



Reconceptualizing PMTCT: A Paradigm Shift

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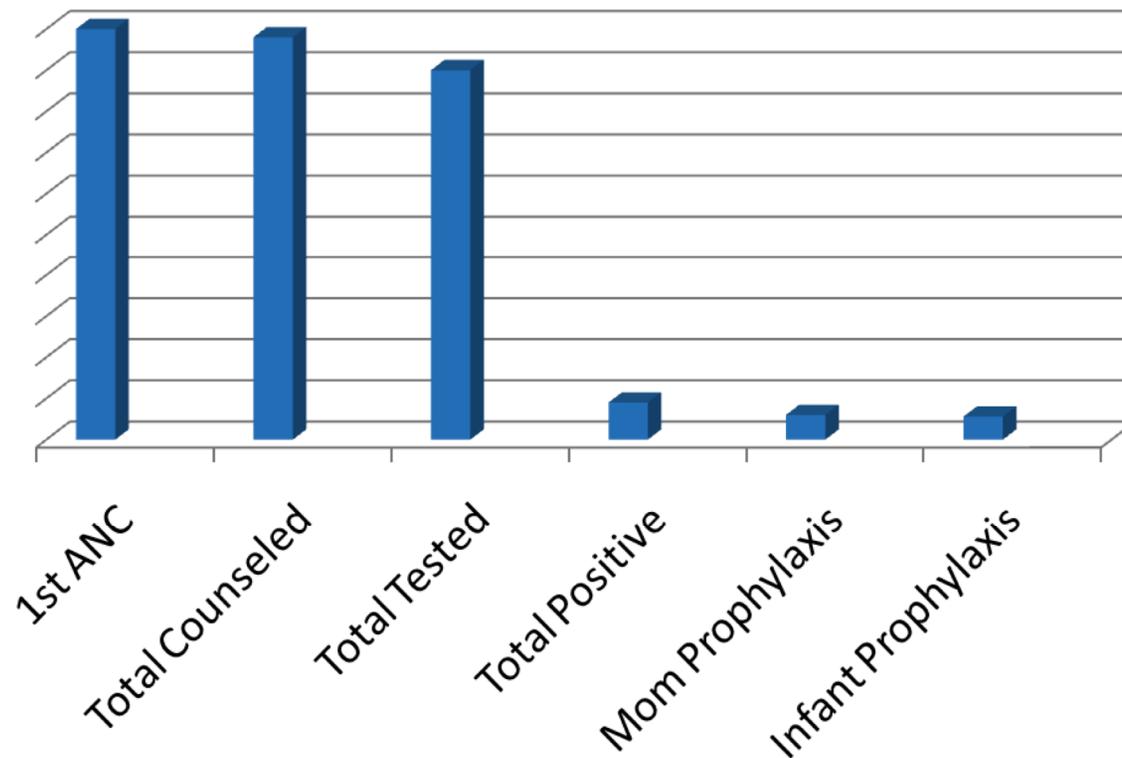
Outline of Presentation

- Current PMTCT Cascade
- A Paradigm Shift
- ICAP PMTCT Program Update
- Summary of achievements and challenges
- Way Forward

Current Paradigm

- PMTCT is a focused intervention that occurs at during a discrete period in time
 - It begins somewhere in pregnancy and ends at delivery or slightly thereafter
 - It aims to prevent HIV transmission from mother to baby

Current Cascade: Process oriented



Limitations

- The current paradigm is not inaccurate but it is limited, with the following implications:
 - Separation of PMTCT from other aspects of chronic HIV care and treatment
 - Missed opportunities to risk stratify
 - increased risk of HIV transmission and maternal disease progression/death in women with advanced HIV disease
 - Missed opportunities to focus on infant health and follow-up
 - Limited attention to the interrelationship between mother and infant health
 - Limited attention to other interventions relevant to women and children, such as family planning, nutrition
 - Focus on process, rather than on meaningful outcomes

