

Welcome to the webinar

Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

organised by

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centre for inclusive growth


United Nations
Office for South-South Cooperation

socialprotection.org presents:

Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Presenters:

Dr. Dorothy Mbori-Ngacha, UNICEF HIV/AIDS, NYHQ

Dr. Sarawut Boonsuk, Director of Health Promotion Regional Center, Department of Health, MoPH, Thailand

Dr. Anita Suleiman, Head of HIV/STI/Hepatitis C Sector, Disease Control Division, Ministry of Health, Malaysia

Dr. Mariame Sylla, Chief, Health and Nutrition, Programme Section, UNICEF South Africa

Discussant:

Dr. Melanie Taylor, Medical Officer, World Health Organization

Moderator:

Ms. Laurie Gulaid, Senior Health Specialist, UNICEF ESARO

Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Moderator

Ms. Laurie Gulaid

Senior Health Specialist, UNICEF ESARO

Laurie Gulaid, Senior Health/HIV Specialist for UNICEF in Eastern and Southern Africa, is responsible for technical leadership and guidance on EMTCT, paediatric HIV, partnerships and HIV in emergencies. Ms. Gulaid joined UNICEF after 15 years as a senior consultant for various United Nations and civil society agencies and the US Government. Previously Ms. Gulaid served as monitoring and evaluation specialist with USAID Ghana, Deputy Director of clinical services for tuberculosis control in New York City and technical advisor on polio eradication in Nigeria and India. Ms. Gulaid brings over 30 years of health and HIV programming and management experience to her function. She holds a Master's of Science degree in Public Health from the University of California at Los Angeles.



Submit your questions to the panellists

Simply type them in the chat bar!

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Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Presenter

Dr. Dorothy Mbori-Ngacha
UNICEF HIV/AIDS, NYHQ

Dr Dorothy Mbori-Ngacha is the Senior HIV Specialist on EMTCT and Paediatric HIV for UNICEF's global HIV/AIDS programmes. She is a medical epidemiologist with specialist training in pediatrics, infectious disease and child health. She has extensive experience as a public health professional working in academia, the public sector, the NGO community and international organizations. In her current role, she supports global efforts towards achievement of global targets to eliminate mother to child HIV transmission and attain universal treatment coverage for women, children and adolescents living with HIV. A national of Kenya, Dorothy holds a Medical Degree and a Masters of Medicine in Paediatrics from the University of Nairobi School of Medicine, and a Master's in Public Health (Epidemiology) from the University of Washington, Seattle.





EMTCT: Global Progress and Guidance

Dorothy Mbori-Ngacha
Senior HIV Specialist
UNICEF HIV programme, New York

In 2018...

1.4M

Pregnant women living with HIV

80%

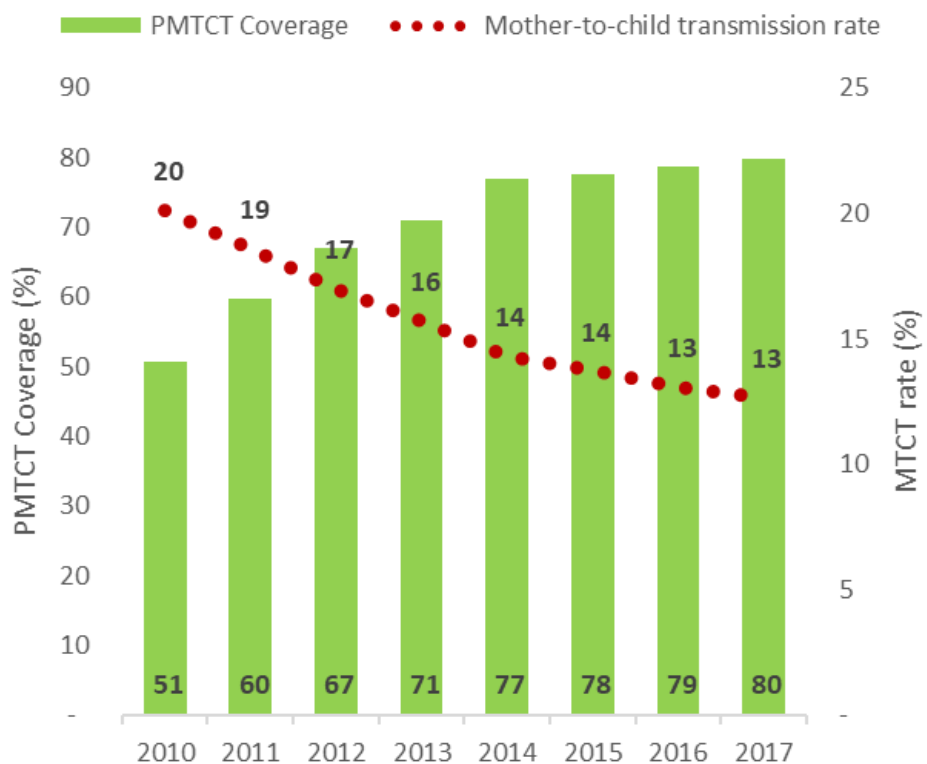
Pregnant women living with HIV receiving ARVs for PMTCT

13%

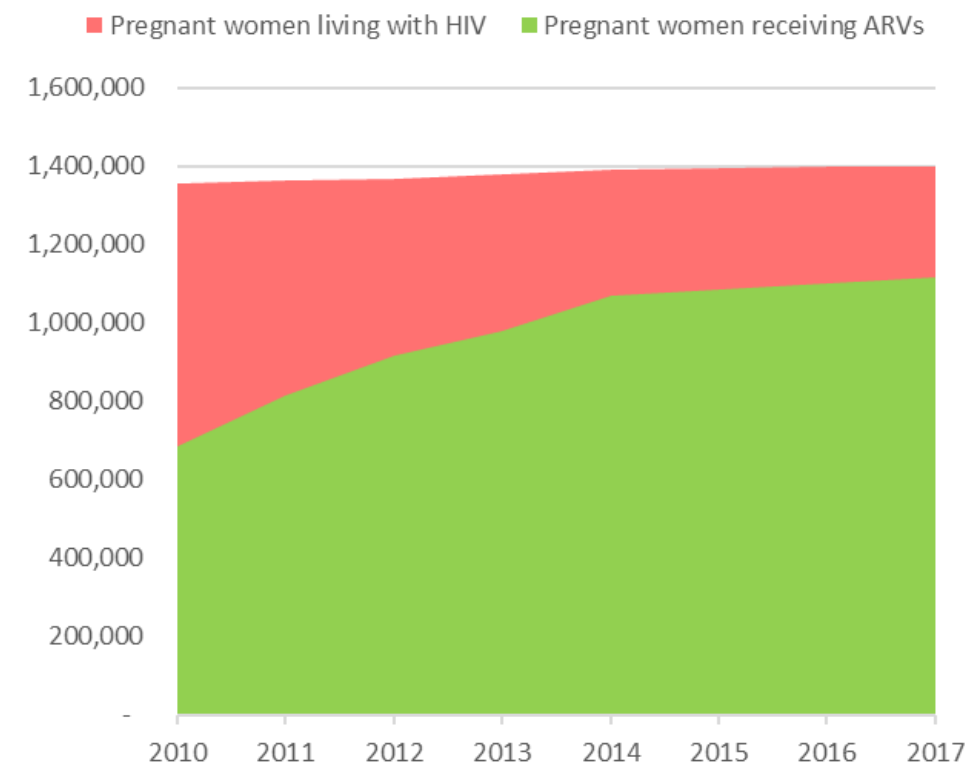
Mother-to-child HIV transmission rate, including perinatal and postnatal infections

Global trends in PMTCT

PMTCT Coverage (%) and MTCT rate (%), 2010-2017



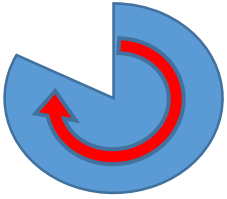
Number of pregnant women living with HIV and number receiving ARVs, 2010-2017



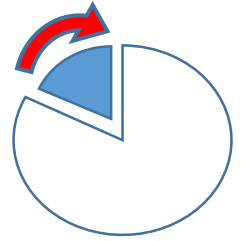
Source: Global AIDS Monitoring 2018 and UNAIDS 2018 estimates

Reaching the low hanging fruit is easy, reaching the fruit at top of the tree is difficult

80%



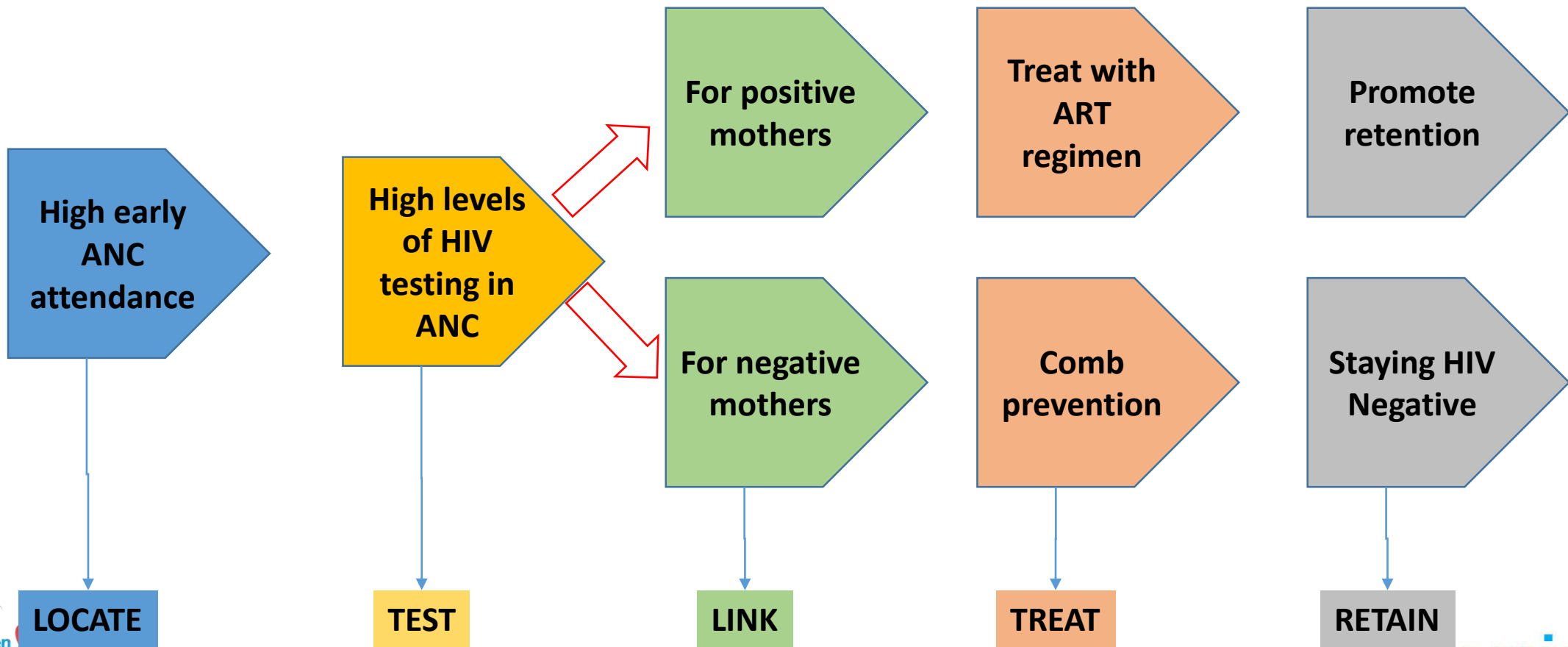
20%



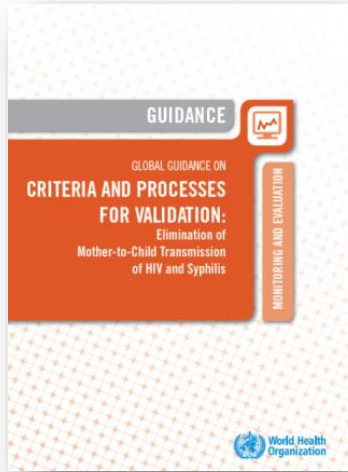
Those 20% of women who are not getting ART represent the ones who are *most* vulnerable

- Women living in extreme poverty
- Women in the most remote areas where access is poor
- Women who are ethnic minorities who don't have good access to care or who mistrust the health service
- Women who are migrants
- Women who are marginalized in society because they belong to Key Populations or the partners of Key Populations

Achieving EMTCT of HIV is a multi-step process

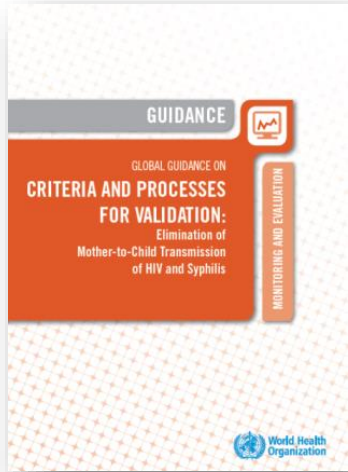


The global elimination criteria are very stringent...



