BEST PRACTICES OF COMMUNITY ENGAGEMENT
PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV, SYPHILIS AND HEPATITIS B

Yining City, China
BEST PRACTICES OF COMMUNITY ENGAGEMENT

PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV, SYPHILIS AND HEPATITIS B

Yining City, China
ACKNOWLEDGEMENTS

This best practice report was compiled with the support of several key entities.

The report would not have been possible without the invaluable support of Dr. Sha Wuli, Xinjiang Provincial EMTCT implementation team leader, Xinjiang Provincial Maternal and Child Health Hospital, Mr. Wang Haihong, Deputy director of Yining Bureau of Health and Family Planning, Dr. Ma Yueli, Director of Yining city Maternal Child Health hospital and her team on EMTCT, including members of the China National Committee for the Care of Children (CNCCC), township and village level focal points. Also, our sincere thanks to the women living with HIV peer support group members in Kaerdun and Tashikule townships in Yining.

We take this opportunity to sincerely thank, Dr. Jin Xi, Director, Dr. Wang Ailing and Dr. Qiao Yaping, national EMTCT implementation team leaders, Women's Health Department, The National Centre for Women and Children's Health, China CDC for their overall support.

Special thanks to Xu Wenqing, HIV/AIDS Specialist, for overall support and assistance through each step of this documentation, Xiaona Huang, Maternal and Child Health Specialist, Yuning Yang, Health Officer, and Ron Pouwels, Chief Child Protection, UNICEF China for guidance and support.

Shirley Mark Prabhu, Regional EMTCT, Adolescent Health and HIV Specialist, for facilitating and overseeing the process of documentation and finalization of this best practice, and Kritsada Jirathun, Senior Communication Associate, UNICEF East Asia and the Pacific Regional Office (EAPRO), for support on finalizing the design and layout.

Finally, our thanks to Tani Ruiz, writer and Mary Anne Perkins for assistance with editing.
ACRONYMS

AIDS  acquired immunodeficiency syndrome
ANC  antenatal care
ART  antiretroviral therapy
CDC  Centre for Disease Control and Prevention
HIV  human immunodeficiency virus
MCH  Maternal and Child Health
MTCT  mother-to-child transmission
PMTCT  prevention of mother-to-child transmission
RMB  Reminbi (Chinese Yuan)
UNICEF  United Nations Children’s Fund
Xinjiang Autonomous Region is one of the five provinces of China where HIV and syphilis rates are highest. Yining City (the capital of Yili Autonomous Prefecture) is one of the worst affected places in Xinjiang Autonomous Region. Thus, Yining City was selected for the pilot demonstration for the prevention of mother-to-child transmission (PMTCT) of HIV, syphilis and hepatitis B, implemented by the Government of China, the United Nations Children’s Fund (UNICEF) and other partners. Through implementing the programme, Yining City is achieving higher rates of early testing, early diagnosis and early treatment among pregnant women than have previously been recorded by the Autonomous Region as a whole, and it is even outperforming the national average in some cases. A crowning achievement in Yining City in 2017 was the zero rate of mother-to-child transmission (MTCT) of HIV: all children born to mothers living with HIV were diagnosed HIV-negative at 18 months of age.
Yining City has a population of 580,000, made up of 37 different ethnicities. Migrants from the Uighur ethnic minority group make up about 10 per cent of the population. Most of the HIV-positive women are from the Uighur ethnic minority group and are mainly housewives and farmers. The majority of pregnant women who have tested positive in Yining City acquired HIV from their husbands – mainly injecting drug users. Today, new HIV-positive cases among women are mostly through sexual transmission.
The strong results of the pilot reveal successful approaches rooted in community engagement. The multi-sectoral approach to providing personalized community-based care and support is a critical element, and serves as a model for provinces in China and for other Asia-Pacific countries.

Key results of the pilot demonstration for the prevention of mother to child transmission of HIV, syphilis and hepatitis B in Yining City in 2017:1

