

Strengthening the health system

Saving babies,
Saving mothers

Jennifer Reddy



20,000+

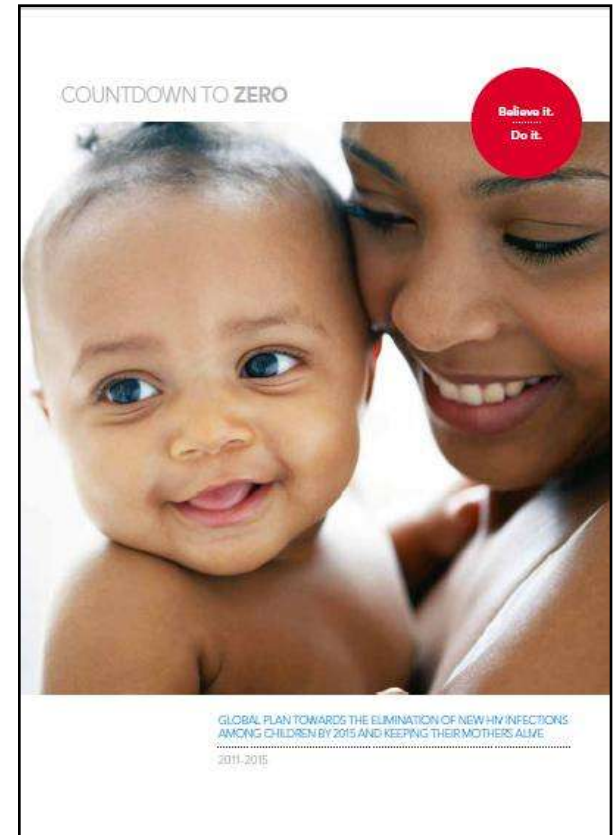


Overview

- Global targets
- Health system strengthening- closing the gap
- KZN recipe for success
- Updates
- Recommendations

COUNTDOWN TO ZERO

- Believe it, do it
- UNAIDS 2011



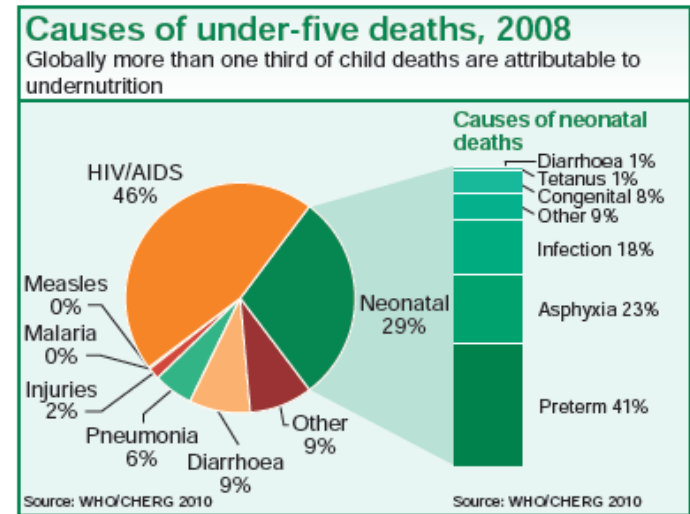
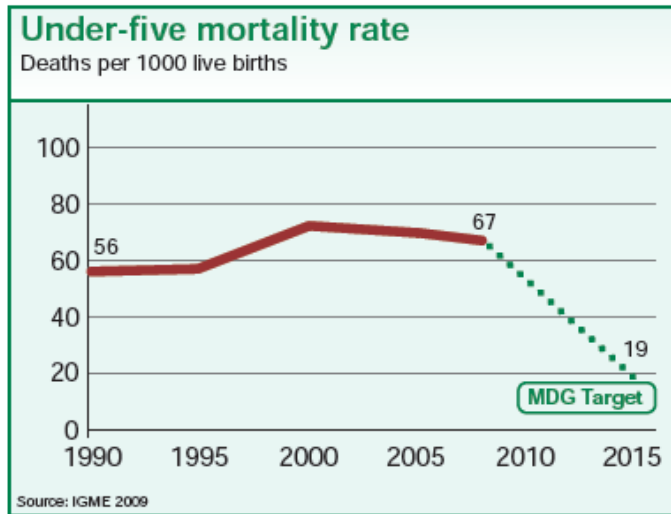
2 goals – by 2015

- Reduce # of new child HIV infections by 90%
- Reduce the number of AIDS- related maternal deaths by 50%

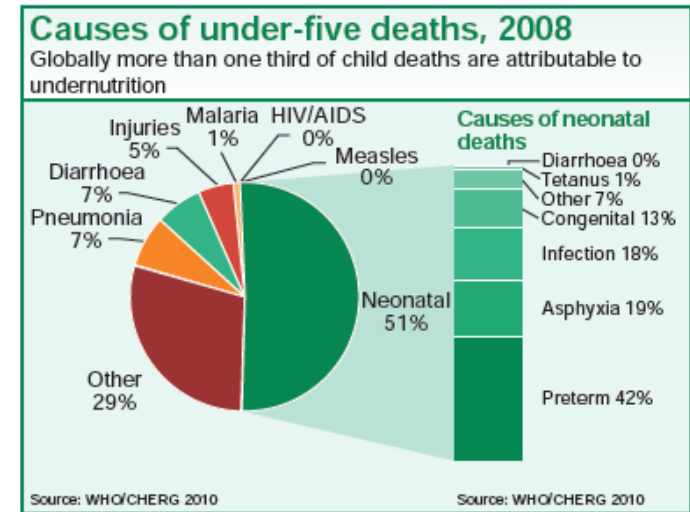
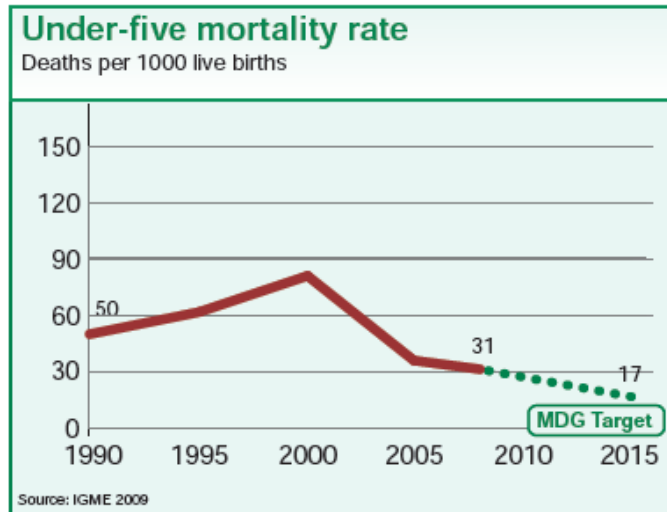
Reduce MTCT to less than 2% - 6 weeks, 5% at 18 months