	HIV	Syphilis
IMPACT criteria	<ul style="list-style-type: none"> • Incidence \leq 50 cases per 100,000 live births • MTCT rate $<$ 2% or $<$ 5% in breastfeeding populations 	<ul style="list-style-type: none"> • Incidence \leq 50 cases per 100,000 live births
PROCESS criteria	<ul style="list-style-type: none"> • 1st ANC coverage \geq95% • Testing coverage \geq95% • ART coverage \geq95%* 	<ul style="list-style-type: none"> • 1st ANC coverage \geq95% • Testing coverage \geq95% • Treatment coverage $>$95%

The global elimination criteria are very stringent...



	HIV	Syphilis	HBV
IMPACT criteria	<ul style="list-style-type: none"> • Incidence \leq 50 cases per 100,000 live births • MTCT rate $<$ 2% or $<$ 5% in breastfeeding populations 	<ul style="list-style-type: none"> • Incidence \leq 50 cases per 100,000 live births 	<ul style="list-style-type: none"> • Reduction in prevalence of HBV $<$5's less than 0.1%
PROCESS criteria	<ul style="list-style-type: none"> • 1st ANC coverage \geq95% • Testing coverage \geq95% • ART coverage \geq95%* 	<ul style="list-style-type: none"> • 1st ANC coverage \geq95% • Testing coverage \geq95% • Treatment coverage $>$95% 	<ul style="list-style-type: none"> • Birth dose vaccine $>$95% • TDF for mothers?

Beyond the indicator criteria, there are four additional qualitative requirements for Validation

TIME

GEOGRAPHY

QUALITY

EQUITY

1. Process indicators in place **for two years** and impact indicators for **one year**
2. All areas of the country have to demonstrate effort and success, even **low performing sub-national administrative units** should show that they are not “unattended” hotspots of transmission
3. High quality **M&E and laboratory systems** in place (including in private sector) to capture data and accurately detect cases
4. Validation criteria have been met in a manner consistent **with basic human rights considerations**

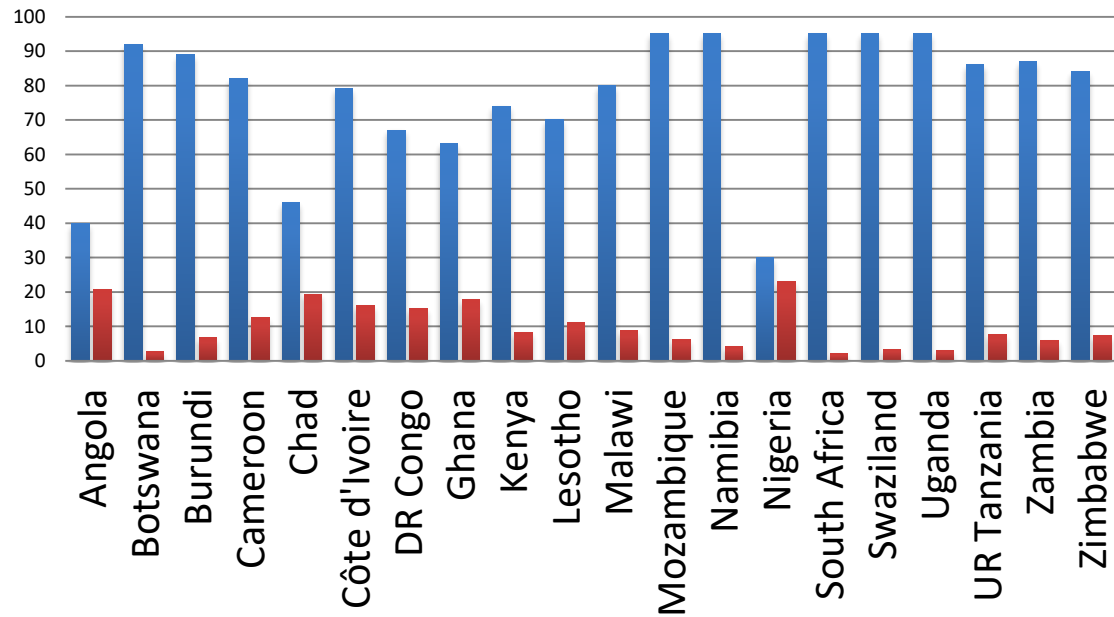
Reaching elimination requires a lot of effort

- ⚡ Sustained commitment from government and health workers
- ⚡ High levels of coverage of testing, treatment and immunization services over time
- ⚡ For HIV, retaining women on ART throughout breastfeeding and for life
- ⚡ Robust systems to capture accurate data outcomes
- ⚡ A human rights based approach to services which is focused on the mother and her consent and autonomy
- ⚡ For HIV/syphilis the number of cases/100,000 live births is very low - equivalent to 0.05% incidence

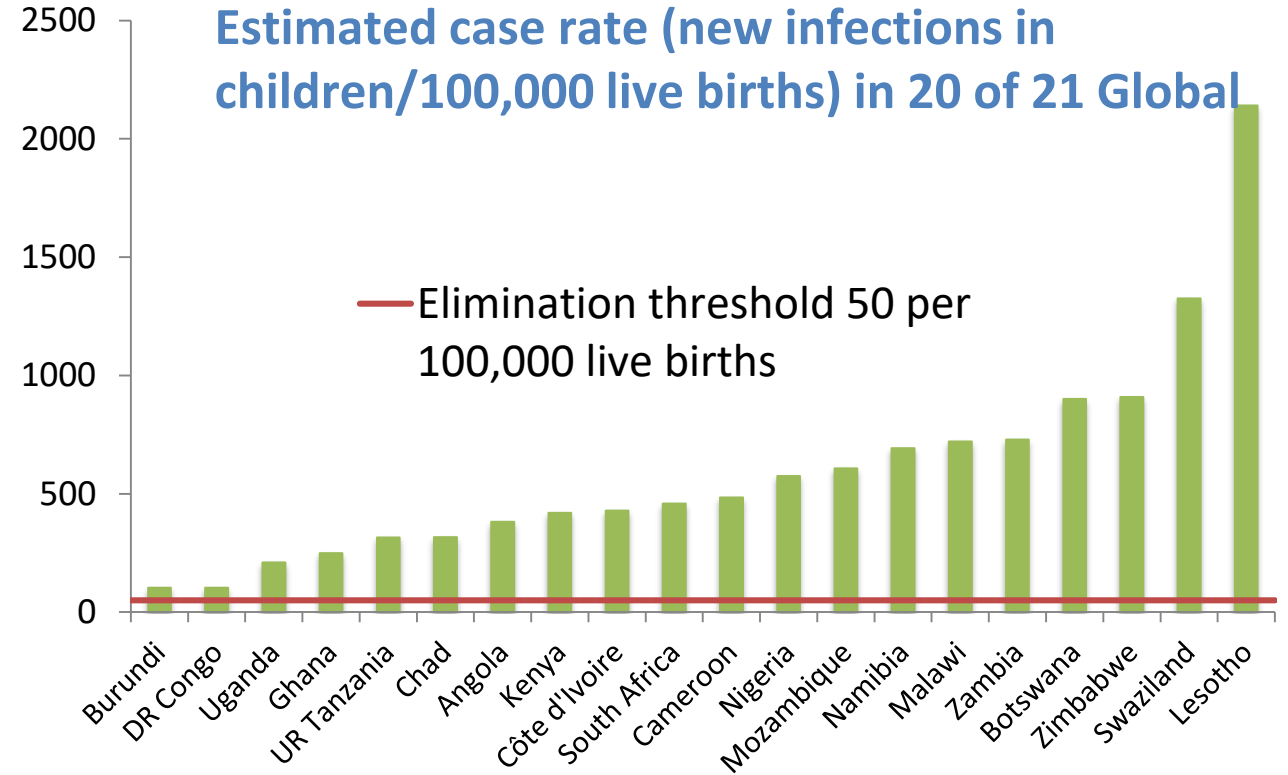


Among high HIV burden African countries there is high coverage, but incidence in children is also well above threshold

ARV Coverage (blue) and MTCT (red) for 20 of 21 Global Plan Countries in 2015



Estimated case rate (new infections in children/100,000 live births) in 20 of 21 Global



Some countries have achieved dual EMTCT

2015

Cuba



2016

Thailand



Belarus

Moldova (S)

Armenia (H)



2017

Anguilla

Antigua & Barbuda

Bermuda

Cayman Islands

Montserrat

St. Christopher & Nevis



2018

Malaysia



South-South Cooperation towards Achieving EMTCT

2015

- Cuba



2016

- Thailand
- Belarus
- Moldova
- Armenia



2017

- Anguilla
- Antigua & Barbados
- Bermuda
- Cayman Islands
- Montserrat



South-South Cooperation towards EMTCT



Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Presenter

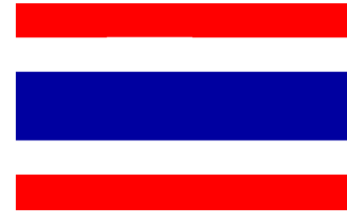
Dr. Sarawut Boonsuk

Department of Health, MoPH, Thailand

Dr. Sarawut has been a medical doctor for over 15 years and has worked in maternal and child health for over 10 years. Dr. Boonsuk has been the Chief of MCH division of the Department of Health, and Chief of MCH of ASEAN in 2015-2016. Dr. Boonsuk and his colleagues succeed in driving Thailand MTCT rate to meet World Health Organization (WHO) targets (under 2%) and validated the elimination of MTCT of HIV and syphilis in June 2016. He has conducted various researches to investigate and develop interventions to prevent MTCT of HIV and expands good practices through Thailand. On occasion, Dr. Boonsuk has been represented of EMTCT validation team of Thailand for WHO, UNICEF speaker for conferences on Thailand maternal and child health and elimination of MTCT of HIV and syphilis.



Expanding Access to Good Practices and Lessons learnt towards elimination of Mother-to-Child Transmission of HIV & Syphilis through South-South Cooperation



Sarawut Boonsuk MD, MPH

Experiences and Solutions from Thailand

31 January 2019





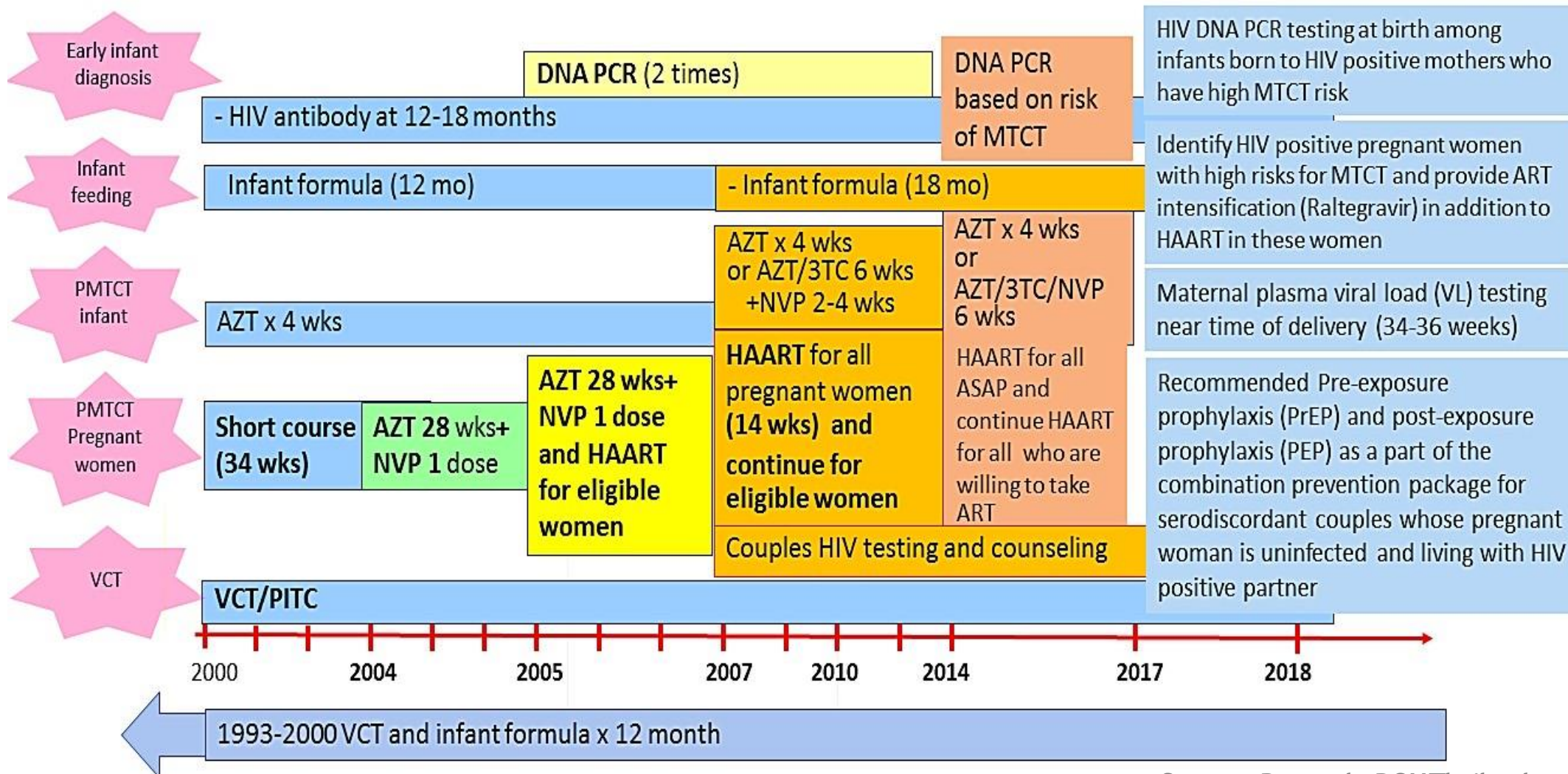
Presentation Outline

- ❖ ***Epidemic context of MTCT of HIV and Syphilis***
- ❖ ***Highlights of achievements and progress to date***
- ❖ ***Key lessons learned***
- ❖ ***Key challenges to maintaining success***

