

# The Bottom line to PMTCT

What South Africa needs to achieve

# This is it

- <5% transmission by 2011 at 18 months
- Addressing the gap in treatment
  - Serves primary & secondary prevention
- Embedded are MDGs 4,5&6

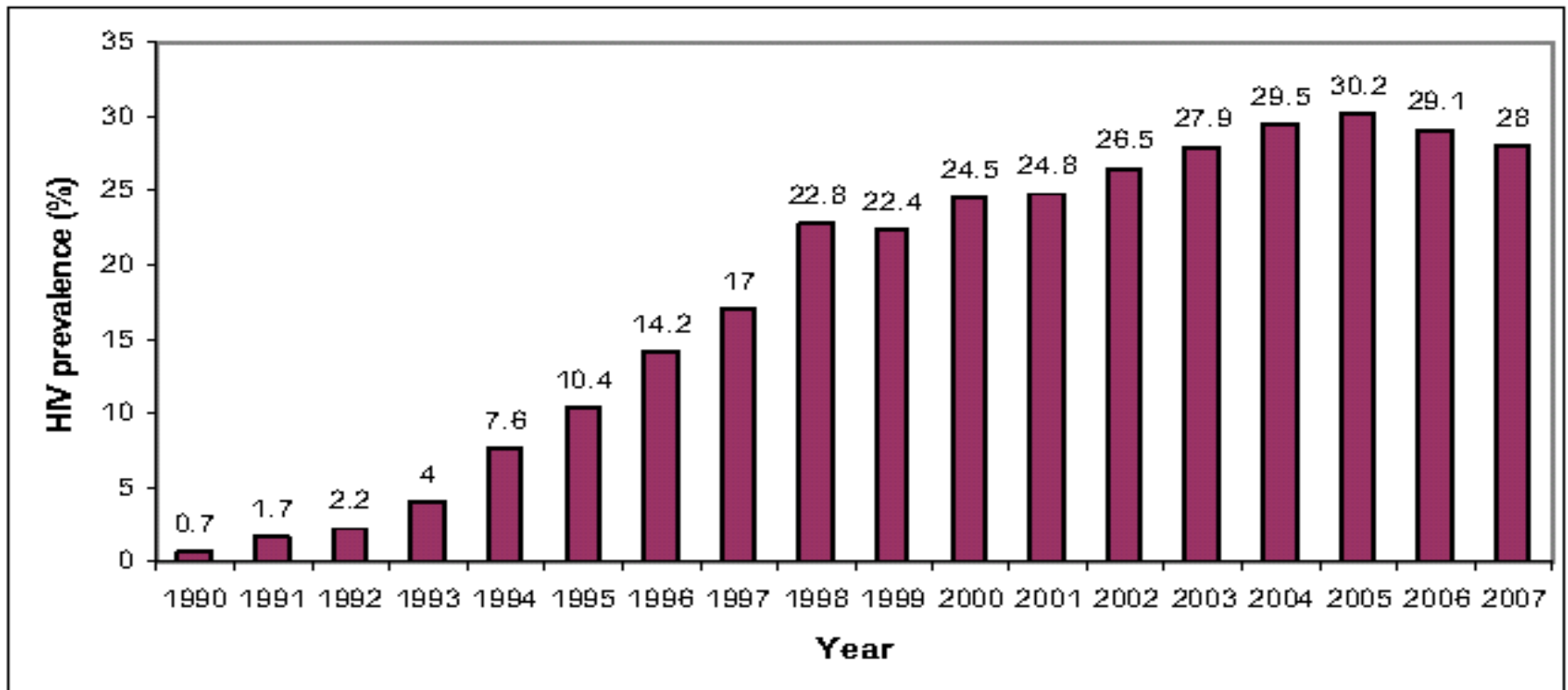


**BACKGROUND**

# A- Plan

- 18 key districts identified
- Situational analysis to identify critical bottlenecks to reaching the bottom line, i.e. improving access & service delivery
- Presentation talks about the 5, sharing these challenges
- Setting priorities and responsibilities to achieving the goals

