

Decentralizing HIV Care and Treatment Services for Pregnant Women to Primary Care Facilities in Swaziland

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Background: Swaziland

- Population: 950,000
- Antenatal seroprevalence 39.2% (2006)



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MTCT-Plus: care and treatment for pregnant women

ICAP has been providing technical, program and systems support at national and site level (4 hospitals and 6 primary care facilities)

- Care and treatment for pregnant women, their children and families
- HAART initiation for eligible pregnant women:
 - to prevent MTCT
 - avert morbidity and mortality

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Background: PMTCT in Swaziland, 2007

Estimated pregnancies	35,000 – 40,000
Estimated HIV positive	13,650 – 15,600
Estimated eligible for HAART	6,800 – 7,800

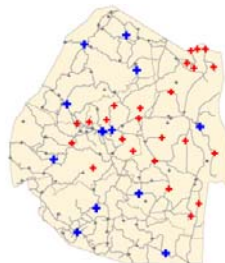
HIV tested at ANC	28,698 (72-82%)
HIV positive	11,076 (39%)
Received SD-NVP	5,575 (50%)
Received dual regimen	2,750 (25%)
Received HAART*	310

(source draft 2007 PMTCT report) * 4 major ART centres

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Decentralisation of HAART

- 32,349 patients initiated HAART in Swaziland (2004-2007)
- ART provided at hospitals and health centers (12)
- 2007: decentralisation: down-referral (monthly refills)



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MTCT-plus at primary care level

- Mankayane Hospital ART centre targeted Luyengo clinic to begin decentralization of care and treatment (HAART) for pregnant women
- Luyengo clinic:
 - 30 km from hospital
 - High volume (35 HIV positive pregnant women/month)
 - 5 nurses
 - Eligible women referred to hospital: most never arrived

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Decentralised HAART for pregnant women

- In-service training workshop in both Luyengo clinic and Mankayane hospital on HAART in pregnancy
- Several joint planning meetings with Mankayane hospital and Luyengo clinic
- Biweekly visit of a Mankayane ART team to Luyengo clinic (began Jan 2007):
 - Start pregnant women on HAART
 - Provide refills for patients started on HAART in Mankayane

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Planning (1)

- Human resources
 - Joint site team:
 - Mankayane hospital: 1 doctor, 1 nurse, 1 dispenser
 - Luyengo clinic: 1 nurse Laboratory support
- Laboratory:
 - CD4 cell count, LFT, FBC
- Drug supplies
 - Mankayane Hospital team brings ART and selected OI drugs during their visit

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Planning (2)

- Transport
 - Hospital provides transport for Mankayane team
- Information systems: Patient files maintained at Mankayane Hospital
 - Mankayane staff bring patient files
 - Data entry at Mankayane Hospital
- Eligible pregnant women were informed about service

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Results: Luyengo clinic 2007

HIV Positive pregnant women	426
CD4 cell count sample taken	400
CD4 result given to woman	288
Eligible for treatment*	144
Started on HAART	72
AZT/SD-NVP	24
SD-NVP	332

* estimated

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Results

- 72 pregnant women on HAART:
- Median CD4 at start is 217 (69 – 362)
 - Majority of women stage I or II (86%)
 - Average gestational age = 31 weeks (15 – 38)
- Regimen: AZT (d4T) – 3TC – NVP
- Adverse events:
- 1 woman stopped (grade 3 skin rash)
 - 1 woman switched NVP to Kaletra (grade 2 skin rash)
 - 1 woman switched AZT to d4T (anemia)

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Outcomes pregnant women ART (n72)

Outcomes on 31 Dec 2007

Still on treatment	44 (61%)
Started but never returned	15 (21%)
Defaulted	10 (14%)
Stopped (skin rash)	1
Transferred out	2

5 women defaulted around delivery

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Challenges

- High rate of discontinuation
 - However, this rate is similar to main hospital
 - Timing of discontinuation:
 - Only start visit: patients not convinced?
 - Around delivery
- Clinic staff involvement
- Laboratory tests
- Space
- Integration of follow up

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Conclusions

- Feasibility to provide HAART at clinic level with limited resources
- Targeting of pregnant women to initiate HAART to prevent MTCT in high transmission risk group

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Next steps

- Clinic staff to provide adherence counseling and preparation of patients during week
- Refills done by clinic staff during another day of the week
- Nurses initiating HAART at clinic
- establish reasons for discontinuation
- Expansion to other clinics

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