PMTCT in South Africa: Where are we?

Landon Myer
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(also known as the 80/20 rule, the law of the vital few, or the principle of factor sparsity)
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SA success in PMTCT: 2000-2018
Basics of vertical HIV transmission

Antenatal
Early | Late
--- | ---
Pregnancy 10-25% | Labor & Delivery 35%-40%

Postpartum
Early | Late
--- | ---
Breastfeeding 35%-40% | 0-1 mo | 1-6 mos | 6-24 mos
How SA has been successful in PMTCT

Increasing potency of ARV regimens: sdNVP → triple-drug ART

Broadening eligibility criteria for ART: CD4<200 → <350/<500 → Universal ART

Increasing coverage of ART in pregnant and breastfeeding women
### Evolution of SA PMTCT policy, 2000-present

<table>
<thead>
<tr>
<th>Year</th>
<th>Maternal CD4 0-250 cells/µl/ Stage IV</th>
<th>Maternal CD4 250-350 cells/µl</th>
<th>Maternal CD4 &gt;350 cells/µl</th>
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</thead>
<tbody>
<tr>
<td>2001-2008</td>
<td>sdNVP</td>
<td></td>
<td></td>
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<tr>
<td>Feb 2008-Mar 2010</td>
<td>Lifelong ART</td>
<td>sdNVP + 4-28d AZT</td>
<td>ARVP from 28 weeks + sdNVP+</td>
</tr>
<tr>
<td>April 2010-Mar 2013: Option A</td>
<td>Lifelong ART</td>
<td>Baby: 6 weeks NVP</td>
<td>ARVP from 14wks + sdNVP + TDF/FTC</td>
</tr>
<tr>
<td>April 2013-Dec 2014: Option B</td>
<td>Lifelong ART</td>
<td>6 weeks NVP</td>
<td>ART until 1 wk after BF stops</td>
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<tr>
<td>January 2015: Option B+</td>
<td>Lifelong ART</td>
<td></td>
<td>6-weeks NVP</td>
</tr>
</tbody>
</table>

*Slide: A Goga*
SA National ANC HIV testing, 2013-present (from DHIS)

Data: K Wolfaardt
Fewer women entering ANC undiagnosed
More women entering ANC already on ART

SA National ANC HIV testing, 2013-present (from DHIS)

Data: K Wolfaardt
SA National ART coverage in ANC, 2013-present (from DHIS)

- ART Initiation Rate (%)
- Antenatal ART Coverage (%)

Data: K Wolfaardt
Declining early (6 week) MTCT

SA target: 2%

REDUCING 6 week MTCT TO <2%

HIV PCR tests in infants aged <2 months: 2004 - 2015

S.A. PMTCT Evaluation survey (MRC)

3.5% (2.9-4.1) 2.7% (2.1-3.2) 2.6% (2.0-3.2)
Eliminating MTCT in SA: 2018-2038
Key requirements for elimination of MTCT

<5% overall transmission through end of breastfeeding

AND

<50 cases of MTCT per 100 000 live births

SA is currently around overall % transmission targets
But still >10-fold above the elimination threshold!!
Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive age
2. Preventing unintended pregnancies in women living with HIV
3. Preventing MTCT in pregnant & BF women living with HIV
4. Ensuring lifelong care and treatment for women and families living with HIV
Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive age
2. Preventing unintended pregnancies in women living with HIV
3. Preventing MTCT in pregnant women living with HIV
4. Ensuring lifelong care and treatment for women and families living with HIV

Ongoing efforts to reduce incidence, especially in young women

HIV incidence in pregnancy/breastfeeding:
- How do we strengthen postpartum testing? (Where is postpartum care?)
- Implement partner testing & treatment
- What interventions to reduce risk? Do we need PrEP here?
Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive age

2. Preventing unintended pregnancies in women living with HIV

   - Levels of unintended pregnancy in SA are unacceptable (especially in women living with HIV)

3. Preventing MTCT in pregnant women living with HIV

4. Ensuring lifelong care and treatment for women and families living with HIV

   - Strengthen contraception/fertility planning programmes & services
   - Integrate FP into all HIV care
   - New contraceptive technologies (NB: drug-drug interactions)
Four prongs of PMTCT programming

1. Preventing new HIV infections in women of reproductive age
   - **Ongoing improvements across PMTCT cascade**
   - Geographic hotspots
   - Young women are at special risk

2. Preventing unintended pregnancies in women living with HIV

3. Preventing MTCT in pregnant & BF women living with HIV
   - New antiretrovirals, new concerns around risk vs benefit
   - Promoting postpartum retention & adherence: how do we reduce breastfeeding transmission?
   - With more women with ART exposure: increasing clinical complexity
Four prongs of PMTCT programming

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How do we keep women engaged in care after PMTCT risk ends?
Ongoing adherence & retention?
Preventing repeated (unintended) pregnancies?
Addressing women’s health over lifecourse (including non-HIV issues)
Promoting healthy families
Thank you!!

Ameena Goga
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Kerry Wolfvartdt
Carmen de Koker
Tamsin Phillips
Elaine Abrams
Lynne Mofenson

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