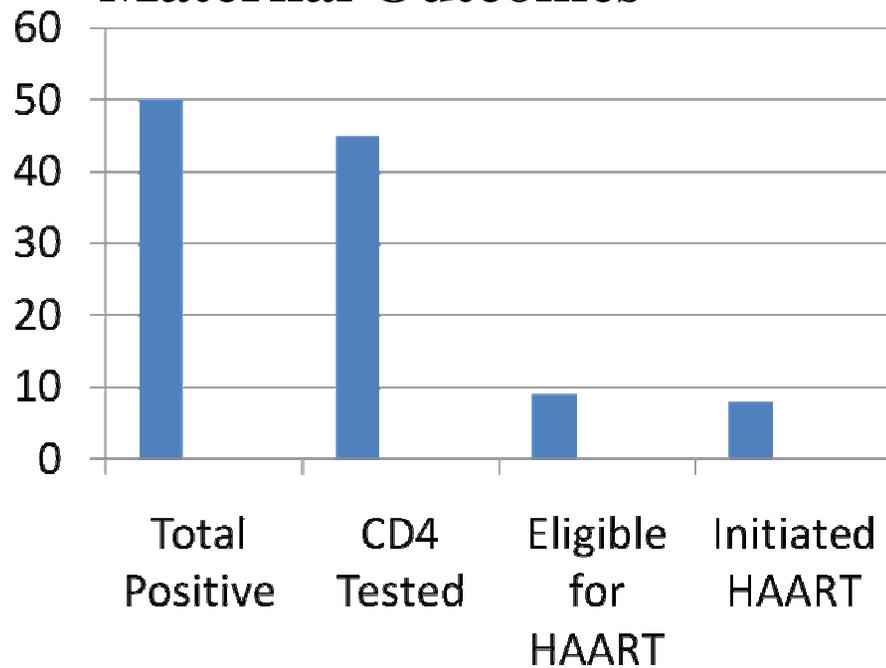
A New Paradigm

Desired Outcomes of PMTCT

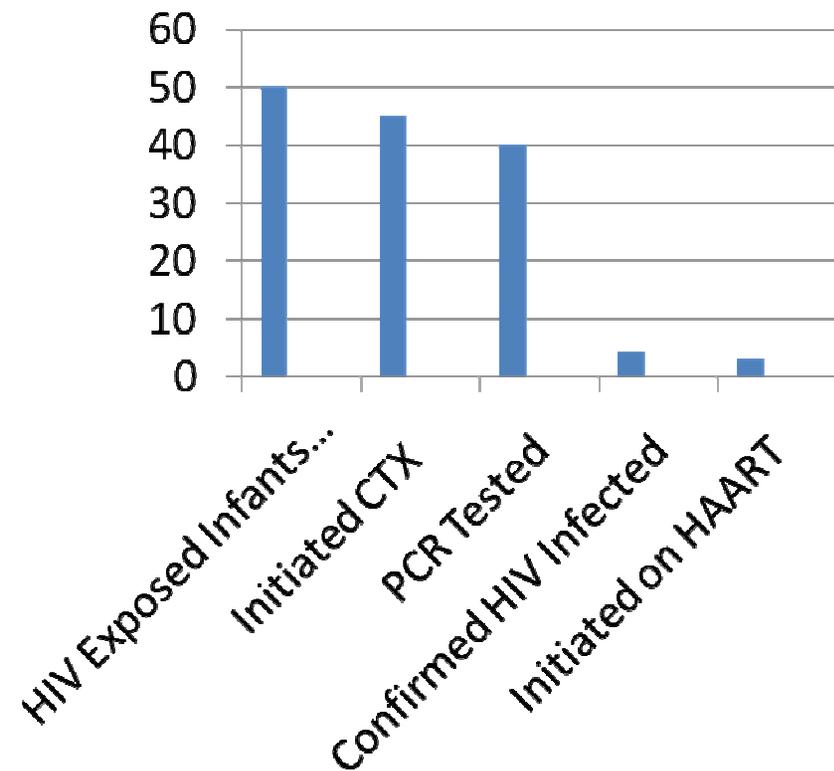
- Decreased morbidity and mortality in HIV infected women
- Increased child survival – preventing HIV infection (HIV-free survival) and decreasing mortality and morbidity in HIV-exposed infants
- The synergistic relationship between the two

New Cascade: Examples

Maternal Outcomes

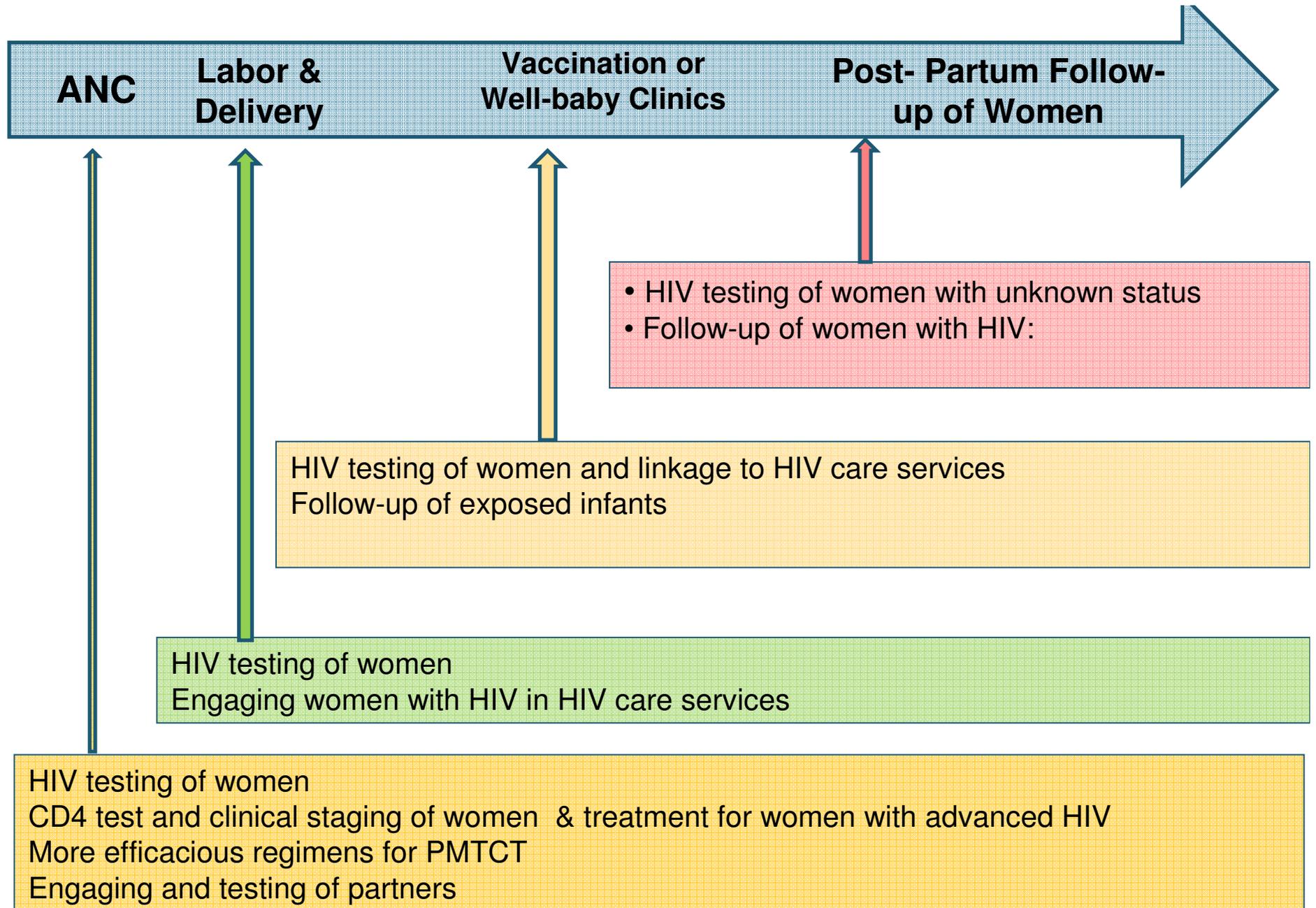


Infant Outcomes



Other Possibilities

- Enrollment of mother into care post-partum
- Receipt of reproductive health care
- Testing of other children in household
- Partner testing and enrollment
- Receipt of breastfeeding support and reevaluation during breastfeeding
- Family focused care
- TB and co-morbidity assessment and management