# National HIV prevalence trends over time among antenatal clinics in SA : 1990-2005 (43x)



**Figure 1:** National HIV prevalence trends among antenatal clinic attendees, South Africa, 1990 to 2007.

Source Department of  
Health, 2008

# Prevalence estimates by age

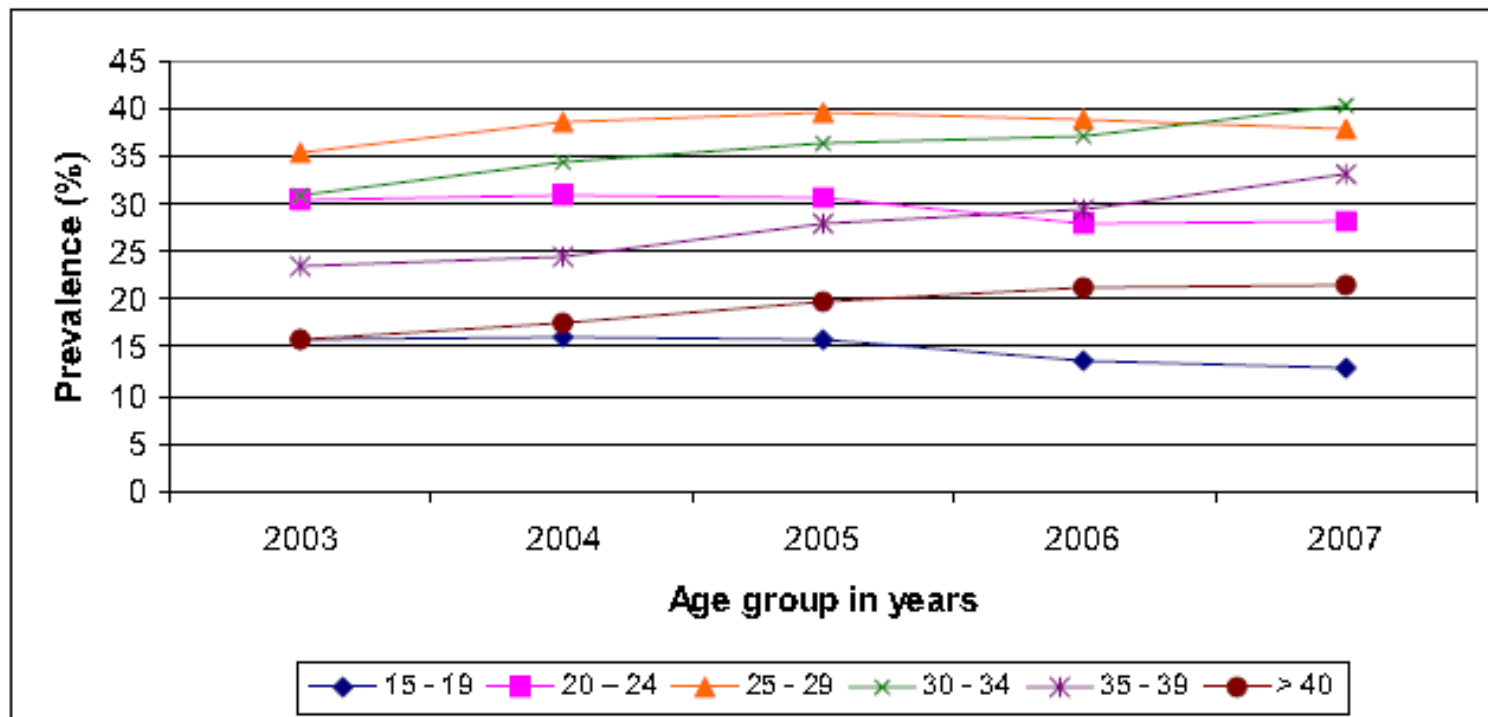


Figure 7: HIV prevalence trends by age group among antenatal clinic attendees, South Africa, 2003 – 2007.

