

# Retention through and beyond the eMTCT cascade

Nandita Sugandhi MD

Senior Technical Advisor

ICAP at Columbia University, New York

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- **Increasingly, women are entering pregnancy on ART**



- **Progressive scale up of TLD and viral load monitoring**



- **High rates of maternal viral suppression during pregnancy and breastfeeding**

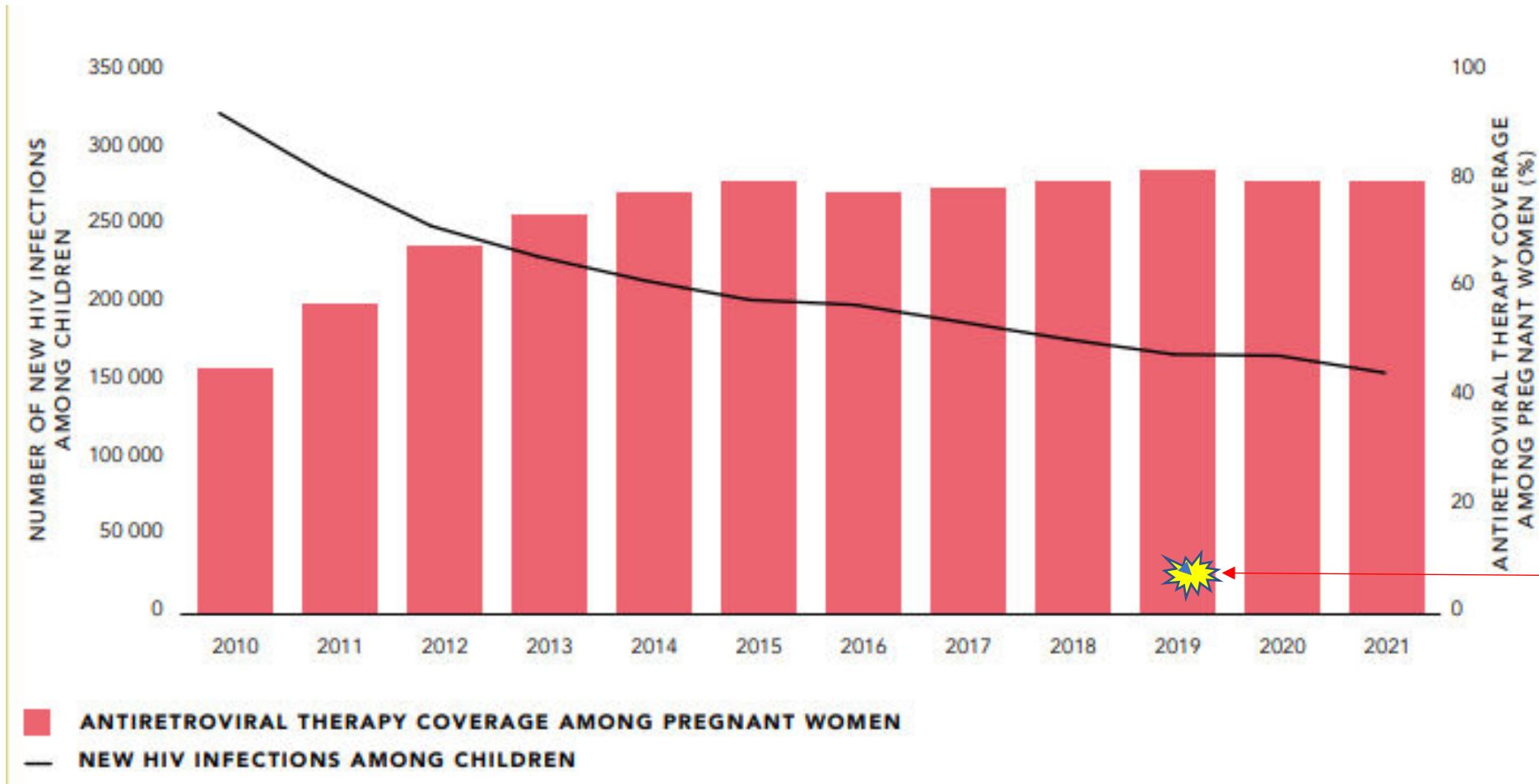


- **Fewer new pediatric infections among babies born to women on suppressive antiretroviral regimens**