| EARLY DIAGNOSIS OF HIV, SYPHILIS AND HEPATITIS B | Some 87 per cent of women in their first trimester of pregnancy were tested for HIV, syphilis and hepatitis B, up from 20 per cent in 2014. This was much higher than the average for Xinjiang Autonomous Region as a whole. |
| HIGH TREATMENT UPTAKE | All pregnant women who tested positive for HIV at the Yining City Maternal and Child Health (MCH) Hospital and went on to give birth were on antiretroviral therapy (ART). One hundred per cent of pregnant women diagnosed with syphilis had at least one course of treatment during pregnancy. |
| HIGH COVERAGE FOR EARLY INFANT DIAGNOSIS AND HEPATITIS B FIRST DOSE | One hundred per cent of children born to mothers living with HIV received early infant diagnosis. Some 99.5 per cent of babies born to mothers who tested positive for hepatitis B received a birth dose of the vaccine and hepatitis B hyper-immune globulin (HBIG). |
| ENDING LOST TO FOLLOW-UP | There are now no HIV-positive pregnant women or those diagnosed with syphilis or hepatitis B who are lost to follow-up. |
| PROGRESS AGAINST STIGMA AND DISCRIMINATION | The PMTCT programme staff say that there is more acceptance of and less discrimination against people living with HIV and much greater awareness of all these diseases as a result of education and advocacy. |

---

1 All data are sourced from the Yining City MCH Hospital, Project Management Office, Yining City, Xinjiang Autonomous Region.
INTEGRATION OF PMTCT INTO MCH SERVICES

In any analysis of success factors in the Yining City pilot, the significance of the Government of China’s approach to health-care management cannot be overstated. Since 2010, PMTCT of HIV, syphilis and hepatitis B has been fully integrated into routine (and free) MCH care. The prevention of new infections of HIV, syphilis and hepatitis B in infants is a top priority for the Government of China, which is backing up its commitment to action with funding at both the central and local levels. Total government investment in PMTCT jumped from US$11.8 million in 2009 to US$119.8 million in 2010, and almost doubled between 2010 and 2016, to US$200.9 million. MCH services in China reach a vast population through 800,000 MCH service providers. These include 3,098 MCH hospitals, 34,000 community health service centres and 37,000 township hospitals.

Virtually all pregnant women in Yining City attend at least one antenatal care (ANC) visit and deliver in a hospital, making the integration of the PMTCT programme in MCH care a fundamental – and winning – strategy. Rapid tests for HIV, syphilis and hepatitis B are standard ANC practices wherever it is provided, be it at the community, township, district, county or prefecture level. Additionally, there are other key entry points for voluntary testing for HIV, syphilis and hepatitis B: at marriage registration, at family planning centres, and at hospitalization for any condition. All of these entry points have helped to increase early detection of the three diseases in pregnant women. All such testing is free of charge, as are the medicines to treat and control those infections.

PMTCT: THE MAIN DRIVERS

The integration of the PMTCT pilot programme into routine ANC, applicable as it is all over China, explains only part of the remarkable progress made in Yining City. The other lynchpins of success in the pilot programme are more contextual and nuanced, and were designed to meet local needs. They are the best practices that are paving the way for triple elimination of MTCT in this city. One example is the system of personalized community-based care and support. This has helped bring HIV out of the shadows and into the open, boosting levels of knowledge and awareness and leading to higher rates of early testing and diagnosis.

The Yining City MCH Hospital has been instrumental in creating and cementing these best practices. As a one-stop shop for PMTCT services, it plays a leadership role in the district-wide PMTCT pilot programme. But the MCH Hospital does not act alone. An efficient referral system (including community-based care and different public health departments) has been put in place to help guide pregnant women to its doors.

---

2 MCH Department, National Health and Family Planning Commission.
BOX 2  BEST PRACTICE: PILOTING AN ONLINE INFORMATION SYSTEM

How can health-care workers know whether a woman from out of town, showing up at a hospital in Yining City just before giving birth, has had any ANC? This is an issue that even an excellent referral system for MTCT prevention services has been unable to resolve. But now, a pilot project for a maternal and child health information system is under way that just might provide a solution.

The initiative, launched in May 2017, is taking place in Hami, a prefecture-level city in eastern Xinjiang Autonomous Region. It is being led by the provincial MCH Hospital in the capital, Urumqi. The wider context is this: Xinjiang Autonomous Region in western China is vast, with a significant migrant population. Men, accompanied by their families, move around a lot, mainly seeking employment in urban areas. By frequently moving, many women lose their local hospital-issued medical history book that only exists in hard copy, and their adherence to PMTCT services is interrupted.

“We have had a few cases of pregnant migrant women showing up only just before delivery at the MCH hospital and discovering that they are HIV-positive after a test that takes time and misses the critical PMTCT treatment opportunity before delivery,” said Dr. Sha Wuli, team leader for the implementation of the program for MTCT elimination at the provincial MCH Hospital in Urumqi.

In such cases it was difficult to know what services they had before and their medical history.

Dr. Sha Wuli
Team leader at the provincial MCH Hospital in Urumqi
Migrant women who start ANC in Yining City and follow their husbands to another destination in the Xinjiang Autonomous Region are also lost to follow-up since there is no way to know their whereabouts when they leave. Mobile phone numbers can change and instant messaging may not work.