Epidemic context of MTCT of HIV and Syphilis

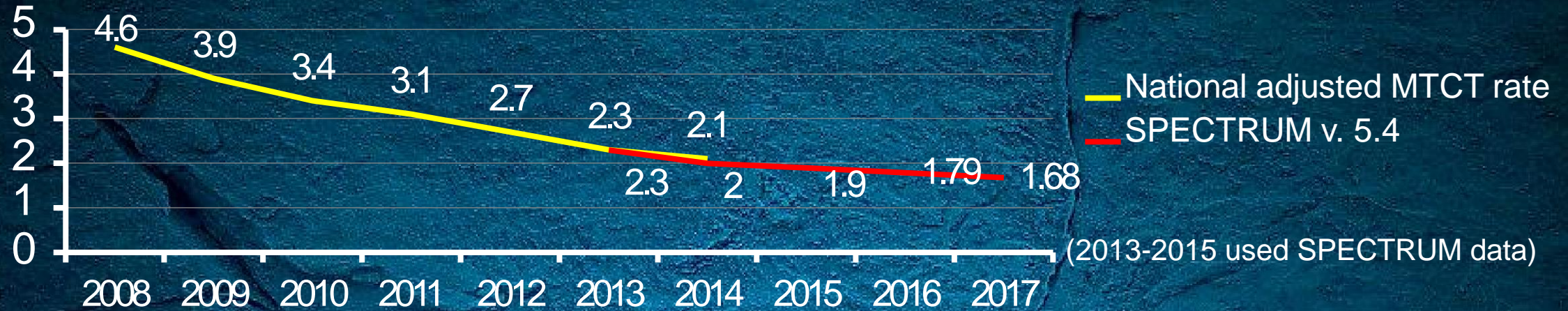


Evolution of Thai National PMTCT Policies and Guideline

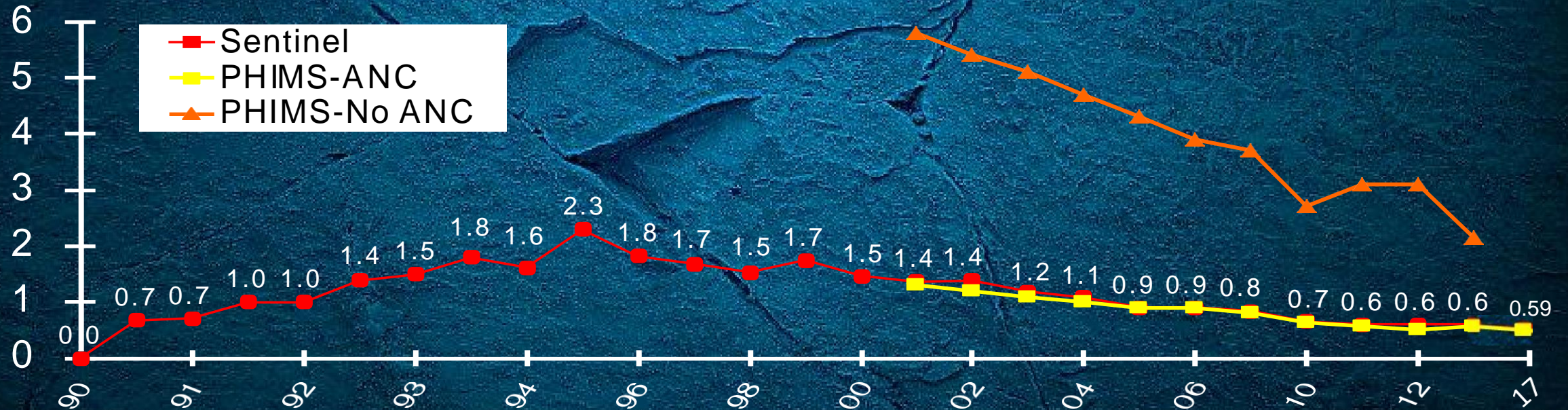


Sarawut Boonsuk ,DOH Thailand

HIV MTCT Rates (GARP report 2008-2015) Thailand



HIV Prevalence in Pregnant Women by ANC Status



Epidemic context of MTCT of HIV and Syphilis



The results of elimination of HIV and Syphilis transmission from mother to child in 2016-2017 (Thai and non-Thai)

Impact indicators:	Target	2016			2017		
			Numerator	Denominator	%	Numerator	Denominator
1. MTCT HIV rate							
- by Spectrum (GAM)	<2%	1.79	75	4,199	1.68	68	4,048
- by PCR		1.43	59	4,120	1.43	56	3,927
2. Annual rate of perinatal new HIV infections per 100,000 live births by birth cohort (SPECTRUM)	≤50	10.65	75	704,058	9.68	68	702,755
3. Annual rate of congenital syphilis per 100,000 live births (506)	≤50	15.06	106	704,058	14.66	103	702,755
Key monitoring indicators: (PHIMS coverage: 2016 = 90 % , 2017 = 91%)							
4. ANC coverage (at least one visit)	≥95%	98.46	549,472	558,083	98.53	535,708	543,702
5. HIV testing coverage among pregnant women	≥95%	99.73	556,560	558,083	99.82	542,722	543,702
6. Syphilis testing coverage among pregnant women	≥95%	99.22	553,742	558,083	99.14	539,001	543,702
7. ART coverage among HIV-positive pregnant women	≥95%	96.48	3,151	3,266	96.52	3,016	3,125
8. Syphilis treatment coverage among pregnant women	≥95%	97.84	589	602	97.54	911	934

Sarawut Boonsuk ,DOH Thailand

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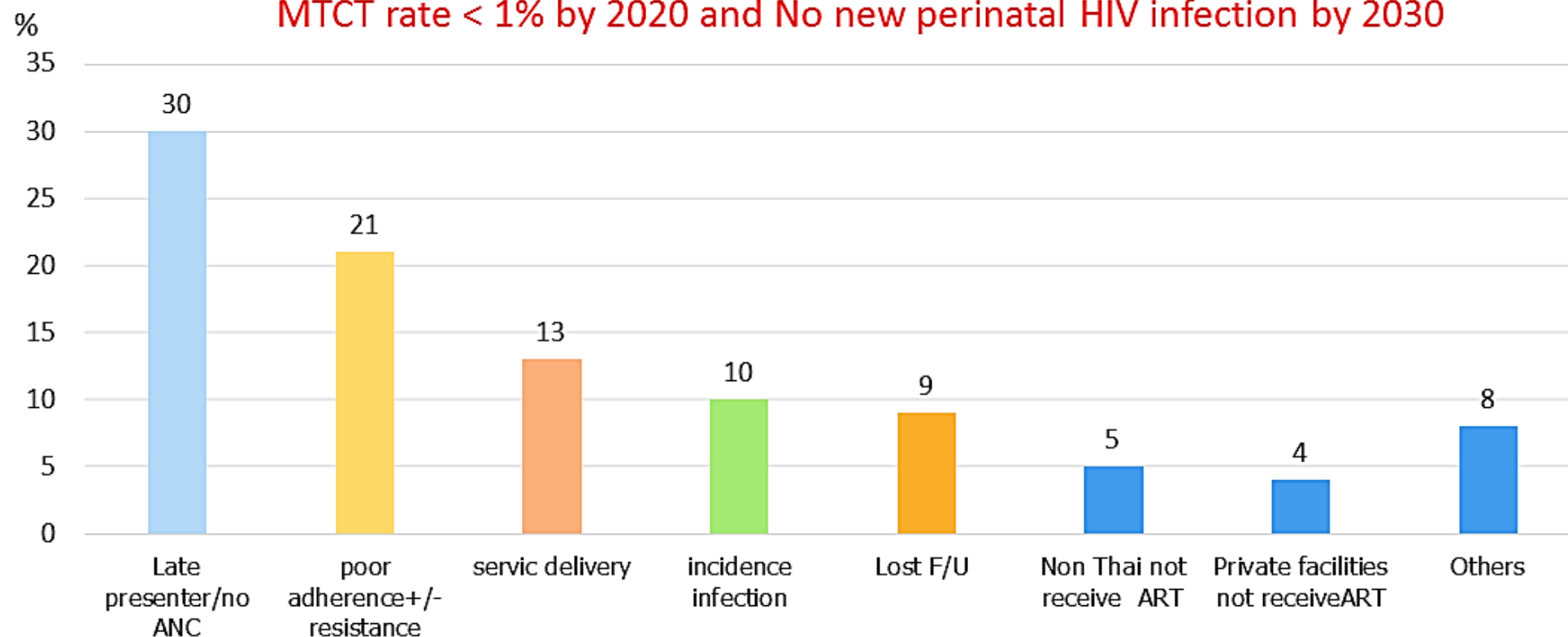
Epidemic context of MTCT of HIV and Syphilis



Potential causes of MTCT of HIV in Thailand, ACC data Aug 2014-January 2018

Goals:

MTCT rate < 1% by 2020 and No new perinatal HIV infection by 2030



30% of pregnant women had maternal VL testing near delivery

Sarawut Boonsuk ,DOH Thailand

Strategies to reach late presenters and migrants for PMTCT



Late presenters

- HIV rapid test in labor room for all pregnant women with no HIV test result
- If HIV+
 - AZT+SDNVP in labor
 - Counseling to continue HAART postpartum
 - Formula feeding/No BF
 - Management is similar to other pregnant women
 - Provide *Raltegravir* in addition to HAART in High risk MTCT

Migrants

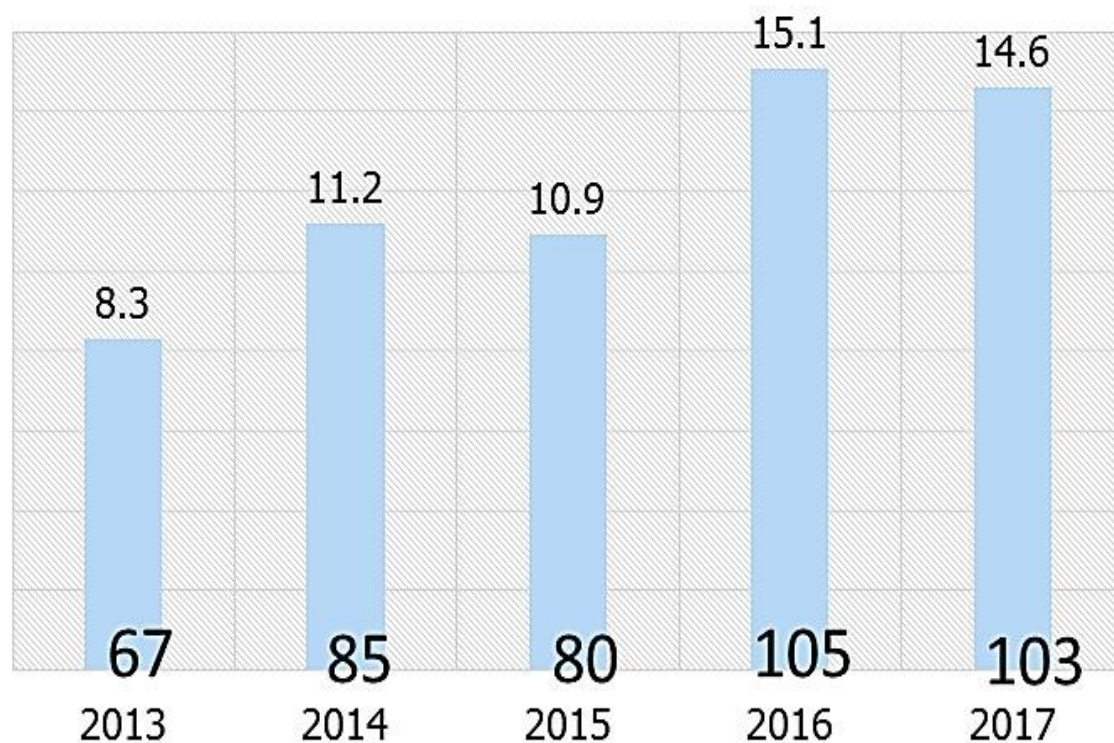
- Encourage migrants to purchase migrant health insurance that provides health benefit package similar to universal health coverage scheme for Thais
- Special project supported by Thai Red Cross through DOH, MOPH: funds purchase migrant health insurance card, ARV drugs, HIV testing
- Formula feeding supported by self-paid or hospital social funds