Specifically, we are building PMTCT programs on this broader platform:

1. Identify HIV status: testing & counseling for women and infants across all services: MCH including immunization clinics, and other
2. Assess health status and ART eligibility for *all* pregnant women within MCH
 - Clinical evaluation, CD4
3. Provide efficacious multi-drug ART regimens to pregnant women within MCH
 - Short course (AZT+ sd-NVP)
 - HAART for women with advanced disease

Broader Platform (II)

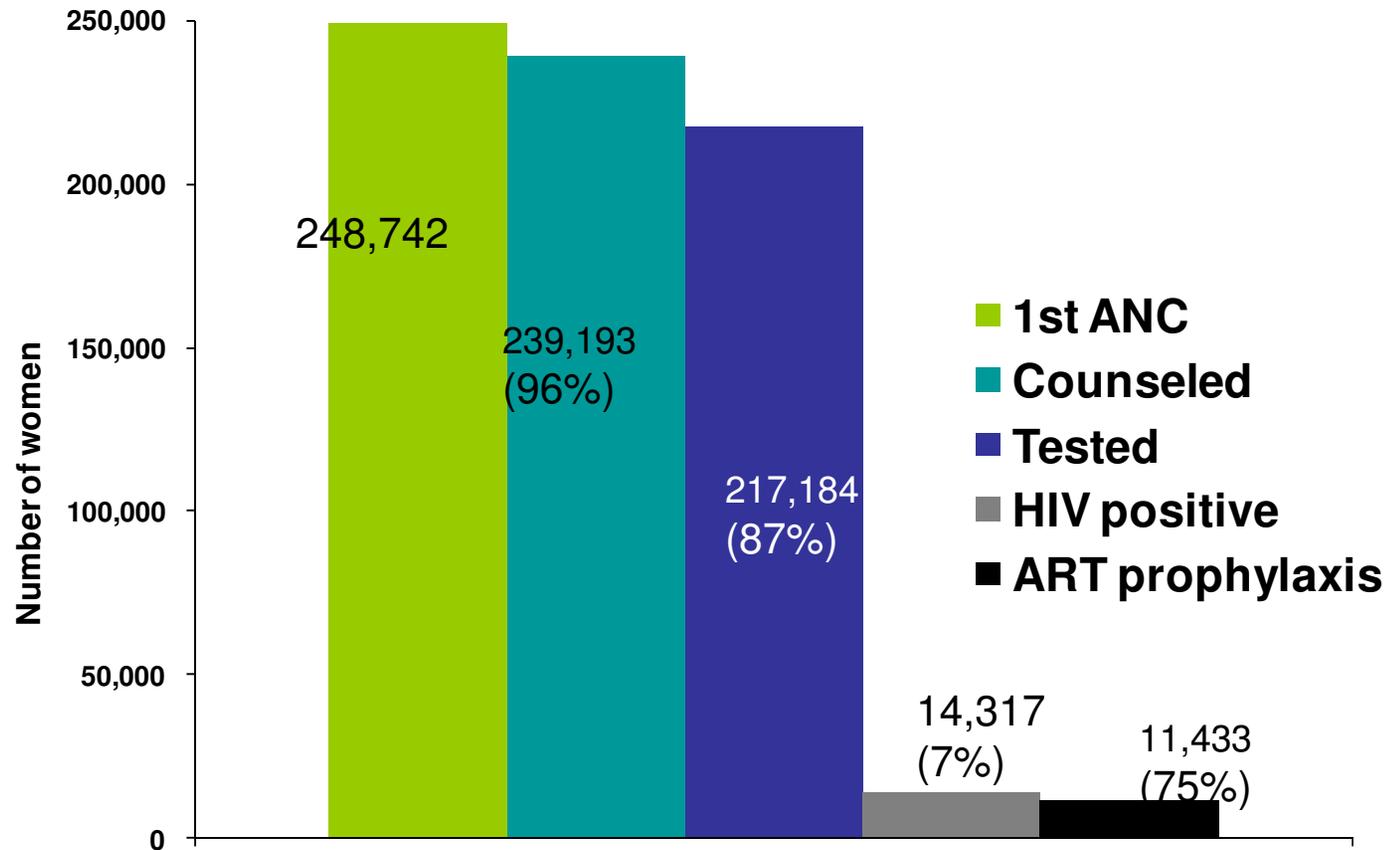
4. Provide effective follow-up for *all* HIV-exposed babies to ensure a comprehensive package of care:
 - ART prophylaxis and cotrimoxazole
 - Growth monitoring
 - Monitoring for evidence of HIV disease (clinical monitoring)
 - **Early** infant diagnosis
5. Provide follow-up and comprehensive services for all HIV+ mothers after delivery including access to reproductive health services, nutrition support

ICAP Progress to Date

PROGRAM RESULTS

Current Cascade Antenatal Care Settings

January 2007 – June 2008 (18 month period)