The pilot aims to establish an online platform that can track the services migrants have previously had based on information input by doctors. In Hami, the township-level hospitals have already been furnished with computers and software connecting them with the provincial MCH Hospital in Urumqi. The next test is to apply the system at village-level clinics, the first point of contact for many pregnant women, migrant or otherwise.

The idea is that the village doctor will use the computer to record services provided to a pregnant woman. When the patient, acting on referral, goes to a township-level hospital for screening, the township doctor need only enter her identification number and all of her background information will instantly appear. If she tests positive for HIV, syphilis or hepatitis B, she will be referred to the MCH Hospital, which would be up-to-date on her case history and previous prenatal care, and appropriate action could then be taken. With access to this information, hospitals and health facilities would be able to provide optimum services to pregnant women (high risk or otherwise).

If the pilot finds that the village level is not feasible as a starting point, then other strategies will be explored. It may be that the township level works best as the entry point. The objective is to establish links between all levels of service providers (village, township, district, city and prefecture) through access to a single information database.

“Wherever a woman goes, as long as her identification number is put into the system, all the information will be there and services can be provided accordingly,” said Dr. Sha Wuli. “If this works well we will scale it up (to all of Xinjiang Autonomous Region).”

Immeasurable by data but very much emphasized by the mothers themselves is the human element — the devotion of people like Dr. Li Li, head of the PMTCT department at the MCH Hospital, and her staff. These individuals care intensely about the work they are doing to ensure that parents give birth to a new generation of girls and boys free of HIV, syphilis and hepatitis B infection. This is evident in the countless instances of compassion and kindness they display every day — kindnesses that go beyond the call of duty, according to the beneficiaries who, even years later, speak glowingly and with gratitude about individual staff members.
More than 20 years have passed since the first case of HIV was diagnosed (1996) in Yining City and 15 years since the first pilot project for PMTCT of HIV. The programme grew stronger year on year, and by 2007 it included community care, advocacy and other initiatives launched by the hospital with various partners, including UNICEF. The experience amassed over the years has underpinned Yining City MCH Hospital’s leadership role in promoting PMTCT and building a strong foundation for services not just locally, but regionally too.

No effort is spared by the MCH Hospital to prevent the transmission of sexually transmitted diseases to a newborn. Dr. Li Li tells the story of an HIV-positive migrant woman who came from a mountainous area in Yining City. She was married to a man from Yining City and received care from the hospital during her pregnancy. However, when the time came for her to give birth (to her second child), she went back to her home in the mountains, as her clan’s custom dictates. Her first child born at home did not receive medication and was later diagnosed with HIV. To ensure this did not happen again, Dr. Li Li and colleagues drove three hours to her home in heavy snow to provide antiretroviral prophylaxis to her child.

Today, all pregnant women who test positive for HIV, syphilis or hepatitis B in other places (for example, during a first ANC visit at a township or community clinic) are referred to the MCH hospital. Others who are HIV-positive will head there directly if they become pregnant. All HIV-positive pregnant women will progress through the full spectrum of PMTCT services: counselling, confirmatory testing, regular checks of CD4 (white blood cells) and virus load levels, treatment with ART, support through pregnancy and delivery, post-natal prophylaxis for babies, early infant diagnosis, an HIV antibody test for babies, and so on. Those screening positive for syphilis and hepatitis B will also receive the appropriate treatment and care in order prevent transmission of the infection to their newborns.
For the many HIV-negative women living with HIV-positive husbands in Yining City, there is a long-standing, comprehensive programme to provide them with tailored support. Particularly in past years, such spouses were reluctant to access health services, fearing social discrimination and exposure. Most HIV-negative women in serodiscordant couples are housewives who are not economically independent and often have little knowledge about HIV, as well as lack self-protection skills.

The programme, managed by the CDC, currently engages with 872 households. Follow-up for HIV-negative spouses is ensured through house-to-house visits, WeChat, group discussions and get-togethers. Each year some 100–150 events are organized – including information sessions and skills training workshops. Prevention awareness includes condom use and HIV-negative spouses are tested for HIV every six months, or three times per year for those volunteering to be in the research cohort, regarding whom extensive information is recorded.
The MCH hospitals function as one-stop shops for PMTCT services. However, it is the timely and seamless system of referrals, particularly in the first trimester – from the grassroots level up – that is pivotal to the high coverage of PMTCT services and high rates of early diagnosis in the city. Grassroots-level referrals come from township and district doctors, village health workers, peer educators, community-based organizations for women and children’s health, community cadres of the All China Women’s Federation and poverty alleviation cadres.