Epidemic context of MTCT of HIV and Syphilis

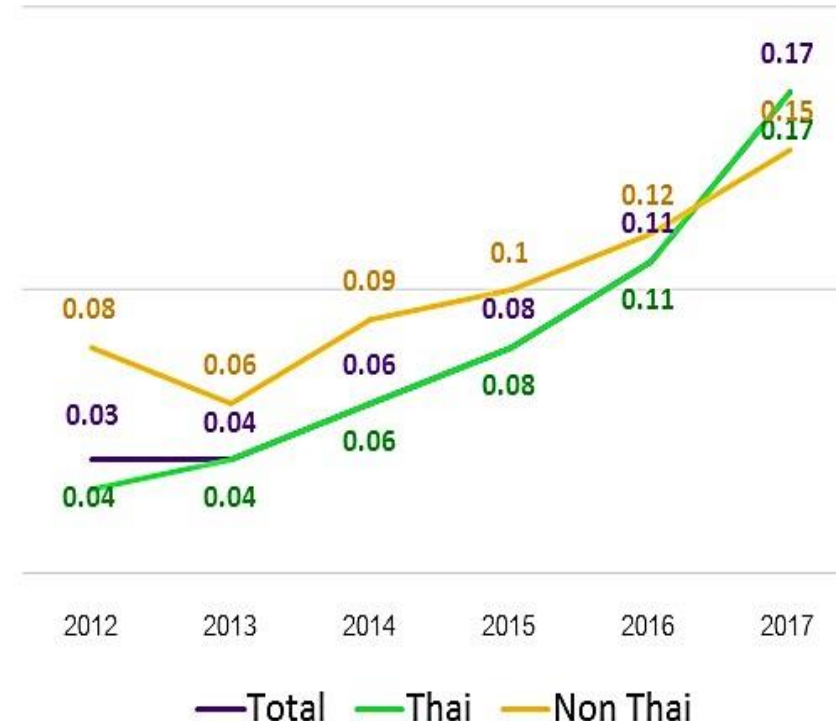


Situation of Congenital Syphilis and Syphilis Prevalence among Pregnant Women in Thailand 2013-2017

Congenital Syphilis (< 2 years) case rate per 100,000 livebirth, not include stillbirths



Syphilis Prevalence among Pregnant Women in Thailand 2013-2017



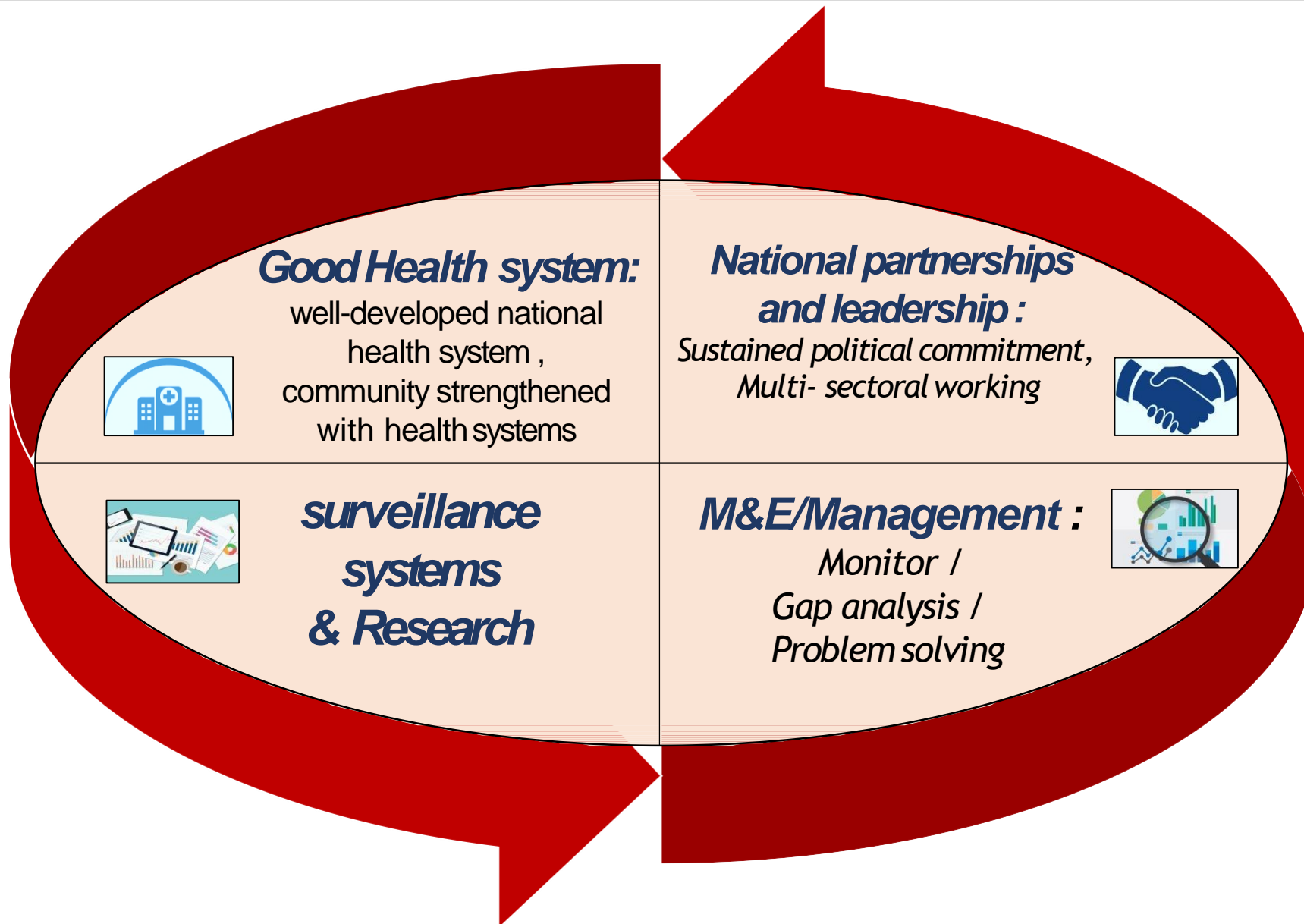
Congenital syphilis case definition: Confirmed (clinical/lab) + probable cases (inadequate Rx in mothers)

Source : DDC 506 report

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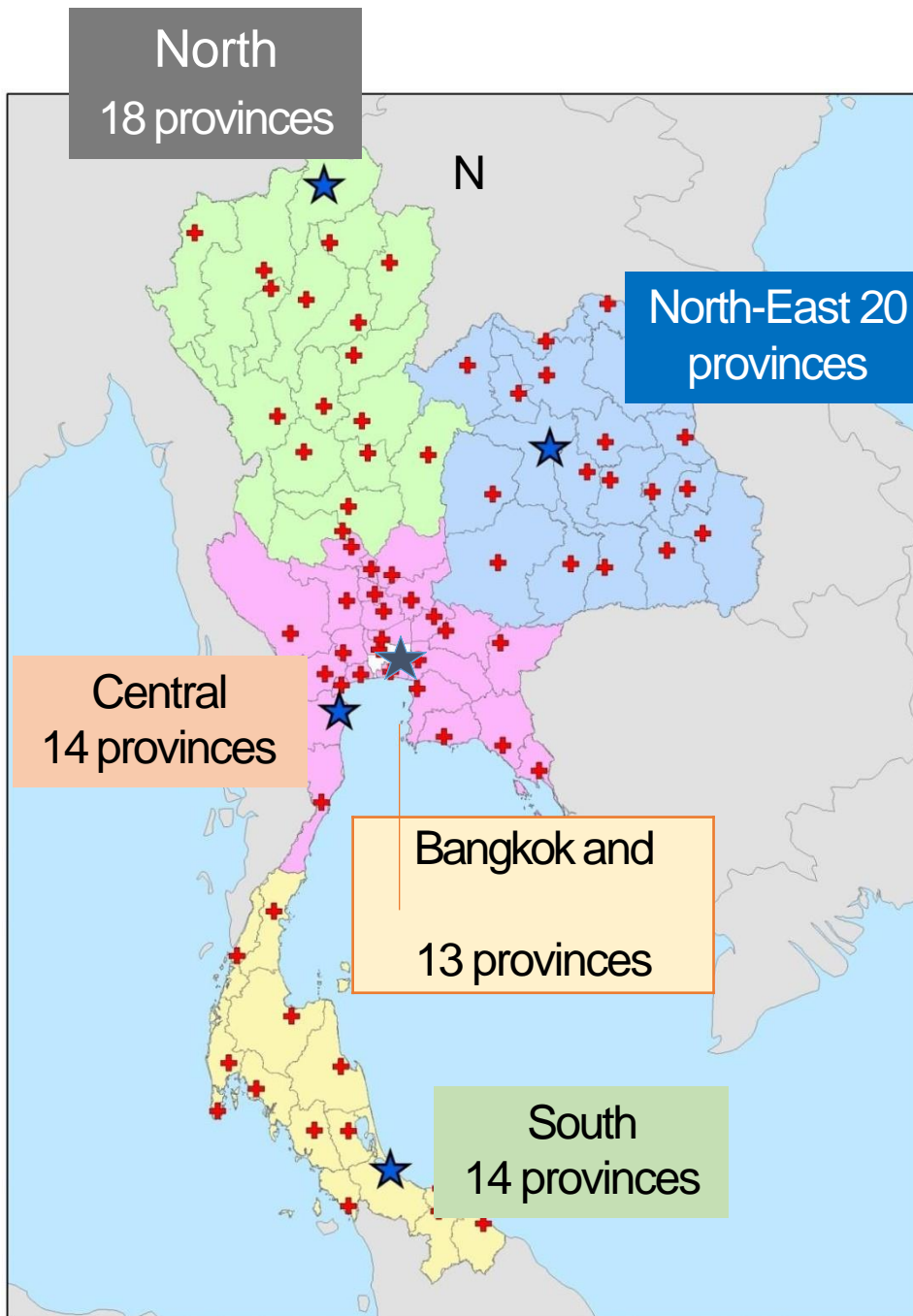
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Highlights of achievements and progress to date



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Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis



Pediatric HIV i-ACC Networks

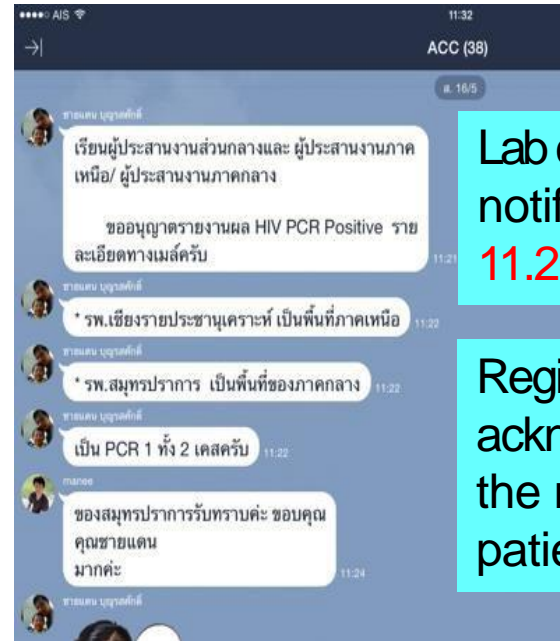
- ★ *Pediatric HIV Centers: referral site, training and networking with provincial hospitals in the region*
 - + *Provincial hospitals: referral site and networking with their community hospitals in the province*
- HIVNAT: a referral site and networking with Thai Red Cross and Bangkok Hospitals*

Case Managers Used Social Media and LINE for Real Time Case Alert & Ongoing Technical & Management Support



Communication method

- Line
- Facebook
- E-mail
- Telephone



Lab case manager notified new PCR+ case **11.21 am**

Regional case manager acknowledged that she received the message and will F/U the patient **11.24 am**



Regional case manager created contact of EID network for 14 provinces in their region

Album of key information for all LINE group members

- ข้อมูล
- **Project 194**
- **Project 209**
- หนังสือจากกระทรวง
- ตาราง **PMTCT-ACC**
- ผู้รับผิดชอบโครงการ **ACC**

- ตัวอย่างของ/ใบนำส่ง **PCR**
- ตารางคำนวณยา **ARV** เด็ก
- ประชุมชี้แจงโครงการ **ACC**
- **Window period**
- วิชาการน่ารู้
- ตรวจ **HIV** อายุน้อยกว่า 18 ปี