# High HIV prevalence areas

2006 HIV Antenatal Survey Prevalence by Districts: South Africa

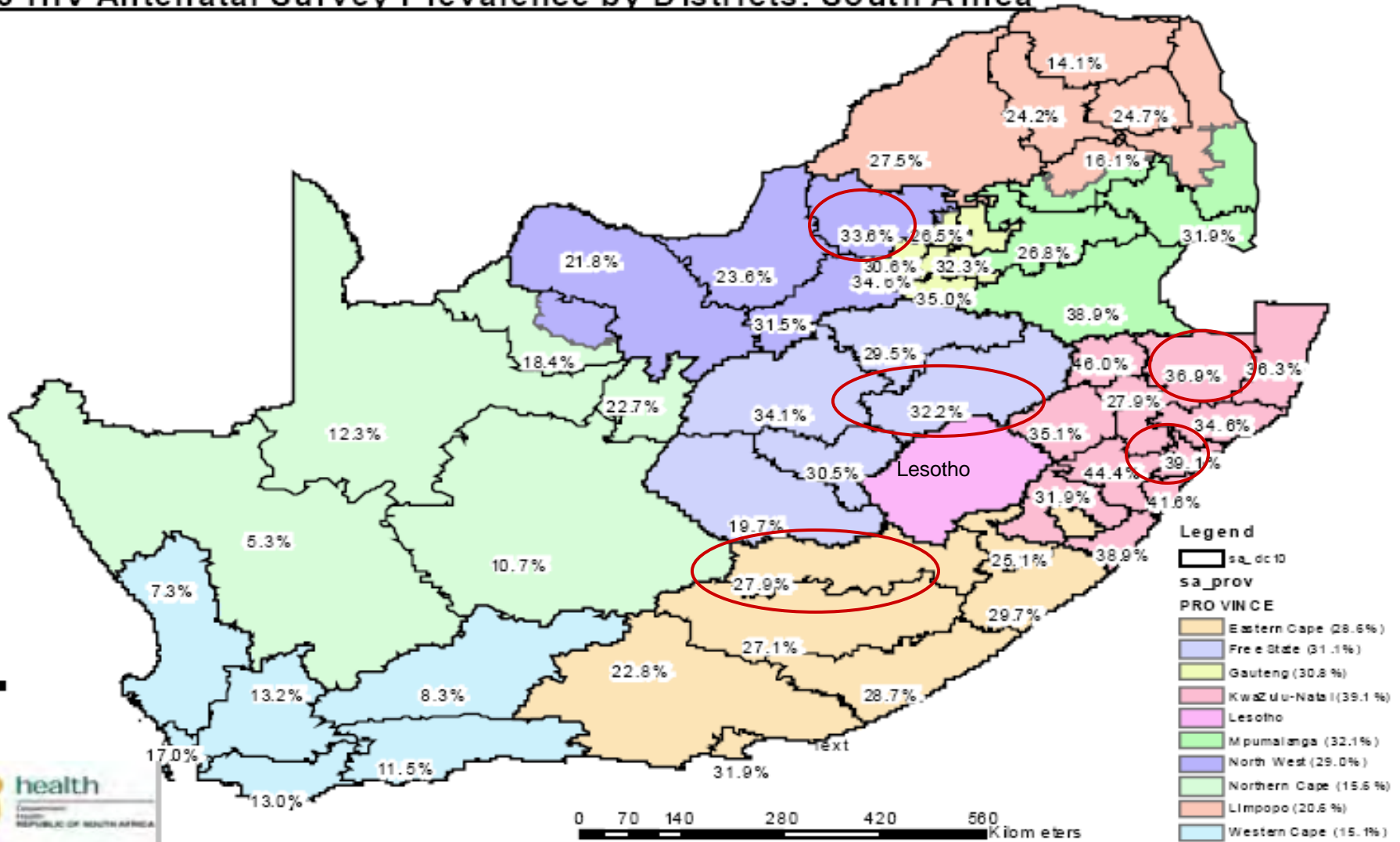
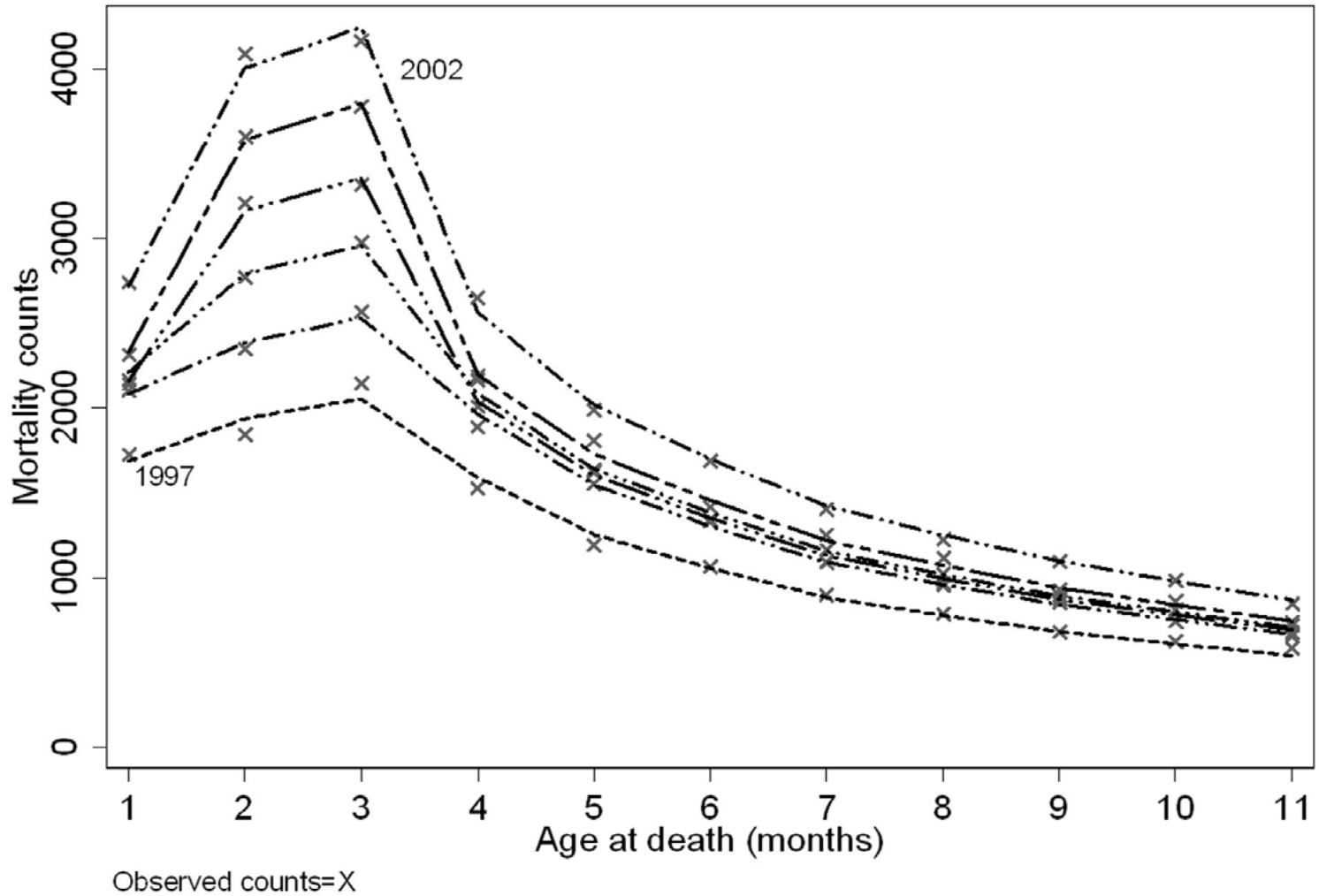


