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

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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%.

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.

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

HIV/Syphilis in women attending ANC, Tanzania Swai et al., 2006
Background: PMTCT in Sierra Leone

- 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
3. Capacity building of Health care Workers
4. Scale up & routine monitoring and evaluation
Methods/Approach - Milestones

- Adoption of Option B+, November 2014
- SD-Duo Pilot phase
- Evaluation & Dissemination of pilot results with MoH and partners.
- Revised testing algorithm for pregnant women with SD DUO testkit.
- Recommendation to scale up, dissemination of guidelines

- Q4 2014
- Prolonged Ebola outbreak!
- Q1 2016
- Q3 & Q4 2016
- 2017

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

- Ebola confirmed March 2014
- Peak of outbreak, November 2014
- Sierra Leone declared Ebola free, March 2016
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.
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.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (3.2% AGR)</td>
<td>7,319,061</td>
<td>7,553,271</td>
<td>7,794,976</td>
<td>8,044,414</td>
<td>8,301,836</td>
<td>SSL, Final Census result 2015</td>
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<tr>
<td>Pregnant women (4%)</td>
<td>292,762</td>
<td>302,131</td>
<td>311,799</td>
<td>321,777</td>
<td>332,073</td>
<td>DHS 2013</td>
</tr>
<tr>
<td>Pregnant women tested: Adjusted for under reporting</td>
<td>212,105</td>
<td>226,598</td>
<td>265,029</td>
<td>288,599</td>
<td>288,866</td>
<td>Adjusted for under reporting by 5%</td>
</tr>
<tr>
<td>% of pregnant women tested for HIV</td>
<td>72.4%</td>
<td>75%</td>
<td>85%</td>
<td>90%</td>
<td>90%</td>
<td>National M&amp;E plan 2016-20</td>
</tr>
<tr>
<td>Number HIV +ve pregnant women</td>
<td>3,443</td>
<td>3,678</td>
<td>4,302</td>
<td>4,701</td>
<td>4,852</td>
<td>Adjusted for under reporting by 5%</td>
</tr>
<tr>
<td>% of HIV +ve pregnant women</td>
<td>1.62%</td>
<td>1.62%</td>
<td>1.62%</td>
<td>1.62%</td>
<td>1.62%</td>
<td>Assumed to be the same</td>
</tr>
<tr>
<td>% to be on ART out of HIV +ve</td>
<td>100.00%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>Assumption by HIV program</td>
</tr>
<tr>
<td># of pregnant women to be on ART</td>
<td>3,443</td>
<td>3,678</td>
<td>4,302</td>
<td>4,701</td>
<td>4,852</td>
<td>Calculated</td>
</tr>
<tr>
<td>% that are already on ART for their own health</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>21%</td>
<td>Based on programs data from CS-Pre and DHIS-2</td>
</tr>
</tbody>
</table>
Methods/Approach

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

1. Pilot

2. Phase 1 scale up: Priority facilities of high volume

3. 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.
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.
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