Sarawut Boonsuk ,DOH Thailand

Major Challenges to Maintain Validation of EMTCT, THAILAND



1. Increasing trend of congenital syphilis case rate and prevalence among pregnant women.
 - Implementation of national strategies for the prevention and control of STIs urgent needed by targeting prioritized provinces with rising trend of syphilis prevalence
 - Strategies to manage high risk and vulnerable pregnant women including late presenter women, young women are needed
2. Number of migrants continue to rise
 - Sustainable system to document and support non-registered migrants for EMTCT of HIV and syphilis is needed

Key lesson learned

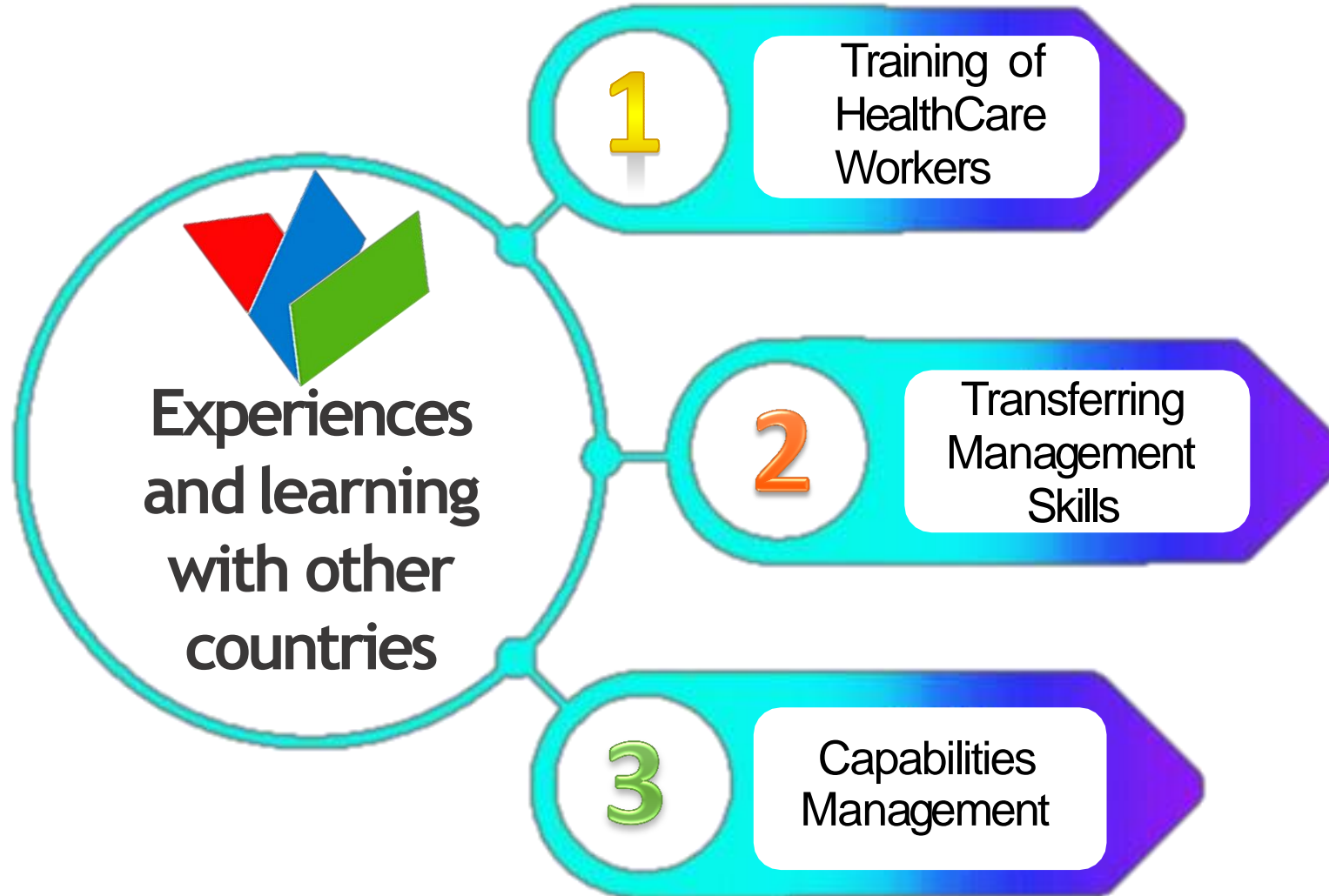
Policy : Strengthening MCHB in National and regional level

surveillance systems : improve definitions and surveillance systems for reporting data

Investigation : Scale up early diagnosis, treatment and care for infants and children.

Human right : Strengthening capacity policy in migrants population

Experiences of South-South cooperation and learning with other countries



Sarawut Boonsuk ,DOH Thailand

Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis

- Strengthen the country is represented ,role as a knowledge hub and capacities of the organization in providing technical assistance and capability building support to partner country .
- Strengthen policy all level in each country.
- Effectiveness of global surveillance and M/E
- Health literacy system have to implantation
- Health care service without borders .(global social founding)

Acknowledgements



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 - **Bureau of AIDS, TB, STIs, Department of Diseases Control:** Dr. Sumet Ongwandee, Dr. Cheewanan Lertpiriyasuwat, Pacharaporn Pavaputhanondh, Suparut Hongprasert
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- **Department of Medical Technology, Chiang Mai University:** Dr. Tanawan Sumleerat
- **Ramathibodi Hospital:** Dr. Wasan Jantratit,
- **Chiang Rai Prachanukroh Hospital, Chiang Rai:** Dr. Rawiwan Hansudeewechakul, Ms. Areerat Kongpoenoi
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Sarawut Boonsuk ,DOHThailand



THANK YOU

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Presenter

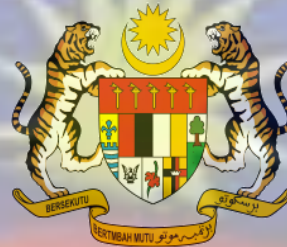
Dr. Anita Suleiman

Disease Control Division, Ministry of Health, Malaysia

Dr Anita Suleiman has 30 years of experience in the area of public health ranging from providing primary care services at implementation level to crafting innovative HIV strategic plans, policy development and national investment case for HIV in the country. Currently heading the HIV/STI/Hepatitis C Sector at Ministry of Health, her involvement in getting the country validated for elimination of mother-to-child transmission of HIV and syphilis is instrumental. She also has vast experience leading the country's HIV estimations, integrated biological and behavioral surveillance survey and population size estimations for key populations.



Expanding Access to Good Practices and Lessons learnt towards elimination of Mother-to-Child Transmission of HIV & Syphilis through South-South Cooperation



Ministry of Health Malaysia

Experiences and Solutions from **Malaysia**

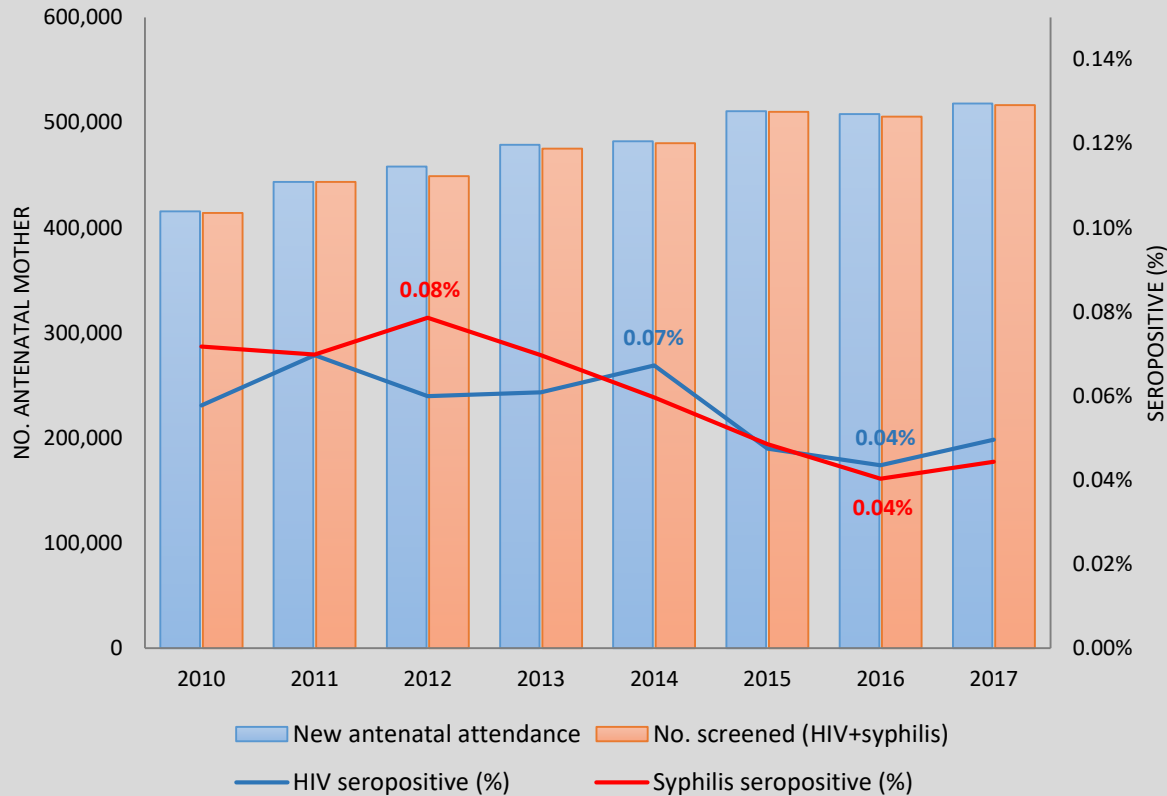
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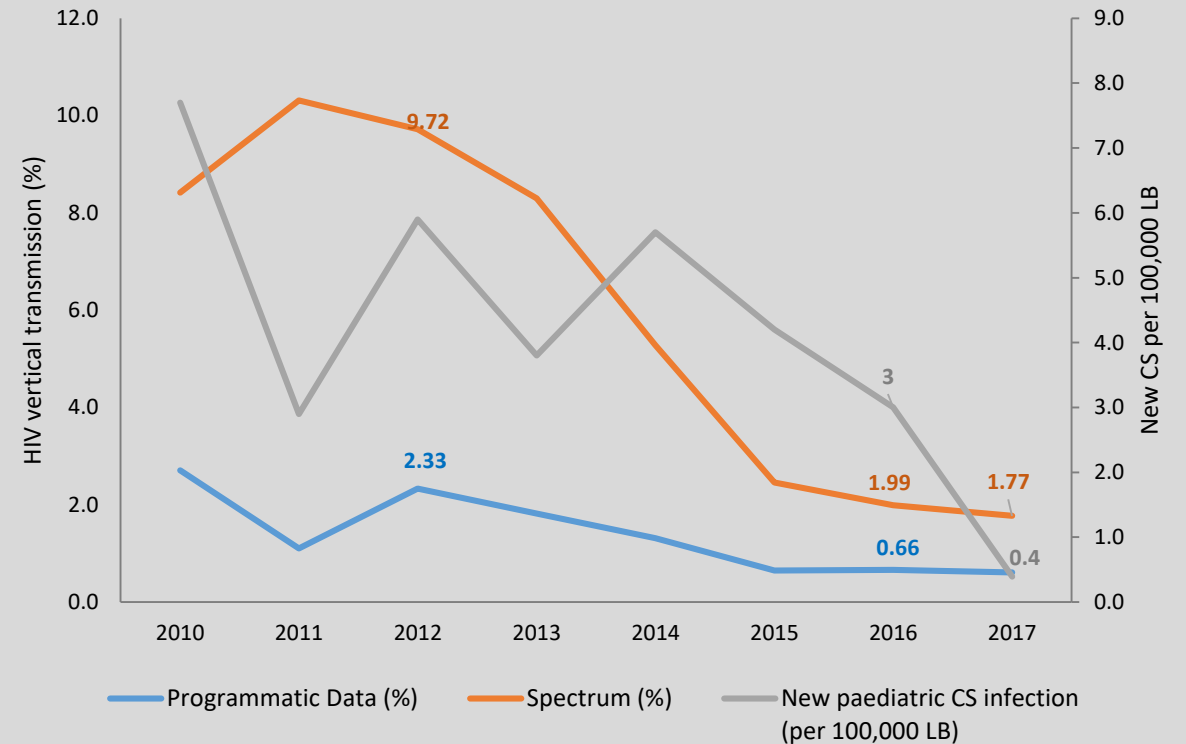
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Eliminating Mother-to-Child Transmission of HIV & Syphilis

Epidemic context of MTCT of HIV and Syphilis

Seropositive HIV and Syphilis among antenatal mothers, Malaysia 2010 - 2017



MTCT of HIV and Syphilis



Highlights of achievements and progress to date

INDICATORS	WHO eMTCT Target	2015			2016			2017		
		%/100,000	N	D	%/100,000	N	D	%/100,000	N	D
MTCT rate (by HIV PCR)	<2%	0.65	2	308	0.66	2	301	0.61	2	330
MTCT rate (spectrum)		2.38	8	346	1.99	7	340	1.77	5	335
Annual rate of new paediatric HIV infections per 100,000 LB by birth cohort (Program data)	≤50	0.38	2	521,136	0.39	2	508,203	0.39	2	508,685
Annual rate of new paediatric HIV infections per 100,000 LB by birth cohort (spectrum data)		1.54	8	521,136	1.38	7	508,203	0.98	5	508,685
Annual rate of congenital syphilis per 100,000 live births	≤50	4.22	22	521,136	2.95	15	508,203	0.39	2	508,685
Annual rate of congenital syphilis per 100,000 live births (WHO Syphilis estimation tools)		5.37	28	521,136	3.54	18	508,203	3.34	17	508,685

Highlights of achievements and progress to date

- Updated Guideline for PMTCT Syphilis – for government and private facilities circulation by February 2019
- Updated Guideline for PMTCT HIV – for circulation and re-training by May 2019
- Newly added information on
 - Importance of testing and adherence to treatment
 - Delivery & infant feeding options
 - Stillbirth reporting + syphilis test to mothers
- National Committee for PMTCT Syphilis formed 2018
 - Various expertise - O&G, Paeds/Paeds ID, Neonatologist, Dermatologist, pathologist, MCH, epidemiologist
 - review CS in accordance with WHO definition
- Review pre-marital training module
 - Importance of early booking and repeat testing
 - Spousal testing etc.

