

Scale up of Option B+ for PMTCT: The Sierra Leone Experience

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Authors: Finda Pessima¹, Dr. Brian Ngwatu², Memuna Jalloh², Kiskama F Swaray¹, Francis Tamba¹, Victoria Kamara¹, Dr. Wole Ameyan², Dr. Sartie Kenneh¹

¹National AIDS Control Program (NACP), Ministry of Health & Sanitation - Sierra Leone

²Therapeutic Solidarity and Initiatives for Health (SOLTHIS) - Sierra Leone

Agenda

- Background: MTCT of HIV/Syphilis
- PMTCT in Sierra Leone
- Methods/Approach
- Results
- Major Challenges
- Lessons Learnt/Next steps



Background: MTCT of HIV and Syphilis

HIV and MTCT:

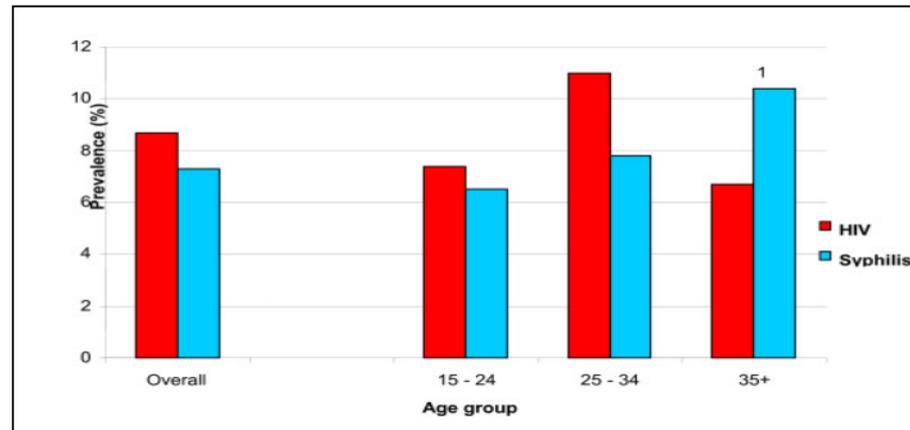
- 'Option B+', lifelong anti-retroviral treatment (ART) for HIV positive pregnant women is recommended for the prevention of mother to child transmission of HIV (PMTCT) by the WHO.
- Implemented well, it can reduce risk of MTCT by 90%.

HIV and syphilis

- In sub-Saharan Africa, co-infection of syphilis and HIV is a serious public health challenge
- Women and young children are among the most vulnerable groups

Why is this important?

- Largely unknown, the rates of syphilis among pregnant women in SSA can be as high as 12 to 17 percent.
- Syphilis increase risk of HIV transmission
- With no treatment, women are in danger of passing syphilis & HIV on to their babies.



Background: PMTCT in Sierra Leone



*A woman and her child at government hospital in Makeni, Sierra Leone, February 2010
(Source: IRIN/N.Palus)*

- Option B+ was adopted by the Sierra Leone National AIDS Control Program (NACP) in 2014.
- Roll out was hindered by;
 - limited funding
 - Lack of HCW skills
 - The prolonged Ebola outbreak
- HIV & Syphilis in pregnancy
 - HIV and Syphilis screening are recommended as part of BCP for ANC attending mothers.
 - **Information on the prevalence of syphilis in pregnant women is limited**
- Objectives:
 - To scale up Option B+ ART for PMTCT and to introduce a **one-stop shop testing** for HIV/Syphilis for ANC attending mothers.
 - To **assess** the prevalence of syphilis at ANC

