



Photo: Jon Hrusa



ELIZABETH GLASER
PEDIATRIC AIDS
FOUNDATION

No Missed Opportunities: Providing ART in MCH

Susan Strasser, PhD, MPH, PNP-BC
Technical Director
EGPAF-Zambia

Overview of presentation

- Background on barriers to providing ART in MCH
- Strategies to improve coverage
- Pilot of ART in MCH in Zambia
- Next steps

Background

- Access to PMTCT services does not = access to HIV treatment

- Barriers to care include:
 - Physical and economic barriers
 - Health System barriers
 - Attitudinal barriers

Physical and economic barriers

- Physical Barriers
 - Distance to ART sites
 - 300:70
 - Lack of suitable transport
- Economic Barriers
 - Needs of dependents take priority
 - Lack of transport fees
 - Competing priorities

Mongu, Western Province ZAMBIA



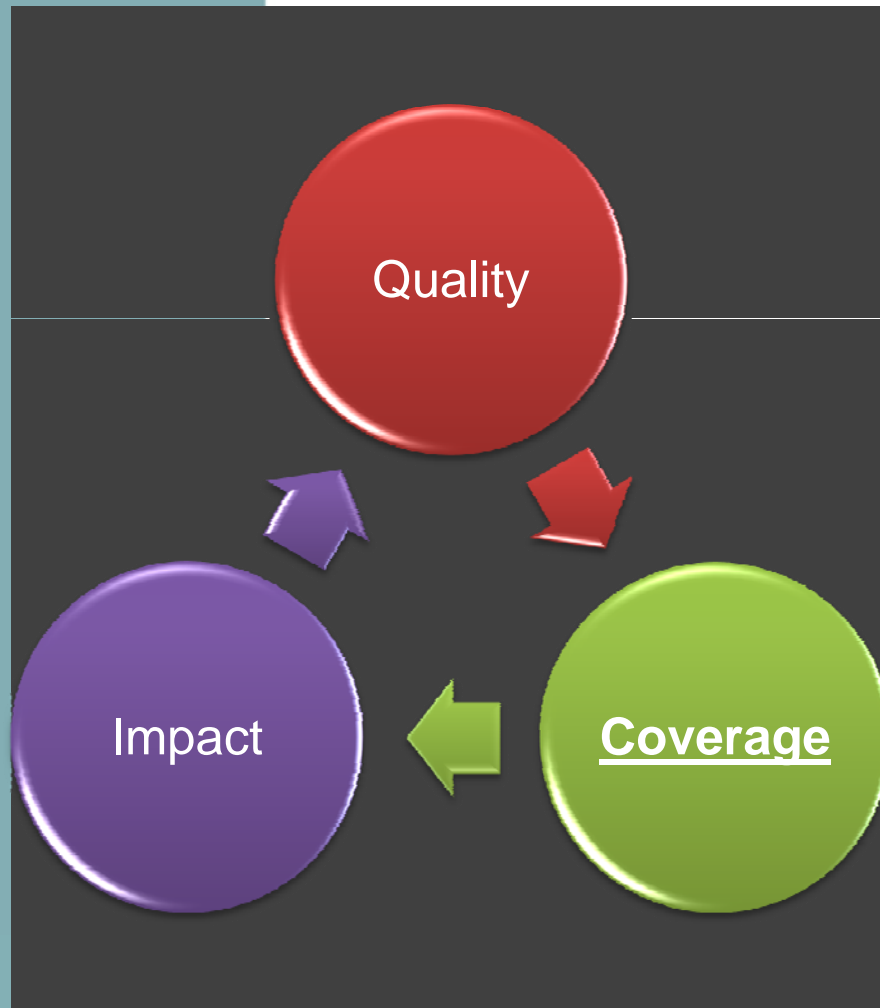
Health system barriers

- Poor referral networks
- Long wait times
- Lack of trained ART providers
- Legal constraints on prescriptive authority
- Lack of primary provider and continuity of care
- Weak lab infrastructure
- Lack of couple counseling

Attitudinal barriers

- Pregnant women are generally “healthy”
- Stigma and discrimination
 - “The white house”
 - “Walking grave”
 - “Go say good-bye to your mother”
- Disclosure challenges and repercussions

Strategies to improve coverage



- Task sharing
- Mobile services
- Point of care diagnostics
- Lab Courier system
- Physical escort to ART sites
- Fast tracking of pregnant women
- Site accreditation
- Adjunct services- POC diagnostics for syphilis, cervical cancer “see and treat” program
- Reflex CD4 testing
- Mother support groups (adherence)
- Expanded role of peer counselor

