Prevention of Mother-Child Transmission of HIV (PMTCT) in Pakistan

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Dr. Ayesha Khan
Infectious Diseases and HIV/AIDS Specialist
The National AIDS Control Program
Ministry of Health
Government of Pakistan

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Global Perspective

The costs of inaction or inadequate actions will be tremendous

Pakistan: Epidemiology and PMTCT

- Concentrated epidemic in IDUs, MSWs, Hijras with a low prevalence (<0.1%) in the general population
- Undergoing a rapid transition into FSWs, Truckers, Migrant men
- Concerns: Population 160 million, TFR 4.8, CBR 30/1000, GR 2.1%, high population density (166/sq.km)
- Crude Estimations: 4.8 million births/year: 1% prevalence assuming 35% PMTCT transmission risk (17500 HIV+ babies), 0.5% (8750), 0.1% (1750)

Current Situation

- Reported 40+ cases of +children/MTCT (NACP 2006)
- Anecdotal evidence-growing pockets in rural NWFP and Sindh.

<u>Lack of accurate numbers</u>

- Limited identification of HIV status i.e VCT, pediatric diagnosis
- Low capture of ANC population
- Lack of access to ANC population
- HIV related stigma and discrimination

From PMTCT to PPTCT

The National Strategic Framework

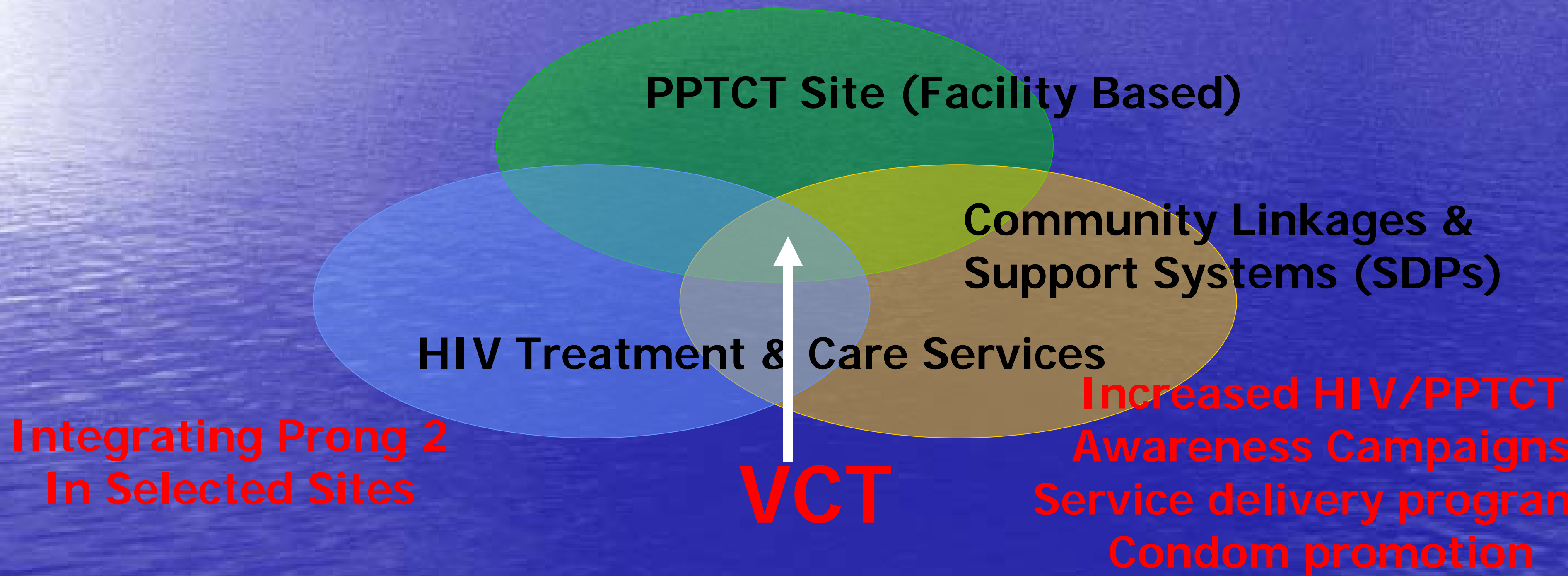
- Based on the 4 Prong Approach
- Main focus of start-up is Prong 3 (and 4)
- Prong 1: Integrating PPTCT messages within the national HIV awareness campaigns and NGOs programs.
- Prong 2: Targeting selected sites and HIV service delivery programs

From PMTCT to PPTCT

Key Questions/Barriers:

- Timely identification of HIV status? (i.e how and who to test)
- Targeting resources: Access to socially marginalized, high risk groups?
- Capturing HIV + pregnant women? (cost effective manner, within concentrated epidemic/low prevalence settings)
- Placement of PPTCT services?
- Feasibility of PPTCT interventions (i.e ARV prophylaxis, infant feeding, facility deliveries)
- Acceptability and outcome of PPTCT interventions

PPTCT Framework



PPTCT Interventions: ARV Prophylaxis

	Maternal HAART Indicated	Maternal HAART not Indicated
Mother Antenatal	HAART	ZDV (28 weeks onwards)
Intrapartum	HAART	NVP (SD) + ZDV + 3TC
Postpartum	HAART	ZDV/3TC x 7 days
Infant	ZDV x 7 days	NVP (SD) + ZDV x 7 days* (or 4 weeks) ZDV/3TC x 7 days**

PPTCT Interventions: Infant Feeding & Delivery Practices

Preferred

- ✓ Avoid Breastfeeding*
- ✓ Avoid invasive obstetrical procedures
- ✓ Perform vaginal delivery**

** unless mother without any ARV prophylaxis

Pakistan's PPTCT Experience

Limited experience (9 cases, 6 months)
ARV prophylaxis initiated: 4 women were 32-36 weeks
5 women 36 or > more weeks

- 5 infants are HIV negative by PCR
- 1 lost to follow up
- 3 infants test pending

Pakistan's PPTCT Experience

- Healthcare: availability of human resources and commodities & supplies, budget, commitment
- Issues of access and identification
- Good acceptance of ARV prophylaxis
- Husband's involvement critical
- BF response mixed (3/9 counseled practiced partial BF)
- Fair acceptance of facility based delivery (6/9)
- Family planning interventions weak
- Referral for support services weak/non-existent
- Good linkage with HIV Treatment and Care Services
- Nutritional support critical

Next Steps

- Operationalizing of pilot sites
- Trainings of healthcare workers
- Roll out of PPTCT interventions
- Building linkages and support systems with NGOs
- Research and information for program scale up
- Future Direction-Review our existing model and pilot community based approaches

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- PPTCT staff and sites
- HIV positive people (women and men)
- PPTCT Technical Team
- NGOs
- GFATM
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- NACP and PACPs
- Ministry of Health, Government of Pakistan

Questions?

Thank you for your participation!