

# Overcoming Barriers to Increasing access to PMTCT

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of Mother-To-Child Transmission

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# Haiti Health Issues

Most affected country by HIV after sub-Saharan Africa.

- Heterosexual contact: major mode of transmission M:F ratio of 1:1.
- Estimated population living with HIV:
  - Up to 180,000 adults between the ages of 15-49 and
  - As many as 11,800 children living with HIV/AIDS.
- Nationwide: 3% -5% of the women at prenatal clinics are HIV+
- 30% of children born from HIV seropositive mother are also infected, without intervention
- 20% infant mortality caused by AIDS

Low contraceptive rate at first GHESKIO visit : (6%)

Maternal and Infantile mortality rates: Highest in region  
respectively: 630/100,000 and 57/1,000



# The GHESKIO Centers 1982-2009

- Mission: Services, Research, Training.
- Focus: HIV/AIDS, TB, STI, Malaria and RH
- Partners:
  - Local: MOH, Medical Association and > 100 institutions
  - International: Cornell, Vanderbilt, Fondation Mérieux, Institut Pasteur..
- Support:
  - Research: NIH, ANRS
  - Training: Fogarty
  - Services: PEPFAR, Global Fund, USAID, CDC, UN agencies
- 2 sites: GHESKIO-INLR and GHESKIO-IMIS respectively at southern tip and northern tip of PAP