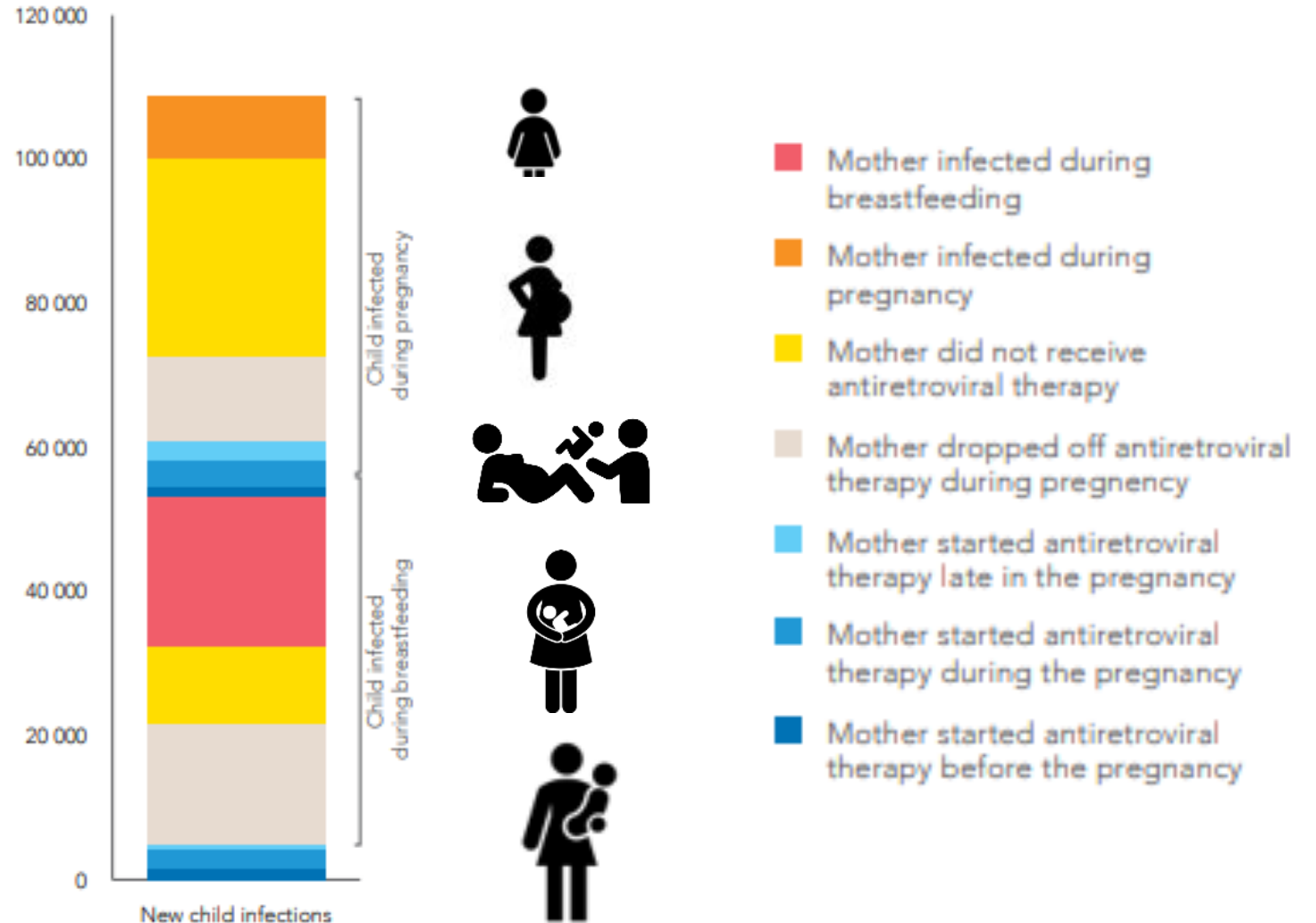
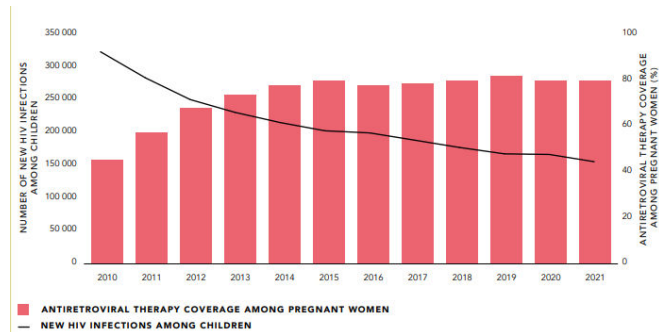
- **More infants getting early testing to determine HIV infection status**