At the county level, the MCH Hospital collaborates closely with the Centre for Disease Control and Prevention (CDC) in Yining City, the Health and Family Planning Bureau (which oversees the MCH Hospital), the treatment centre located in the Yining City General Hospital, the marriage registration desk, and other medical and maternal health-care agencies. All these are key spokes linked to the hub.

Since October 2013, pregnant women attending ANC have been given free HIV testing. The women testing positive for HIV who decided to continue with their pregnancy were provided with comprehensive interventions, including ART for mothers and antiretroviral prophylaxis for babies, infant formula and HIV antibody tests for infants (early infant diagnosis). In 2017, all HIV-positive pregnant women were on ART. Every baby born to an HIV-positive woman received antiretroviral prophylaxis post-delivery for 4–6 weeks, dispensed by hospitals. The first infant test for HIV is carried out at six weeks of age. As per the schedule, further tests are conducted at regular intervals. All HIV-exposed children are administered an antibody test at 18 months of age to definitively exclude or confirm HIV infection. The dried blood samples for early infant diagnosis are sent to the laboratory in the provincial MCH Hospital in Urumqi, the capital of Xinjiang Autonomous Region.

In 2017 according to the Yining City MCH Hospital, 80 per cent of women who screened positive embarked on the full six-week treatment regime consisting of two courses of penicillin, each lasting for three weeks (one injection per week). All women diagnosed with syphilis received at least one course of treatment. Their infants will be regularly tested for syphilis (about every three months) until the diagnosis is confirmed.

In Yining City, virtually all infants born to mothers with hepatitis B receive a first dose of hepatitis B vaccine within 24 hours, together with a hepatitis B hyper-immune globulin shot. The second dose of the hepatitis B vaccine is administered at one month of age and the third dose at six months.
Launched in 2006, community care and support programmes include community based-activities to promote the psychological well-being of women and children affected by HIV, while providing education and information at the grassroots level. They have enabled many women to access early testing, following the introduction of the first-trimester testing strategy in 2014, as well as PMTCT interventions and treatment for HIV, syphilis and hepatitis B. Learning about sexually transmitted diseases and life skills takes place in different settings, for example, at workshops and group information sessions at community centres. One of the central planks of this programme is face-to-face nurturing and support provided by a well-managed, integrated network of community peer educators.

The Yining City MCH Hospital has recruited eight peer educators, most of whom are living with HIV. They literally knock on doors in their neighbourhoods to identify women who are pregnant, offer their support and facilitate access to services. If a woman is pregnant, she will be asked to go in for testing if she has not already been screened during her ANC visits. Thus begins a virtuous cycle of personal care and follow-up to the point where no pregnant woman who tests positive for HIV, syphilis or hepatitis B is lost to follow-up.

Throughout the years there have been various community care and support projects deploying peer educators in different areas of Yining City. Two townships, Tashikuleke and Kaerdun, have garnered particular attention because of their high HIV prevalence rates. Two peer educators were brought on board in these two townships in 2008 and six more were recruited in 2013 to meet the need. All strong communicators, the six were chosen by the MCH Hospital from among 50–60 HIV-positive women who received some initial coaching to lead neighbourhood support groups. Dr. Li Li, head of the PMTCT pilot programme at the MCH Hospital, and her team provided the volunteers with additional capacity-building on reaching out to, informing and supporting their peers. One of the eight women has since left to work in the treatment centre at the Yining City General Hospital. Her work there involves counselling people about treatment adherence, which is standard practice before medications are dispensed. She is ideally placed to refer any pregnant HIV-positive patients she comes across who have not yet received PMTCT services to the Yining City MCH Hospital.

To help with the home visits, the peer educators carry an official letter from the MCH hospital attesting to their role and wear a badge with their photo. But not all households are receptive to them – at least initially. “The first visit is always the hardest. I’ve had the door slammed in my face,” said one of the peer educators. “They tell you they are fine and don’t need any help.” With persistence however, the most resistant are almost always persuaded to trust the peer educators. One strategy that is highly effective is the sharing of personal experience. “I tell them what happened to me, how I learned I was HIV-positive and how I went on to have a healthy baby by using the services at the hospital,” the peer educator said. “This really helps gain their confidence.”
If a woman is hesitant to go for HIV testing, a peer educator will personally accompany her to the MCH hospital, and to the treatment centre for counselling and combination ART if she is HIV-positive. The rationale is simple: the earlier testing and diagnosis take place, the sooner lifelong treatment can start and the better the outcomes are for mother and baby. In the ‘hot spot’ areas they cover, peer educators have helped propel the early testing rate for the three diseases into the high double digits.