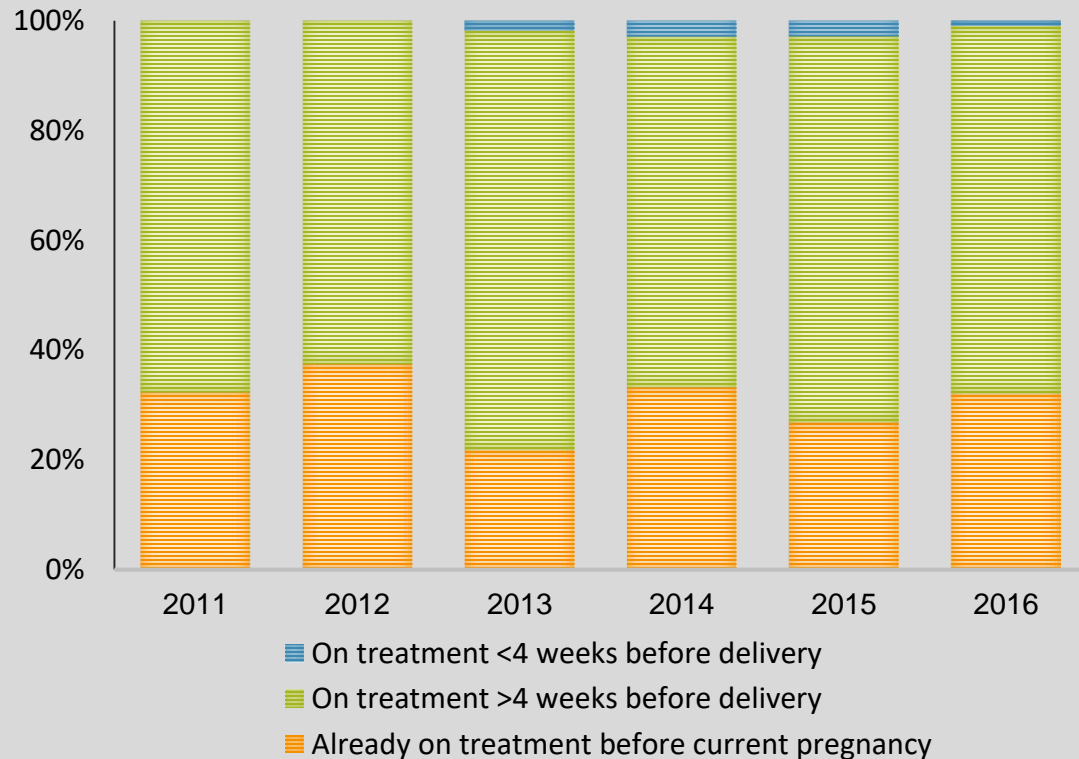


Key lessons learned

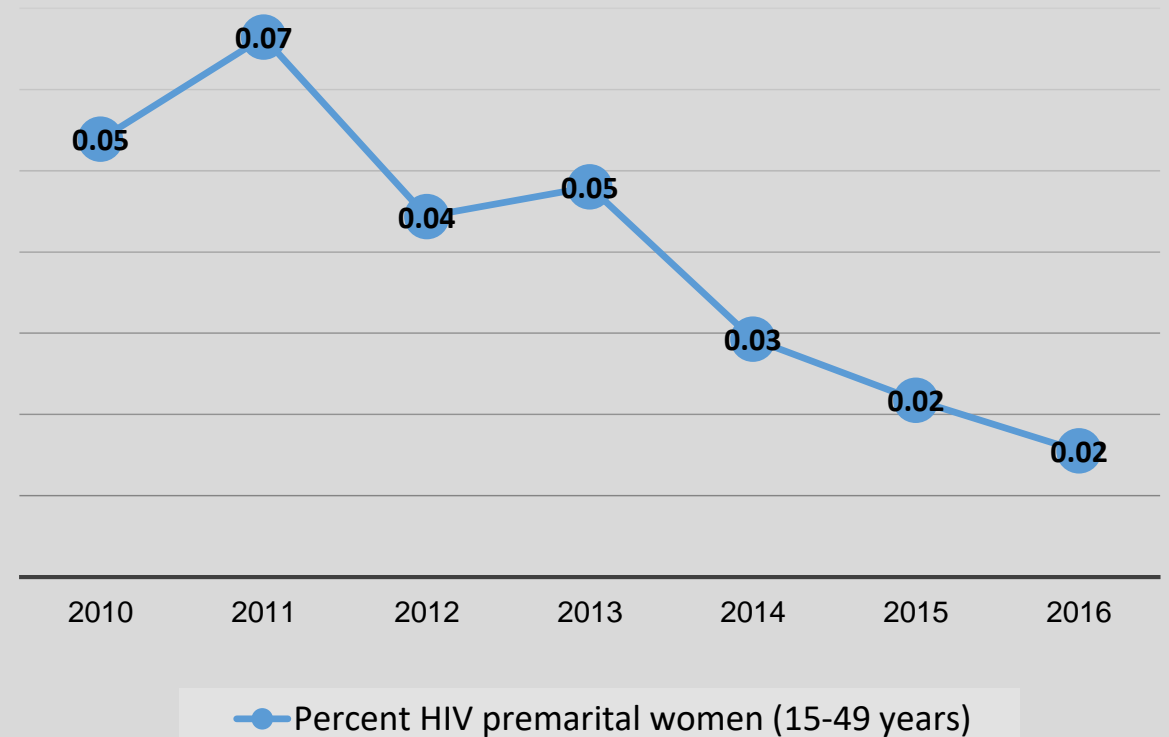
1. Political commitment – National Strategic Plan for Ending AIDS
 - eMTCT emphasised
 - 95% HIV responses domestically funded
2. PMTCT is fully integrated in public MCH's services – success in comprehensive ANC delivery
 - >300 Family Medicine specialist in >1000 government clinics providing ANC to 83% pregnant women
 - 97.4% of women in Malaysia had a minimum of four antenatal visits. Home visits.
 - Free ARV (option B+ in 2012). Free replacement feeds. Free syphilis Rx. POCT.
 - Unbooked mother tested in intrapartum and treated
 - Tracing of cases lost to f/up by District Health Office
3. Prevention of unintended pregnancies through pre-marital HIV testing
 - Platform to educate and pre-planned conception for better outcome

Key Lessons Learned (cont.)

ART COVERAGE FOR PREGNANT WOMEN



HIV PREVALENCE AMONG PREMARITAL WOMEN (15-49), MALAYSIA 2010-2016



Key challenges to maintaining success

1. High risk mothers - late presentation, lost to follow-up, non-adherence due to stigma
 - Module HOPE to combat Stigma & Discrimination for HCW 2019
 - Community empowerment – CSOs
2. Migrant women - fee for basic ANC consultations (new Fee Act 2014)
 - Free ARV (Option B) + Free ART prophylaxis and formula feeds for infants
 - Majority access ANC services in the public sector (77.7%) compared to private (19.5%)
 - UNHCR card holders enjoyed 50% discount for lifelong ART (Option B+)

Experiences of South-South cooperation and learning with other countries

1. Newly certified for EMTCT 8th October 2018
2. Webinar hosted by WHO Regional Office for the Western Pacific (5th December 2018)
3. Invitation to present at The SHIELD Zero Transmission International Forum hosted by Chinese Foundation of Hepatitis Prevention and Control, Guangzhou Municipality (14th December 2018)

Recommendations for successful South-South Cooperation towards achieving EMTCT of HIV and Syphilis

Potential for maximizing SSC to advance EMTCT goals and targets:

- 1. Enhance capacity building through sharing of expertise within member countries*
- 2. Promote learning and solution sharing from other developing countries through showcasing of best practices & challenges and study results*
- 3. Facilitate sharing / transfer of knowledge / technology / skill - inventory of resource persons in the region*

Thank you...

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Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Presenter

Dr. Mariame Sylla

Health and Nutrition, Programme Section, UNICEF South Africa

Dr Mariame Sylla is the Chief of Health and Nutrition since March 2018. She has previously served in various capacities in UNICEF offices including Burkina Faso, Ethiopia, the Regional Office for West and Central Africa in Senegal and the organization's New York Headquarters. Before joining UNICEF in 2002, she worked in Guinea as Medical Doctor and technical advisor at the Conakry City Health Directorate, and served as a Global health Fellow for the World Health Organization's Global Programme on Evidence for Health Policy in Geneva, Switzerland. A national of Guinea, Mariame holds a Medical Degree from the University of Conakry and a Master's Degree in Public Health from the Johns Hopkins School of Public Health.



Expanding Access to Good Practices and Lessons learnt towards elimination of Mother-to-Child Transmission of HIV & Syphilis through South-South Cooperation

Experiences and Solutions from South Africa

31 January 2019



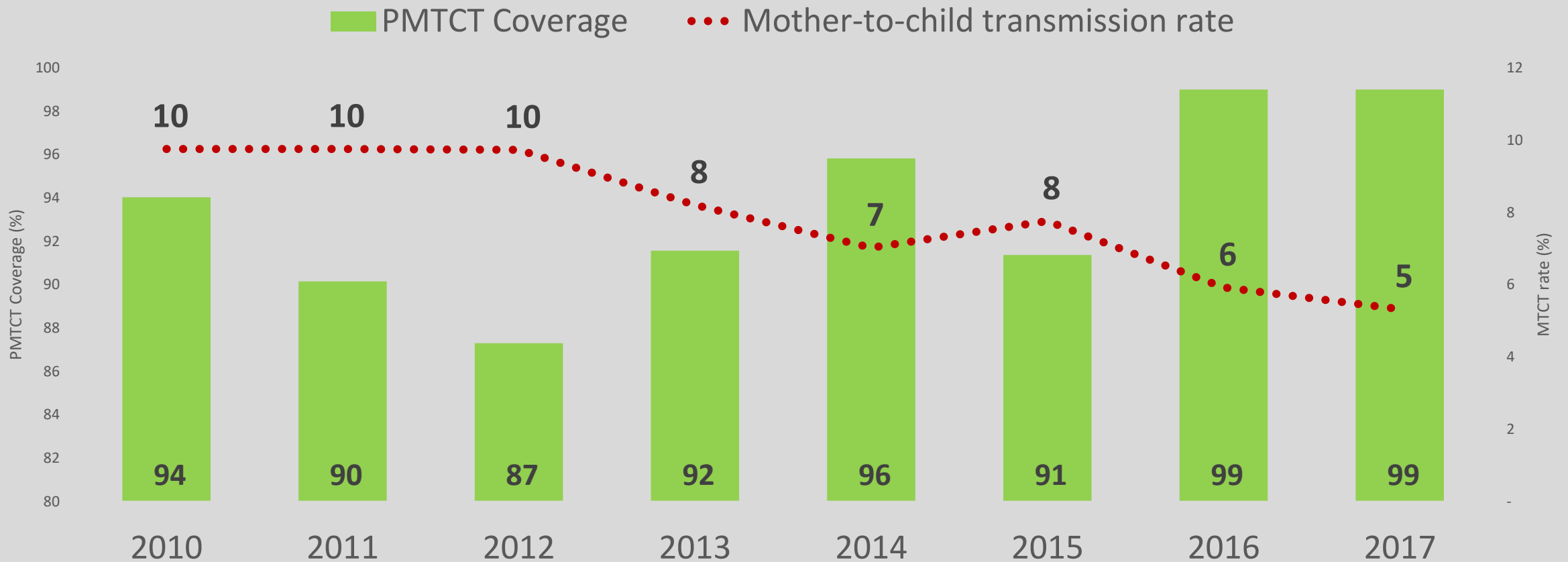
Epidemic context of MTCT of HIV and Syphilis