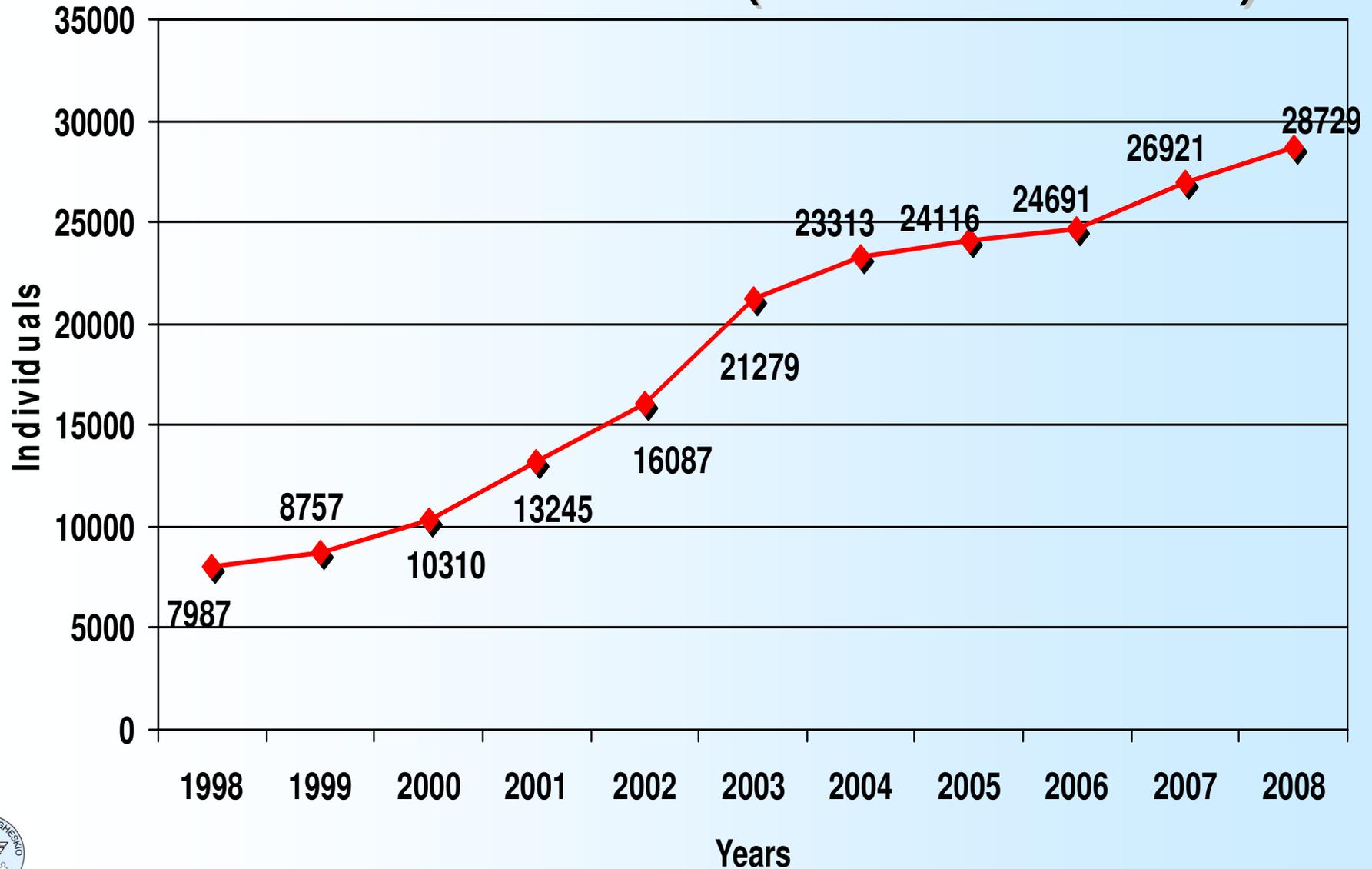


# PMTCT Package

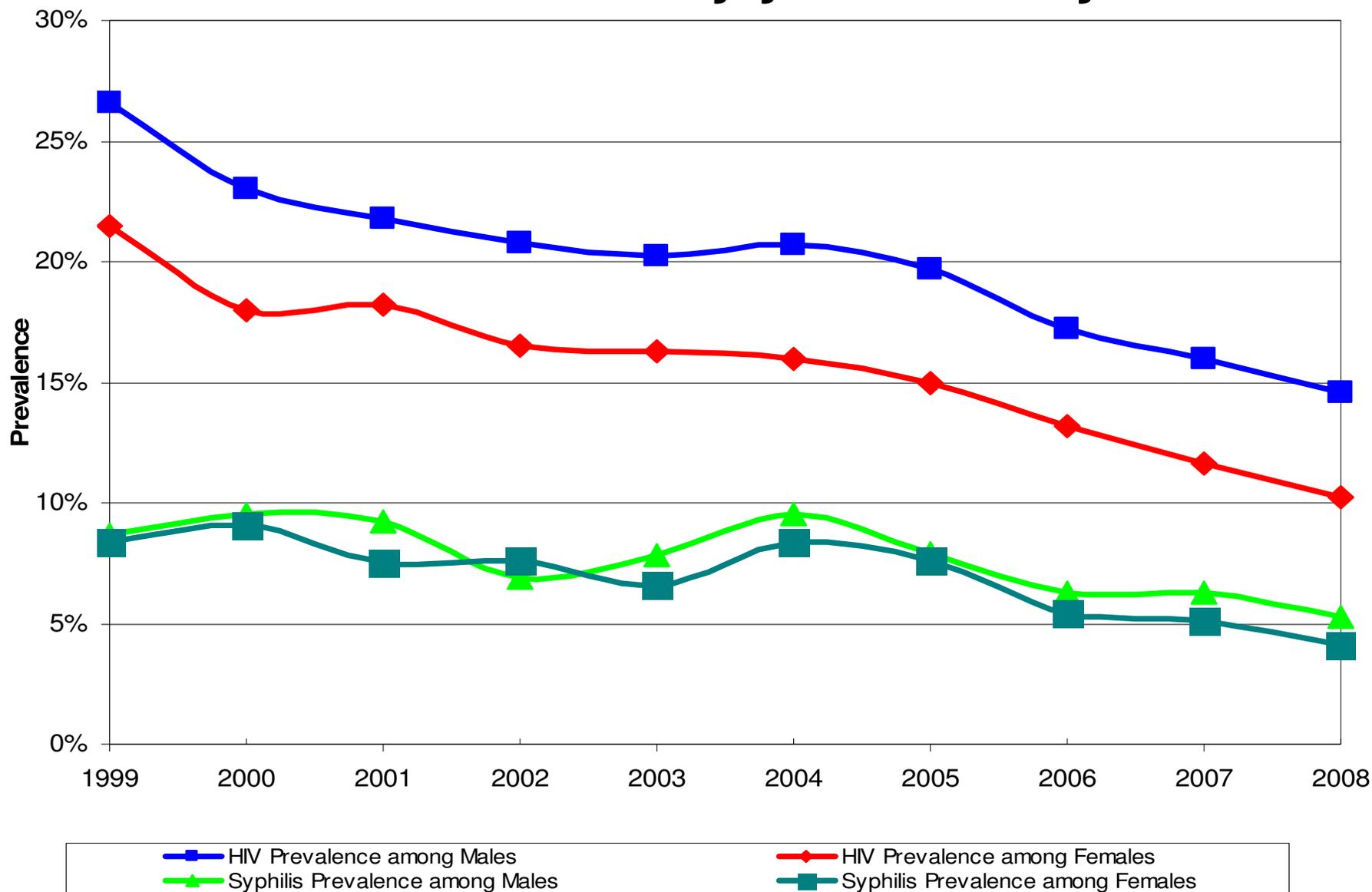
- Prevent adults from acquiring HIV and other STIs
- Offer combined HIV and syphilis tests to pregnant women seeking HIV VCT with Rapid tests for HIV and syphilis (bioline)
  - GHESKIO is one 6 WHO-TDR centers for the evaluation of rapid tests for STIs
- Identify early and rapidly pregnant women with serologic syphilis and or HIV-infected for counseling and care
- Offer ART /PENC to HIV-/ syphilis infected pregnant women
- Encourage HIV+ pregnant women to deliver in hospital setting
- Offer artificial milk with all adequate counseling and support
- Offer Family planning services to HIV-infected/uninfected women to avoid unwanted pregnancies



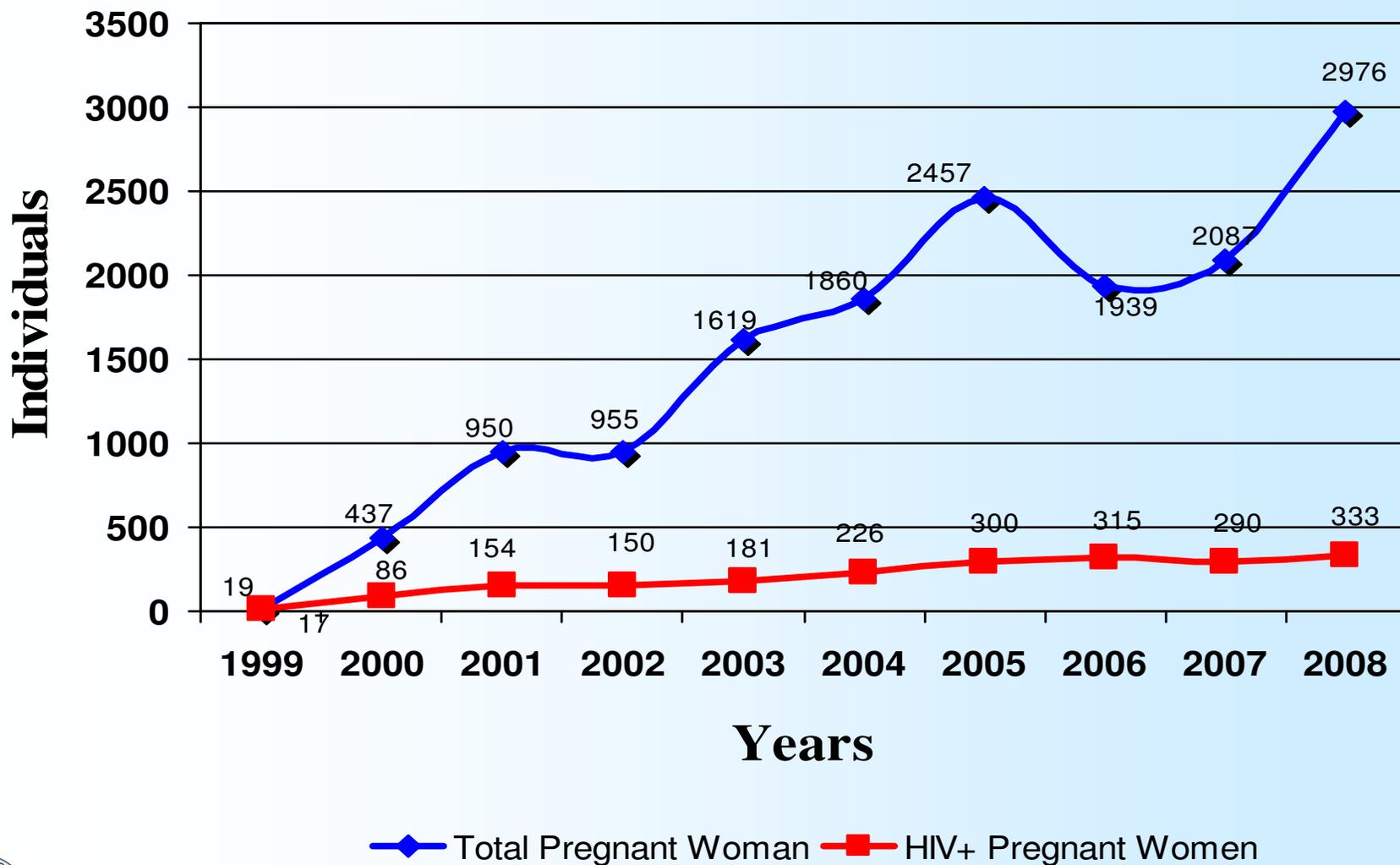
# New individuals tested for HIV at GHESKIO-INLR (VCT Center)