Each peer educator has a caseload of 80–100 women who they are expected to follow up with each month. Mostly they do this through mobile phone calls and WeChat messaging. But the first one or two home visits are crucial – not just for identifying pregnant women, but for building up a sense of trust with them and their family. The peer educators keep a record of each woman they are supporting in a logbook, noting such things as financial status, adherence to treatment, and whether their children or husband have HIV. Husbands of pregnant women will also be asked to go to the MCH hospital for counselling and testing. If a spouse has tested positive for HIV in the past, he will be asked if he is on treatment and will be encouraged to use condoms. Husbands may take part in the conversations but it is the woman who needs to sign the peer educator’s logbook at the end of each visit.
If a spouse knows that his wife got HIV from her first husband, that’s okay, they can usually accept that, putting their mind to rest she is not with someone else.

— Staff member
Yining City MCH Hospital
In addition to the home visits and phone calls, each month the peer educators are tasked with recruiting at least five women to participate in a group activity linked to HIV/AIDS awareness. This can be a community lecture by a health expert, a workshop for skills development or an advocacy event at special occasions, such as at Eid (the Muslim festival marking the end of Ramadan), the Spring Festival, International Women’s Day and Youth Day.

Once a month or so, the peer educators brief the MCH hospital’s PMTCT staff on new pregnancy cases and any specific challenges they face. They can also ask for support and guidance. Indeed, the nurturing provided by the hospital staff is as important as the management, monitoring and capacity-building roles they play for the volunteers. Most of the peer educators were themselves once under the wing of these same doctors and nurses during their pregnancies and are full of gratitude for the PMTCT care they received, resulting in the delivery of healthy babies. Dr. Li Li and her team are equally grateful to the volunteers and are proud of them too, having witnessed their transformation into stronger, more independent and assertive women as a result of their community care work (see ‘Guhar’s story’).

---

**BOX 5**  OVERCOMING RESISTANCE: THE HIV PEER EDUCATOR WAY

Guhar has a wide smile and an animated way of talking. She is a senior peer educator from Yining City with a 10-year track record and a mountain of experience. She first stepped into the role in 2008 and has not stopped since, visiting many homes, meeting many families and changing many minds. Her objective has remained unchanged across the years: to spread awareness about services that prevent pregnant women from transmitting HIV, syphilis and hepatitis B to their newborns and providing support during the process. “I think I have helped at least 100 pregnant women to go for testing,” she says.

Many of the pregnant women she has supported were initially resistant, and not just about getting tested for the three diseases. Some who learned that they were indeed HIV-positive were then reluctant to start treatment – even knowing that there was a high chance of passing HIV to their babies. “When women are resistant it is usually because they are not well educated or because they feel ashamed about their status,” explained Guhar. “Some also believe the medicines are not good for them and will harm their baby. Other women are more fatalistic, believing there is no way of preventing transmission to their child, so they might as well give up instead of taking action.”

Continued
How does she change minds?

“I use my own experience to convince them. I tell them I am HIV-positive and want to help them. I take my medical records and some photos with me and explain that I have been on treatment for years, went through the whole PMTCT programme and delivered two healthy babies.”

Guhar had no idea she was HIV-positive until she went for a pregnancy check-up at a community health centre in 2008. “I still remember vividly, I cried so hard when I got the result. I did not think this could happen to me.” She was referred to the MCH Hospital where supportive staff guided her through pregnancy, delivery and early infant diagnosis. Her baby daughter is now almost nine years old and is a healthy beneficiary of the programme.

She also has a toddler with her second husband, having divorced her first spouse, a person who injects drugs who continued his habit after their child was born (and from whom she acquired HIV). Guhar was reluctant to marry her new partner because he was HIV-negative. To work out her ambivalent feelings, Guhar had several discussions with the former head of the MCH Hospital, Dr. Razyem (who retired in 2016). Dr. Razyem also had a conversation with Guhar’s eager fiancée to sound him out. Yes, he really did want to marry Guhar knowing she was HIV-positive. And so Guhar was won over. When she became pregnant, she did what she was so used to counselling others to do: she headed to the MCH Hospital for ANC. Now, whenever she goes there to pick up some free infant formula, she notes, with pleasure, the items that are always laid out by Dr. Li Li and the staff for mothers with needs, such as shoes and clothing passed on from other families. “They are always thinking of how they can help mothers living in difficult conditions,” Guhar said.