Reaching goals- MDG 4.. And 5

SOUTH AFRICA



BOTSWANA

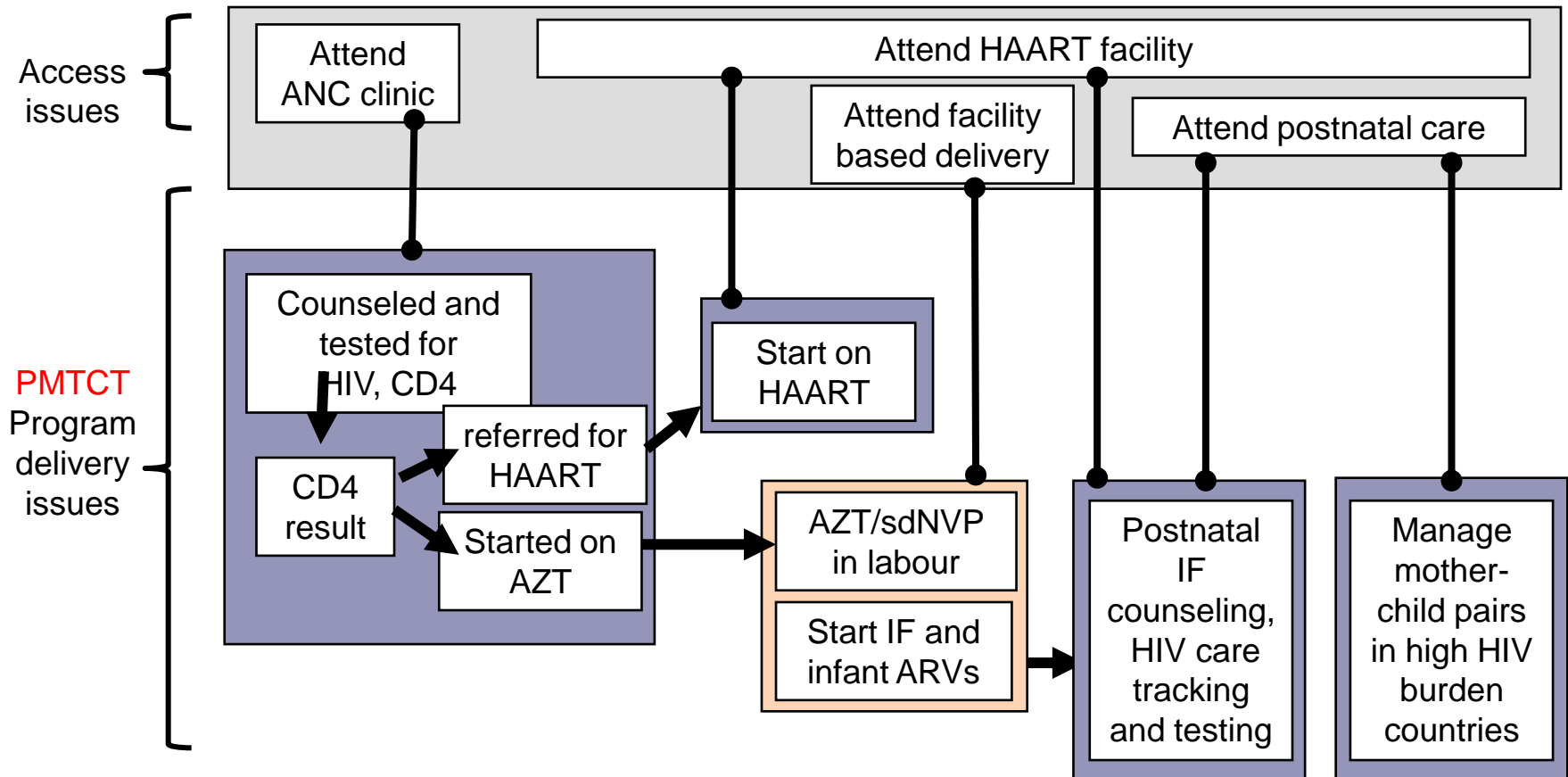


What is the problem?

“4 million women, newborns and children in sub-Saharan Africa could be saved every year if well-established, currently available, affordable health care interventions could be implemented across the region”

.African Academies of Science , Accra, December 2009

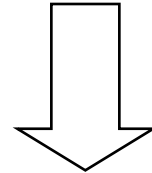
“Real Life” issues: PMTCT programme



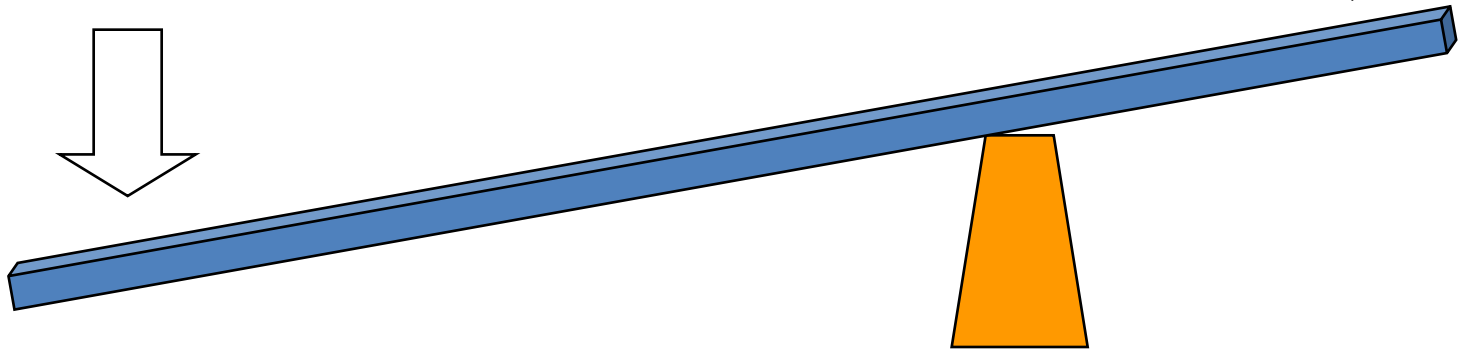
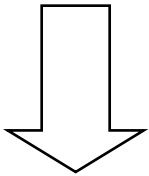
What wins?