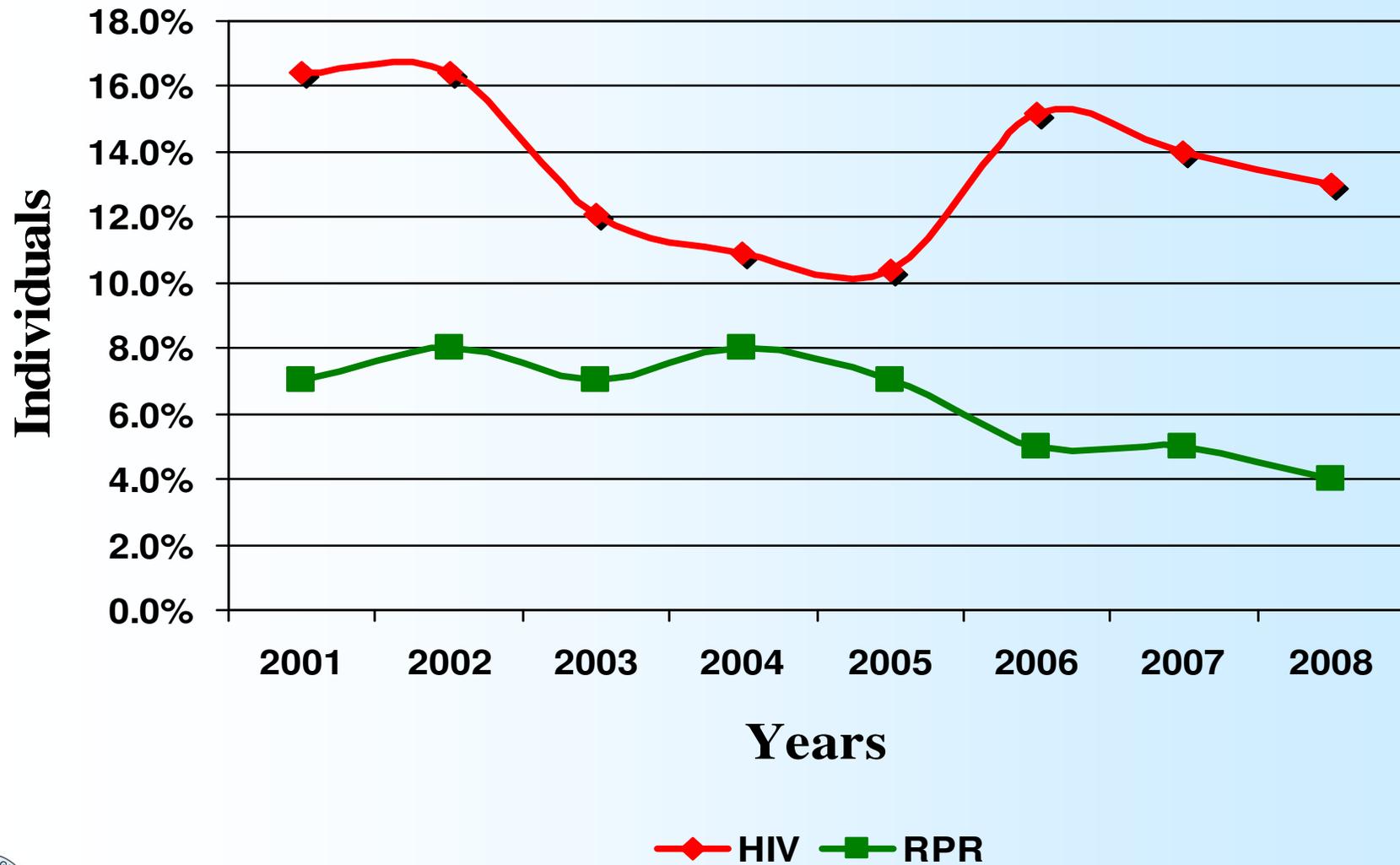
# HIV and RPR prevalence among new individuals tested at GHESKIO by years and by sex