It was after her first child was born that she was approached about being a peer educator. “I speak good Mandarin and Dr. Razyem hoped that I could serve as leader of the peer educators. I was not sure whether I was up for this responsibility. But I said yes, worked for 6–7 months in this role and found out I was good at it.”

Despite some challenging cases, she has witnessed a substantial change in attitudes over the past decade in terms of how women view HIV. While pregnant women living with HIV still typically do not disclose their status to family members (apart from their husbands), they talk very openly to each other in women’s support groups, which can have up to 200 members. Television and radio frequently mention HIV prevention, advising women to get tested at marriage registration and once a year thereafter. For women still coming to terms with their positive status and experiencing feelings of shame, she will make a point of describing the two trips that she made to Beijing, accompanying Dr. Razyem. “That was when I really found out I was not alone, that there were so many women like me. I feel even stronger about the need to reach out and help other women. It’s a privilege and honour for me to be able to do that.”

Today, as well as being a senior peer educator, Guhar is a very successful restaurant manager. She exudes confidence and a sense of well-being and says she has learned so much about life from supporting other women.
INCENTIVES AND SUBSIDIES FOR HEALTH-CARE VOLUNTEERS AND PREGNANT WOMEN

Incentives and subsidies are a key part of the strategy to promote early diagnosis of the three diseases. Community peer educators are paid a monthly stipend based on their caseload. In addition, they receive RMB 100 for each pregnant woman they accompany to the MCH hospital for testing, as well as subsidies to cover transport costs incurred in their outreach activities. Starting in 2015, village health cadres (for example, from the All China Women’s Federation) became beneficiaries of this same subsidy system, receiving RMB 100 for each HIV-positive case they refer to the MCH hospital. Pregnant women who go for testing or who attend a health-related advocacy event are also given RMB 100. At the community level, pregnant women commonly receive handbags, aprons and other gifts – along with communication materials – from local health cadres as an additional incentive to get tested. A subsidy of RMB 120 has also been paid once every six months to the families of children affected by HIV/AIDS.
In Yining City (as throughout China), women who are pregnant and living with HIV, syphilis or hepatitis B pay nothing for antenatal and gynaecological services. They also get free delivery in the MCH Hospital. In addition, HIV-positive women receive a subsidy of RMB 800 to help cover whatever incidental costs are incurred at the hospital where they have their baby. These might be for a caesarean section or some other type of surgical intervention. If they are still short of funds to pay the hospital bill, there are other kinds of assistance they can obtain, such as subsistence allowance under the central Government’s poverty alleviation programme.

Moreover, the vast majority of Yining City residents subscribe to either rural cooperative or urban medical insurance schemes. In the past, many people did not know about these schemes, but coverage for rural cooperative medical insurance is more than 99 per cent today. And for those who lack health insurance and money, mainly the wives of migrant workers, staff at the MCH Hospital say they will never be turned away. In terms of ensuring the confidentiality of women in the PMTCT programme, there is a national policy in place on the protection of confidentiality of people living with HIV/AIDS.

The Yining City MCH Hospital has supported a range of vocational skills training courses, important in a context where many women, especially migrants, have low levels of education and few means to earn an income. Handicraft skills workshops have been particularly popular. The items produced following these trainings have been offered for sale and some of the participants have even gone on to teach the skills they learned to other women. Skills training courses have not only given women the opportunity of earning a livelihood, they have also empowered them with a novel sense of confidence, resulting in more social interaction and ultimately improving their quality of life.

Another initiative is seed funding. The Yining City MCH Hospital has provided eight HIV-positive women with RMB 3,000 to set up small shops and businesses so that they can provide a stable income for their families. One woman bought a sewing machine with the funds and made hats. She did so well that she was able to buy a more advanced sewing machine and start a new business making curtains. Another woman used the funds to make slippers, selling 300 pairs through the Association of Industry and Commerce in coordination with the MCH Hospital.
According to health service providers in Yining City, the social environment has changed much for the better. When the PMTCT pilot programme first started, if there was a HIV-positive woman present, everyone was nervous and would take preventive measures. These days, health-care workers are comfortable and relaxed around their HIV-positive patients, viewing HIV as a chronic disease like any other. Even though disclosure still tends to be a very private affair – women usually only tell their husbands – the vast majority of HIV-positive women make regular trips to the treatment centre and take the medication prescribed to them.

Many beneficiaries of the Government’s poverty alleviation scheme are families affected by HIV who are in regular touch with cadres working on poverty reduction at the grassroots level. “Not one of these cadres has ever asked for a transfer to another district just because there are HIV-positive households. On the contrary, they are working very closely with those families to provide support and a safety net,” said Wang Haihong, Deputy Director of Yining Bureau of Health and Family Planning.

