

# **Ending mother to child transmission through community action**

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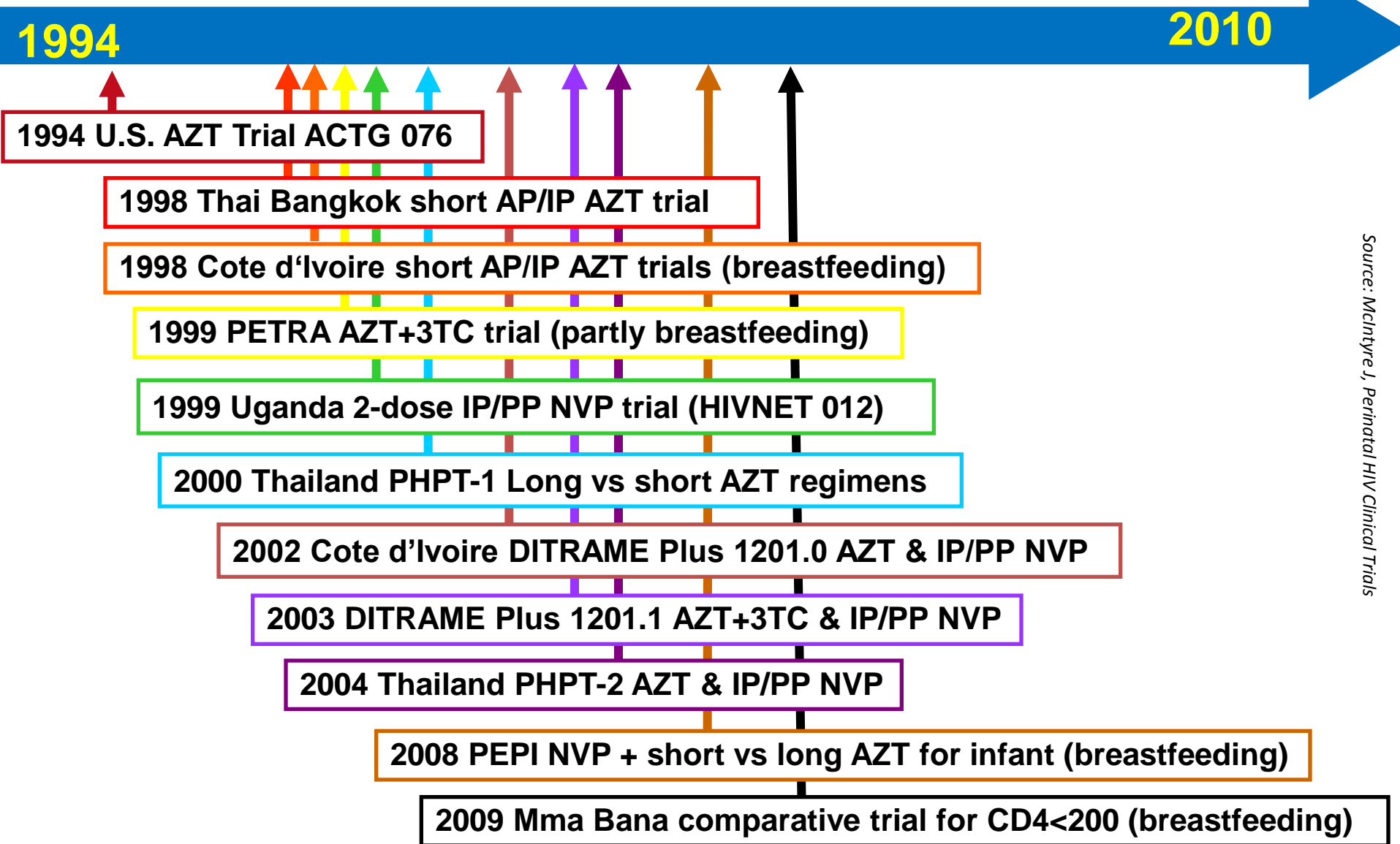
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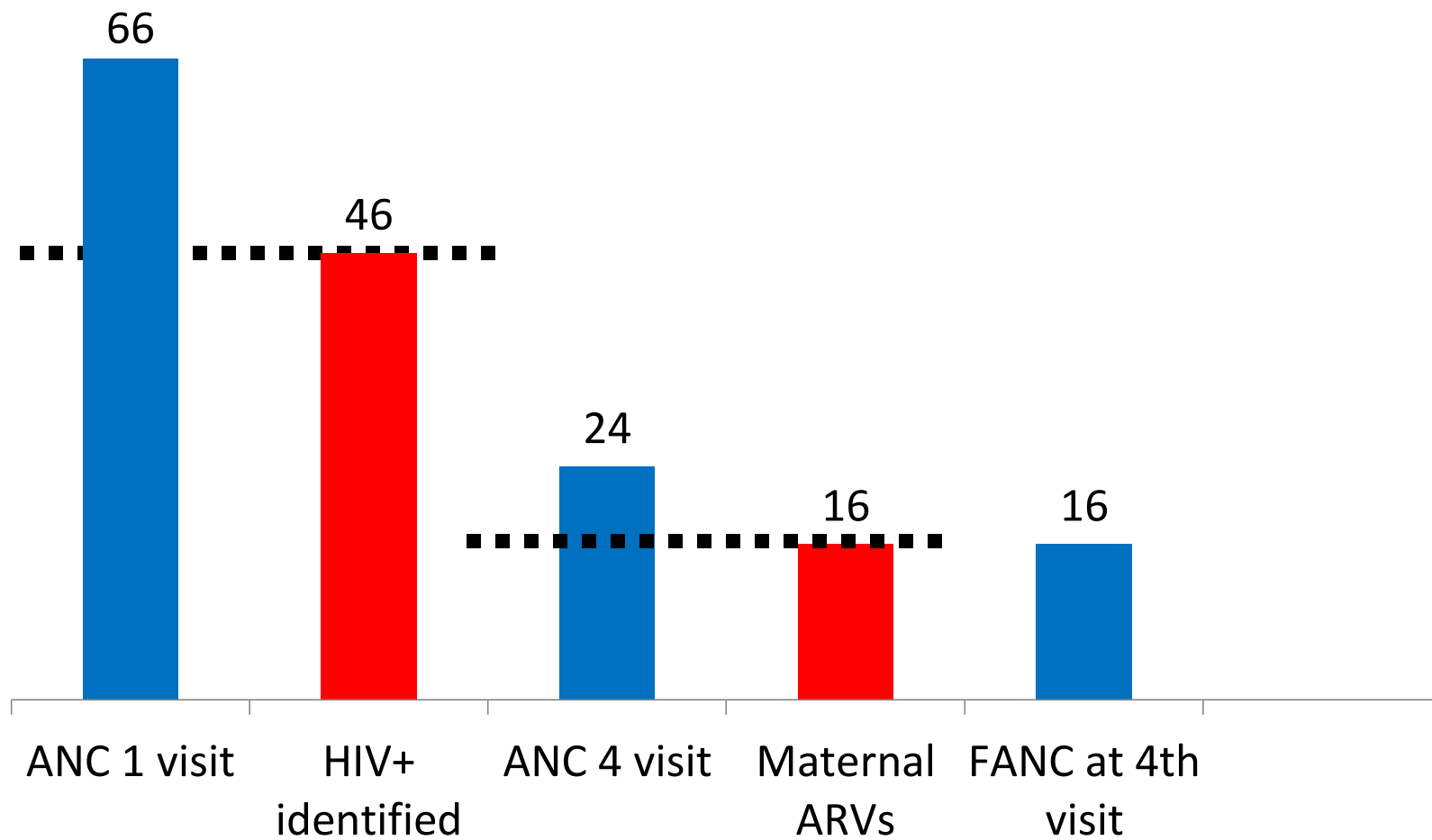
# PRESENTATION OUTLINE