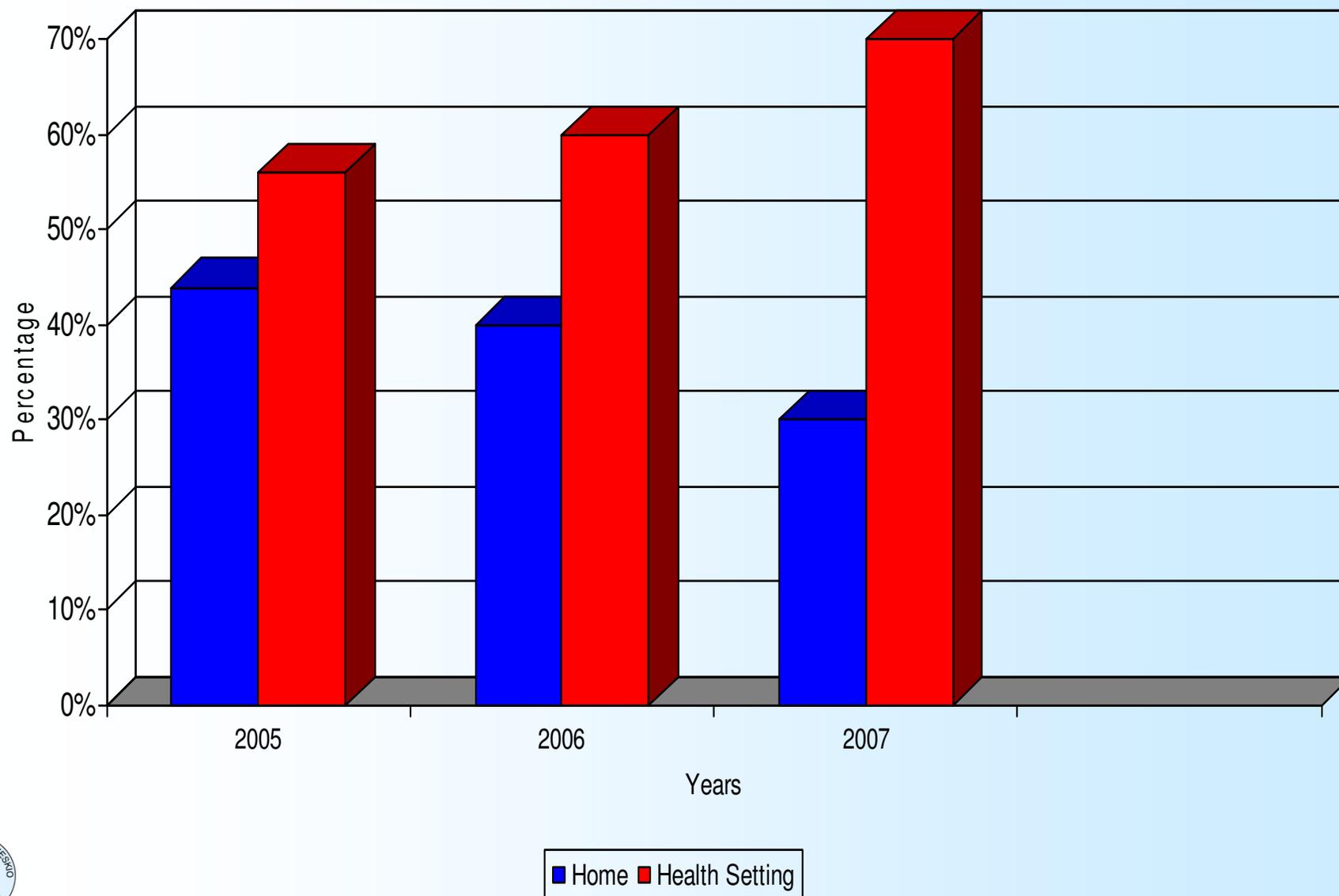
# Pregnant woman tested for HIV at GHESKIO (VCT Center)



# HIV and RPR prevalence among Pregnant woman tested at GHESKIO's VCT center



# Increasing Hospital delivery of HIV+ pregnant women at GHESKIO



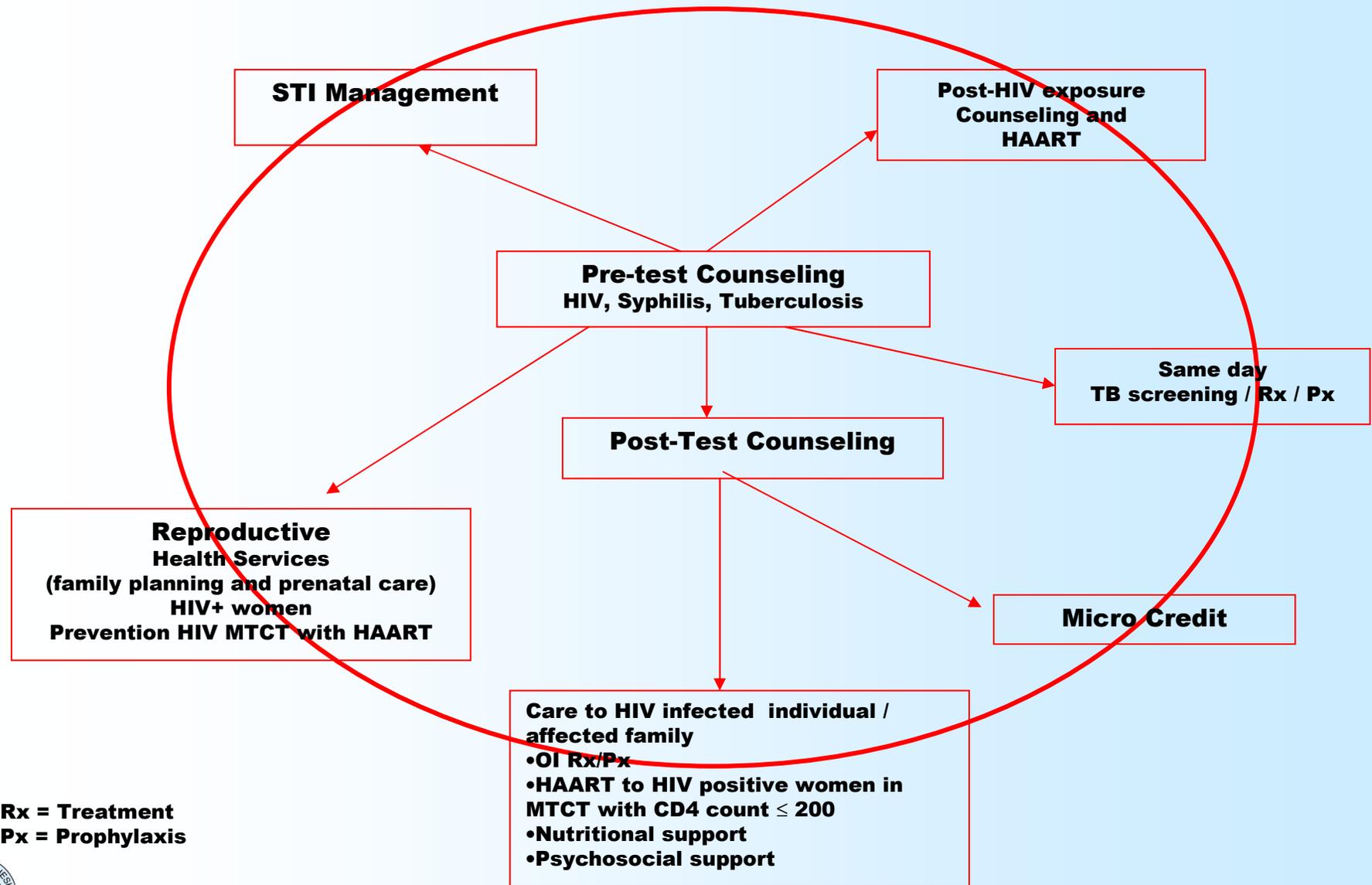
# Linkages between PMTCT services and other program: Micro-Credit