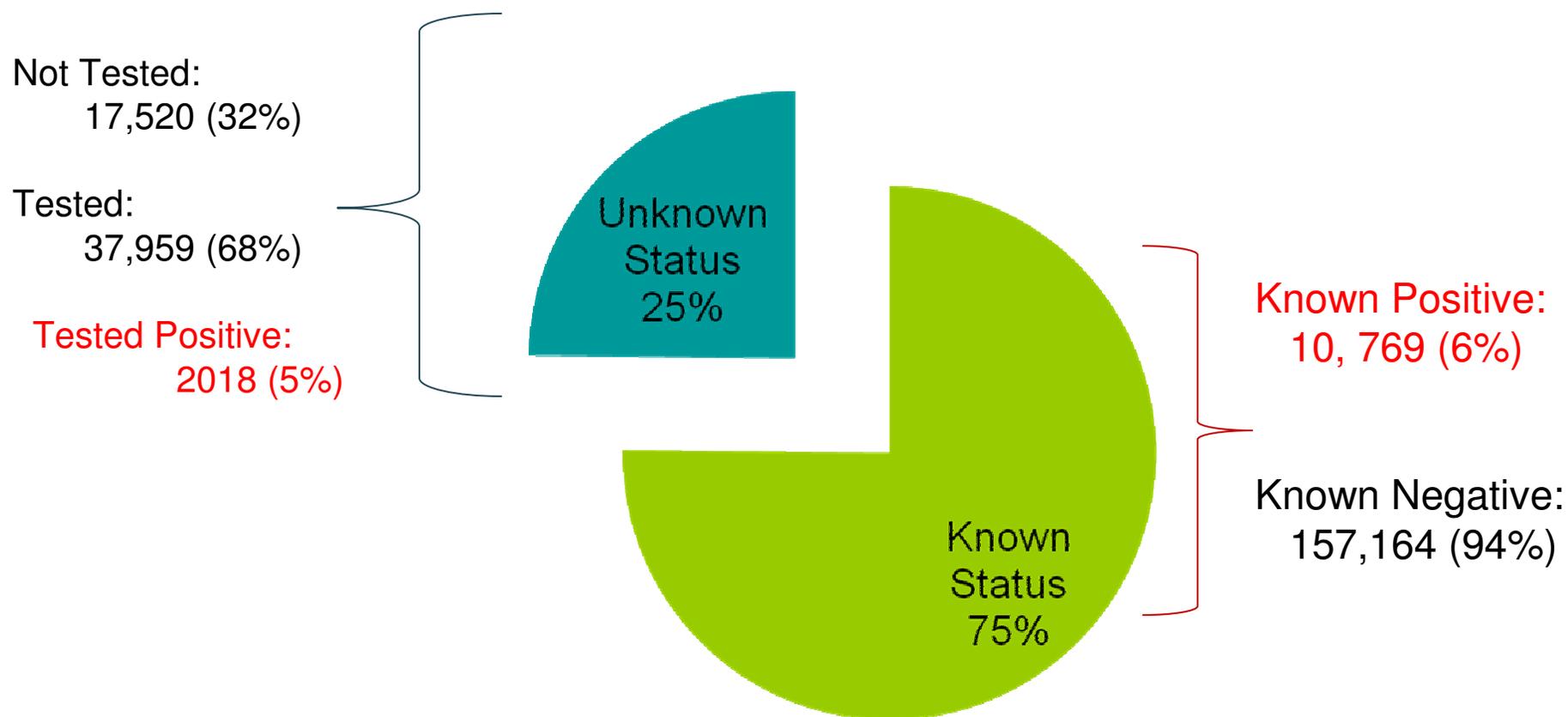


Maternity Wards

223,412 deliveries at 240 sites,

Jan 07-Jun 08

Pregnant Women

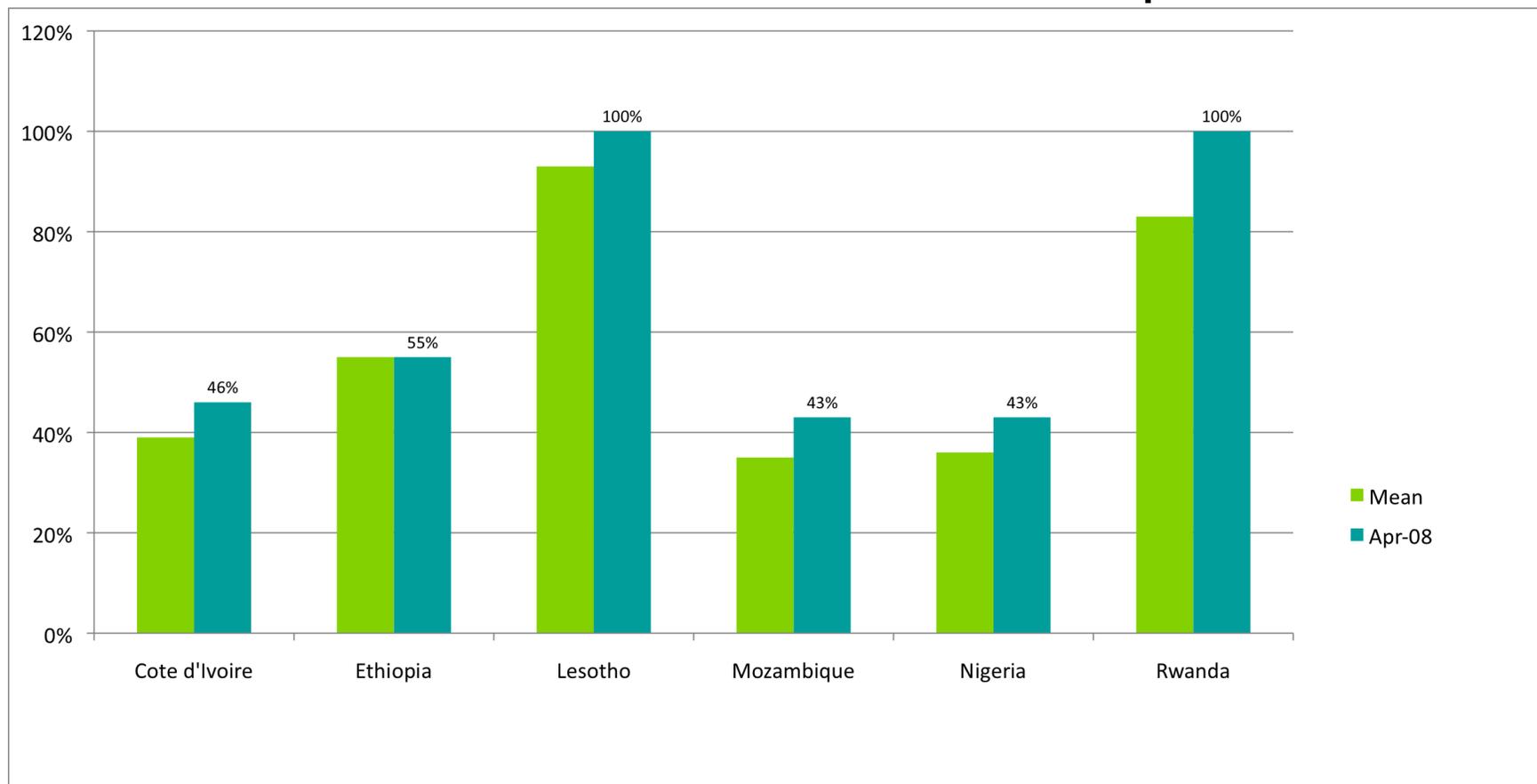


Dig deeper: ANC