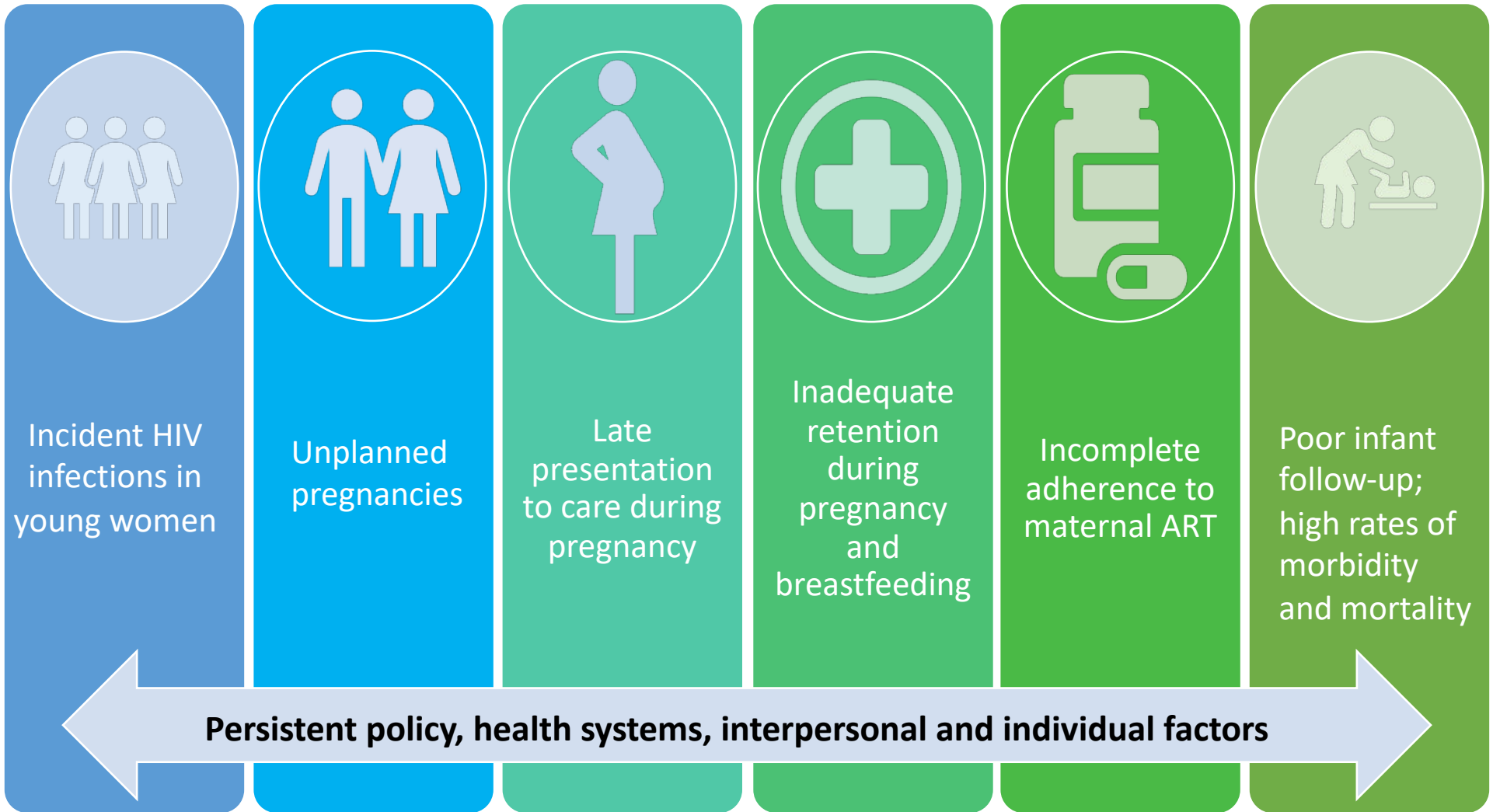
# New HIV infections among children (aged 0-4 years) and antiretroviral coverage among pregnant women, global