Loan Cycle	Number of Loans	HIV Positive	HIV Negative	Loan Amount in HTGS	Loan Amount in US Dollars
<b>First</b>	1208*	538	655	7,466,000.00	196,473.68
<b>Second</b>	384	199	177	3,326,000.00	87,526.32
<b>Third</b>	130	94	36	1,221,500.00	32,144.74
<b>Fourth</b>	75	58	17	924,000.00	24,315.79
<b>Fifth</b>	48	35	13	773,500.00	20,355.26
<b>Sixth</b>	21	15	6	521,500.00	13,723.68
<b>Seventh</b>	4	3	1	125,000.00	3,289.47
<b>Total</b>	<b>1870</b>	--	--	<b>14,357,500.00</b>	<b>377,828.94</b>

One US Dollar is equal to 38 HT Gds: **1208 individuals received 1870 loans**

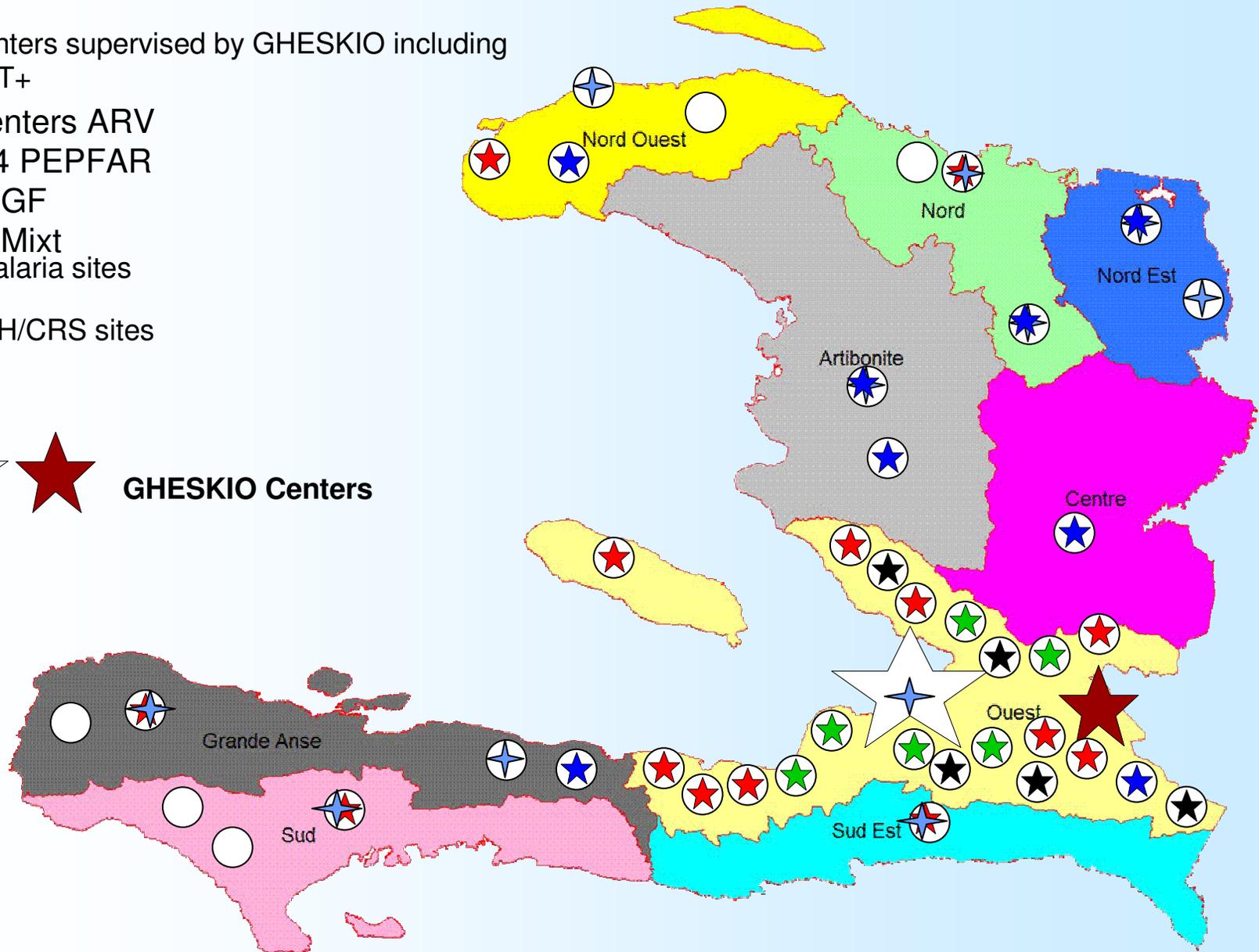


# The GHESKIO VCT model with integrated services

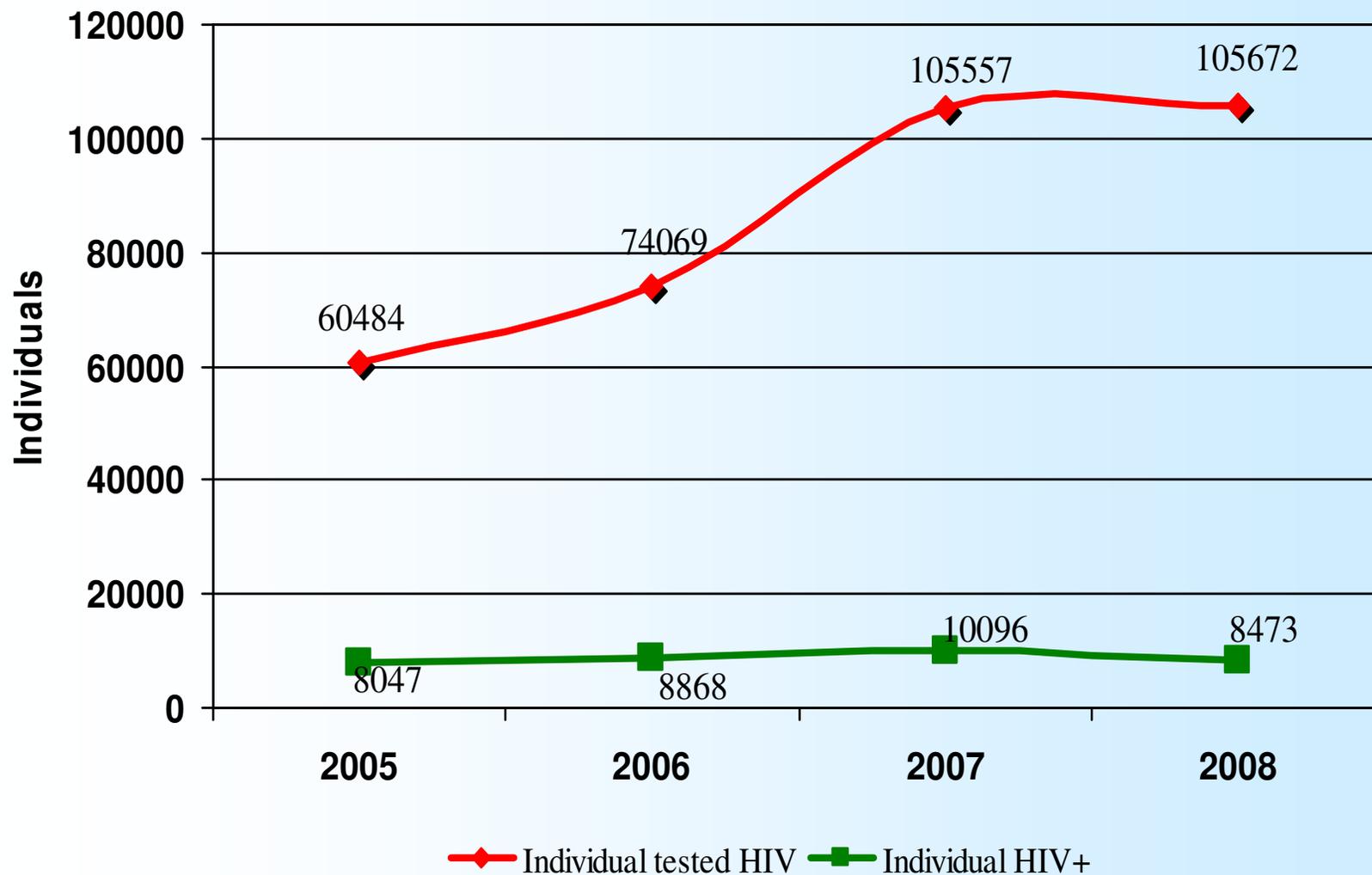


# National Expansion Services for Prevention and Care of HIV/AIDS , TB, Malaria. MOH / GHESKIO network 2003-2008

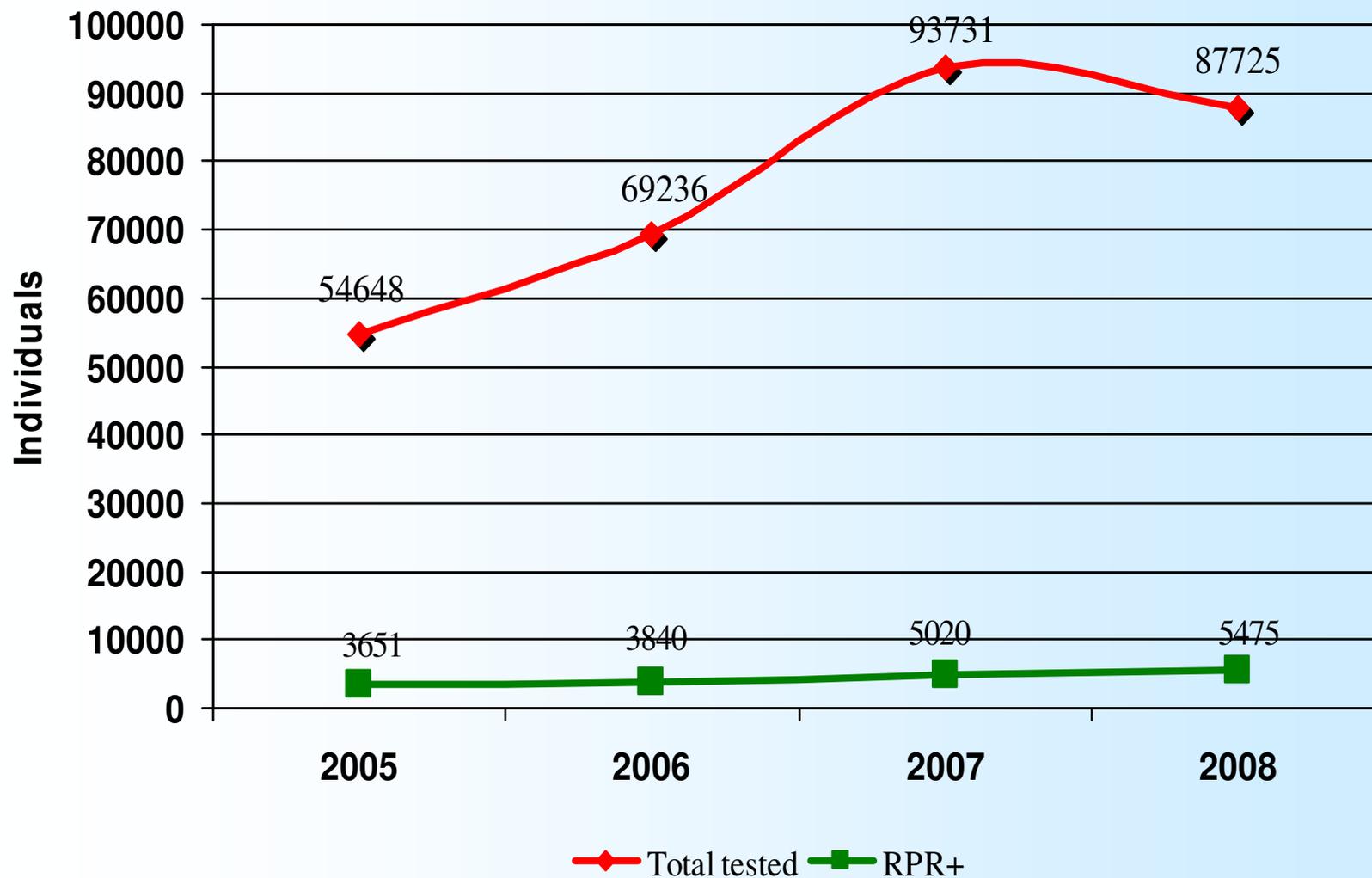
- 43 Centers supervised by GHESKIO including  
13 VCT+
- 22 Centers ARV
  - ★ - 14 PEPFAR
  - ★ - 6 GF
  - ★ - 2 Mixt
- ★ 11 Malaria sites
- ★ 8 MSH/CRS sites