- **An historical perspective**
- **Learning from previous public health successes**
- **Recent bottleneck analysis in Zambia**
- **The design of eMTCT community action design**
- **Conclusion**

# An historical perspective: Tremendous work on finding most efficacious ARV regimens, but less focus in understanding delivery systems



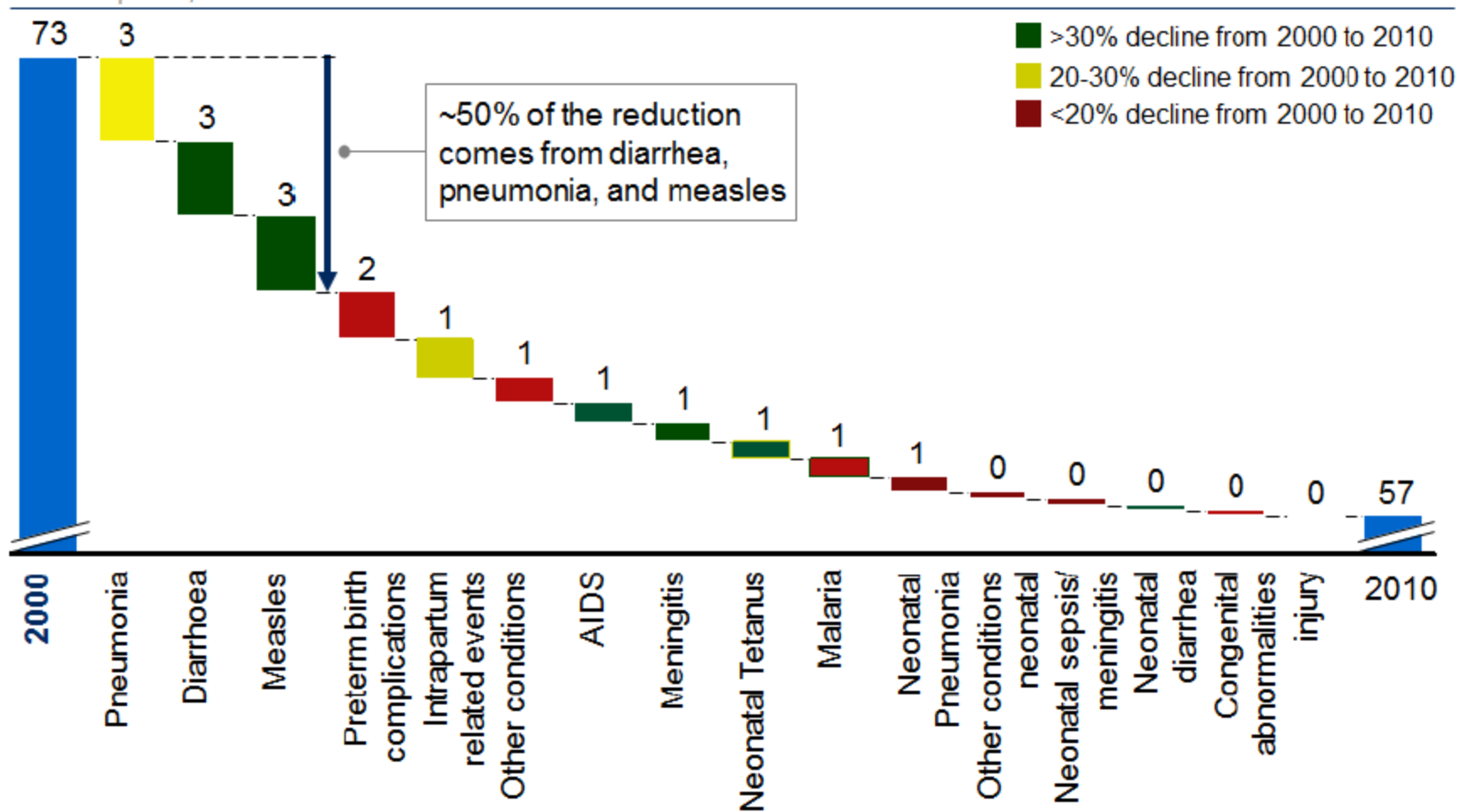
**From recent bottleneck analysis in Zambia: 90% PMTCT coverage by 2015 is feasible, BUT requires better integration in MCH and reaching out outside MCH**