Elimination goal:  
Reduce number of children newly infected to less than 20,000

# Gaps in preventing vertical transmission





Incident HIV infections in young women

Unplanned pregnancies

Late presentation to care during pregnancy

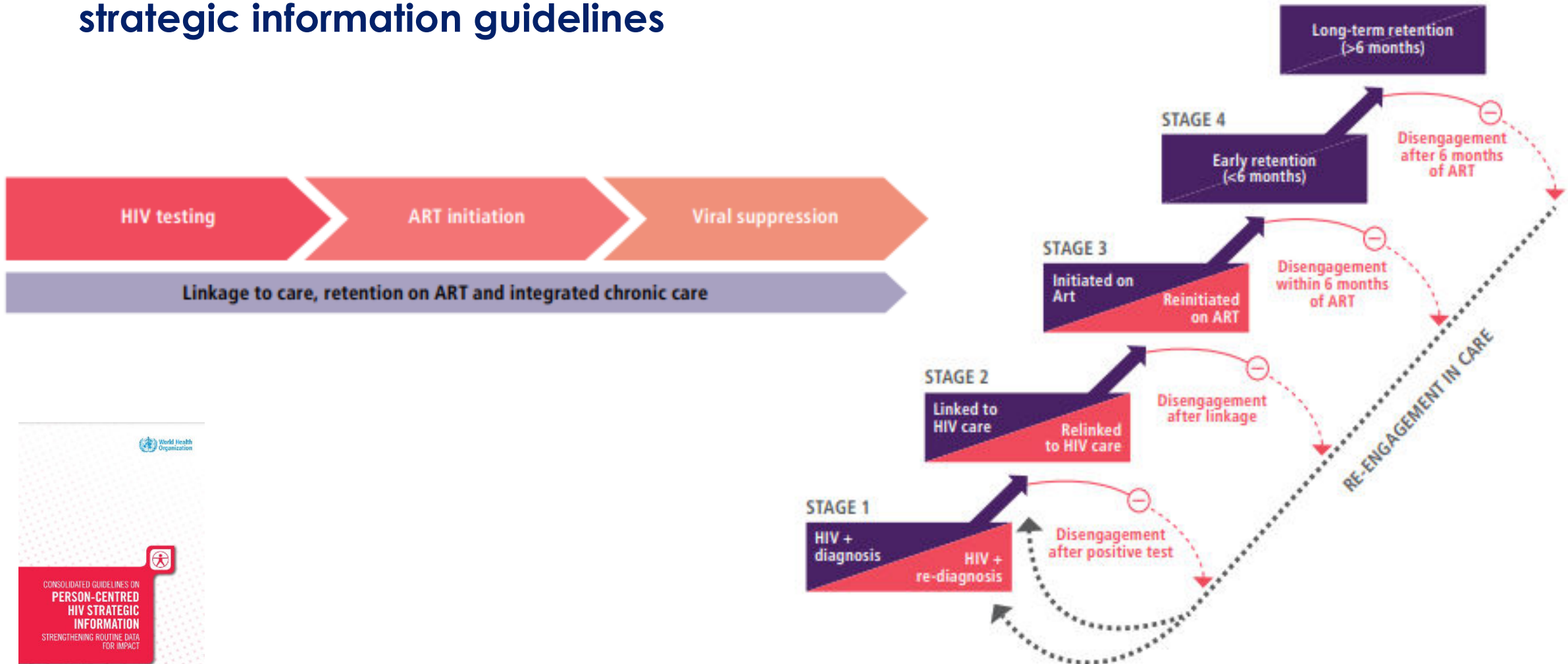
Inadequate retention during pregnancy and breastfeeding