Effective interventions



Risk factors



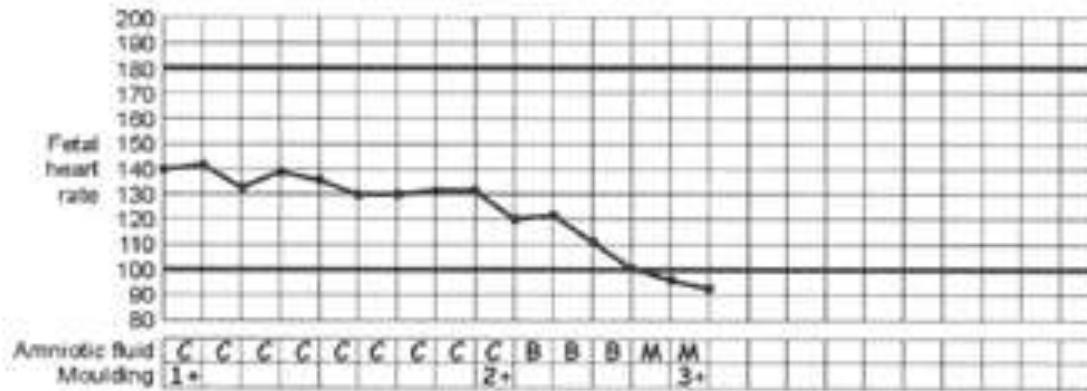
Health system issues

What will it take to close the “gap”?

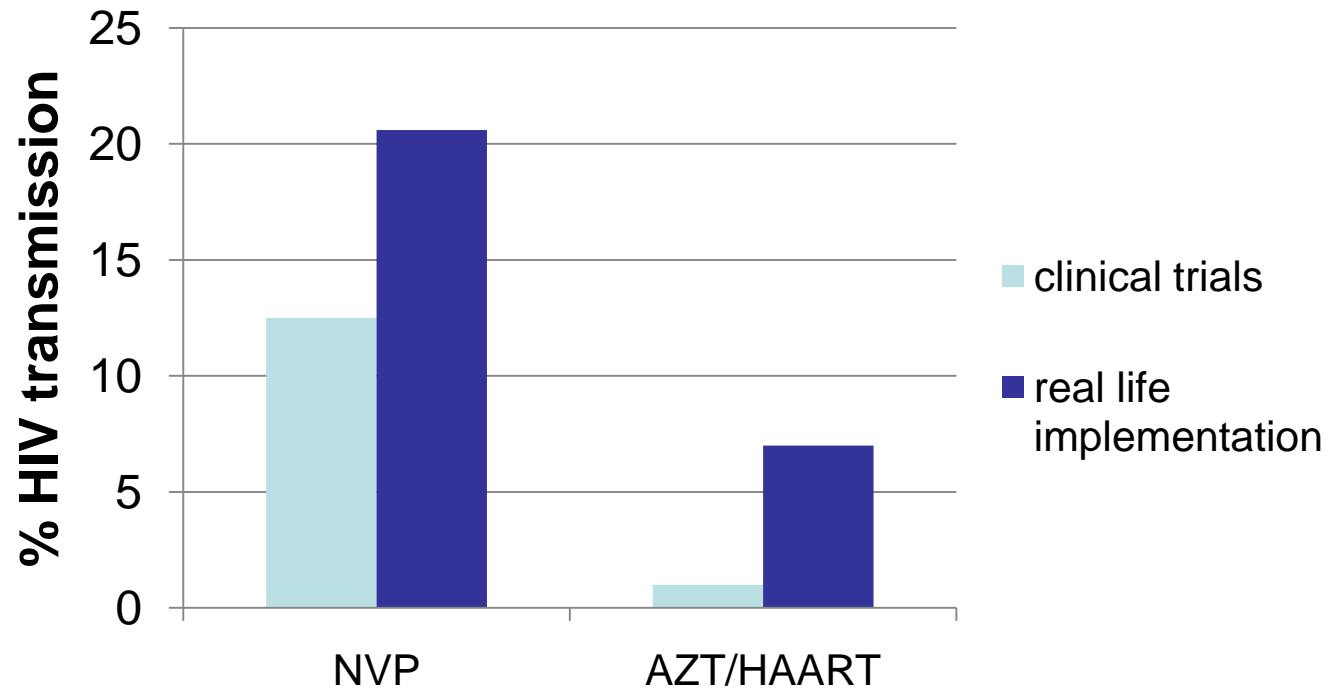
Necessary Ingredients for functional health system – South Africa...

- ✓ Leadership/Governance. Activated leadership
- ✓ Delivery systems accessed by population
- ✓ Funding: \$748 per capita, 8.7% of GDP
- ✓ Drugs/Labs: Widespread availability of ART
- ✓ Trained Workforce: 4.9 care givers / 1000 (WHO min 2.5)
- ✓ District Information system: DHIS, PMTCT Core Indicators

Date of admission 20.5.2000 Time of admission 10:00 A.M. Ruptured membranes 1 hours