**Figure 2: Coverage of ANC and PMTCT interventions in Samfya district, Zambia 2012**

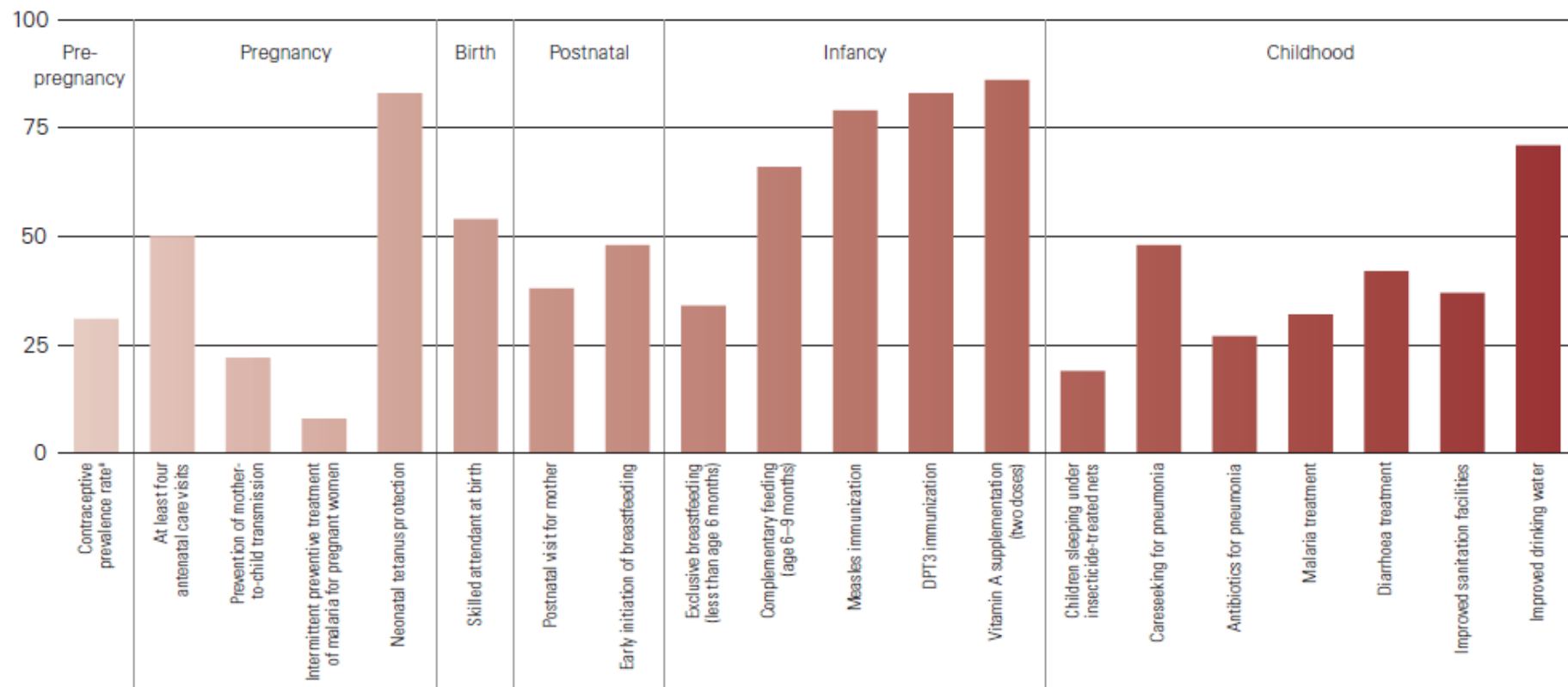
# Learning from other public health programs: Highest reductions in under-five deaths between 2000-2010 seen in diseases with strong community response

Deaths per 1,000 births



# Only 3 interventions > 70%: EPI, vitamin A, access to clean water. What do they have in common?


Median national coverage of interventions across the continuum of care for 20 *Countdown* interventions and approaches in *Countdown* countries, most recent year since 2000 (%)



a. Target coverage value is not 100%.

*Source:* Prevention of mother-to-child transmission of HIV/AIDS, UNICEF, Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO; immunization rates, WHO and UNICEF; postnatal visit for mother, Saving Newborn Lives analysis of Demographic and Health Surveys; improved water and sanitation, WHO and UNICEF Joint Monitoring Programme 2010; all other indicators, UNICEF Global Databases, November 2009, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other national surveys.

## Four success factors in common

1. Government commitment
  2. Increased resources
  3. Strong partnerships
  4. A community response
- 

# UNICEF renewed focus on equity through targeting of marginalized women and children in deprived districts

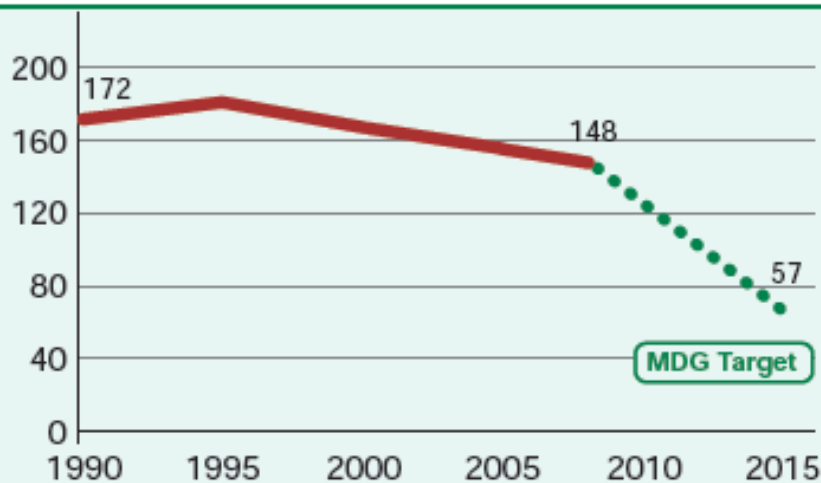
- We use the bottleneck analysis, reduction and monitoring approach or 'MoRES' to identify and address **SUPPLY, DEMAND** and **QUALITY** barriers to access at subnational levels
- We encourage use of programmatic & technological innovations to achieve results with equity for all
- We are now implementing MoRES in 26 countries - 17 focus on health and 8 specifically on PMTCT