Incomplete adherence to maternal ART

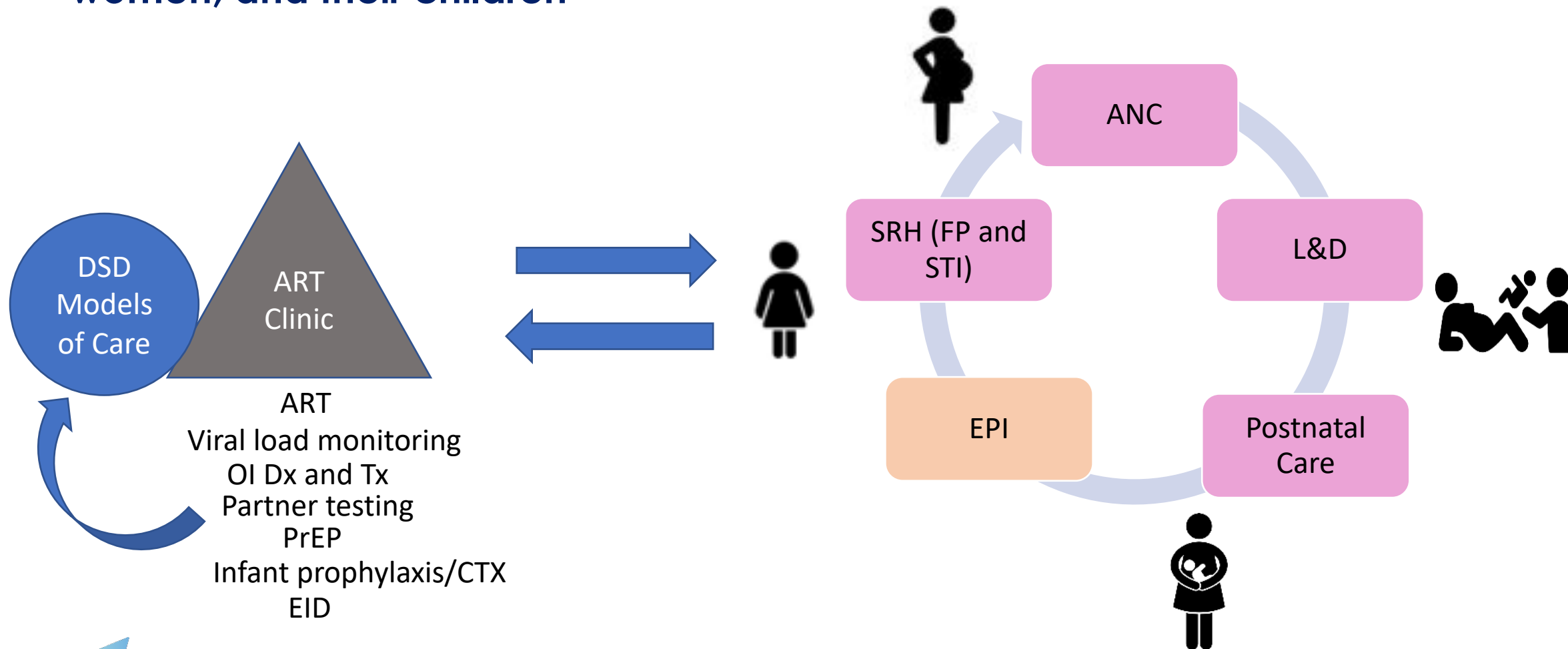
Poor infant follow-up; high rates of morbidity and mortality

**Persistent policy, health systems, interpersonal and individual factors**

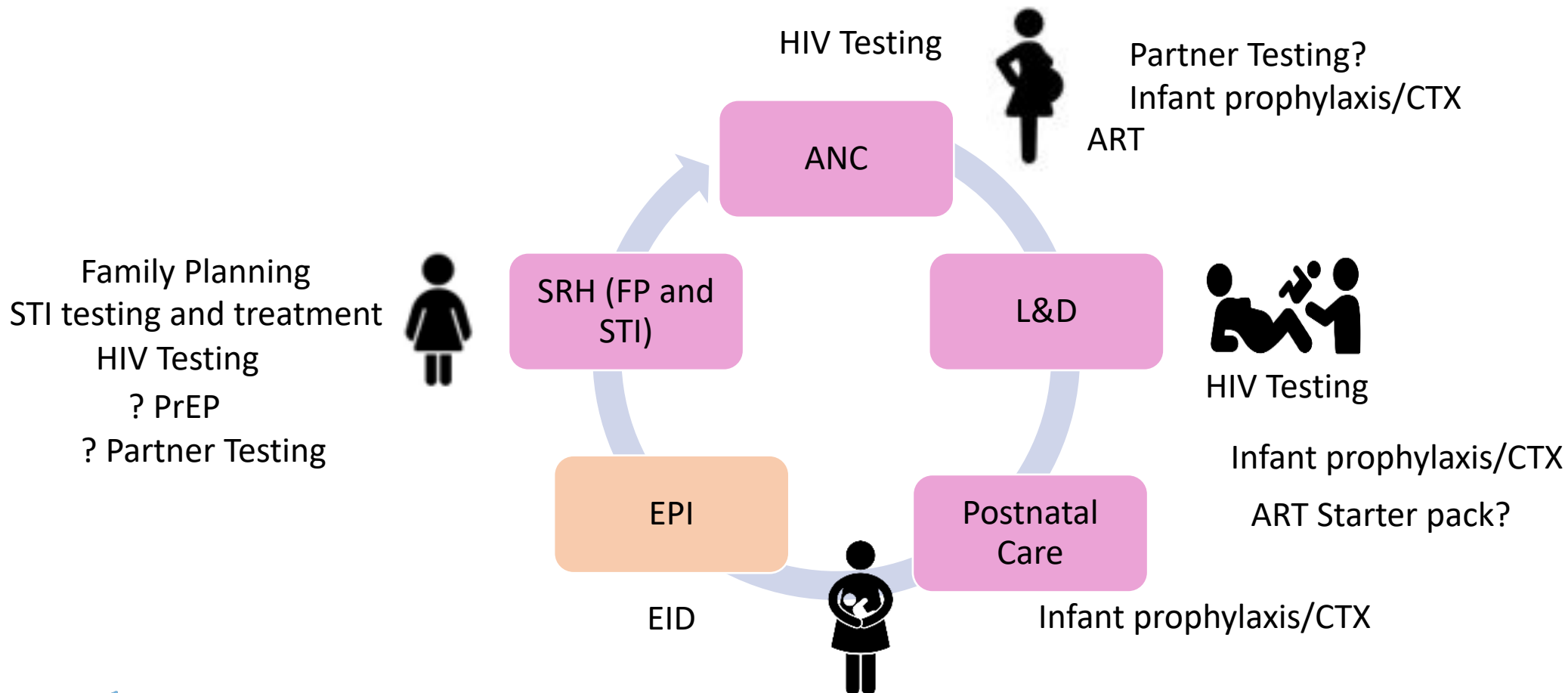
# The scope of HIV patient monitoring within the 2022 WHO consolidated HIV strategic information guidelines