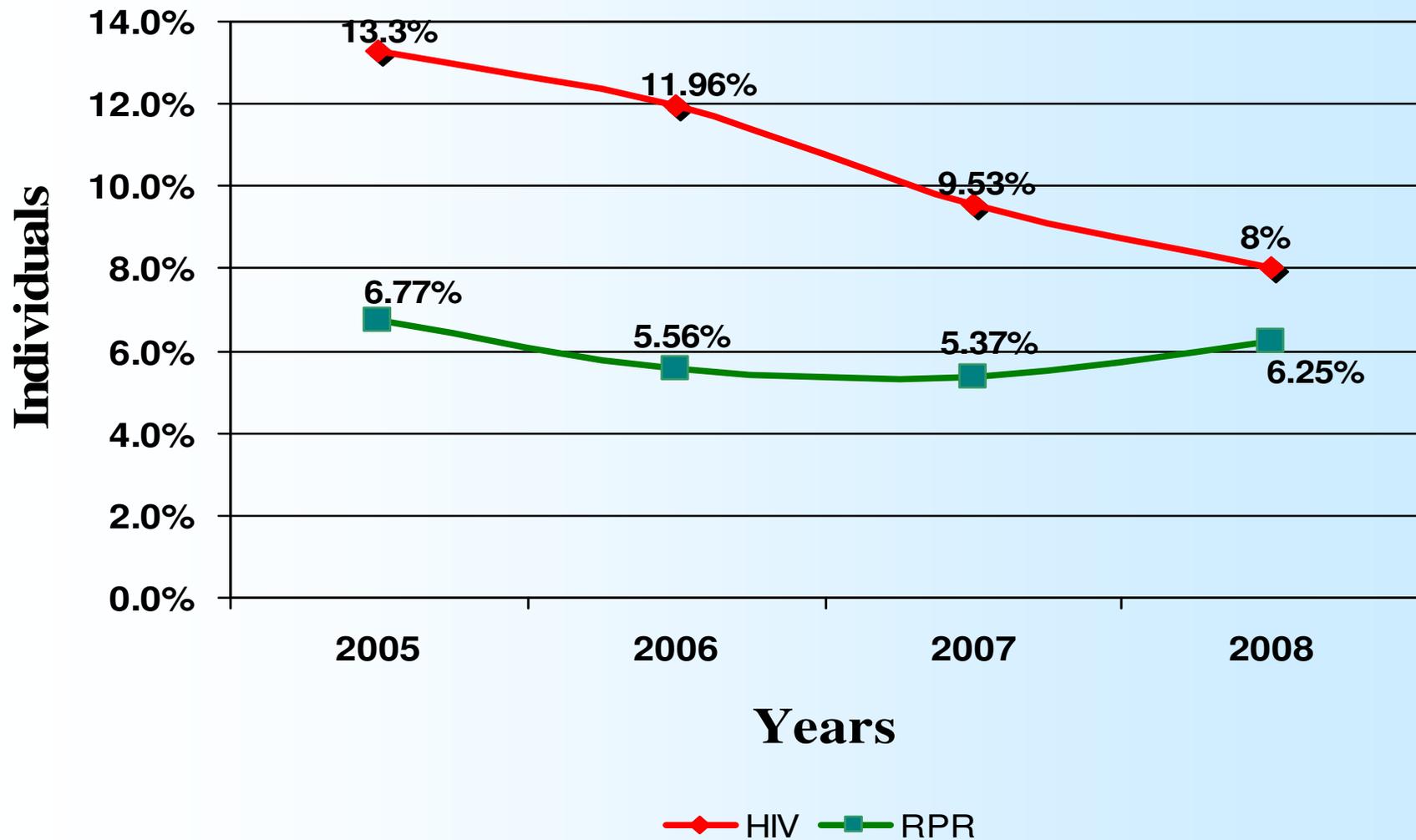
# Individuals tested for HIV in the MOH – GHESKIO network by year



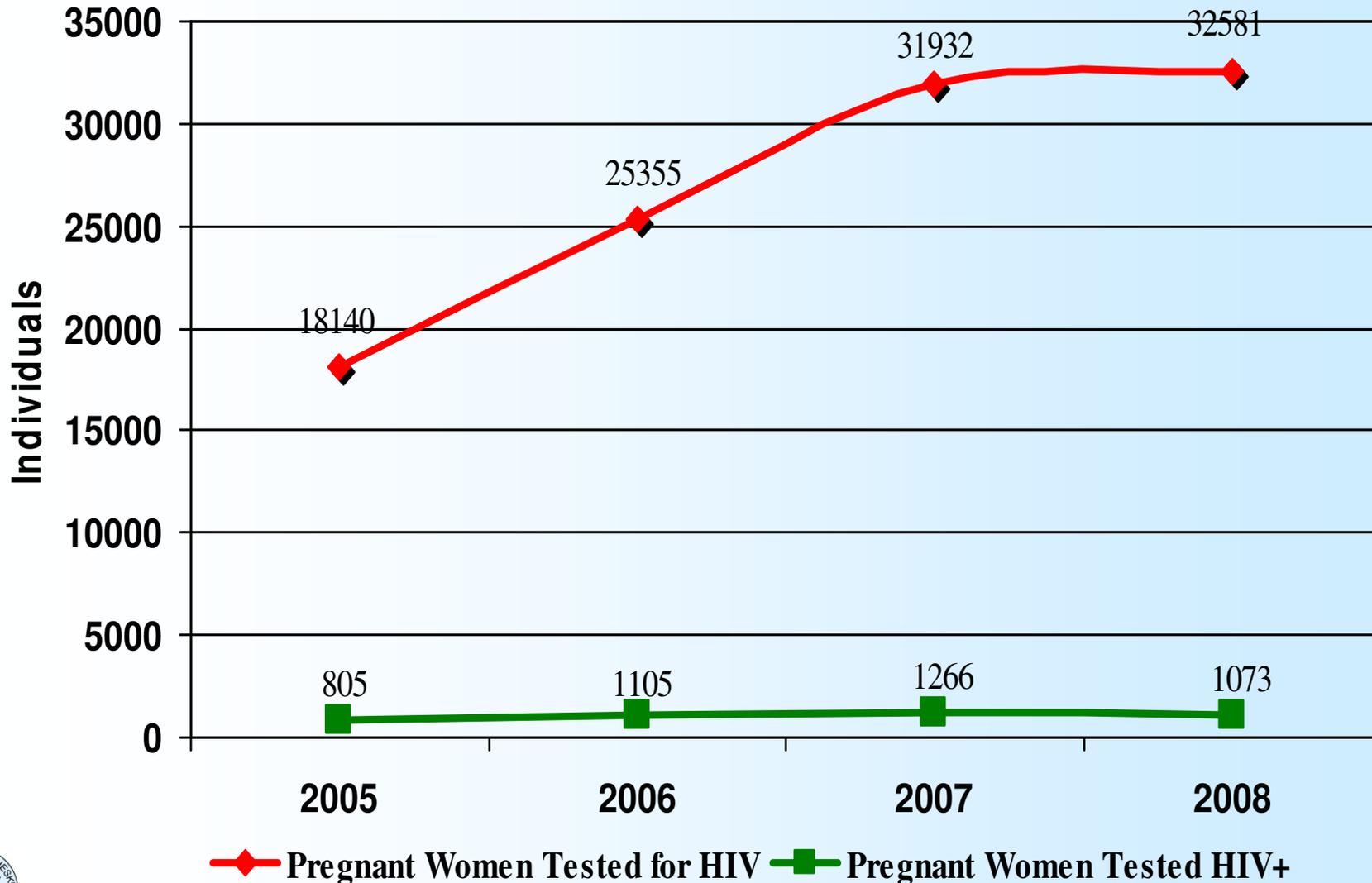
# Individuals tested for RPR in the MOH – GHESKIO network by year