- Biggest HIV epidemic in the world, with an estimated 7.35 million people living with HIV in 2017 (Thembeisa 4.1)
- Largest ART programme in the world (total client on ART 4,471,523), which has undergone even more expansion in 2016 with the implementation of 'universal test and treat' policy
- HIV prevalence among South Africans of all ages in 2017 was 14.0%
- 157,644 children under 15 years remaining on ART at end November 2018

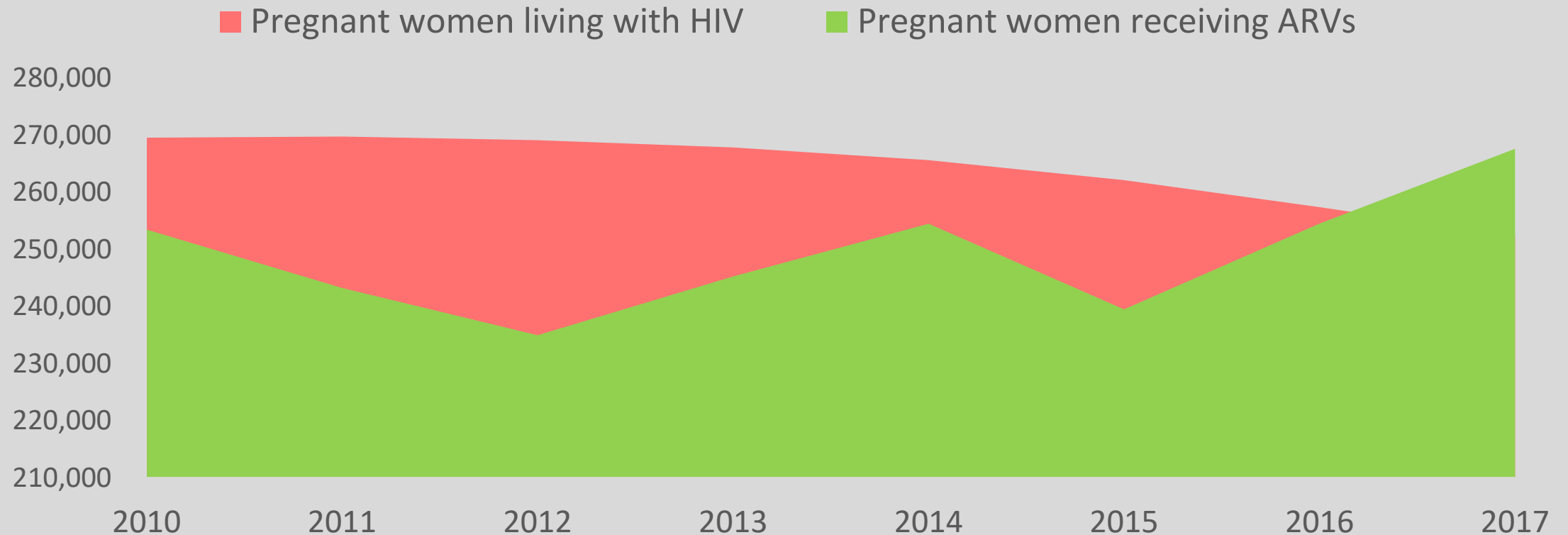
Highlights of achievements and progress to date

- **97,2%** HIV positive pregnant women on ART vs. ~80% in 2009)
- **0,66% at birth** and **0,9% at 10 weeks** vs. 8% at 6 weeks in 2009 – DHIS FY2017-18);
- **4.3%** final MTCT rate (18m)
- **450,000 new paediatric HIV infections** averted since 2009
- **14,287 new HIV infections** in children <15 years vs. 38,219 new infections in 2009 – Thembisa 4.1)

Highlights of achievements and progress to date

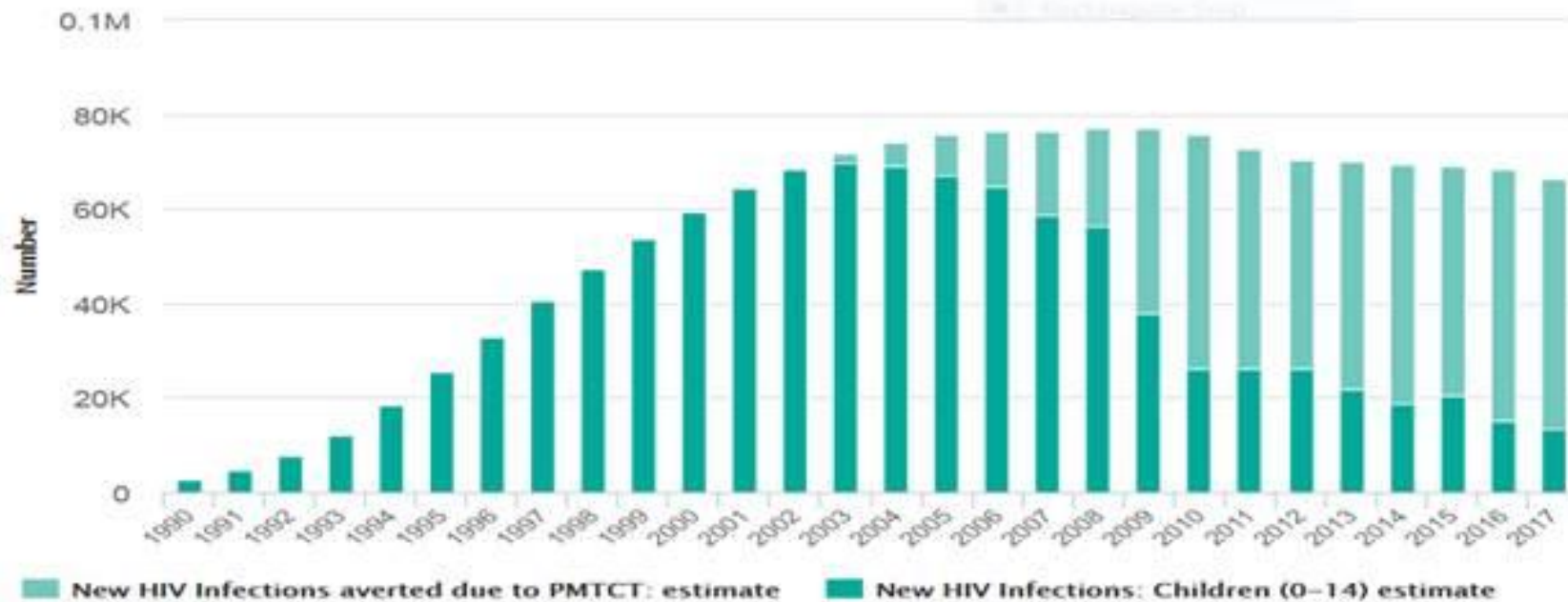


Highlights of achievements and progress to date



Highlights of achievements and progress to date

Number of new HIV child infections vs number of new infections averted due to PMTCT



Source: UNAIDS Estimates 2018

Lessons learned

Political leadership and commitment at the highest levels and at all levels - crucial for accelerating the national HIV response including EMTCT.

- In the public sector and in civil society - President, Minister of Health, National Department of Health, SANAC
- At every level, from national structures to local organisations

National HIV response is coordinated by the South African National AIDS Council (SANAC) - one country, one plan, one response

Partnerships for change - strong partnerships with development and implementing organisations, academia and CSO

Advocacy for progressive policy change and accountability - Civil Society have collectively played a pivotal role in the HIV response and EMTCT - Engaging with civil society at various levels e.g. with SANAC

Lessons learned

Last Mile Plan- working towards elimination –

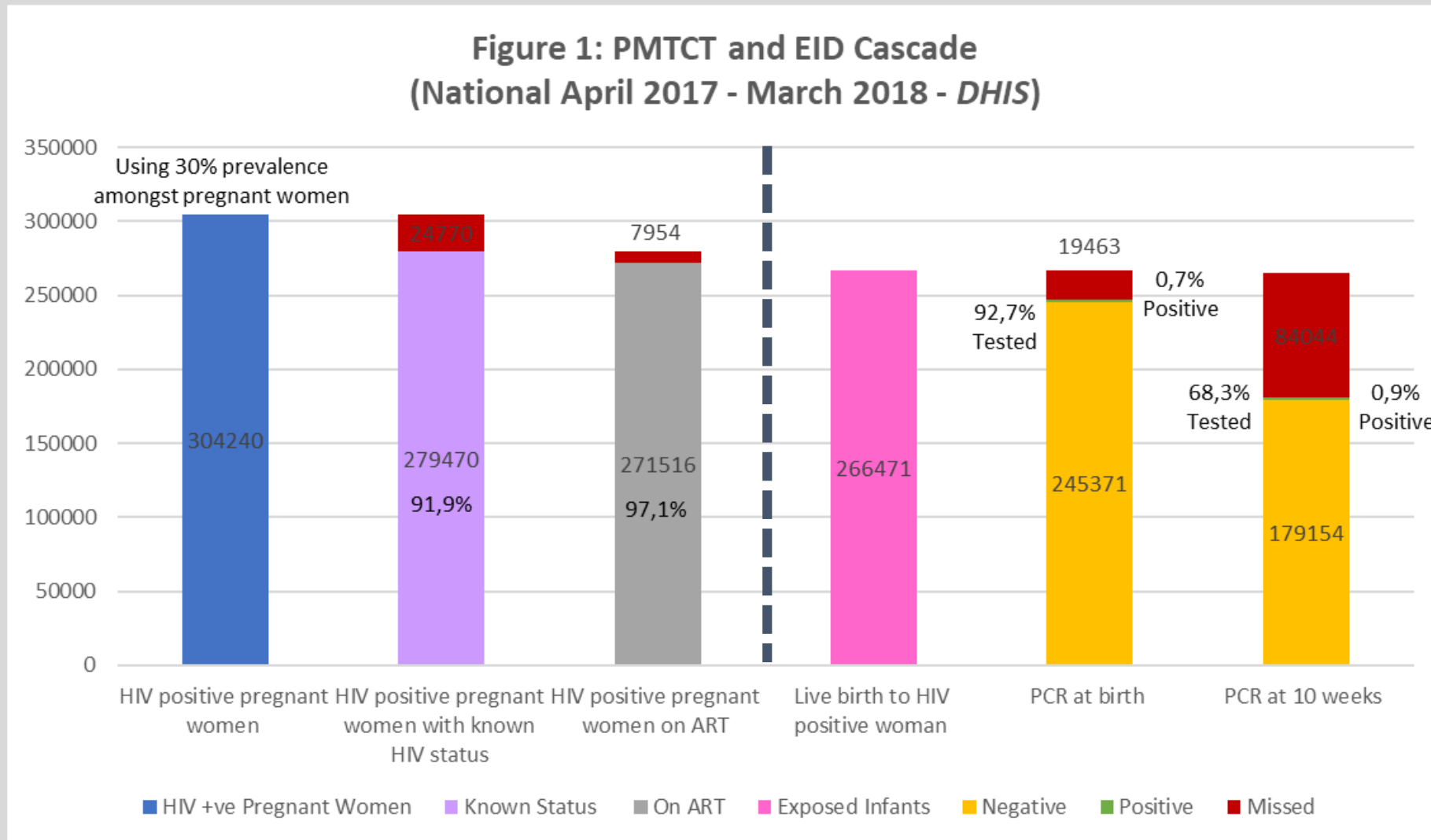
- Well-informed selection of interventions and targeting to reach those most in need

Operationalizing – the last mile plan - focusing on impact with data/real time info and building evidence (data for action – last mile plan)

Evidence based and data drive actions at all levels - with data/real time info and building evidence (data for action – last mile plan)

- Data for action for the Last Mile Plan monitoring
- Use of standard data collection tools by all partners involved
- **Integration of PMTCT Programme Components into MNCWH Services**
- **Continuous mentorship and supervision of healthcare workers** - important for adoption and implementation of policy changes.
- **Community health workers** - an important resource integral to the improvement of patients' access to services bridging gap between clinical and community level care.

Epidemic context of MTCT of HIV and Syphilis



Webinar on Expanding Access to Good Practices and Lessons learnt in Eliminating Mother-to-Child Transmission of HIV & Syphilis

Key challenges to maintaining success

- **Integration of services**

- Holistic approach to healthcare (Ideal Clinic) where women and children can access all their healthcare needs in one appointment

- **Prevention**

- Especially contraception in light of Dolutegravir

- **Innovation for impact**

- How to reach the hard to reach, key populations
- Overcoming cultural barriers

- **Sustainability of interventions and support**

- **Reaching elimination** - Due to the large burden of HIV infection in the country

Experiences of South-South cooperation and learning with other countries

- South Africa hosts bi-annual AIDS conference that allows sharing of research and best practices including collaboration with other countries
- Numerous TA type projects from Academia worldwide – e.g. Siyakhula project in Tshwane; Caprisa in KZN
- Internationally recognized experts that provide inputs into SA policies and provide technical support around the world.