Assessing Maternal Health Status

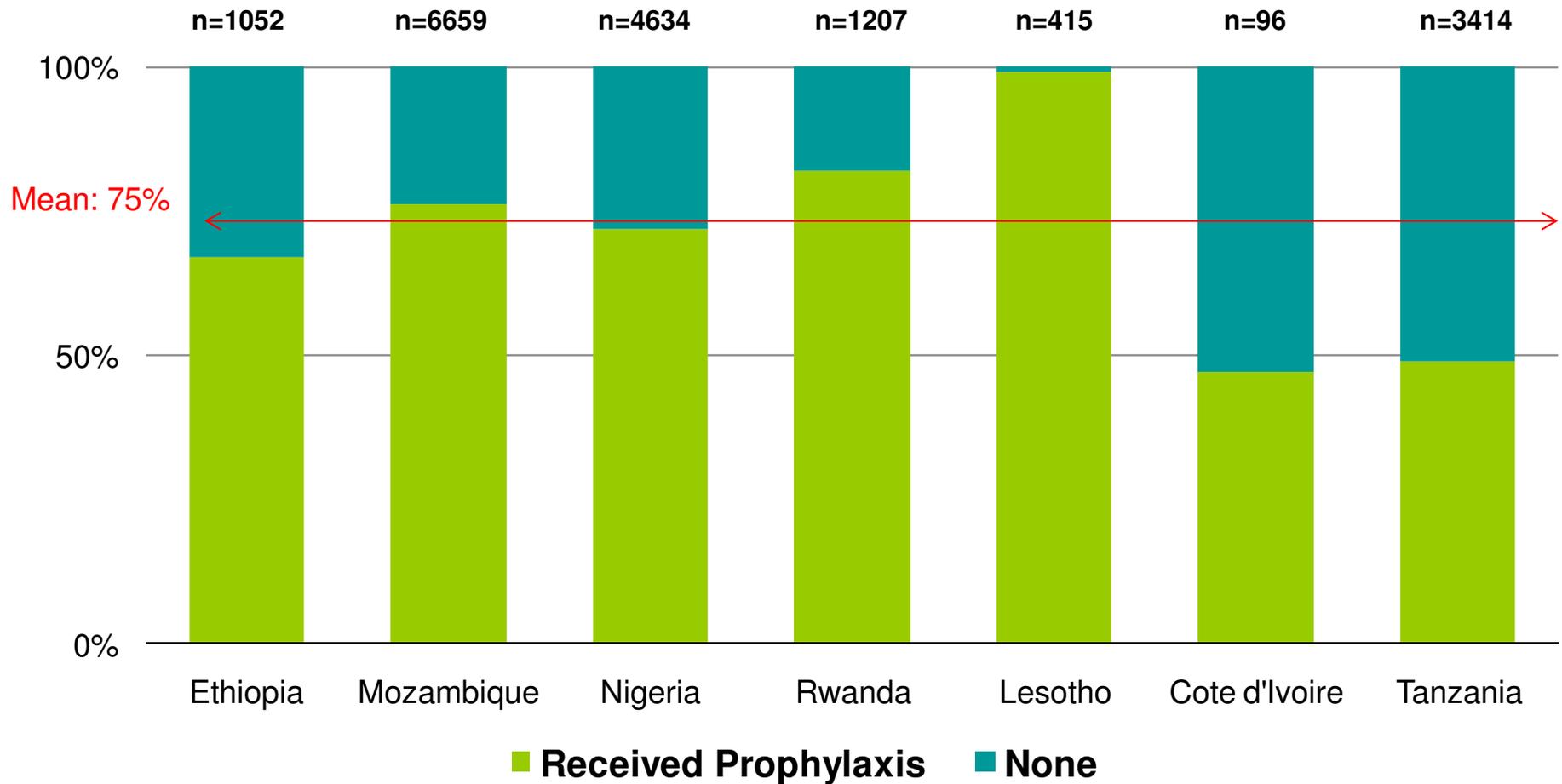
Proportion of HIV+ women IN ANC with documented CD4 testing by country (n=5102 at 161 **-43%-** sites), mean over time vs. most recent quarter