Figure 5: HIV Prevalence among antenatal clinic attendees in South Africa by District, 2006

# Observed and fitted likely HIV/AIDS-related deaths, Age 1-11 months,

## South Africa, 1997-2002



# IMR/1000

- 2002 [H Coovadia Lancet 2009]
  - Whites 7
  - Africans 67
  - WC 46
  - KZN 116
- 2004 [Bradshaw 2004]
  - WC 31.7
  - Gauteng 44.4
  - EC 70.9
  - KZN 68.4

# MMR for 2005

- /100000 live births
  - Zimbabwe 880
  - Lesotho 960
  - Nigeria 1100
  - Sierra Leone 2100
  - DRC 1100
  - Uganda 550
  - South Africa 400
  - Botswana 380
  - Swaziland 390
  - Namibia 210
  - Algeria 180
  - Egypt 130
  - Tunisia 100
  - Libya 97
  - Mauritius 15

# Teenage pregnancy

- Pregnancy is a stronger predictor of HIV infection than sexual activity [D Harrison]
- 1998 data
  - MPL 25%
  - Limp 20%
  - EC 18%
  - NC 17%
  - KZN & WC 16%
  - NW 14%
  - FS 13%
  - Gauteng 9%

# **REPORTS FROM THE 5 DISTRICTS**

# Eastern Cape- Ukhahlamba District

- Pop: 338'198
- ANC + rate: 27.9% (22.3 in Senqu Q1)
  - 56'614 positive, 11'322 need to be on treatment
  - 5661 need to access treatment every year!
- Preg women in 2008: 9086
  - 2535 women estimated to be HIV+
  - 253 should be on treatment
- Transmission rate @1yr Q1 2009: 29.5%

