Using what we know: Prevention of Mother To Child Transmission
Working in a rural community setting

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What defines a successful PMTCT programme?

Is it:

• **preventing** unplanned and unwanted pregnancies among HIV+ women?

• **the number of pregnant women who test negative and remain negative antenatal and postpartum?**
What defines a successful PMTCT programme?

Is it:

• identifying HIV+ pregnant women?
• the number of HIV+ pregnant women initiated on ARV prophylaxis and ART?

(courtesy of Coceka Nandipha Mnyani)
What defines a successful PMTCT programme?

Is it:

• the number of HIV-exposed infants who test negative at 6 weeks?

• the number of HIV-exposed infants who are alive and test negative at 18 months?

(courtesy of Coceka Nandipha Mnyani)
What defines a successful PMTCT programme?

What about HIV+ children receiving treatment?

**Ongoing care and support?**

- Wellness programme and initiated on life long ART.
- DOH does it in partnership with ANOVA institute (NGO)

**Testing of partner?**

- Optional, mothers are advised to bring their partners.

**Testing of other siblings?**

- Mothers are also advised to bring other siblings for testing.
What defines a successful PMTCT programme?

ANSWER:

• is all of the above and more...
TAC Model districts approaches.

- Awareness and mobilization
- Education
- HCT referrals
- Contact tracing and follow up

- Not in any biomedical intervention
Mobilization and awareness

• Through community door-to-door campaigns (TAC branch members)
• Media prints (equal treatment magazine, district newsletters and pregnancy in our lives)

PHC
• Assistance with the provision of IEC materials
Education – CHECK WORD??

- Patient (?????) sessions at health sites by Prevention and Treatment Literacy Practitioners
- Workshops, mini in-service trainings for staff at clinics
- Community door to door campaigns
- Through posters and pamphlets inclusive of other media prints

**PHC**
- Access to health care sites e.g. ANC, specific sessions in conducive environments for pregnant mother
HCT Referrals & Counseling

- PMTCT sessions at the antenatal care (ANC) clinics specific for pregnant mothers
- HIV Counseling and Testing by qualified Health Care Worker
- Adherence readiness assessment and training
- Referrals to (adherence clubs) support groups.

PHC
- CRP, HUMANA, CHOICE and TAC (CBO’s) assist with HIV counseling and testing for pregnant mothers – it reduces work overload on health care workers (nurses)
- ART initiation on mothers who tested positive and those eligible for life long ART
Contact Tracing

- Through registers and treatment collection dates
- Measuring the levels of adherence through pill count

To ensure
- 6 weeks and 18 months PCR confirmatory test uptake.

**PHC**
- SANTA – specializing in tracing patients that were lost on follow up
- Assistance with transportation of contact and defaulters tracers through social workers community visit program
WHAT WE HAVE LEARNT SO FAR

• Good adherence to ART decreases chances of MTCT
• Social structural and behavioural intervention as part of prevention messages does have an impact on PMTCT
• Addressing PMTCT at primary health care level has a direct impact compared to addressing it at secondary health facilities
• It is much more cheaper to implement PMTCT program at PHC level and benefits client throughout their lives
Challenges

• Follow - more loss to follow up after delivery that result in poor contact tracing system
• Late bookings and some only present during delivery stage.
• Delay in accessing confirmatory results from NHLS
• Feeding options
• Couples PMTCT counseling, low turn up of male partners
• Difficulties in acceptance and disclosure and limited disclosure support structures.
• Only few shows for the 6 weeks and 18 months confirmatory PCR testing.
Possible Solutions

• Strengthening stakeholder coordination of NGO’s in the district through partners meetings.
• Encouraging early booking for all pregnant mothers (awareness of benefits)
• Utilizing men sectors meeting in promoting couples testing and PMTCT participation e.g. traditional leaders and prominent members within the community
• Empowering health care practitioners in PMTCT program in promoting participation and ownership of the program
• Advocating for male friendly services in local clinics inclusive of ANC
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