# Zambia: Not on track on MDG4 and HIV is one of the main killers

## Under-five mortality rate

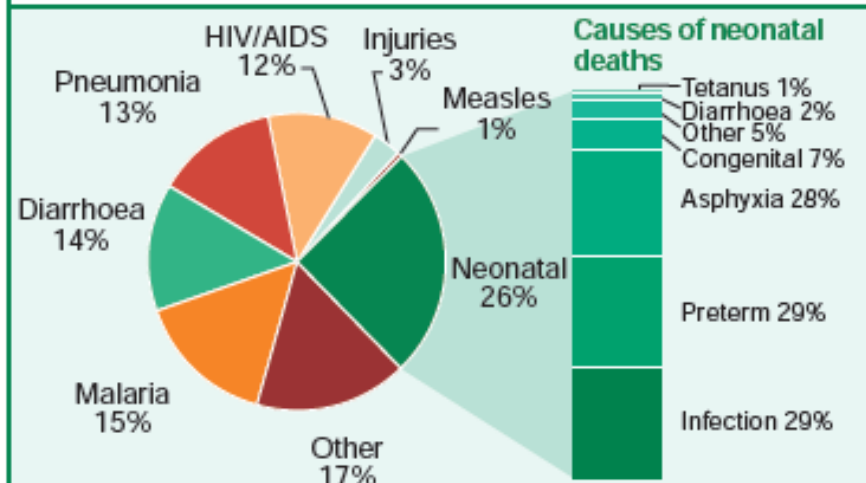
Deaths per 1000 live births



Source: IGME 2009

## Causes of under-five deaths, 2008

Globally more than one third of child deaths are attributable to undernutrition



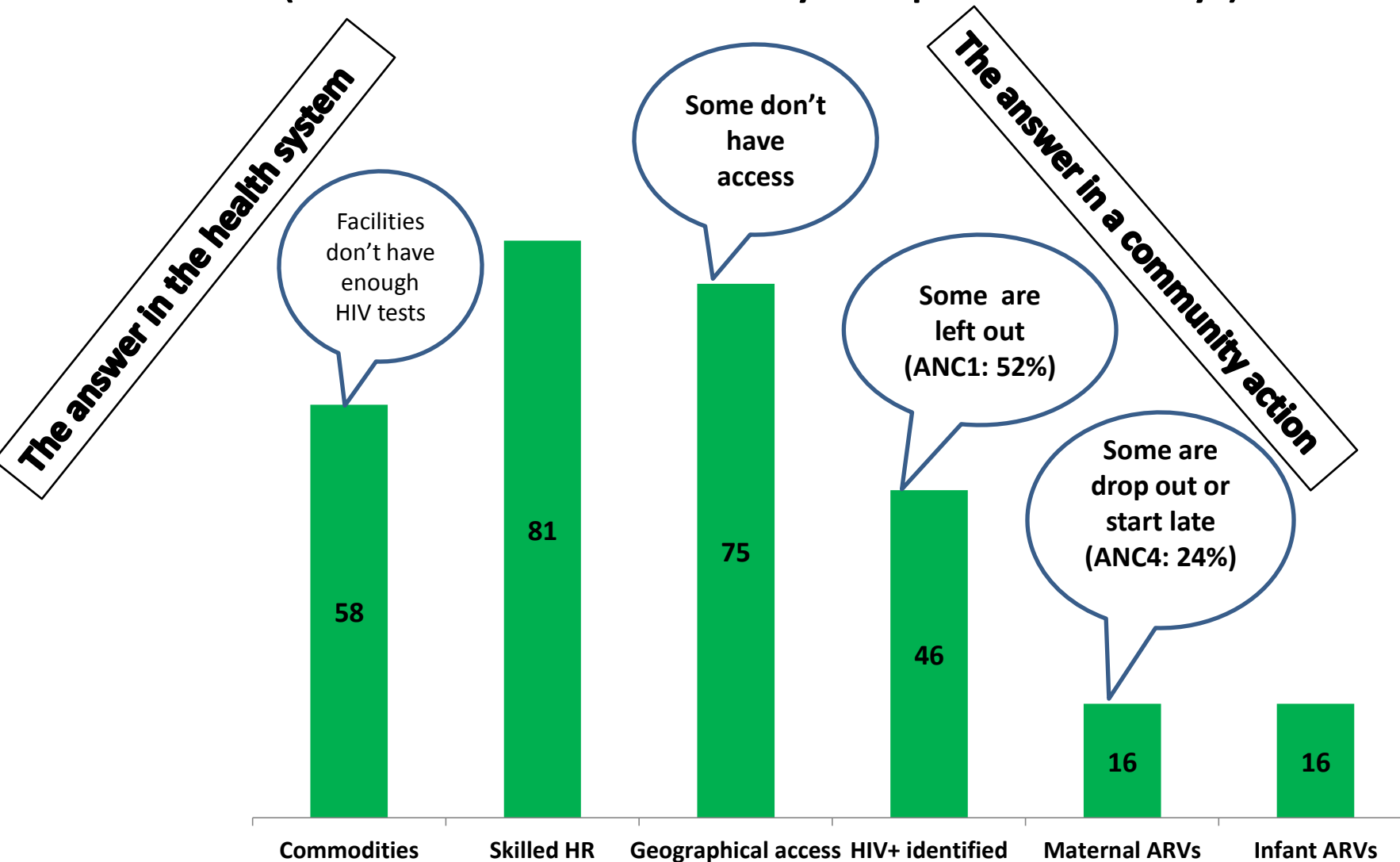
Source: WHO/CHERG 2010

Source: WHO/CHERG 2010