Gap between clinical trial and “real life” PMTCT implementation



Rollins N,. AIDS 21: 1341–1347 2007

Horwood 2010

The KZN success story- possible causes

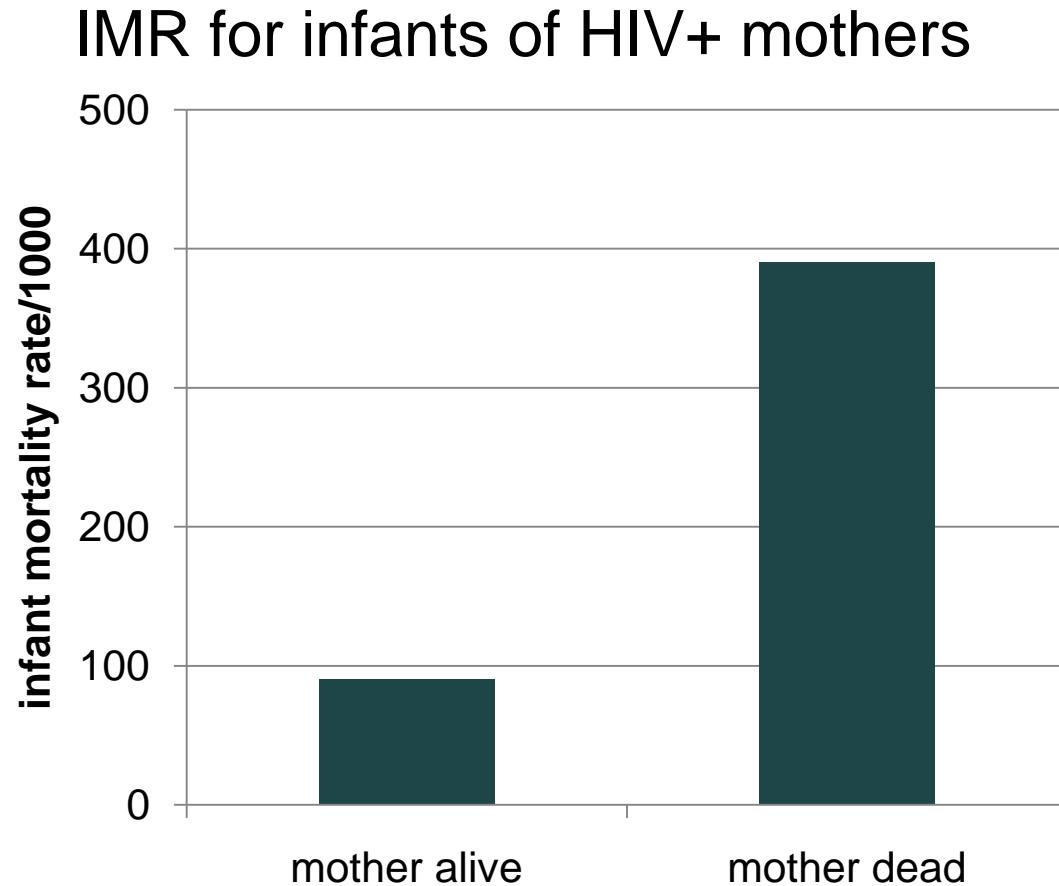
- DOH leadership
- Evidence based guidelines
- Partnerships and co –ordination
- Health system strengthening
 - Health information
 - Communication, referrals
 - Service delivery improvement
 - Teams
 - Testing changes- scaling up

(Rollins N. AIDS 21: 1341–1347 2007
Horwood C WHO bulletin 2012
Goga A- SAPMTCTE study group 2012)

MTCT rate in KZN at 6 weeks



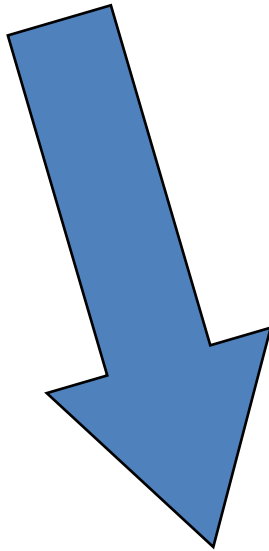
Infant and child survival is dependent on the survival and health of mothers



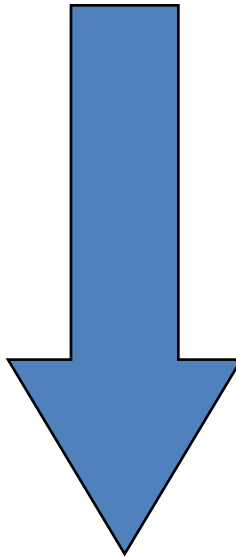
Ref: IHMA working group Lancet 2004

What are the elements we need for quality?

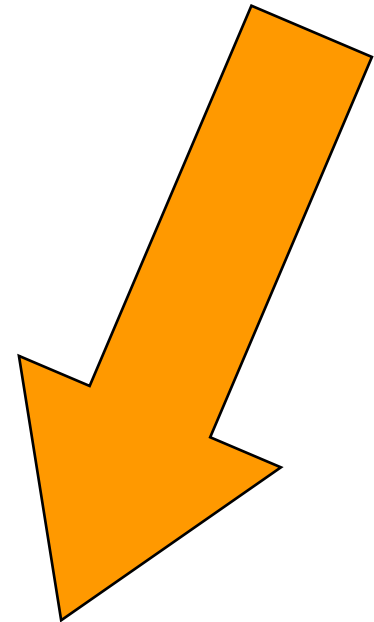
Structure
(buildings ,
equipment,
drugs)



Technical
(knowledge
, training,
protocols)

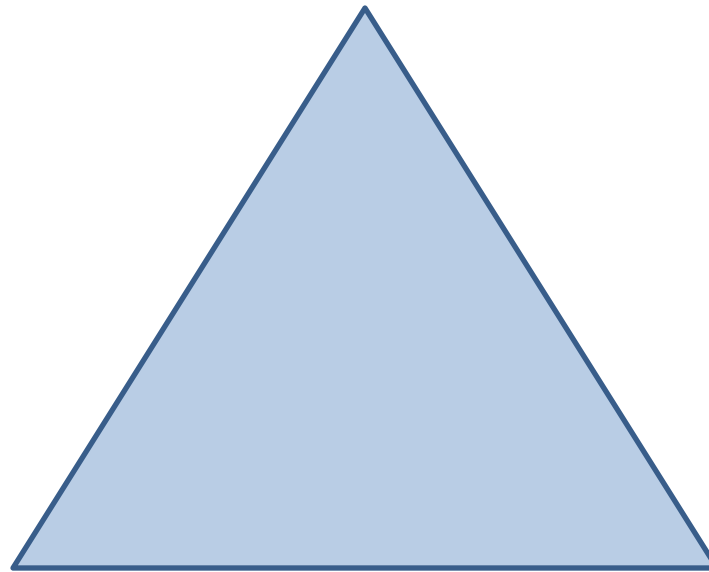


Functional
Systems
(ability to
deliver
services)



How did we reach our targets?