# Vertical approach to HIV Care and Treatment vs Primary Health Care for women, and their children

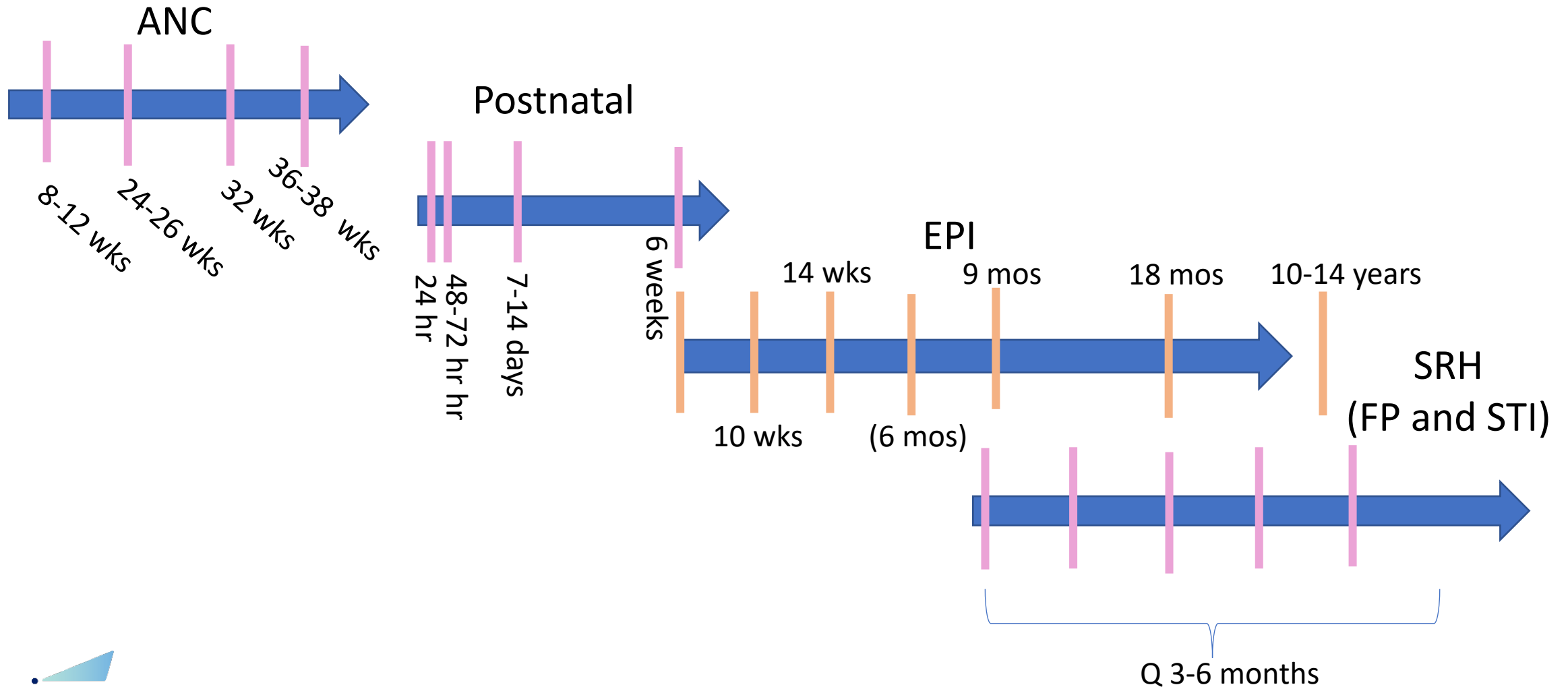