*Source: Countdown to 2015 decade report (2000–2010): taking stock of maternal, newborn and child survival. WHO and UNICEF 2010*

# Some key PMTCT bottlenecks in Samfya, Zambia

(Used data from health facility and qualitative surveys)



Source: UNICEF 2012, HPP bottleneck analysis in Samfya district

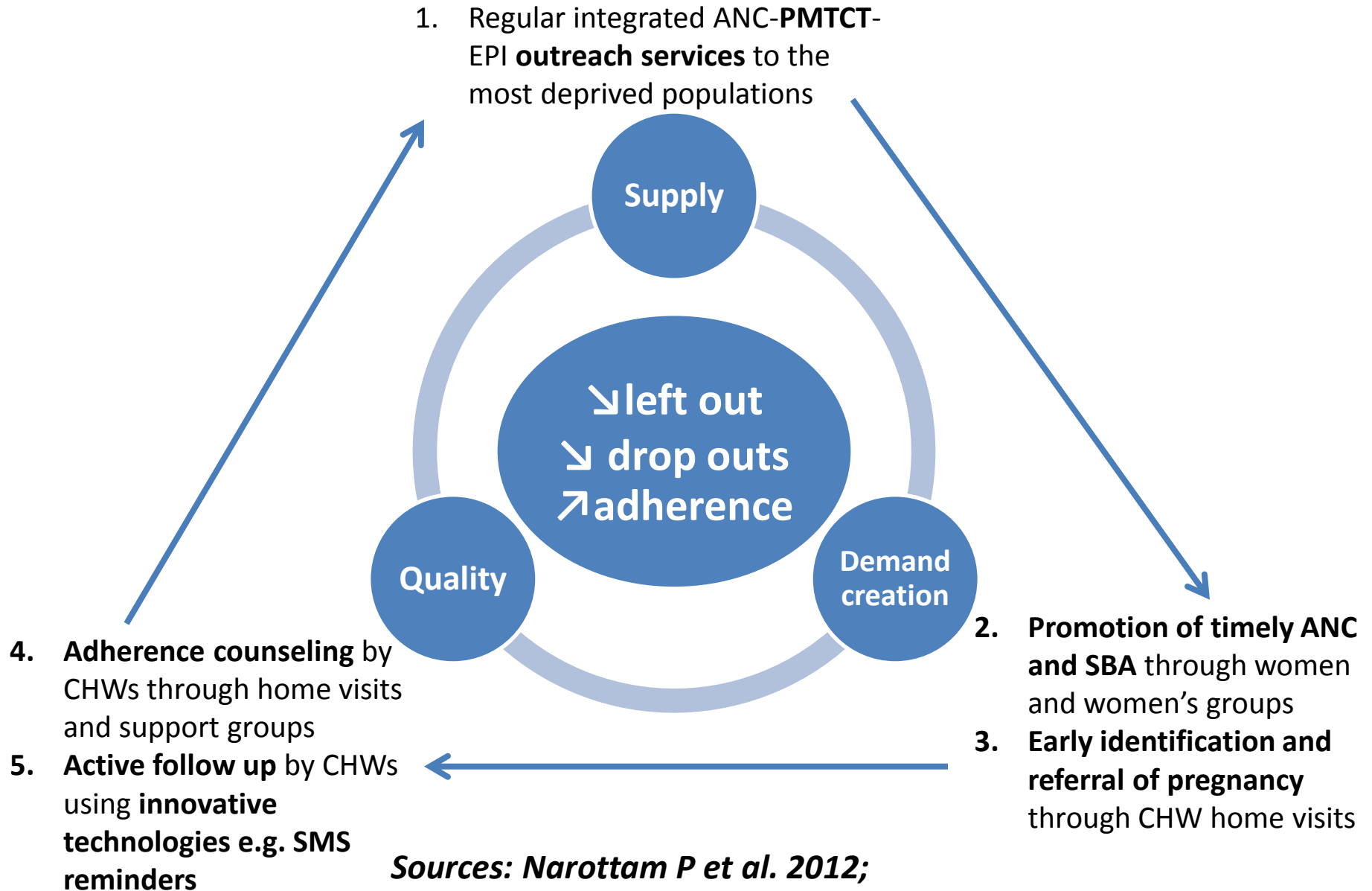
# Intervention: Prevention of mother to child transmission of HIV

