# Summary from the NACP IV Working Group (Sub-group of ICTC) on Parent to Child Transmission

# Current Status of PPTCT Program in India

- 6.6 million out of total 27 million pregnant women are counseled and tested during 2010-11 financial year

- A total of 7538 ICTC's are established and functioning
  - 5246 are stand alone ICTC
  - 2302 are facility integrated ICTC
    - 670 of these are in the private sector

- 16954 out of 43000 estimated HIV+ pregnant women are identified during 2010-11
    - 11962 mother-baby pairs received NVP

# Strengths of PPTCT Program

- Achieved 90% of NACP III goals for testing and counseling
- Able to saturate public health sector with testing and counseling in high prevalence states
- Has dedicated workforce including counselors, out reach workers and others
- Able to design, disseminate and use effective IEC
- Ability to do mid-term correction
  - Adopted new WHO guidelines on PPTCT (Treatment, Prophylaxis and Infant feeding)
- Ability to partner with civil society and positive networks for service delivery
  - PPTCT out-reach and Private sector expansion

# Areas Of Improvements

- Coverage
  - Only 24% of the pregnant women are tested and counseled
    - Mainly due to lack of adequate services for the women delivering at private health facilities and at home
  - Only 40% of the estimated HIV+ pregnant women identified
    - Due to inadequate focus on high burden but low prevalence states (e.g Bihar and others)
- Only 27.8% of the estimated HIV+ received NVP
  - Due to in-adequate mechanisms for follow-up of mother and baby pairs
  - Stigma and low health seeking behavior
- Inconsistent quality of service provision with specific reference to counseling
- Technical areas: Nutrition, EID

# Areas Of Improvements

- Inadequate integration with
  - Care, support and treatment services (time sensitive)
  - MCH/RCH (NRHM) services
  - WCD and other services
- In-adequate supply-chain management
- Human resources
  - Sub-optimal utilization of the dedicated workforce and infrastructure
  - High turn-over and long vacant positions due to low compensation, other incentives, low motivation, lack of opportunities for career progression and burn out
  - Catering to the different capacity needs of staff at facility integrated ICTCs

# Suggested Direction for NACP IV

# Goal for
# PPTCT Component of NACP IV

To intensify efforts towards

achieving virtual elimination of new HIV infections from mother to child

And

improve maternal and child survival (in the context of HIV)

**Definition of elimination:** Reduce new pediatric infection by 90% and to reduce MTCT to <5%

# Objectives for PPTCT Component of NACP IV

1. Reduce new HIV infections in women of child bearing age
2. Ensure access to family planning services to all HIV+ pregnant women
3. Screen 100% of the registered pregnant women for HIV
4. Reduce mother to child transmission to < 5%
5. Link 100% of HIV+ pregnant women to care, support and treatment services at the earliest

# Strategies for NACP IV Objectives

- Integrate with NRHM (specifically RCH)
- Ensure 100% ANC Coverage through NRHM
- Engage private sector
- Rapidly scale up new PPTCT WHO guidelines
- Strengthen linkages among various HIV services
- Improve quality of existing services including follow-up and reduction of stigma
- Improve maternal, new born and child survival
- Strengthen health systems (supply chain management, monitoring, reporting, task sharing)
- Develop and implement comprehensive communication strategy

# Recommended Policy Changes: Technical Guidelines

- Rapid adoption of New PPTCT guidelines both in public and private health facilities (based on new WHO guidelines)
- Rapid adoption of guidelines for care of HIV exposed child including EID in public and private health facilities
- Revision of training modules in-accordance with new guidelines and IEC materials for all health care provider

# Recommended Policy Changes: Provider initiated HIV testing

- PITC with Opt Out to be expanded to the public and private health sector
  - Expand PITC to the private sector
  - Strengthen the PITC in the government sector.
  - Require better operational guidelines and job AIDS
  - Issues of confidentiality to be addressed
- Mandatory reporting mechanism both for public and private health sector
  - E.g. (e.g ART program, Karnataka state)
  - Identify a focal person at the district level who will be responsible for collation of the information

# Recommended Policy Changes: NRHM Integration

- Include HIV as part of MCH services
  - Integrate testing as part of ANC care
  - Link HIV+ pregnant women to PPTCT/HIV services
  - Follow-up mother baby pairs for PPTCT and MCH services
- Harmonize monitoring framework of NRHM and NACP IV
- Help engage private providers of NRHM in NACP IV activities (e.g Chiranjeevi model)
- Post same person as head of NRHM and SACS at the state level
- Expand roles of ANM, ASHA and medical providers to provide integrated service
  - Integrate HIV as part of capacity building of ANM, ASHA and medical officers on expanded roles
- Allocate funding for NACP IV activities in the state plans of NRHM (good practice e.g. Karnataka and Rajasthan)