Methods/Approach

1

Policy development,
review of national
guidelines for PMTCT
care

2

Planning:
Commodities, roll out
plan & calendar

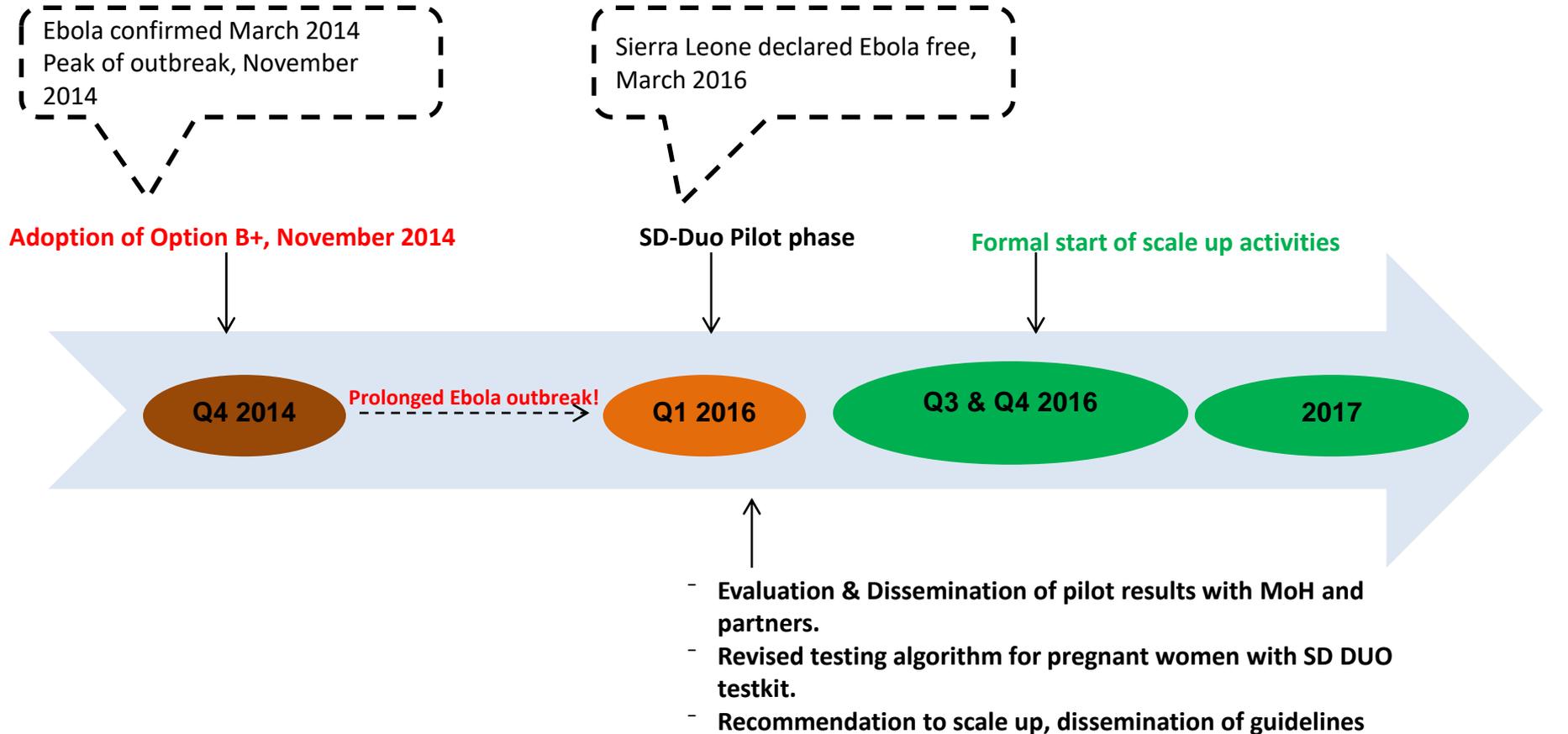
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Capacity building of
Health care Workers

4

Scale up & routine
monitoring and
evaluation

Methods/Approach - Milestones



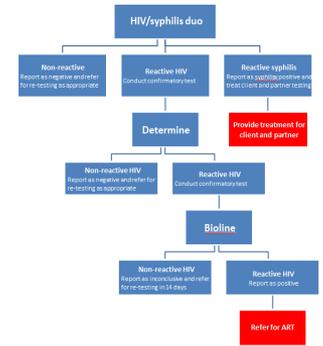
**National scale-up activities for SD-Duo use commenced in May 2017 with 18 high volume ANC clinics*