Key bottlenecks	Root causes	Management weaknesses	Proposed Solutions/ Strategies
Frequent stock out of HIV test kits	Delayed reporting & underestimation	Inadequate logistics management and forecasting skills	<ol style="list-style-type: none"> <li>1. Train DHMT in SCM esp. in forecasting</li> <li>2. Establish monthly radio reporting in concerned RHC</li> </ol>
<b>Geographical inaccessibility</b>	<ol style="list-style-type: none"> <li>1. Inadequate infrastructure</li> <li>2. <b>Seasonal mobility</b></li> <li>3. Irregular outreach</li> </ol>	Failure to coordinate ANC and EPI outreach services	<ol style="list-style-type: none"> <li>1. <b>Integrate ANC and EPI outreach services</b></li> <li>2. Build zonal waiting mothers home</li> </ol>
<b>More than ½ of HIV infected women missed in MCH despite high ANC testing rates</b>	<ol style="list-style-type: none"> <li>1. <b>Low ANC utilization</b></li> <li>2. Perceived poor quality of ANC due to frequent stock-outs and staff attitude</li> </ol>	HIV tests: See above ANC: Failure to prioritize demand creation & community-based activities	<ol style="list-style-type: none"> <li>1. <b>Prioritize ANC and SBA promotion through C-MNCH in district plan</b></li> <li>2. <b>Empower women (e.g. spouses of local leaders) as MNCH champions</b></li> <li>3. Establish 6-monthly quality of care monitoring</li> </ol>
<b>More than ½ of HIV+ women drop out after HIV testing</b>	<ol style="list-style-type: none"> <li>1. CD4 requirement</li> <li>2. <b>Late booking</b></li> <li>3. <b>Long distance</b></li> <li>4. Perceived quality of care</li> </ol>	HIV tests: See above ANC: Failure to prioritize demand creation & community-based activities	<ol style="list-style-type: none"> <li>1. Introduce POC CD4 testing</li> <li>2. Establish a pregnancy register for cohort follow up</li> <li>3. <b>Establish C-based PMTCT for early ID, support and follow up through CHWs: adherence, SMS-based reminders</b></li> </ol>