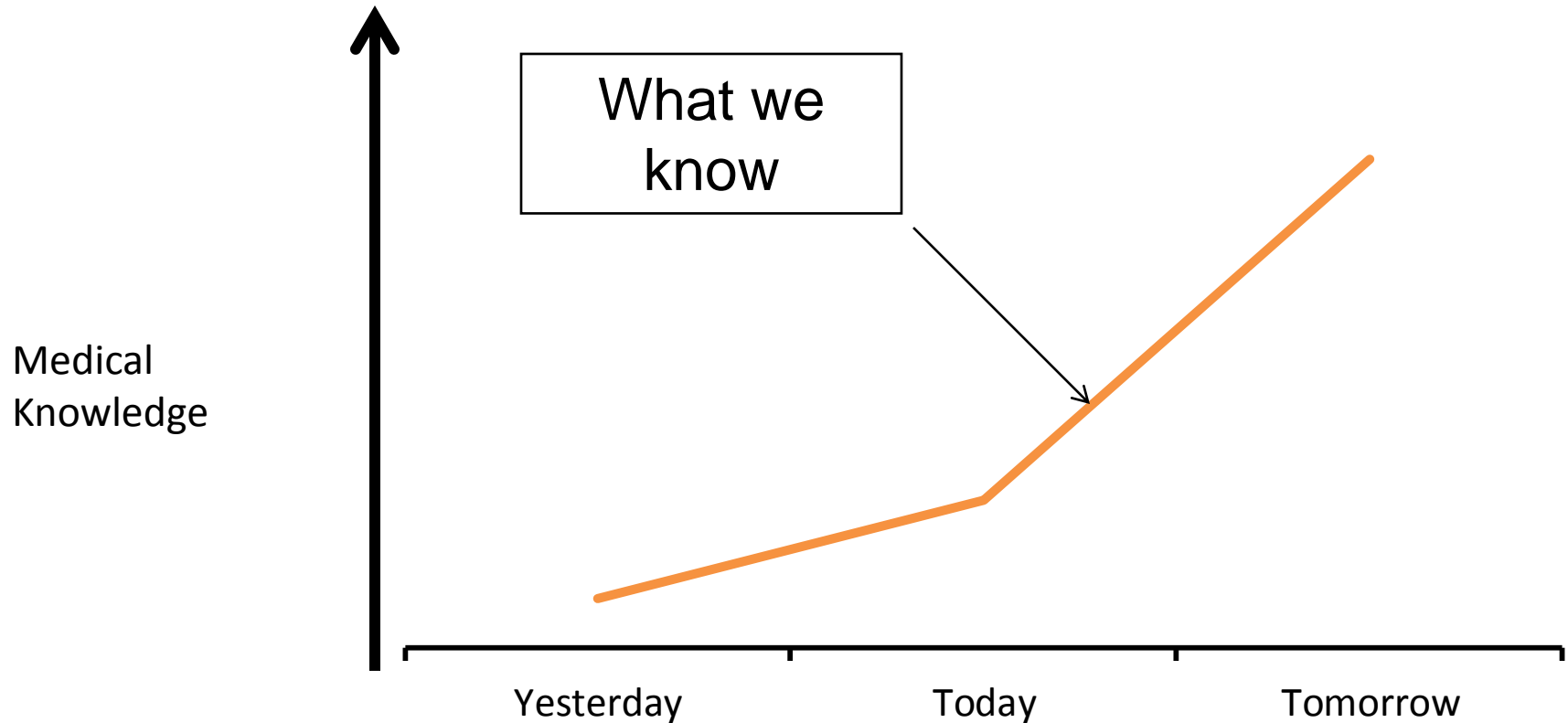
Building
Will



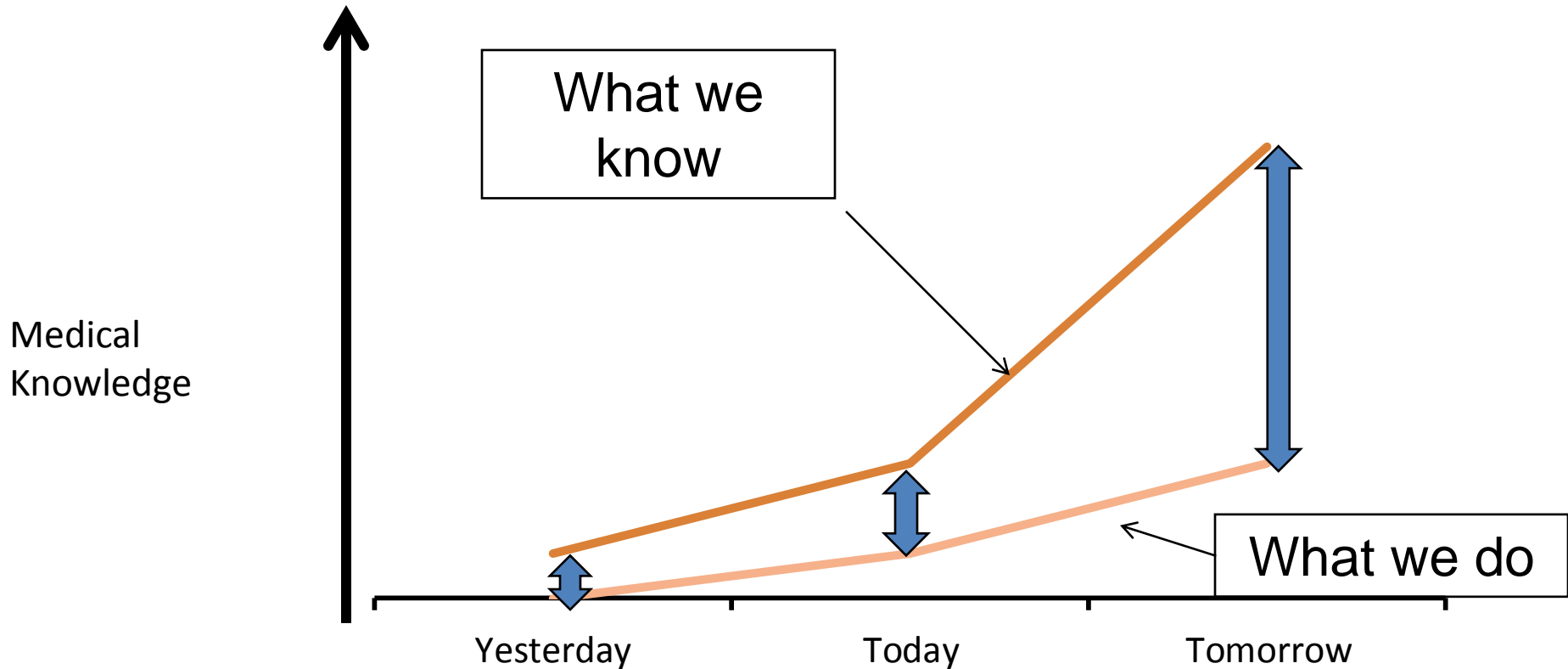
Methods for
Systems
Improvement

Executing and
spreading
change