Methods/Approach

1

Policy development

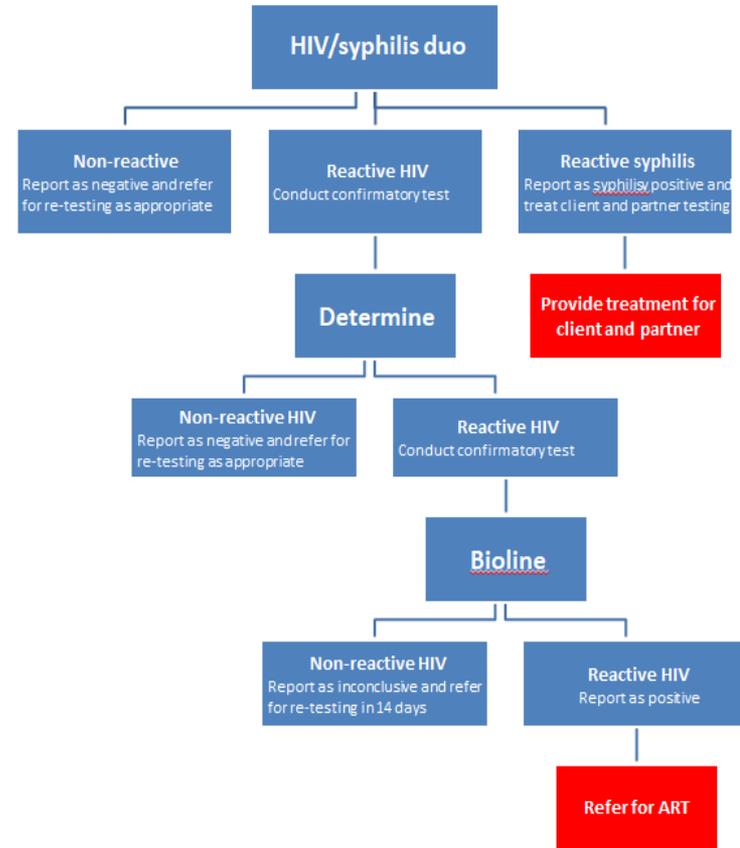
- Led by NACP and PMTCT department - MOHSL
- Involved extensive engagement with stakeholders in HIV care in the country (donors, implementing partners, technical support agencies).
- Revision of the national HIV testing algorithm for pregnant women in 2016.



Methods/Approach: Revised testing algorithm

Policy development

- Uniquely, the revised national HIV testing algorithm for pregnant women included use of the SD Bioline HIV/Syphilis Duo © test for early detection of both HIV and/or Syphilis in ANC attending mothers.
- Algorithm was revised and adopted in 2016.



Methods/Approach

Planning - Commodities

- National forecasting and quantification of essential commodities.
- Secured and benefitted from a 4000 donation of SD DUO test kits from manufacturer Alere© through the Office of the First Lady to conduct a pilot, the result attracted another 10,000 for early phase roll out to high volume facilities.

	2016	2017	2018	2019	2020	Source
Population (3.2% AGR)	7,319,061	7,553,271	7,794,975	8,044,414	8,301,836	SSL, Final Census result 2015
Pregnant women (4%)	292,762	302,131	311,799	321,777	332,073	DHS 2013
Pregnant women tested: Adjusted for under reporting	212,105	226,598	265,029	289,599	298,866	Adjusted for under reporting by 5%
% of pregnant women tested for HIV	72.4%	75%	85%	90%	90%	National M&E plan 2016-20
Number HIV +Ve pregnant women	3,443	3,678	4,302	4,701	4,852	Adjusted for under reporting by 5%
% of HIV +Ve pregnant women	1.62%	1.62%	1.62%	1.62%	1.62%	Assumed to be the same
% to be on ART out of HIV +Ve	100.00%	100%	100%	100%	100%	Assumption by HIV program
# of pregnant women to be on ART	3,443	3,678	4,302	4,701	4,852	Calculated
% that are already on ART for their own health	21%	21%	21%	21%	21%	Based on programs data from CS-Pro and DHIS-2



Planning – Roll out plan

- **Pilot:** Conduct a pilot on use of new algorithm at 5 high volume clinics.
- **Phased national roll out:** gradual roll out at facilities in the different provinces



- Pilot
- Phase 1 scale up: Priority facilities of high volume
- Phase 2 scale up: Coverage of other facilities

Methods/Approach

Capacity building

- Conducted central and national level training of a blend of frontline health workers across the country including nurses and midwives.
- Partner led on-site mentoring of health workers to ensure translation of skills from training in care, and quality of care is maintained.

