

Title: Country adaptation of the 2010 WHO PMTCT Recommendations: a review of experiences from 14 countries in Africa

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Issues: The World Health Organization (WHO) revised its global guidance for PMTCT with draft recommendations released in November 2009 and a full launch in July 2010. Key changes in the recommendations include: increased focus on improving access to CD4 testing and ART for eligible HIV-positive pregnant women, a higher CD4 threshold for treatment eligibility, and longer regimens of combination antiretroviral (ARV) prophylaxis for pregnant women living with HIV and their HIV-exposed infants, including during the breastfeeding period. The revised recommendations are more complex, more costly, and require more follow up to implement. Ministries of Health (MOH) were therefore faced with challenging scenarios and decision-making in adapting national guidelines to reflect the revised WHO PMTCT guidelines.

Description: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) works in 14 African countries supporting MOH to provide HIV prevention, care and treatment services. Many of EGPAF's in-country technical staff actively participate and provide technical assistance in national PMTCT guideline revision decision-making processes. The Foundation tracked progress in the 14 countries in adapting national guidelines in response to the revision of WHO guidelines in order to understand common issues, challenges and decisions reached; and to provide support and technical assistance with the adaptation process. Data were gathered through regular calls with in-country technical staff and synthesis of information from a multi-country on-line discussion forum and international meetings. Progress and experiences were reviewed to identify common themes.

Lessons learned: By June 2011, 13 of 14 African countries where the Foundation works had revised national guidelines to reflect the new WHO PMTCT guidelines. Strong MOH leadership made it possible in several countries to adapt guidelines relatively quickly. There were intensive debates in many countries surrounding the option of two ARV prophylactic regimens (Option A or Option B). Challenges associated with funding were a major concern that officials in all countries had to address during decision-making processes, given the increased costs of drugs and other commodities resulting from the longer recommended duration of PMTCT regimens, the switch to newer tenofovir-based treatment regimens, and the emphasis on CD4 scale-up. Facility and laboratory infrastructure, road networks for transport of laboratory samples, and human resource capacity were taken into account in determining the feasibility of implementing Option A or Option B. There were challenges in some countries in ensuring adequate preparation prior to facility-level implementation. Equity issues included providing the same drug regimens as developed countries, what level of care can be supported in resource-constrained settings, and prioritizing patient populations such as pregnant women for initiation on ART to reduce costs. Scientific evidence on the efficacy of various PMTCT regimens was a major consideration.

Next steps: MOH experiences with adaptation of the 2010 WHO PMTCT guidelines provide valuable insight that can inform subsequent international guideline revision and country-level adaptation processes. The Foundation has been able to use MOH experiences to provide improved support and planning for future adaptation processes to address the challenges noted. Several MOHs tied the adaptation and revision process to the launch of pediatric HIV elimination campaigns.