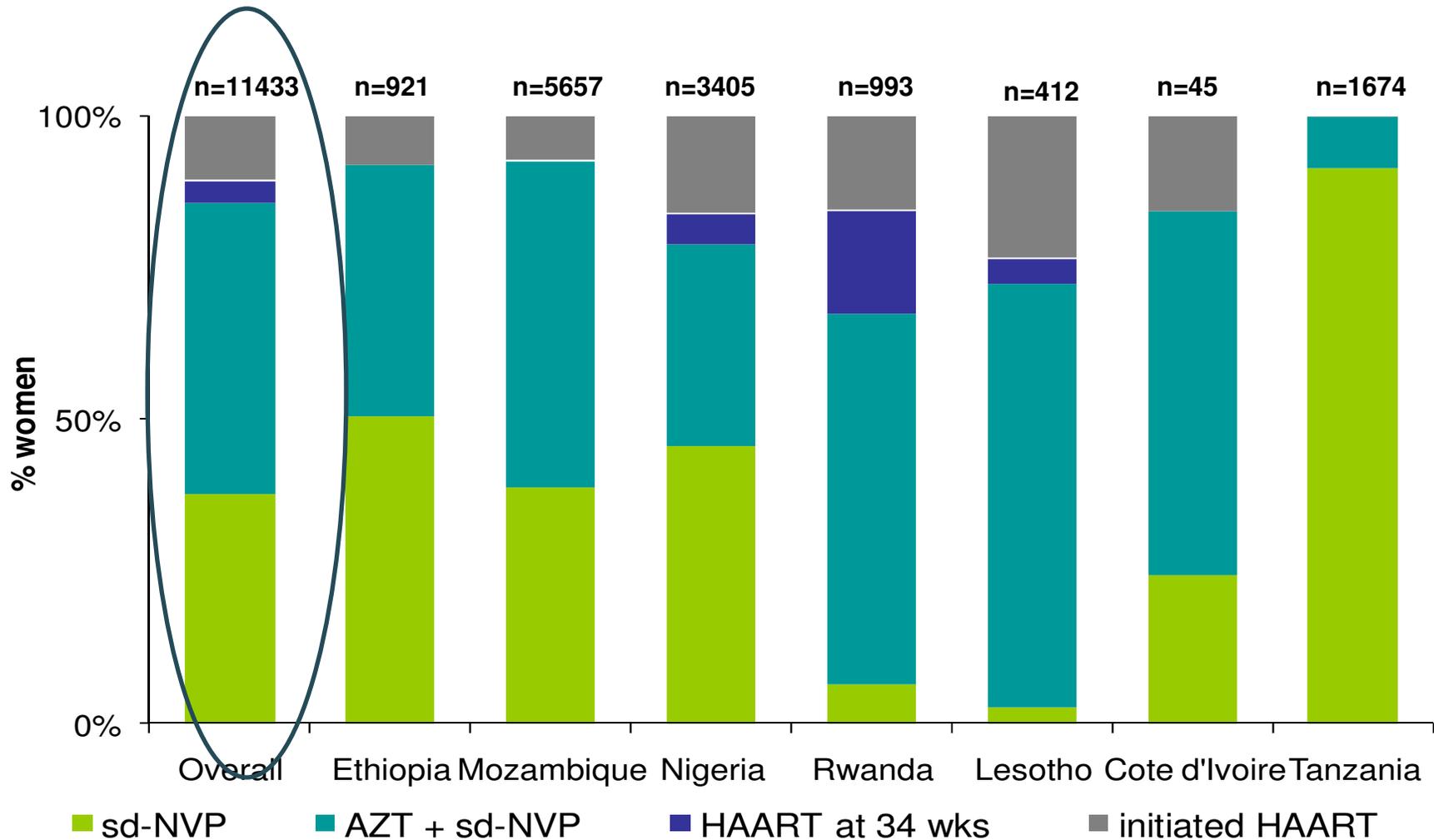
Providing Multidrug ART regimens in MCH

PMTCT REGIMENS

Proportion of HIV+ women receiving prophylaxis in ANC by country, Jan 07 - Jun 08