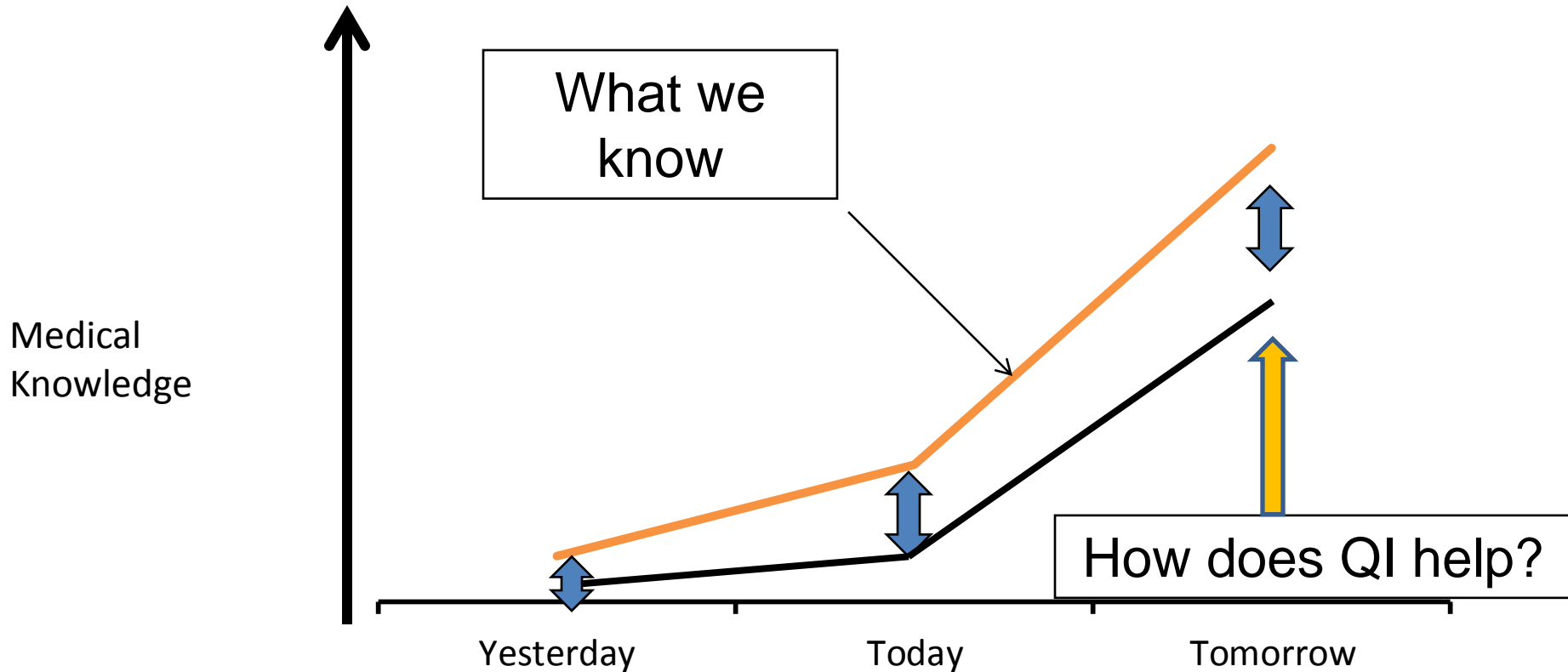
What is the Quality “Gap”



What is the Quality “Gap”



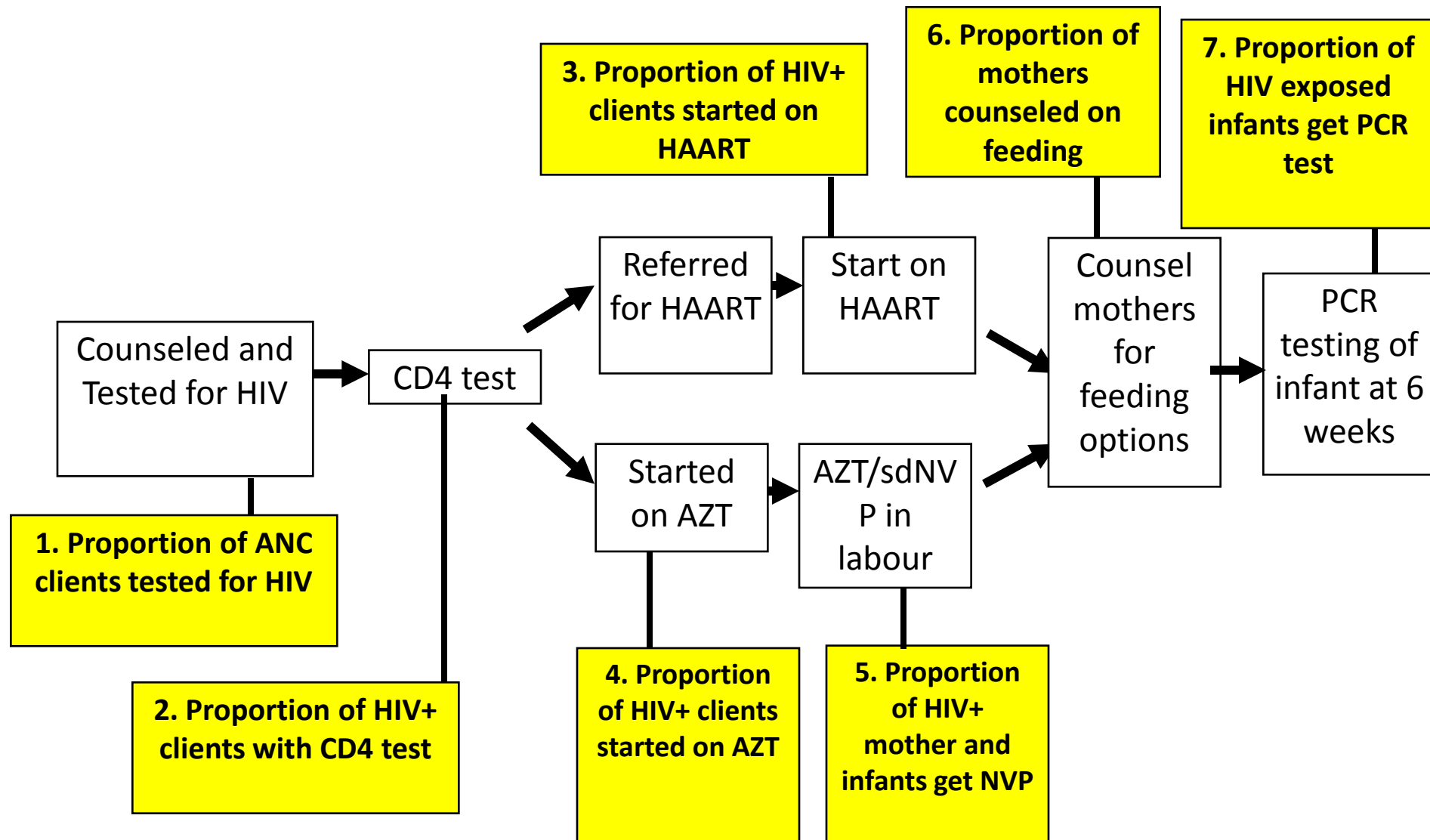
What is the Quality “Gap”