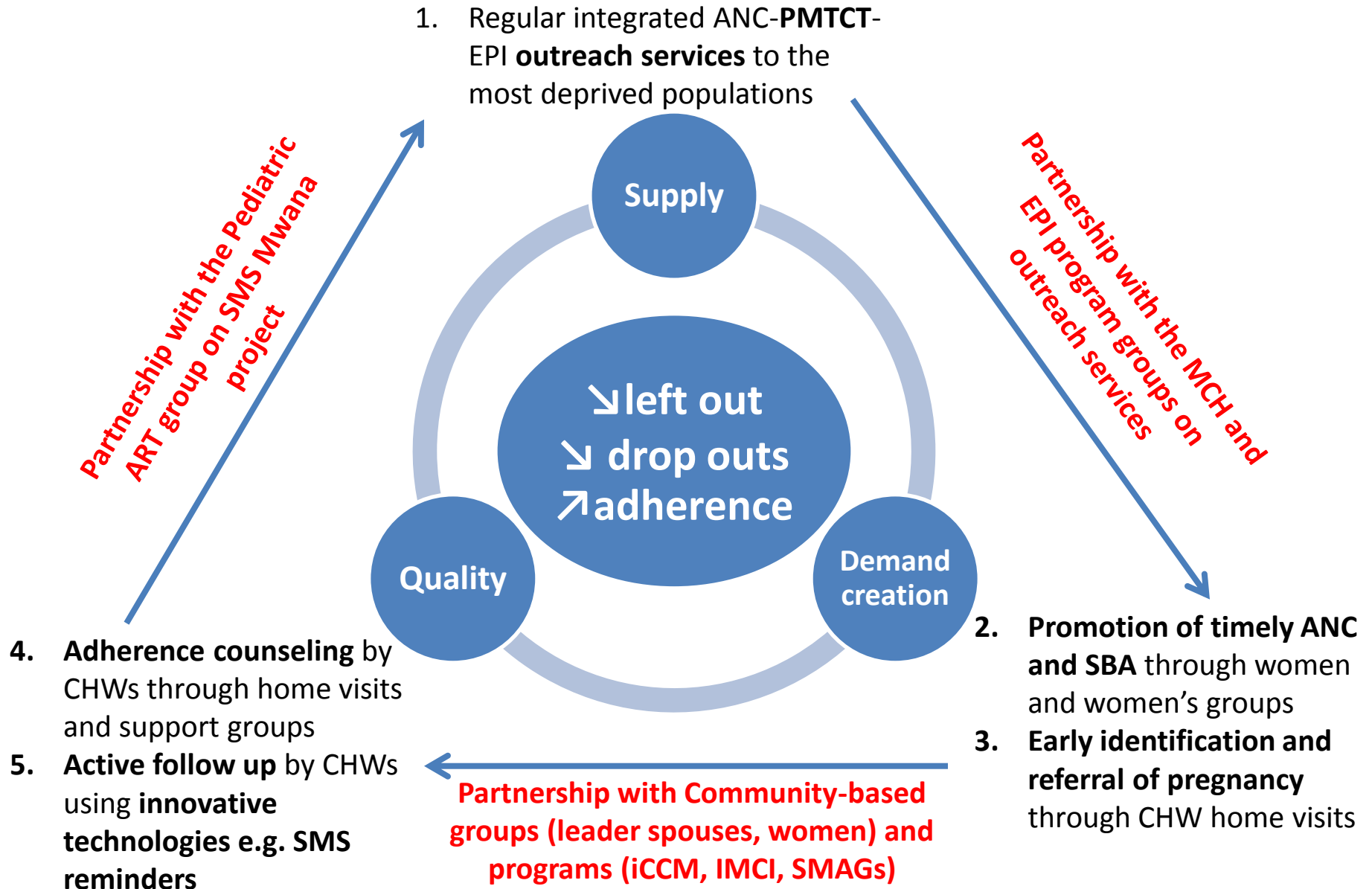
# Integrated community action through UNICEF-CIDA Health for Poorest Population Project (HPP)

- 2-year CIDA grant to UNICEF targeting 4 high burden countries: Zambia, Uganda, Sierra Leone and DRC to:
  - reach unreached and excluded children, women and families with limited access to quality and affordable maternal, newborn and child health services
  - empower communities to make optimal choices, participate in decision-making and adopt behaviors that have a positive impact on health, nutrition and well-being.

# 5 pillars of the HPP eMTCT community response



# 5 pillars of the eMTCT community response



# Conclusion

- Achieving eMTCT with **EQUITY** requires an effective community response with supply and demand component and a policy and programmatic shift from HIV prevention to *HIV-free survival*
- That means:
  - Building new partnerships with community groups (CBOs, women's groups), key institutions (e.g. GAVI, PMNCH) and programs (e.g. EPI, iCCM) to facilitate operationalization at sub-national level
  - Using PMTCT resources to invest in non-HIV MNCH programs such as MNH, EPI and iCCM **and vice versa**
- **Finally, there is need to increase the body of evidence on the “HOW TO” through on-going documentation, evaluation and dissemination.**

**Thanks**