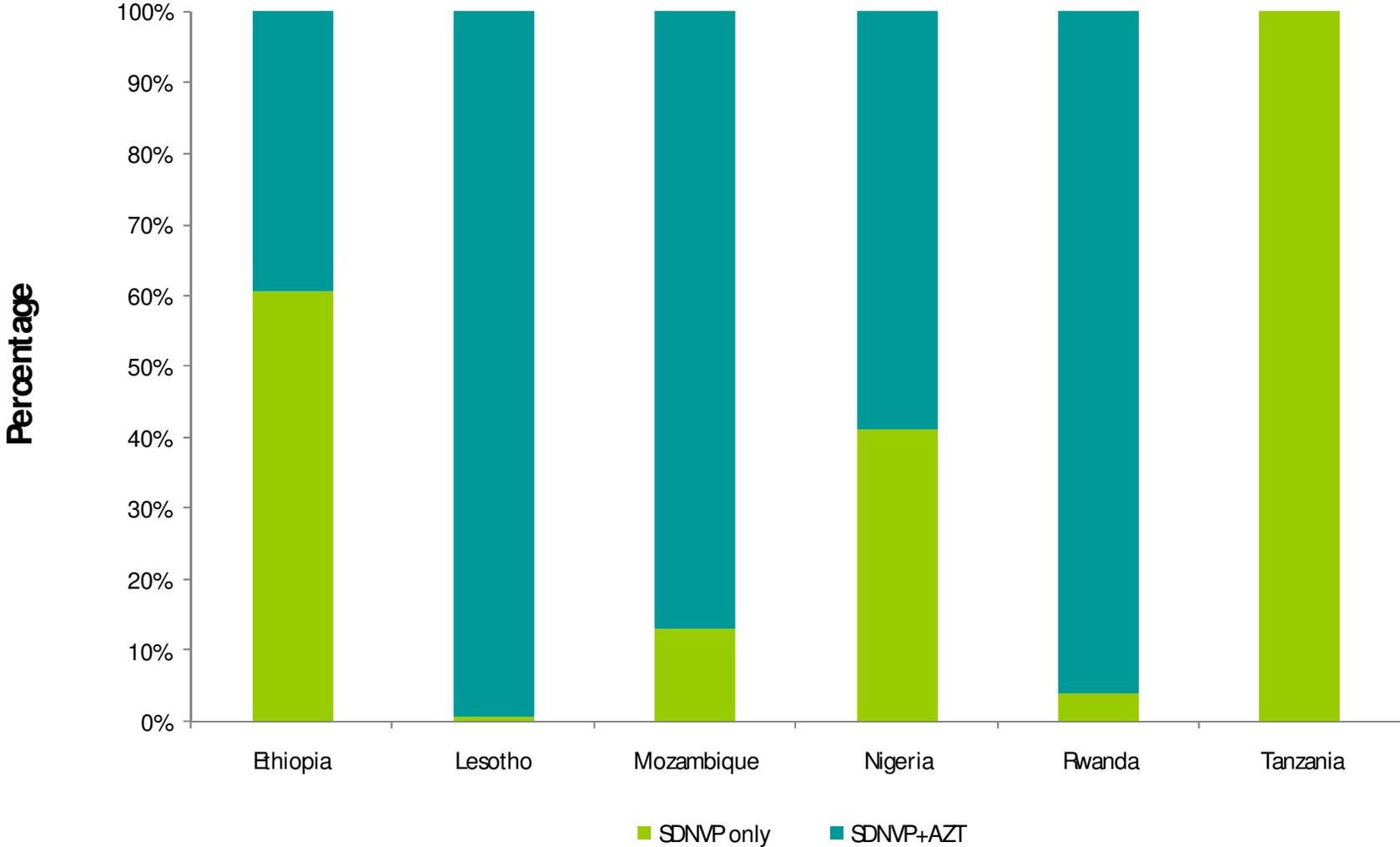


Dig deeper: ART regimen among HIV+ women who received ART prophylaxis at ANC, Jan 07 – Jun 08