Recommendations for successful South-South Cooperation towards achieving EMTCT of HIV and Syphilis

- Greater engagement of governments, CSOs (such as SANAC) and academia
- Operationalize knowledge management and dissemination between managers at district/operational levels where it matters most
- Collaborative research across countries to identify risk factors and best practices and their applicability internationally
- More sharing opportunities such as conferences and webinars and set up regional conferences and webinars to allow cross country engagements

Thank you...

Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Discussant

Dr. Melanie Taylor

World Health Organization

Melanie Taylor MD, MPH is a medical officer with the WHO Department of Reproductive Health and Research, STI Program, seconded from the U.S. Centers for Disease Control and Prevention. She works primarily on elimination of mother to child transmission of HIV and syphilis and global STI surveillance. She is an infectious disease physician.



Expanding syphilis screening and treatment in ANC

Melanie Taylor, MD, MPH

Medical Officer, RHR/STI

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World Health Organization



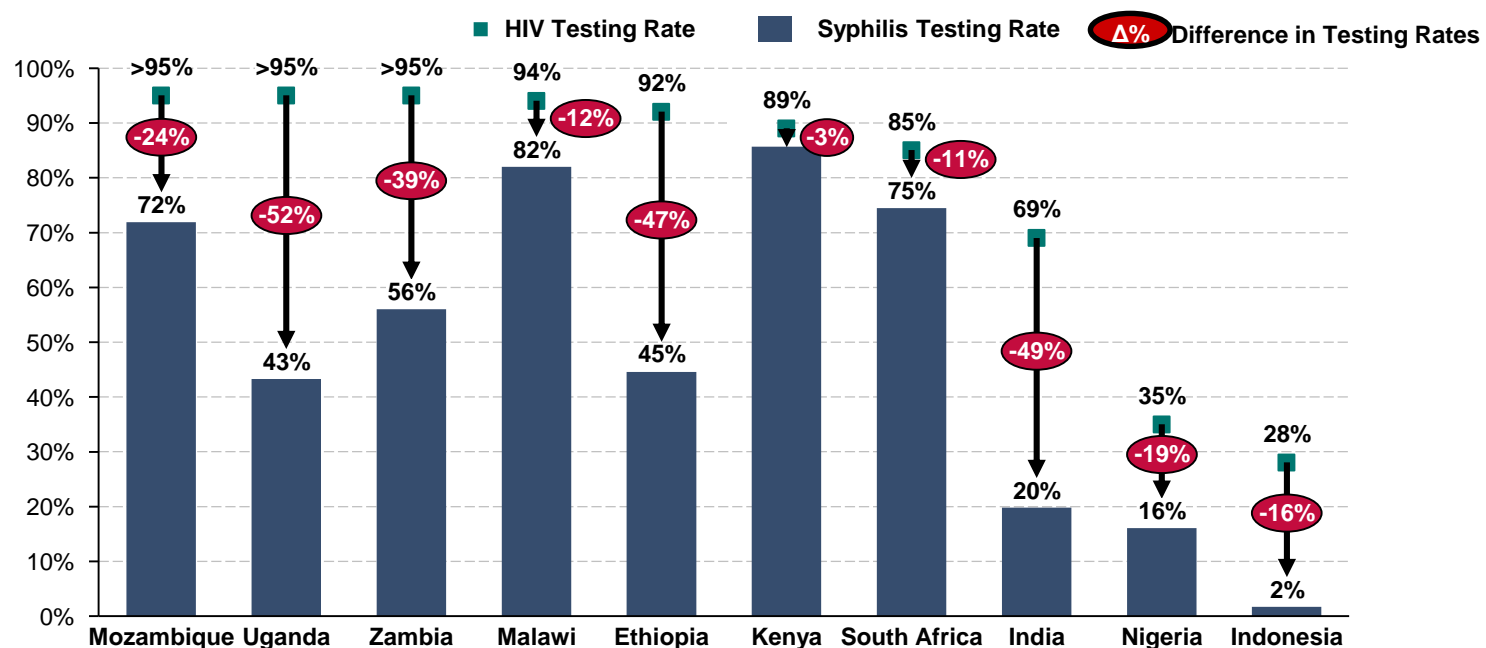
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World Health Organization

Testing coverage for HIV & syphilis in pregnant women that visit ANC in selected countries

(2016-2017, %)



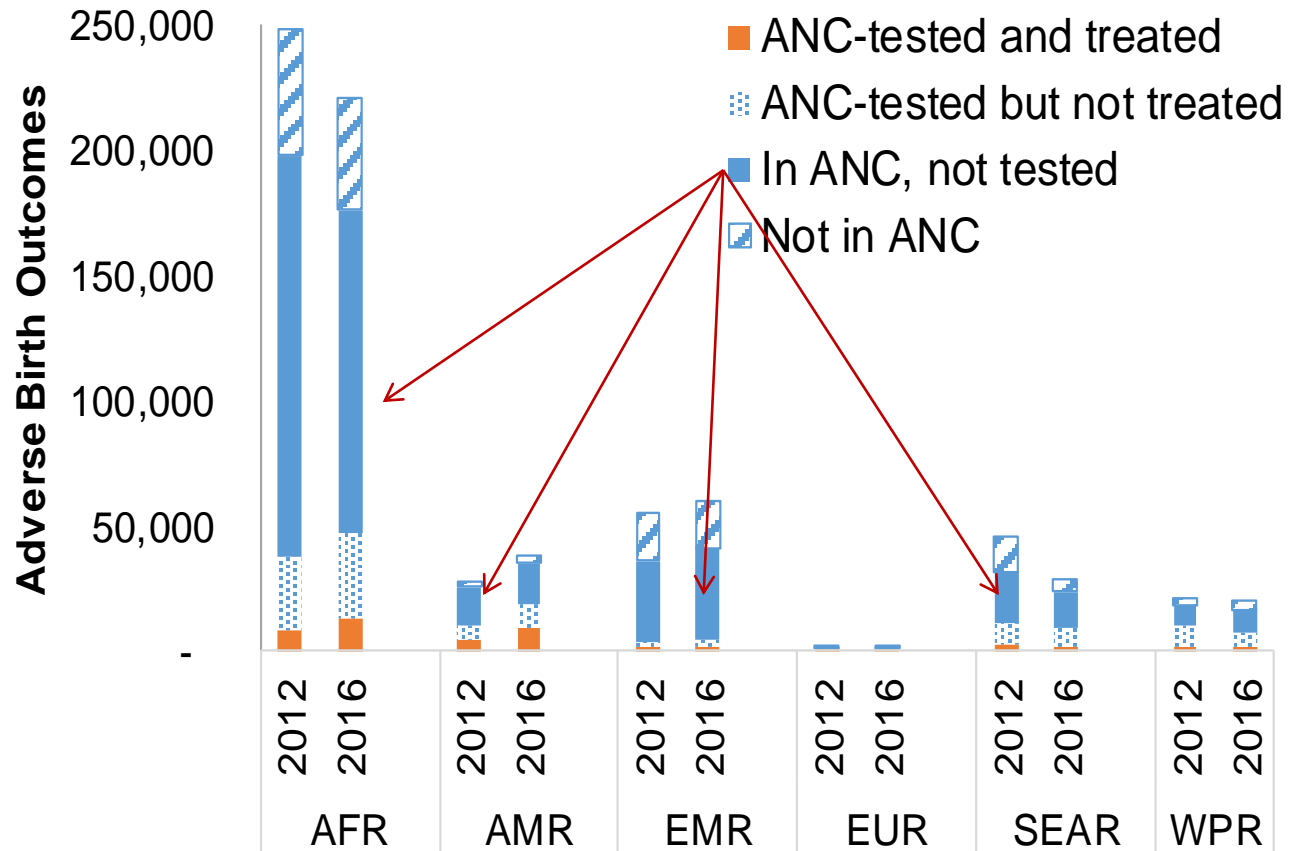
Prevalence in women between 15-49 years of age

HIV	15.0%	7.3%	14.3%	11.7%	1.2%	6.2%	23.7%	0.2%	3.0%	0.3%
Syphilis	4.6%	2.9%	3.5%	1.0%	1.1%	1.4%	2.0%	0.1%	0.9%	3.2%

Sources

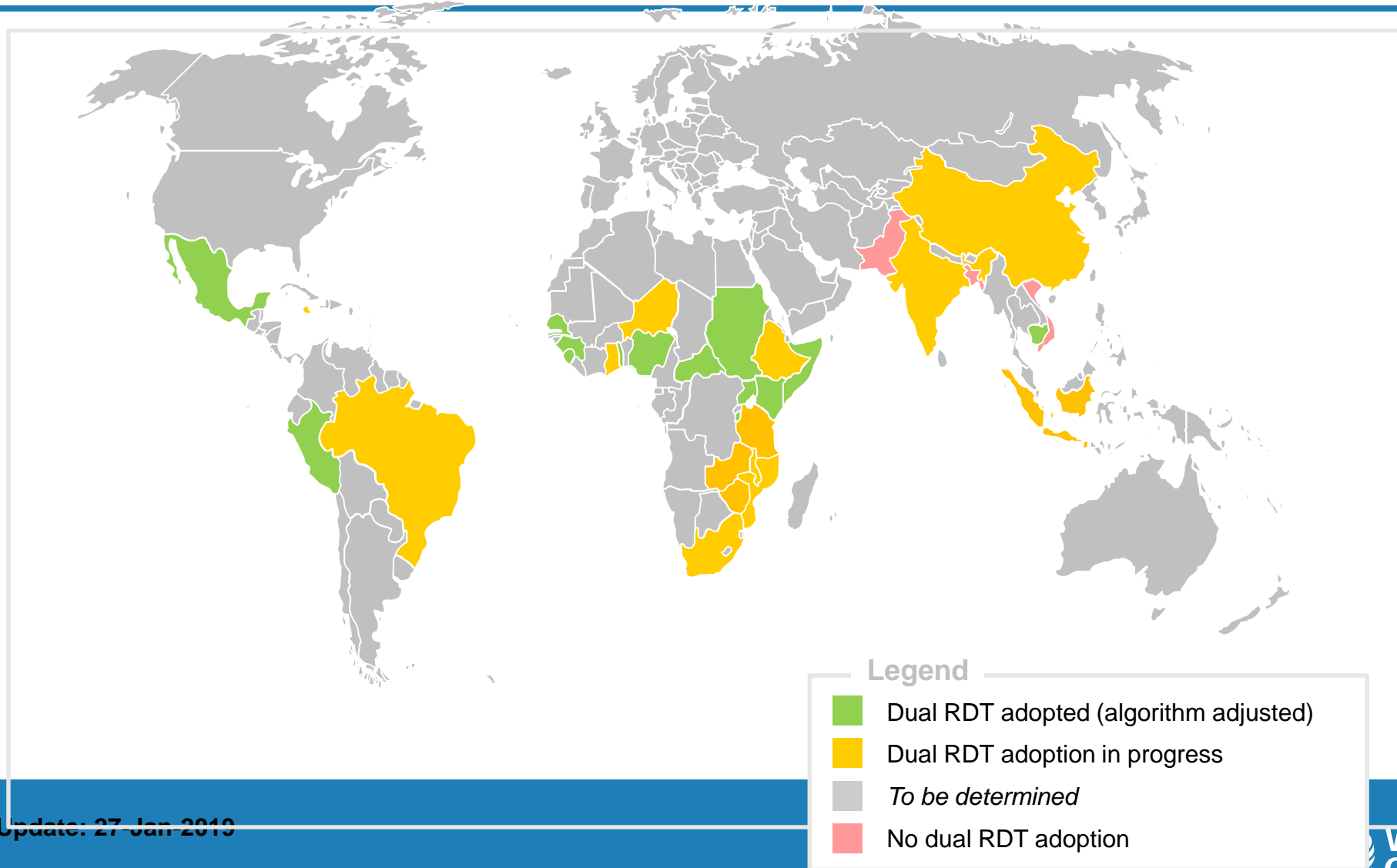
- India: HMIS 2017-2018
- Other countries: WHO STI report 2015; UNAIDS databases 2016-2018

Missed Opportunities To Prevent Adverse Birth Outcomes due to Syphilis



Source: Korenromp EL, Rowley J, Newman L, Kamb M, Broutet N, Taylor MM et al. In Press PlosOne, Jan 2019

Current state of adoption for the dual HIV-syphilis rapid diagnostic test (RDT)



Update: 27-Jan-2010

Cost-effective Interventions to Prevent Mother-to-Child Transmission of Syphilis

- Screening of all pregnant women for syphilis early in antenatal care
 - Rapid treponemal (syphilis) tests
 - **Rapid dual HIV/syphilis tests**
- Treatment of pregnant women with syphilis with **benzathine penicillin**
- Partner treatment



Expanding access to good practices on Elimination of Mother-To-Child Transmission of HIV and Syphilis (EMTCT) through SSC

Discussion

Submit your questions to the panellists

Simply type them in the chat bar!

Thank you for joining

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