# Primary care across the maternal child health cascade for WLHIV





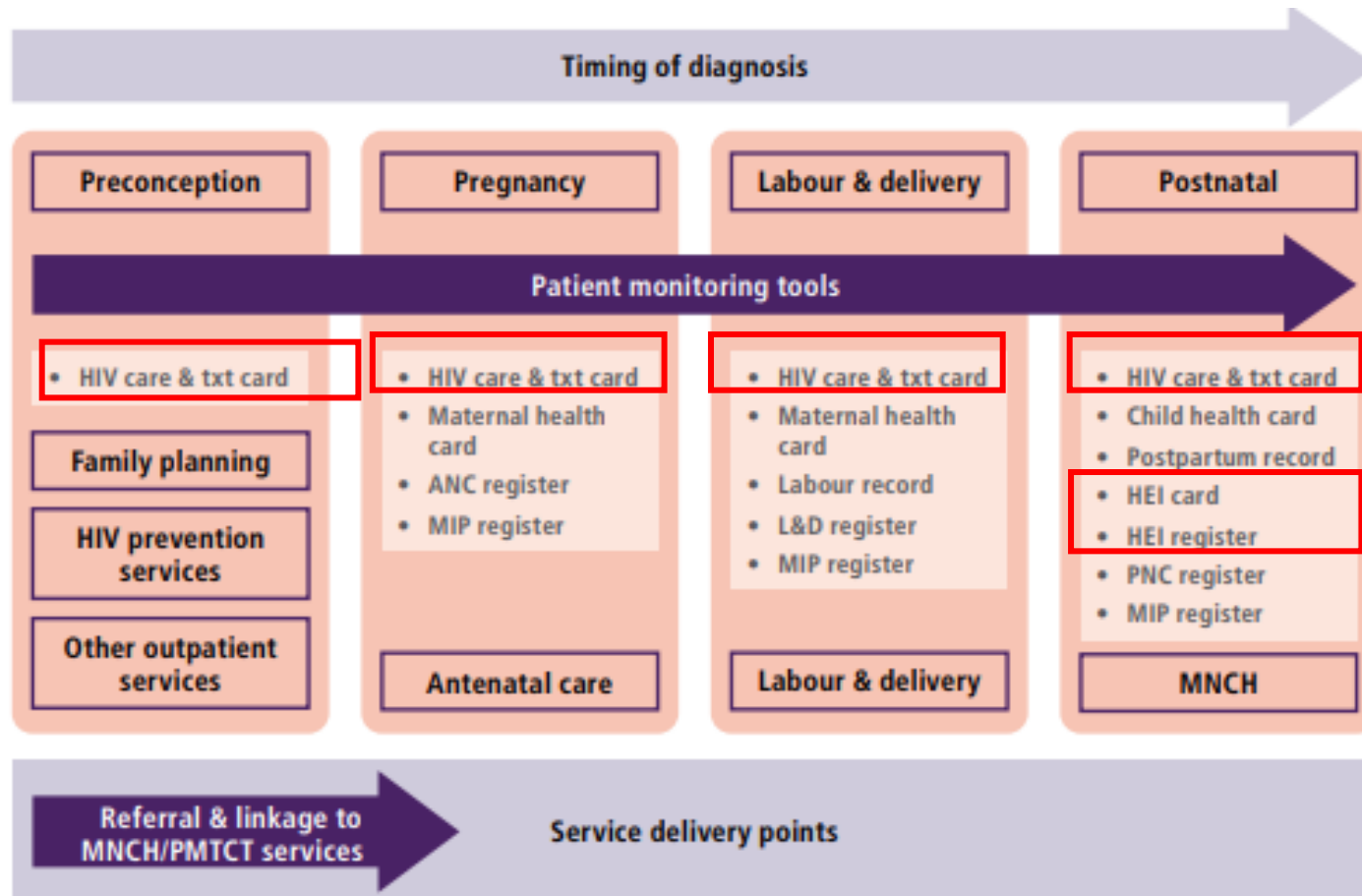
# Touchpoints in Primary Health Care for women and children