Infant Prophylaxis by Regimen

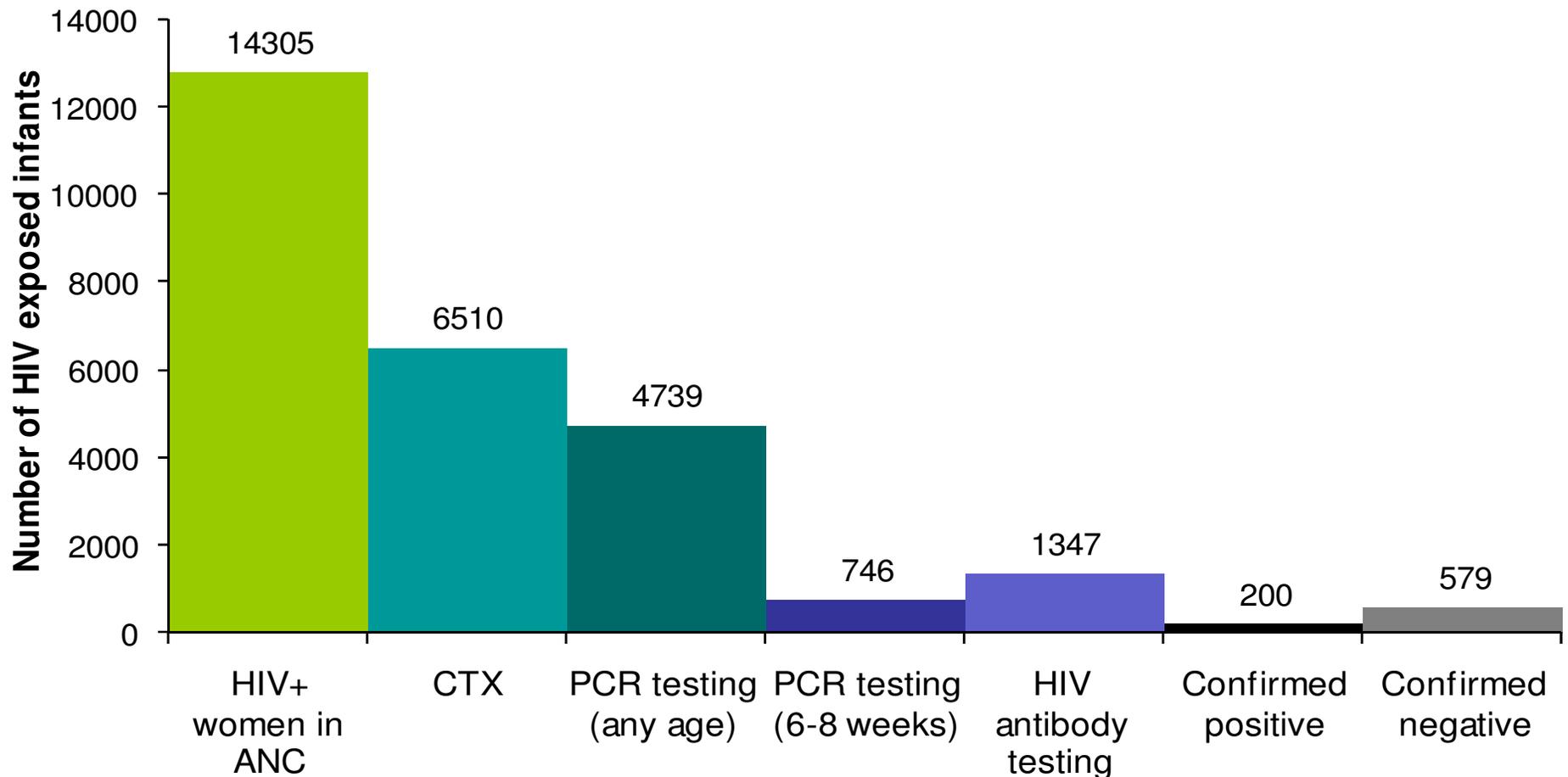
Jan 07-Jun 08



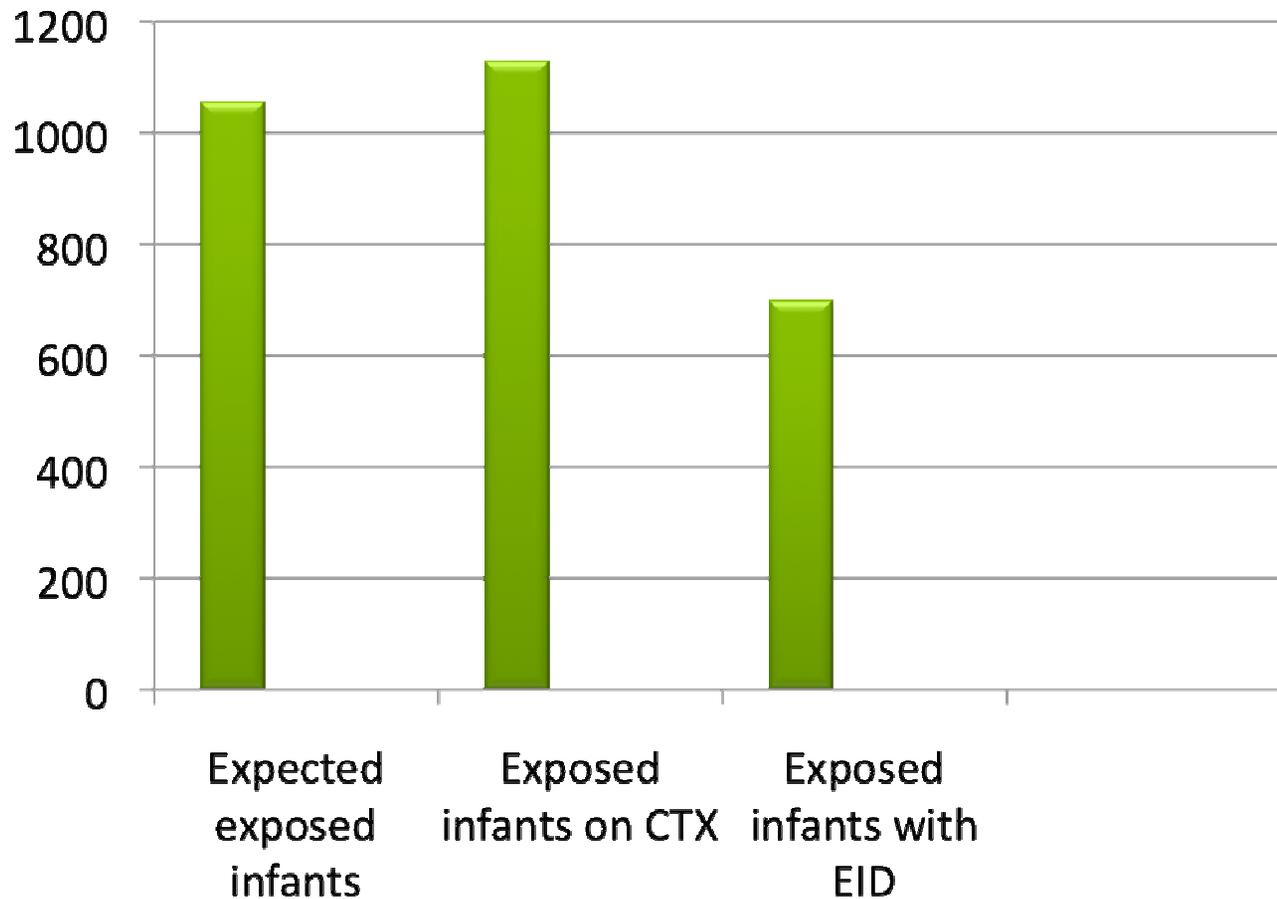
FOLLOW-UP

Follow-up of HIV Exposed Infants

CTX prophylaxis and HIV testing for HIV- exposed infants, 7 countries, Jan 07-Jun 08



Initiation of Cotrimoxazole Preventive Therapy (CPT) and EID among HIV-exposed infants by 6 weeks of age, ICAP supported sites (n=23), Rwanda, Jan 07-Jun 08



Follow-up of Women

Achievements

- More pregnant women presenting in L&D already know their HIV status through testing in ANC
- CD4 testing and management of women during pregnancy is feasible
- Multidrug regimens being used, including HAART
- Follow-up of exposed infants after birth is possible

Challenges: All that apply to chronic care

- Linkages
- Follow-up (including tracking and tracing)
- Reliable procurement of medicines
- Availability of lab assays (CD4, PCR for EID) and integrating testing into care
- Patient empowerment and self-efficacy
- Data collection and reporting (multiple data sources)

Way Forward

- Mother-infant pairs
- Lifecycle continuity approach: reevaluation during breastfeeding
- Continue capacitation of all parties: patients, providers, health care delivery systems, labs, and communities
 - Mentorship
 - Partnerships
 - Patient information systems
 - Patient and community mobilization and empowerment

Acknowledgements

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ICAP Country Teams

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**Reconceptualizing
PMTCT: The Time is
Now!
THANK YOU!**

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