 Average
78	88	125	91	84*	141	110	106.5

*** Public holidays**

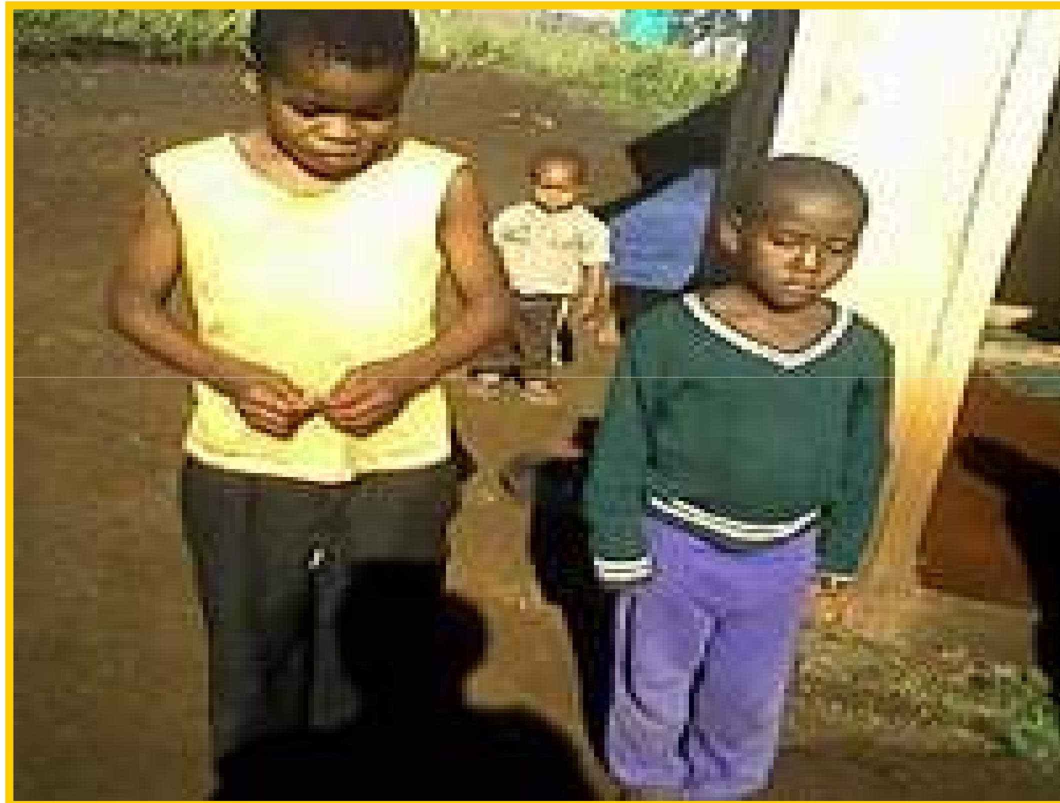
Strategies used & lessons learned

- Support groups for moms, children and caregivers
  - Sharing of experiences and challenges
  - Education – treatment literacy, etc.
  - Counseling – adherence, bereavement, etc.
  - Life skills coaching including sex education
  - Memory boxes with family trees, pictures, and favorite items
- Creation of the Program Officer Linkages position
  - Strengthen the link between health establishments and community-based services / organizations
  - Strengthen the link between service points within health facilities such as PMTCT, C&T, TB, IMCI, EPI, etc.
  - Establish strategic partnerships with organizations that have complementary competencies



Story of Hope

Story of Hope



Future areas of focus

- Optimize PMTCT efforts, address PCR testing limitations, provide infant feeding counseling and support
- Promote PITC and train health care professionals at all entry points on early infant diagnosis (EID) and clinical staging of infants and children
- Provision of adequate administrative staff in order to allow for the utilization of clinicians for clinical care
- Integrate pediatric care and treatment at PHC level with nurses managing stable pediatric patients on ART
- Revive Clinic Health Committee and include pediatric representation
- Explore more effective awareness-raising strategies with a pediatric care and treatment focus
- Educate community-based organizations on pediatric care and treatment, including EID
- Create **"pediatric HIV-knowledgeable and pediatric AIDS-free"** communities

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