Last mile towards EMTCT in South Africa...the 'unfinished business'



8th South African AIDS Conference, Durban



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13 June 2017







Background



- Single dose NVP
- AZT + NVP (Dual prophylaxis)
- Lifelong HAART to all HIV positive pregnant and breastfeeding women (Option B+)
- The National department of health has developed the Last Mile Plan towards Elimination of Mother to Child Transmission of HIV.
- The last Mile plan to EMTCT 5yr plan outlining national targets



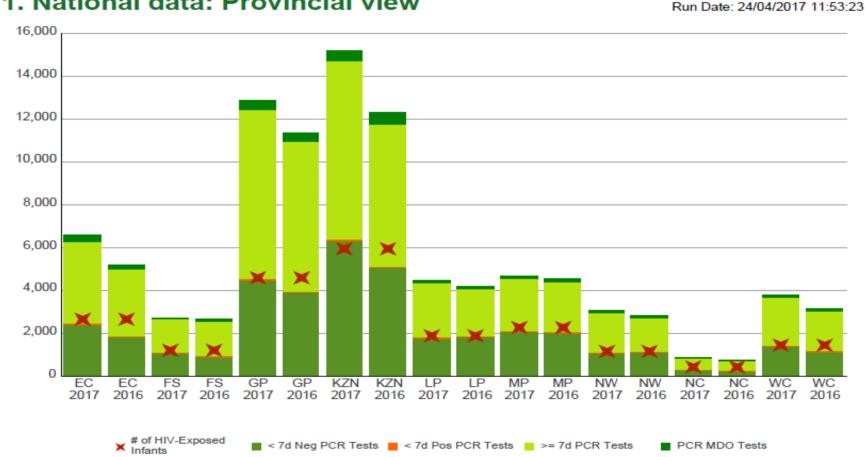




Where are we.....Early Infant Diagnosis



1. National data: Provincial view





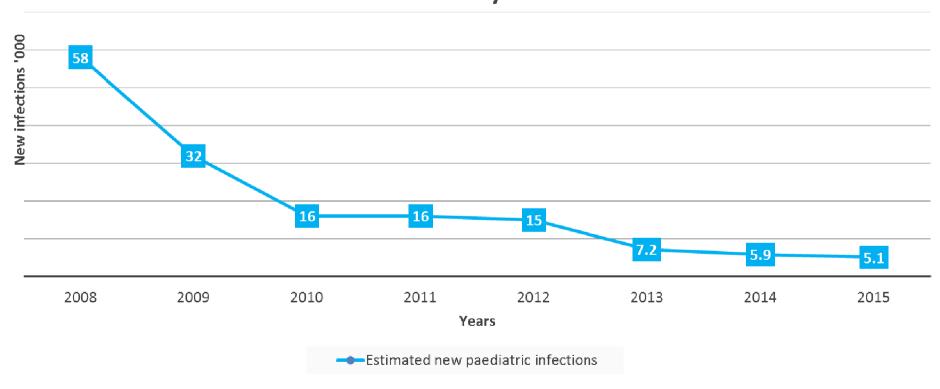




Feels really good....



New HIV infections in children 0-14years (UNAIDS Spectrum, 2015)









How did we get there?



Current status is evidence of the success of PMTCT Interventions in past years:

- National EMTCT Action Framework based on 5 strategic pillars of quality integrated PMTCT services
- District EMTCT Action framework Stock take workshops to monitor
- Data driven actions at all levels
- Partnerships (Research Policy Programming Civil Society)
- **♀** Introduction of Option B+ and Birth PCR







Getting to the finish line...what will it take





Last mile plan targets



Indicator	Baseline (2015)	Target (2021)
MTCT rate around birth (0 - <7days)	1.1%	0.6%
MTCT rate around 10 weeks	1.6%	0.8%
Final MTCT rate (at 18 months)	2.0%	1.0%
Annual no of new paediatric HIV infections	5,100	2,500







The unfinished business



MISSED (IDLE) + **GAME CHANGERS**

- ☐ Interventions: integration of services, innovations for prevention safer conception services, FP /postnatal contraception, condom use promotion.
- Diagnostics: strengthen HIV testing (UTT), VL monitoring, EID, Laboratory
 Results4Action
- Linkages: postnatal follow up, linkages & referral systems, retention in care
- Engagements: engage with stakeholders, community groups and PLHIV
- M&E moving towards case based **cohort monitoring** and **unique identifiers**







The last mile plan – field planning & monitoring



- Alignment with the 90 90 90 DIP processes
- Monitoring of district &facility based micro-plans for impact
- Focus on high burdened districts &facilities for impact (reviewed annually)
- Linkage of interventions with the campaign focusing on adolescent girls and young women ('She Conquers')







The last mile plan – focus districts



Top 12 High Priority	Next 15 Red Flagged	20 To be Watched				
Bojanala	Buffalo City	C Hani				
Cape Town	Capricorn	Cape Winelands				
Ehlanzeni	Eden	Central Karoo				
Ekhurleni	Fezile Dabi	Dr K Kaunda				
eThekwini	Lejweleputswa	Frances Baard				
Gert Sibande	Mopani	iLembe				
Johannesburg	Nkangala	JT Gaetsewe				
O Tambo	NNM	Mangaung				
Sekhukhune	Umkhanyakude	N Mandela Bay				
T Mofutsanyane	uThungulu	Namakwa				
Tshwane	A Nzo	Amajuba				
uMgungundlovu	Vhembe	Pixley ka Seme				
	Waterberg	Ruth S Mompati				
	West Rand	Sarah Baartman				
	Zululand	Sedibeng				
		Ugu				







Tracking field implementation...cascades





CASCADE analysis – facility / district/national

INNOVATIONS

- Real time tracking of PCR positive infants
- Positive PCR tracking tool
- Facility run charts / dashboards



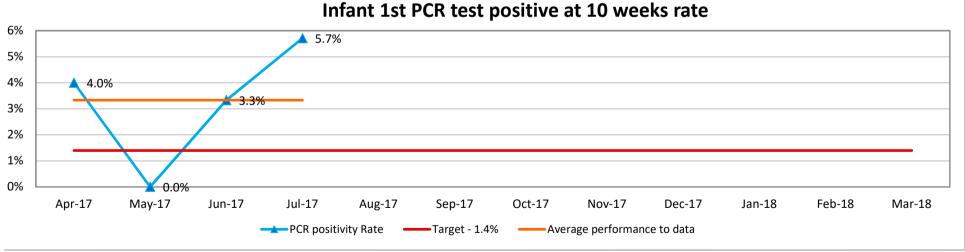




Tracking field implementation – facility level dashboards & run charts



		Infant 1st PCR test positive at 10 weeks rate						(Source: PHC Tick register)					
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Infant 1st PCR test positive		1	0	1	2								
Infant 1st PCR test done		25	30	30	35								
Monthly performance		4.0%	0.0%	3.3%	5.7%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Average performance to date		3.3%	3.3%	3.3%	3.3%	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Targ	et 1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%
ROBOT shows average perfo	mance to date against target					N	N	N	N	N	N	N	N









Conclusions



In order to sustain the gains and move steps further, the programme interventions such as, cohort case based monitoring, real time data monitoring, systematic postnatal care, VL monitoring and other evidence based innovations need to be introduced or strengthened.







Acknowledgements



NDOH would like to thank all those who partnered with us:

- Provincial, District, Sub-district DOH
- Donors and providers of technical assistance/support
- Civil Society Organisations and the Private Sector
- Facility and Community Health Care Workers