3



Methods/Approach

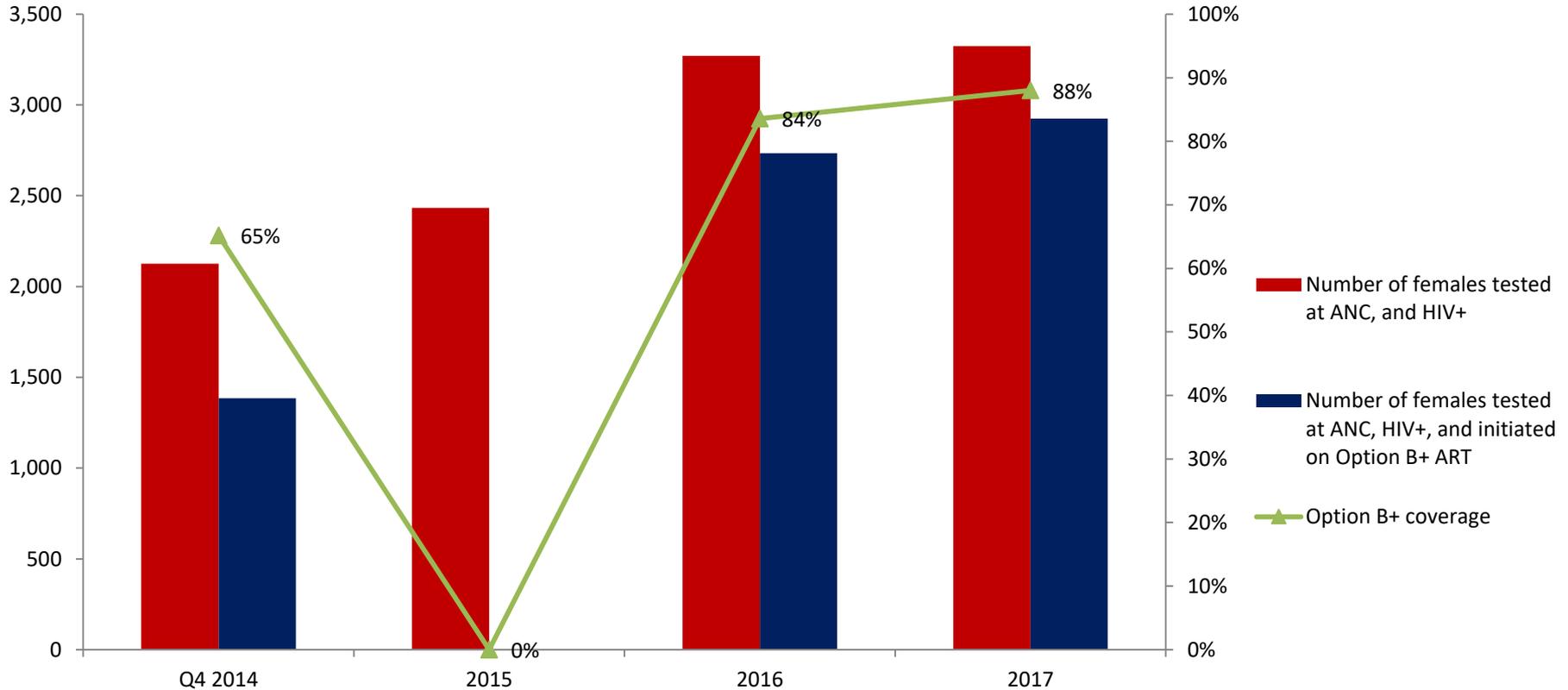
Monitoring and Evaluation

- Phased implementation across the country
- NACP and partners at health facilities conducted regular support supervision visits to monitor uptake/implementation of the services at different PMTCT entry points.