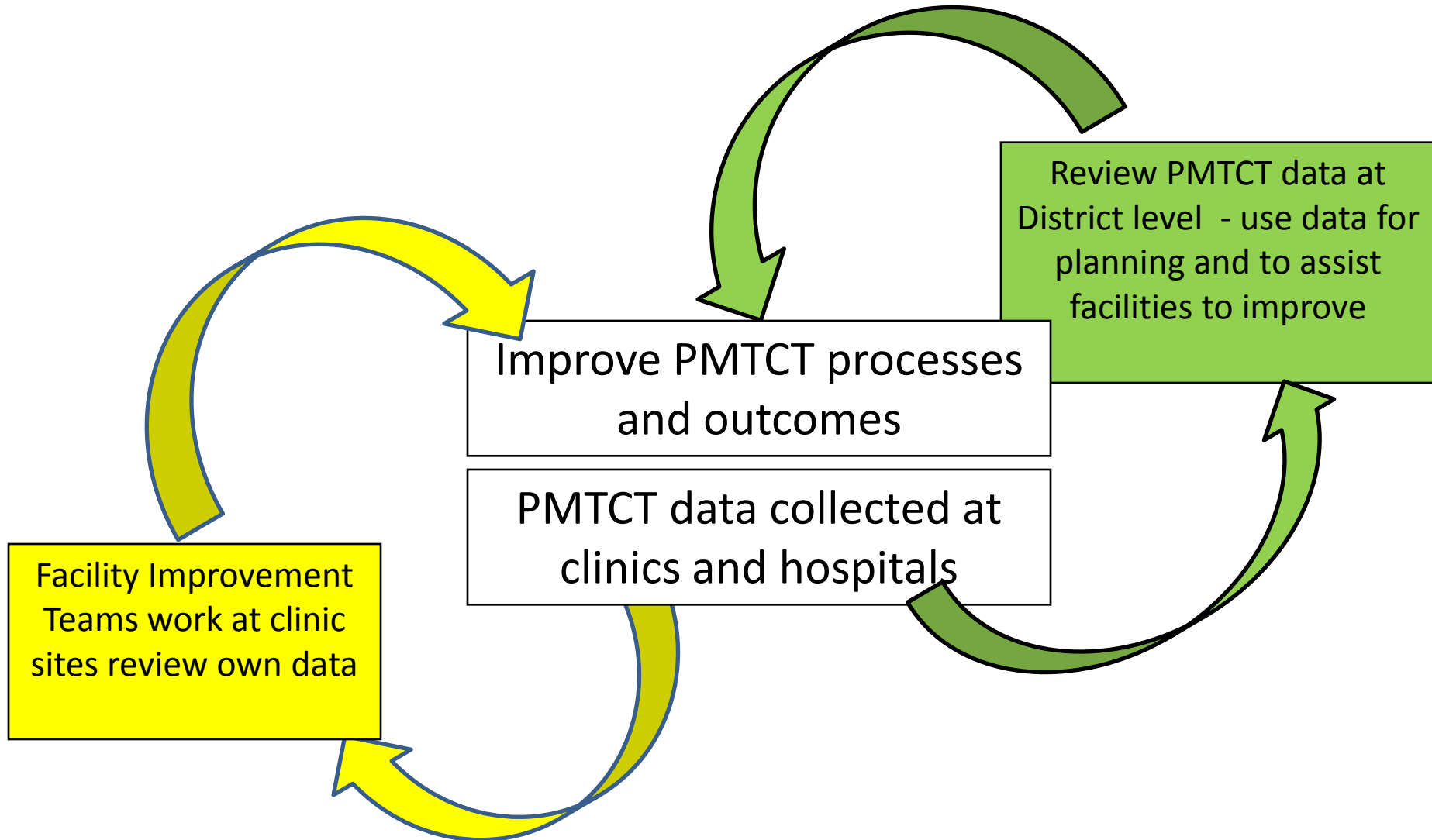
1. Leadership

- Set the pace
- Visible
- Evidence based guidelines

2. System: simplify care processes and data system



2. System: Reliable Data Feedback Systems



The dashboard

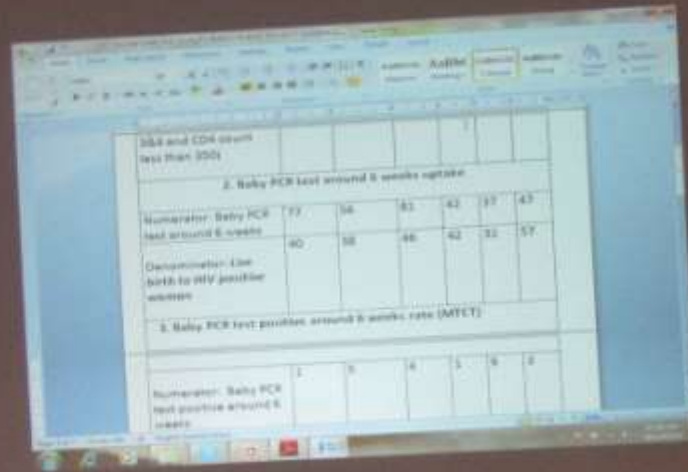


Changing the culture

The transition..

1. Akusiyo yethu (that is not mine)
2. The data is wrong – I will send you the right data
3. Hhayibo! Eyami! (gosh! That is my data)
4. Asilungise – we see a problem and will get back to you with a solution

Peer to peer learning



SSA and CD4 count less than 350

2. Baby PCR test around 8 weeks uptake

Numerator: Baby PCR test around 8 weeks	77	56	51	43	37	43
Denominator: Live birth to HIV positive women	40	58	46	42	31	57