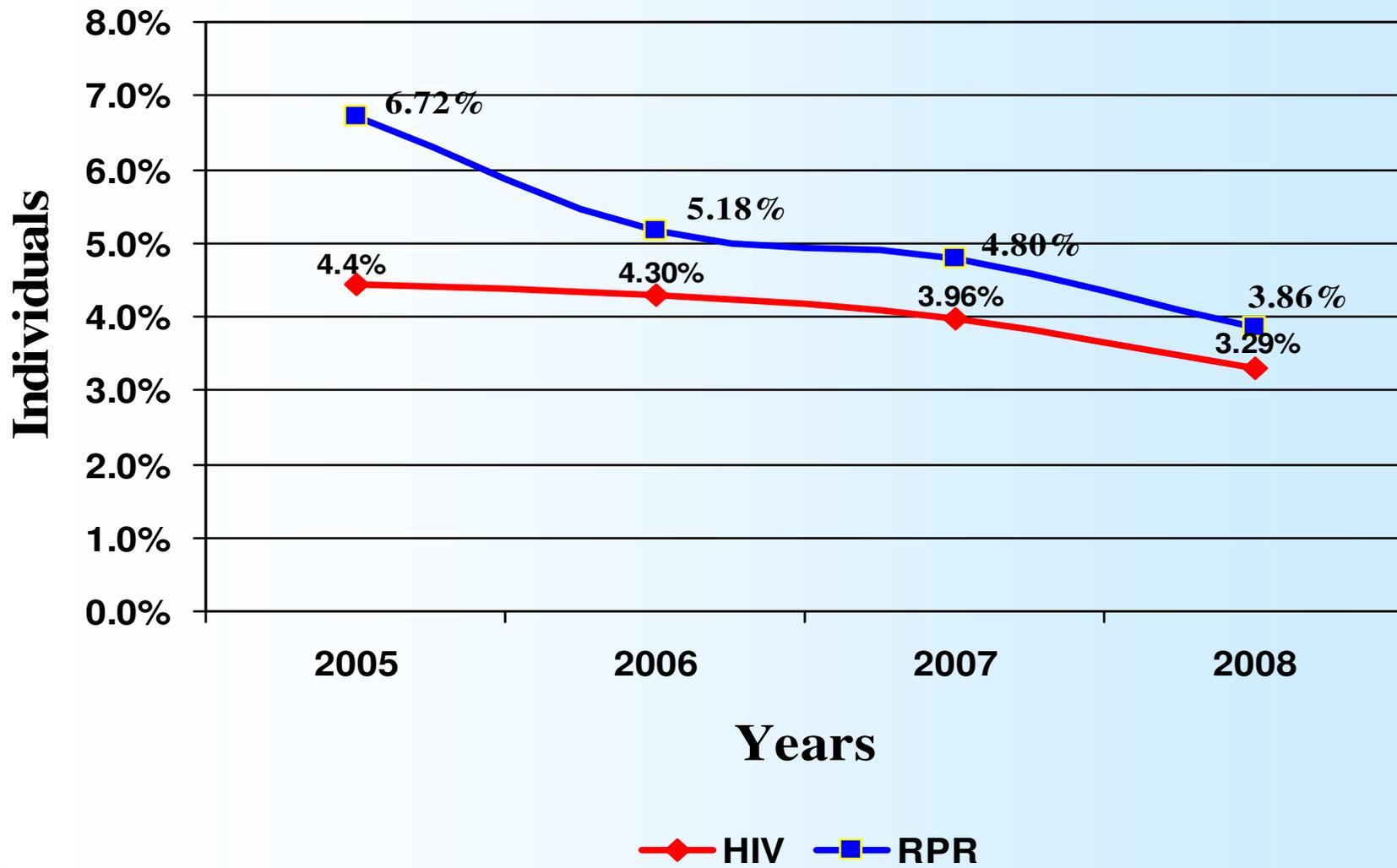
# HIV and RPR prevalence among individuals tested in the MOH – GHESKIO network by year



# Pregnant women tested for HIV in the MOH – GHESKIO network by year



# HIV & RPR prevalence among Pregnant woman tested / year VCT center



# Reasons to abandon PMTCT at GHESKIO

**2003-2007**

**Population**

**1913**

**Rejected PMTCT**

**225**

**Reasons**

**Number (%)**

Delivered in rural area

98 (44)

Unaware of last menstrual period

32 (14)

Delivered before expected date

53 (23)

Refused program for fear of partner reaction / Stigma

12 (5)

Stillbirths

23 (10)

Abortions

7 (3)



# Barriers to PMTCT\*

- Logistics:
  - Low % of HIV+ pregnant women are offered PMTCT
  - -Access to services
- Low or no income
- Stigma
- Knowledge and Belief
- Gender issue



**Cultural**

\*Personal, Socio-Cultural and Environmental

# Lessons learned/Perspectives to increase the rate of PMTCT

- Successful nationwide expansion program of the GHESKIO integrated model of prevention and care
- Increasing access to HIV care through other networks with the support of PEPFAR and GF
- Increasing hospital delivery of HIV+ pregnant women (GHESKIO/SOG)
- Access to other health services: FP, STIs, HPV, Cancer, Pediatric
- Access to micro credit program for women to reduce economic dependence on male partner
- Increasing community involvement: Information and education for early diagnosis,
- Addressing issues of denial and stigmatization.
- Creation of a Women's Health clinic, addressing basic needs of this population.