The peer educators agree that heightened awareness has fed into stigma reduction, resulting in a less discriminatory environment overall for people living with HIV. For example, they say that while children from HIV-affected families may have been stigmatized at school in the past, this is no longer the case. Teachers know not to disclose the status of an HIV-positive girl or boy, and to simply treat them just like any other child.

I think for the small number of people who refuse to take medicines – mainly from the migrant population – it is not that they fear stigma or discrimination. It’s because they still lack awareness about HIV and also because they are here today but gone tomorrow.

Dr. Li Li
Head of the PMTCT department at Yining City MCH Hospital
Health education is pivotal to preventing new cases of HIV, syphilis and hepatitis B in women and men. The educational activities that have been organized by a host of different partners cover not only sexually transmitted diseases, but all aspects of MCH, including the prevention of neural tube defects through folic acid supplementation for mothers and good feeding practices for children. Since 2011, the Yining City MCH Hospital has worked with township and community health clinics and women’s associations, encouraging them to organize at least two health advocacy/education events every year – be they lectures, dances, contests or even performances. For each activity organized, a subsidy of RMB 400 is paid.

Given that the majority of people living with HIV are from the Uighur ethnic group, all information and educational materials (such as brochures and posters) on HIV, PMTCT of the three diseases, and other health issues are produced in the Uighur language, as well as Chinese and some in Kazakh. Radio and television public service announcements have also been broadcast in ethnic minority languages. Thus, language has not been a barrier to awareness raising.

Some women living with HIV have unplanned pregnancies, either due to a lack of contraception or because their contraceptives fail. As part of efforts to address this issue, the National Centre for Women and Children’s Health, CDC China and the Yining City MCH Hospital launched a pilot project in 2015–2016. During the baseline survey, 120 HIV-positive women in Yining City were asked about their contraceptive practices over the previous year. Participants were coached on how to use contraceptives correctly, including on the proper use of condoms, with each participant asked to demonstrate with a condom after the session. Following this, face-to-face follow-up visits by township and village health cadres were then made to 60 HIV-positive women volunteers. When asked about their condom use over the past month, half (50 per cent) reported that their husbands used condoms consistently during sex. “While this doesn’t seem very high, it is huge progress since women from ethnic minority groups tend not to use condoms much,” said Dr. Li Li, head of the MCH Hospital’s PMTCT department. Note that efforts are made to raise awareness among men – both those who are HIV-negative and positive – on the use of condoms, be it during home visits by peer educators, at HIV testing or when a pregnant woman is accompanied by her spouse to ANC visits.
Mubaarak keeps her antiretroviral medication in a plastic container stored well out of her children’s reach. Her schedule is down pat: two pills in the morning, four in the evening, at the exact same time every day with never a day missed. There is no room for slack or complacency. She knows adherence is the key to her continuing good health. At 34, she still has many years ahead of her and three children to bring up, the youngest of which is 18 months old. Every three months she makes the journey to the treatment centre in Yining City to refill her medications. It takes an hour to get there by bus from her home in a village in Bayandai Township and an hour to return, but she has no complaints. When asked whether she experienced any side effects from the medication, she categorically shakes her head.

The story of how Mubaarak, an ethnic Uighur, contracted HIV is all too familiar. Her first husband was a person who injected drugs. This was in the early 2000s when transmissions of HIV in Xinjiang Province began to skyrocket through the sharing of contaminated needles. Major advocacy campaigns against group use of injecting drug equipment had only just begun. When her first husband learned he was HIV-positive, Mubaarak was asked to take a test and found out about her positive status. Does she feel angry towards him? “No. He didn’t do it on purpose,” she said.

“He didn’t know about HIV.” He died, and the child they had together lives with the paternal grandparents.
Her husband is tested for HIV every three months and always wears a condom. He is the only person (apart from medical staff) who knows about her HIV status. She does not know of any other women in the vicinity living with HIV but she is a relative newcomer to the village, having always lived in Yining City before marrying her spouse.

“I don’t have many worries,” she says about her life these days, faithfully taking the medication that keeps her healthy and content with her role as a wife and mother.

The man Mubaarak subsequently married was HIV-negative. This time when she got pregnant (in 2007), she went to the MCH Hospital where she was given a single dose of nevirapine, as was her newborn baby. That was the treatment regimen followed at that time for women whose CD4 levels were above 350. It was during a subsequent pregnancy, in 2010, that she was put on life-long ART. It was also during this pregnancy that her husband left her. Mubaarak met her third husband two and a half years ago. Like her second husband, he is HIV-negative. It is very uplifting to hear that he is “really good” to her, especially after all the hardship she has been through.