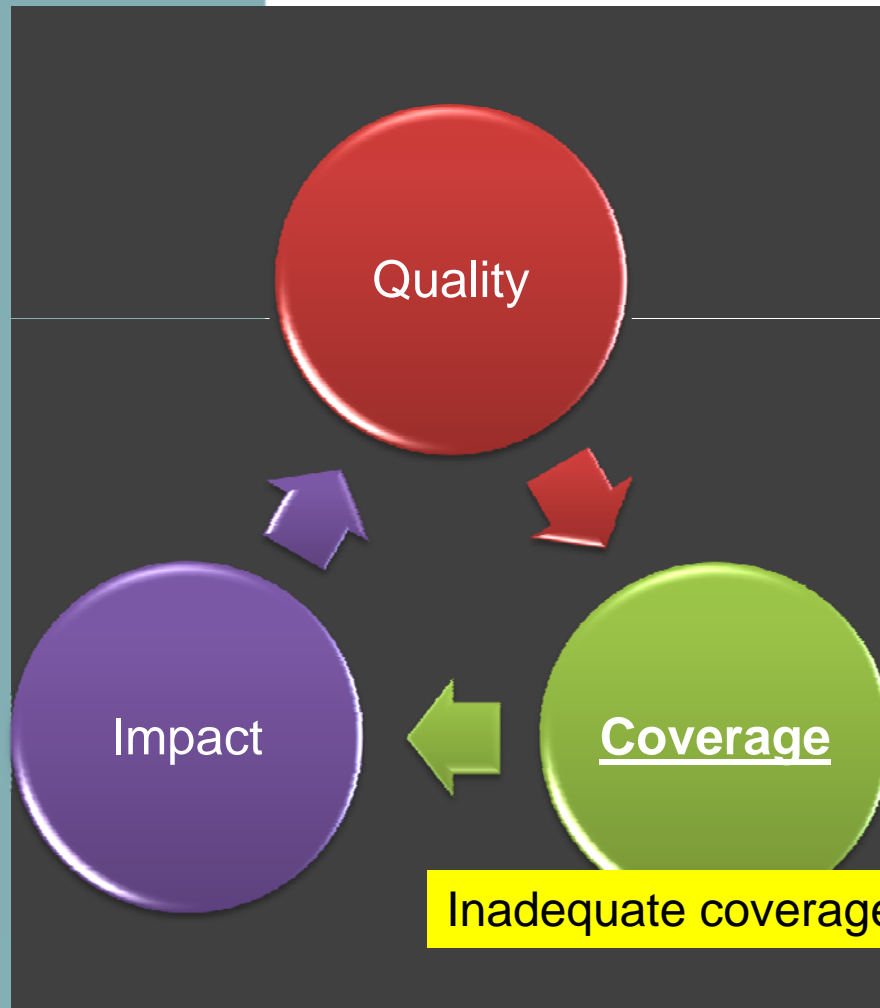
Strategies to improve coverage



Greater use of point of
care diagnostics

=

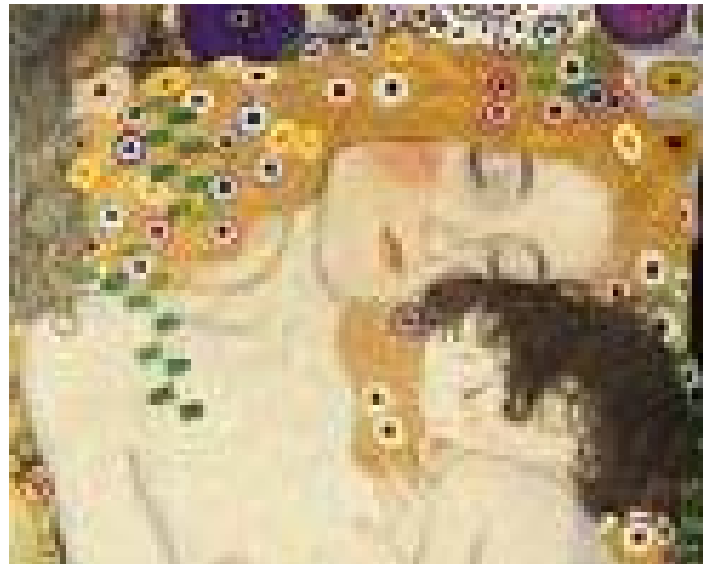
reduced missed
opportunities



Despite many strategies
to improve quality,
coverage remains a
challenge

Providing ART in MCH

- Issue: Less than 3% of HIV-infected women initiated ART during pregnancy in Lusaka district
- Strategy: Creation of ART in MCH clinic to overcome barriers to treatment



ART in MCH: Pilot

- To evaluate whether integrating ART into the Antenatal Care (ANC) clinic increased the percentage of treatment-eligible women initiating ART during pregnancy
- 8 busiest clinics to test difference between referral and integration
- Background characteristics (intervention and control cohorts) equivalent
- Results: OR >2 in favor of integration for enrollment **and** initiation on ART
 - Acknowledgement: WP Killam (2009) CIDRZ

ART in MCH: The way forward

- Since pilot study last year
 - Scale up of number of ART in MCH sites
 - Coverage continues to improve

But...

Human resource challenges remain

In summary

- Integrating ART in MCH is acceptable and feasible
- Coverage improves and potential to reduce vertical transmission improves
- Mothers receive more efficient service and overcome physical, economic and attitudinal barriers
- Human resource challenges remain and affect scale up and scale out to rural areas

Thank you!