Ref.no	Short name	Indicator definition
<b>Vertical transmission</b>		
VER.1 ●	Viral suppression at labour and delivery	% of HIV-positive pregnant women who are virally suppressed at labour and delivery
VER.2	Early infant diagnosis (EID) coverage	% of HIV-exposed infants who receive a virological test for HIV within two months (and 12 months) of birth
VER.3	Infant ARV prophylaxis coverage	% of HIV-exposed infants who initiated ARV prophylaxis
VER.4	ART coverage in pregnant women	% of HIV-positive pregnant women who received ART during pregnancy and/or at labour and delivery
VER.5	ART coverage in breastfeeding mothers	% of HIV-exposed breastfeeding infants whose mothers are receiving ART at 12 (and 24 months) postpartum
VER.6 ●	Final outcome of PMTCT	% of HIV-exposed infants whose final HIV outcome status is known
VER.7 (NEW)	HIV prevalence among women attending ANC	% of pregnant women who are HIV positive at the time of their first test during the current pregnancy

Sexually transmitted infections		
STI.1 (NEW) ●	Syphilis testing coverage	% of people tested for syphilis during the reporting period
STI.2 (NEW)	Syphilis test positivity	% of people who tested positive for syphilis during the reporting period
STI.3 (NEW)	Syphilis treatment coverage	% of people tested positive for syphilis who were treated based on national guidelines during the reporting period
STI.4 (NEW) ●	Gonorrhoea testing coverage	% of people tested for gonorrhoea during the reporting period
STI.5 (NEW)	Gonorrhoea test positivity	% of people who tested positive for gonorrhoea during the reporting period
STI.6 (NEW)	Gonorrhoea treatment coverage	% of people tested positive for gonorrhoea who were treated based on national guidelines during the reporting period
STI.7 (NEW)	Presence of STI syndrome	% of people diagnosed with a particular STI syndrome during the reporting period
STI.8 (NEW)	Repeat diagnosis of STI syndrome	% of people diagnosed with a particular STI syndrome who were diagnosed with the same syndrome two or more times during the reporting period

# Summary of key patient monitoring tools to monitor the PMTCT cascade across a range of service delivery settings



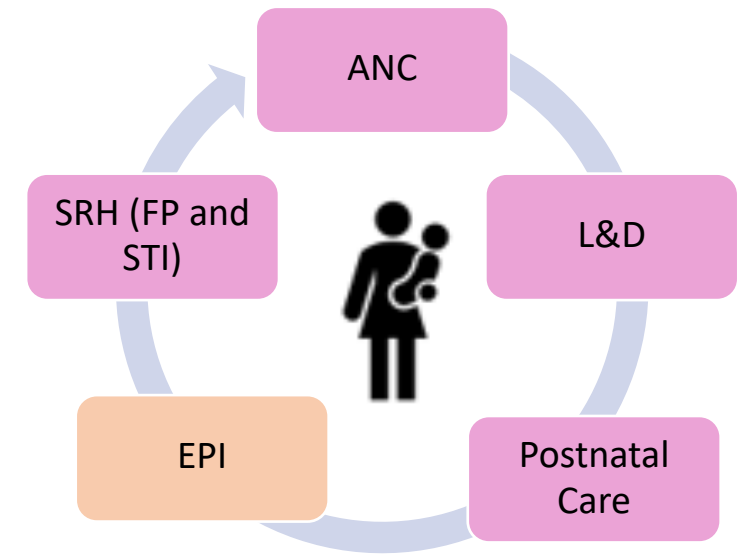
## Additional Patient Data

- Maternal health card
- ANC register
- Labour record
- L&D register
- Child health card
- Postpartum record
- MIP register

Abbreviations: ANC = antenatal care; ART = antiretroviral therapy; HEI = HIV-exposed infant; L&D = labour and delivery; MIP = mother-infant pair; MNCH = maternal, newborn and child health; PNC = postnatal care; txt = treatment

## Conclusion

- DSD offers a person-centered approach to HIV Care and Treatment
- Women have their own SRH needs that must be met
- Some, but not all HIV services have successfully been integrated into the MCH cascade
- Challenges for integration include fragmentation of health service records



*Using a woman and child-centred model of care, how do we ensure that all health needs are being met?*

Thank you!