Mubaarak is known to many at the MCH hospital. All her children – apart from the first – were born there. In each case, she followed the PMTCT protocol and her two daughters and son are HIV-negative. The two eldest, aged 10 and 4, take care of their toddler sibling while she talks about her life and the good care she received from the hospital.

At first I worried that the (antiretroviral) medication might affect my unborn child. But when the MCH staff explained things to me I realized it could benefit my child instead.

— Mubaarak
HIV-positive ethnic Uighur

Her husband is tested for HIV every three months and always wears a condom. He is the only person (apart from medical staff) who knows about her HIV status. She does not know of any other women in the vicinity living with HIV but she is a relative newcomer to the village, having always lived in Yining City before marrying her spouse.

“I don’t have many worries,” she says about her life these days, faithfully taking the medication that keeps her healthy and content with her role as a wife and mother.
To increase first-trimester testing rates, the Yining City MCH Hospital launched a pilot project in four townships to provide capacity-building to community health workers, including the All China Women’s Federation cadres. Virtually all community health cadres in these sites received training and, as a result, testing rates dramatically increased.

Township hospitals provide health education to village doctors, a role they take very seriously. Every month, for example, Kaerdun Township Hospital (a 20-minute drive from Yining City centre) carries out spot checks in the nine villages under its administration. This happens as follows: Four staff members from the township’s MCH office deploy in the different villages and make unannounced house calls (spot checks). Just like the community peer educators, their job is to identify pregnant women, but for the purpose of checking whether the information and advice these women have been given by the village doctor – who likely will have visited them after marriage – is correct.

Based on these spot checks the village doctors are given performance ratings. These spot checks also provide the basis for the twice-monthly ‘exams’ that are given to all the village doctors (written or oral, depending on the doctor’s native language). Questions might be about specific treatments and doses for syphilis and the transmission modes of various diseases, depending on what gaps the spot checks revealed. One test is given before a monthly education session conducted by the township doctor and the second one after this in order to gauge how much knowledge the village doctors have taken in. The township doctors then provide feedback.

Village and township doctors are linked through a WeChat group, while township doctors have their own mobile phone discussion forum through which they can support each other and discuss cases. Moreover, doctors at township hospitals are themselves tested and given feedback each month by the Yining City MCH Hospital. Even doctors at this hospital are tested by a team at the provincial MCH Hospital in Urumqi, the capital of Xinjiang Autonomous Region. This system helps to ensure that doctors at every level of the health-care ladder are dispensing good, solid advice.
There are, as one would expect, a number of challenges that Yining City faces in its efforts to further improve PMTCT services and sustain low rates of MTCT. For example, MCH Hospital staff point out the need for additional mechanisms between the various entities involved in PMTCT (CDC, township hospitals and clinics, the All China Women’s Federation, National Health Commission, community workers) to better coordinate efforts for the early identification of positive cases and interventions to eliminate MTCT.

Other issues relate to the culture and dynamics within migrant worker communities. The social status and education level of women in these communities is still quite low; thus they tend to have less awareness of PMTCT services and are less likely to seek ANC during pregnancy. At the same time, it is not unusual for a pregnant woman from another part of the Xinjiang Autonomous Region to arrive in Yining City to have her baby. Often times a woman from another place will only be diagnosed with HIV (or syphilis or hepatitis B) at the time of delivery, with few interventions then possible. In

addition, a pregnant woman diagnosed with HIV, syphilis or hepatitis B who leaves Yining City is subsequently beyond the programme’s reach – there is no way to provide follow-up. The pilot project for an online information system has recently been launched to investigate a solution to this problem.

The amalgam of best practices for PMTCT, including strong MCH hospital leadership, solid multi-sectoral coordination, and personalized community-based care and incentives, has transformed a pilot programme into what may be a standard-setting blueprint for eliminating MTCT. Yining City was able to unite the sustained momentum, wide participation and solution-minded creativity needed for fast-tracking progress, underscored by sufficient resource management. The MCH Hospital staff and all those involved in this mammoth undertaking can rightfully feel proud of the results they have collectively achieved. Far from resting on their laurels, however, they are redoubling their efforts to reach the goalposts: achieving and sustaining the elimination of the three diseases.
UNICEF East Asia and Pacific Regional Office

P.O. Box 2-154
Bangkok 10200
Thailand

Telephone: (662) 356-9499
Fax: (662) 280-3563
Email: asiapacificinfo@unicef.org

www.unicef.org/eap