# Approaches for reducing new HIV infections in women of child bearing age

- Sensitize and empower adolescents through existing programs (SABLA, ARSH, WCD, IEC), peer based interventions and C-POL
- Mainstream HIV as part of select NRHM and WCD programs to deliver integrated HIV/SRH/MCH services
- Increase access to proven prevention tools
- Involve of men and family members through partner/couple, family counseling and other approaches
- Initiate Post sexual exposure prophylaxis through public health facilities for HIV discordant couples and for women suffered from rape and sexual assault
- Repeat testing of sero-discordant couples

# Approaches for ensuring access to family planning services to all HIV+ pregnant women

- Increase the capacity of all health care providers of HIV programs on family planning and of family planning on HIV related issues/services
- Ensure access to supplies (condoms, hormones)
- Mechanisms of linkages and integrated services delivery to be discussed

# Approaches for Improving Coverage

- Collaborate with NRHM to increase access to ANC to unreached through mobile services, private sector, other health services and community out reach
- Include HIV screening in ANC package (health facility and community)
- PITC at all out and in-patients in high prevalence districts

# Approaches for Improving Private Sector Coverage

- Evolve different models of implementation for engaging private providers
  - Screening and referral of HIV+ pregnant women to PPTCT services (leverage current screening practices)
  - Testing and counseling and referral
  - Full cascade of PPTCT services
- Evaluate use of incentives:
  - Certification/accreditation
  - Financial incentives (leverage schemes provided by NRHM)
  - Officer partnership with the government (current PPP model)
  - Provide test kits, capacity building support, ARV prophylaxis, PEP drugs and EID (current PPP model)
  - Help them to protect their staff through training on universal precautions, and provision of PEP regimens
- Evolve policy on reporting and quality control for private health providers similar to public health providers.
- Sensitize and train private providers in collaboration with professional organizations (FOGSI, IAP, IMAI and others)

# Approaches for reducing MTCT to less than 5%

- Ensure 100% of the pregnant women are tested for CD4 count at the earliest
  - Introduce point of care CD4 testing and provide travel and financial incentives
- Ensure immediate initiation of ART to HIV+ pregnant women with CD4 <350 and ARV to those with >350
- Rapidly scale up new WHO guidelines
- Improve the follow up of mother and baby
  - Strengthen mechanisms for tracking
  - Travel and financial incentives
  - Outreach
- Increase the capacity of the counselors

# Approaches to Strengthening Service Delivery

- Develop operational guidelines on new national guidelines
- Develop roll out plan for scaling up of new guidelines in a phased manner
- Rapidly scale up of guidelines for care of HIV exposed child
- Develop and implement a training plan to all ICTC teams on new guidelines
- Strengthen supply chain management (national, state and district level)
- Strengthen monitoring and evaluation

# Strengthening Human Resources

- Facility Level:
  - Address high turn over through addressing low compensation, burn out, provision of better career prospects and ongoing quality mentoring
  - Address HR issues specifically related to FITC: frequent training to address transfers and turn-over, training on multiple tasks and ongoing mentoring
  - Appoint peer-counselors
- State Level Staff :
  - JD(BSD), DD, PPTCT and pediatric consultant (align TOR)

# Strengthening Quality

- Assess currently quality assurance plan
- Develop and implement comprehensive quality assurance plan based on the assessment findings
  - Develop appropriate  indicators for monitoring quality
  - Develop standard operating procedures
  - Establish/strength supportive monitoring at different levels including state, district, site and community level
  - Monitor systems, training, service provision, follow-up, supplies and program management
    - Strengthen the feed back mechanisms and use of data
- Include community monitoring

# Strengthening Capacity

- Assess the current initiatives and systems
- Develop and implement comprehensive capacity building plan using team approach
- Capacity building activities should include training, mentoring, feed back and follow-up
  - More focus on skill building
- Train and mentor PPTCT teams
  - Program management, services delivery and monitoring and supervision
  - Multi-tasking

# Approaches for NRHM Integration

- Develop implementation plan and operational guidelines for integration
  - Develop state specific plans
  - Consider phased implementation
- Get buy in from NRHM/RCH program officers at the state level
  - Replicate promising practices in Karnataka and Tamil Nadu
- Build capacity of state institutes in a phased manner for training and also integration of HIV as part of routine NRHM trainings (E.g IMNCI)
  - Work with NIHFW and NHSRC for integrating HIV/PPTCT into the curriculum of NRHM health workers
- Conduct joint monitoring of the integrated services

# Couldn’t discuss

- Follow-up
  - Capacity building
  - Better monitoring
- Supply chain management
- Monitoring and reporting
- Innovation
  - Point of care CD4 testing