# North West- Bojanala District

- Pop: 1'282'466
- ANC + rate: 33.6% (in Moretele Q1)
  - 258565 positive, 51600 need to be on treatment
  - 25856 need to access treatment every year!
- Pregnant women in 2008: 29481
  - 9906 women estimated to be HIV+
  - 990 should be on treatment
  - ? numbers on treatment
- Transmission rate @1yr Q1 2009:17.9% vs 9% in DHIS

# KwazuluNatal- Ilembe District

- Pop: 627'873
- ANC + rate: 39.1% (? in Maphumulo Q1)
  - 147'299 positive, 29'460 need to be on treatment
  - 14'729 need to access treatment every year!
- Preg women in 2008: 16'627
  - 6501 women estimated to be HIV+
  - 650 should be on treatment
- Transmission rate @1yr Q1 2009:19% @6weeks
- IMR 52/1000

# KwazuluNatal- Zululand

- Pop:840'543
- ANC + rate: 36.9%
  - 186'096 positive, 37'219 need to be on treatment
  - 18'609 need to access treatment every year!
- Preg women in 2008: 24'231
  - 8941 women estimated to be HIV+
  - 894 should be on treatment but only 5% access ART, no data on DHIS
- Transmission rate @1yr Q1 2009:??%

# Free State- Thabo Mofutsanyana District

- Pop: 769'430
- ANC + rate: 32.2%
  - 247'756 positive, 49'551 need to be on treatment
  - 24'775 need to access treatment every year!
- Preg women in 2008: 18'219
  - 5866 women estimated to be HIV+
  - 586 should be on treatment
- Transmission rate @1yr Q1 2009:9%?

# **SUMMARY**

# How do we reach the bottom line

- Know the treatment gap
- Plan toward bridging this
- Early identification of pregnant women who need treatment
- Point of care treatment
- District focused approach within the continuum of care
- Tests & treat all HIV Positive pregnant women?

# Bottlenecks to work-plan development

- Access to local information on HIV + rates & estimated numbers, those needing treatment etc
- Short time lines – Working to a deadline
- Coordination & communication
- Unclear in regards to what is actually required by whom
- Provincial buy-in ( 1 ) still not on board – own priorities
  - Perception of work burden
  - Diary coordination with provincial counterparts.
- Coordination of partners and flooding of provinces with different partners.

# District status – work plan development

## **EC – Ukhahlamba – Senqu Sub-district**

- Visited
- Plan development in progress with QI activity
- First bite of plan yesterday

## **NW- Bojanala – Moretele**

- Visited
- Plan development in progress with QI activity
- Second iteration of plan in process

## **KZN – Ilembe – Maphumulo**

- Visited
- Plan development meetings well developed, ongoing QI
- Further meeting in 2/52 to finalise the plans.

## **KZN – Zululand – Nongoma**

- Visited
- Plan development in place with QI

## **Free State – Thabo Mofutsanyane**

- Have not been able to arrange a meeting with district despite our best efforts
- No idea as to the progress of their plan
- QI happening despite this

# Common themes regarding challenges

- Health systems
  - Access to treatment, care & support
    - Staff shortage
    - Links with suitable NGOs able to provide integrated community adherence support
    - Training
    - Infrastructure esp. iro compliance with Nat Pharm Regs
    - Stockouts
    - LTFU
    - Getting men to test
    - Support for staff/ referral pathways not clear
    - Fragmentation of health service delivery
  - MER
    - Poor data collection, processing, analysis, reporting
    - Outdated Registers
    - Patient records not standardised
  - Equipment

# Themes cont.

- Environmental & social challenges
  - Population mobility
  - Access to men
  - Cross border issues
  - Distances
  - Cost of transport
  - Poverty - food insecurity
    - Transactional sex
    - Trans-generational sex
    - Teenage pregnancy
    - Teenage marriage
    - Drugs, alcohol abuse & high risk

**WAY FORWARD**

# Who does what

- Determine where responsibilities lie & who needs to act on these from National to District
  - National has to address:
    - Responsibilities for other ministries maybe through SANAC
    - Issues around ME&R
    - Registers, patient records need to be a task of the steering committee
    - Training standards
    - Review of roles & responsibilities of the health team needed to address the HR shortages
    - Newer models of service delivery/provision
    - Updating guidelines regularly
    - Supporting provincial mechanisms that ensure ongoing QI & QA
- Focus on what the various levels of care can do & achieve
- Plan toward reaching set goals in a realistic manner [QI cycles]