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# “There is no me, just we in the elimination of pediatric HIV”

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# Introduction

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- PMTCT services have historically reached out to women with “little room” or emphasis on male or family involvement
- PMTCT has often been seen as a series of static events culminating in safe delivery, not a continuum of **chronic** care
- To eliminate pediatric HIV a dramatic rethink of **chronic** care services within primary care is needed

# Introduction

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- The latest WHO (2009) PPTCT recommendations show promise to preserve life-saving breastfeeding and scale up of MER.
- To fulfill the promise family involvement is essential

# Context

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- EGPAF/CIDRZ program now in 7<sup>th</sup> program year in Zambia
- The program has achieved:
  - Rapid scale up
  - ART in MCH
  - Reflexive CD4 testing
  - Task sharing and extensive volunteer support
  - PMTCT part of child health card
  - Electronic PTS in Lusaka for pregnant women
  - Loss to follow up, links to care, IYCN, and EID remain challenges

# Health system challenges

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Family engagement is limited by:

- Overcrowded clinics
- Unappealing L&D services
- Lack of child or adolescent friendly areas
- Lack of waiting areas for mothers close to delivery
  - Lack of space for rural families to stay and provide support e.g “the fires”

# Health system challenges

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- Long wait times and turn around times for essential lab results
- Political/legal barriers to prescriptive authority
- Overburdened staff-little time or space for couple or family counseling, competing demands e.g. POC testing
- Frequent movement of HIV trained staff
- Weak referral networks
- Inadequate links to CBO's and traditional network—these need to be “overt”



HARDEN'S PBI IS TESTING IS NOW AVAILABLE  
Your nurse will discuss this with you

BF  
LATER TYPICAL LABORATORY RESULTS

Various boxes and labels on shelves, including one with "VITAL" visible.



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There are many challenges but  
many opportunities for  
**FAMILY CENTERED CARE**

# Two interventions to engage families in prevention of pediatric HIV

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1. Improved pediatric counseling and family centered care
2. Partner Invitation Slips

# Counseling

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- Competent counseling can facilitate family engagement and improve chronic care management
- Family counseling can help to deal with the psychosocial issues which follow HIV diagnosis and chronic care needs
  - While psychosocial support is mentioned as an important component of comprehensive care, it is often vaguely defined, or seen as an “add-on” activity.
  - Few training programs exist to address psychosocial challenges of disclosure
  - Couples counseling is an important strategy but not routinely available or integrated into daily activities in MCH

# Counseling families

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- Successes

- >120 health workers trained to counsel HIV positive children and families.
- Training in family systems – family structure and dynamics
- The process and objectives/benefits of disclosure are covered in great detail
- Trained counselors actively seek out families of exposed children to encourage follow up
  - Noted increase in enrolment and retention of HIV positive children
- Strong support from MOH
  - Development of mental health working group on pediatric HIV



# Challenges

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- Loss to follow up of exposed and infected infants
- Health system and HR constraints
  - Job shifting
  - Competing demands
  - Time and Space to work with children and families
- Leveraging work with known HIV positive child and family to ensure future siblings are born HIV free
- Developing strong community-clinic partnerships
- Developing an evidence base for counseling value added: treatment outcomes– reduced vertical transmission

# Partner Invitation Slip

## LDHMT Partner Notification Antenatal Invitation Slip Receipt

*Slip no.:*

*Invitation Number*

□	□	□	□	□	□	□	□	□	□	□	□	□	□
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*District                      HC                      Client ID #*

Tested for HIV: R  NR  IND

Tested for Syphilis: R  NR

*Date Invitation Slip Issued*

□	□	□	□	□	□	□	□	□	□
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*Day                      Month                      Year*



## LDHMT Partner Notification Antenatal Invitation

*Invitation Number*

□	□	□	□	□	□	□	□	□	□	□	□	□	□
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*District                      HC                      Client ID#*

*Slip no.:*



Lusaka District  
Health Management Team

<b>For LDHMT only</b>
Site:
Date:

# Study Objectives

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## Primary Objective

- To determine *if* introducing a Same-Day Testing & Treatment (STAT) strategy for syphilis into existing PMTCT services is feasible, acceptable and cost-effective.

## Secondary Objectives

- To determine the rate of dual (HIV and Syphilis) infections.
- To assess the effect of introducing a “package”, that includes both HIV and syphilis testing, on the uptake of HIV and syphilis testing by male partners.

# Anticipated Impacts

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- Increased access to rapid syphilis testing
- Increased identification and treatment for syphilis positive women in both urban and rural areas
- **Increased partner testing and treatment**
- Improved clinic efficiency and effectiveness

# Lessons to Date

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1. Same day testing and treatment reduces missed opportunities
2. ANC attendees are actively using the partner invitation slip to encourage male involvement
3. Men respond to invites and return for testing and treatment
4. Discordant testing leads to counseling and treatment challenges for couples and health workers

# In summary

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- PMTCT services need to be seen as a continuum of care services for the entire family
- Health system challenges will effect the level of family engagement able to be achieved
- ✓ Time, staff and space for counseling can facilitate disclosure and reduce loss to follow up
  - Training in couples counseling should be seen as a core competency of health workers
- ✓ Simple strategies such as invitation slips can encourage male involvement and begin to bridge the gap in family centered care
- Practical strategies exist but an operational definition of family centered care is needed
- Models of a chronic continuum of care are needed