4

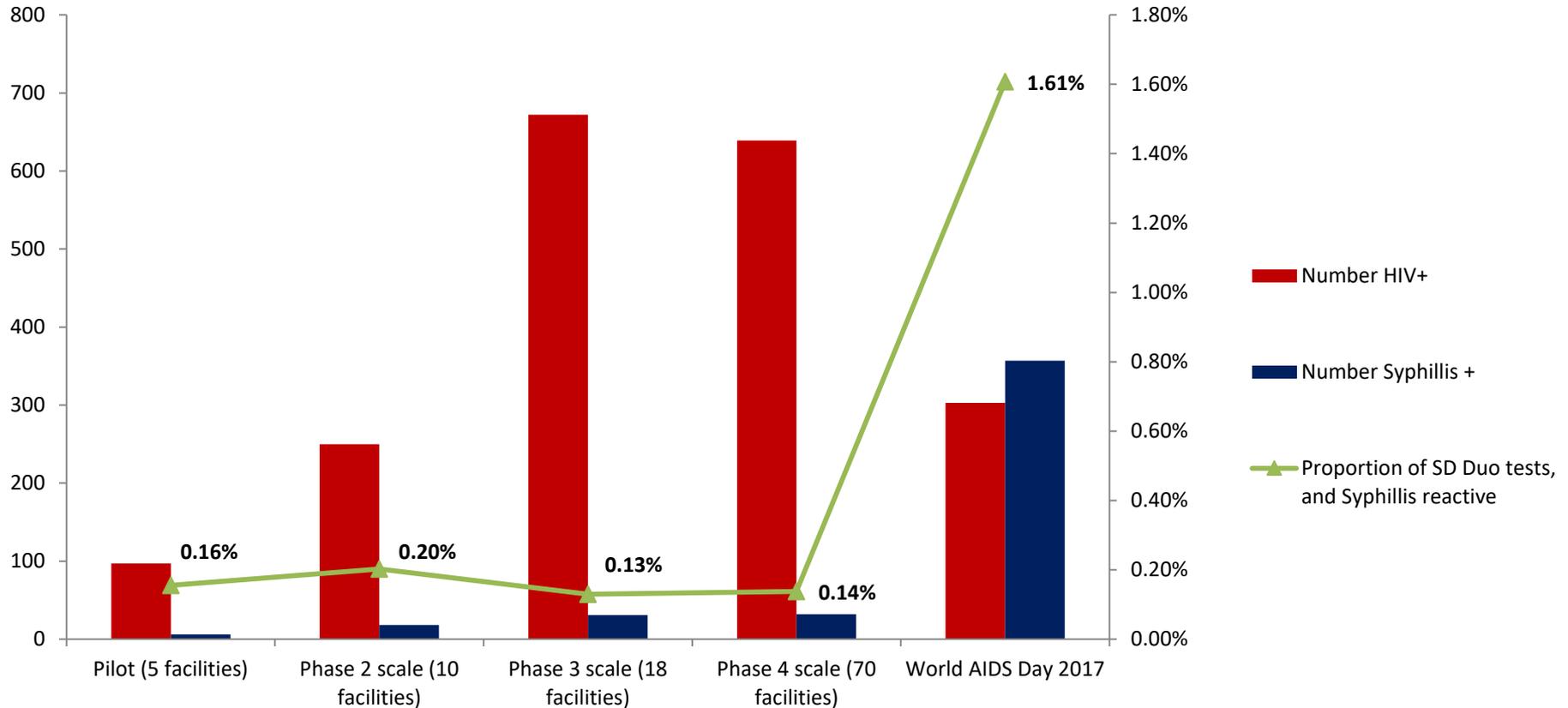


Results: Option B+ coverage increased from 41% pre-policy change



**ART coverage in pregnant women was 41% before change of policy to Option B+ (Source: MOHSL report 2014)*

Results: prevalence of syphilis at ANC is < 2%



**116/303 tested on WAD were duo infected*

Major Challenges:

- **Patient level:**
 - Low male partner involvement in PMTCT.
 - Community delivery of pregnant women by the TBAs.
 - Loss to follow up making it difficult to track babies for EID
- **Programmatic level:**
 - Limited resources to scale up PMTCT services and the DUO test to other health facilities.
 - Limited resources for monitoring and supervision to ensure proper implementation of activities at district levels.

Lessons learned/Next steps

- **Partnership**: Collaboration of partners was necessary to meet targets.
- **Planning**: Commodity management is essential for continuity of services
- **Patients**:
 - Results have formed basis to raise awareness on Syphilis, HIV and related risks for patients and health workers
 - Results from World AIDS Day show we should reach more facilities to achieve elimination of MTCT (eMTCT)
- **Policies**:
 - Work informed future national “test all , treat all” strategy.
 - Informing current PMTCT/EID and eMTCT strategies