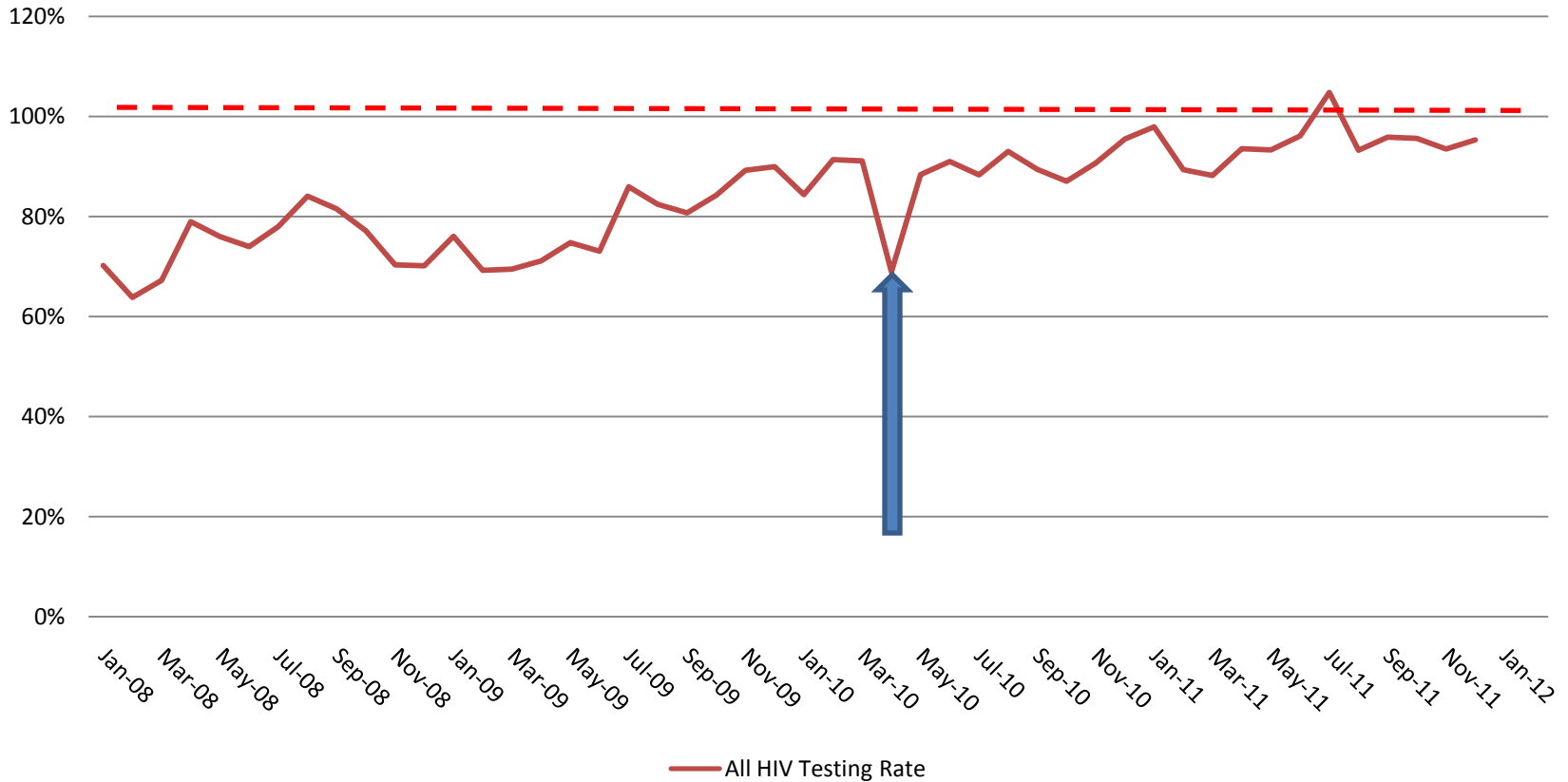
3. Baby PCR test positive around 8 weeks rate (MTY)

Numerator: Baby PCR test positive around 8 weeks	1	0	14	1	6	8
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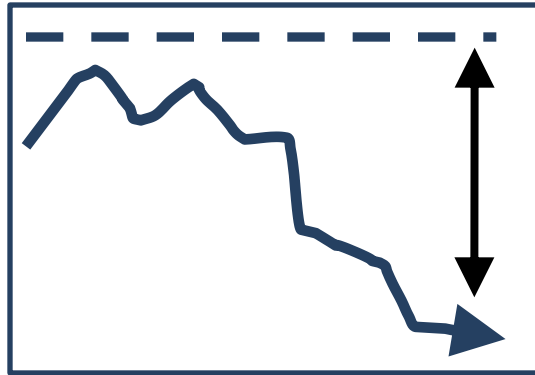


HIV Testing: ALL THREE Districts

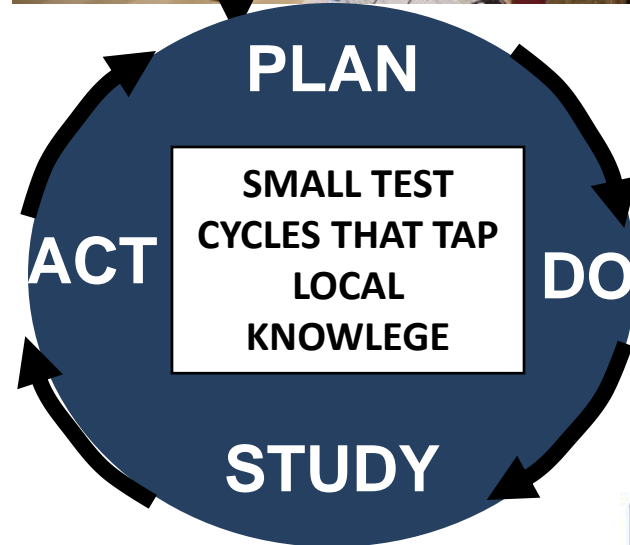
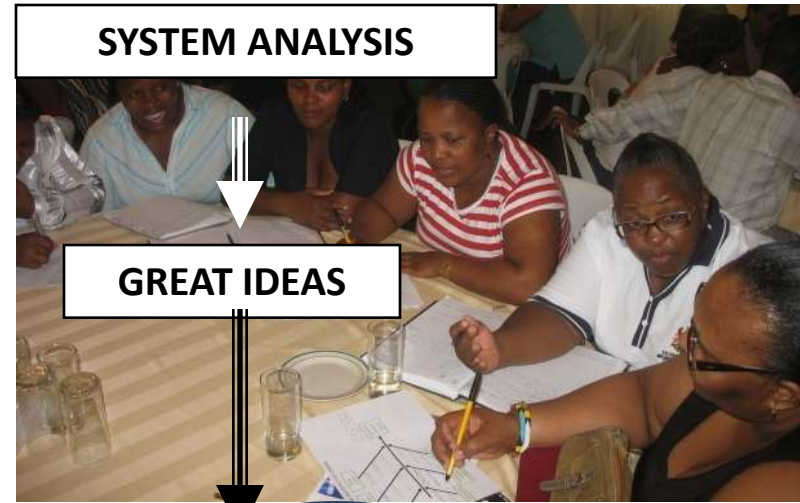
All three districts HIV Counseling and Testing



Including and testing local ideas

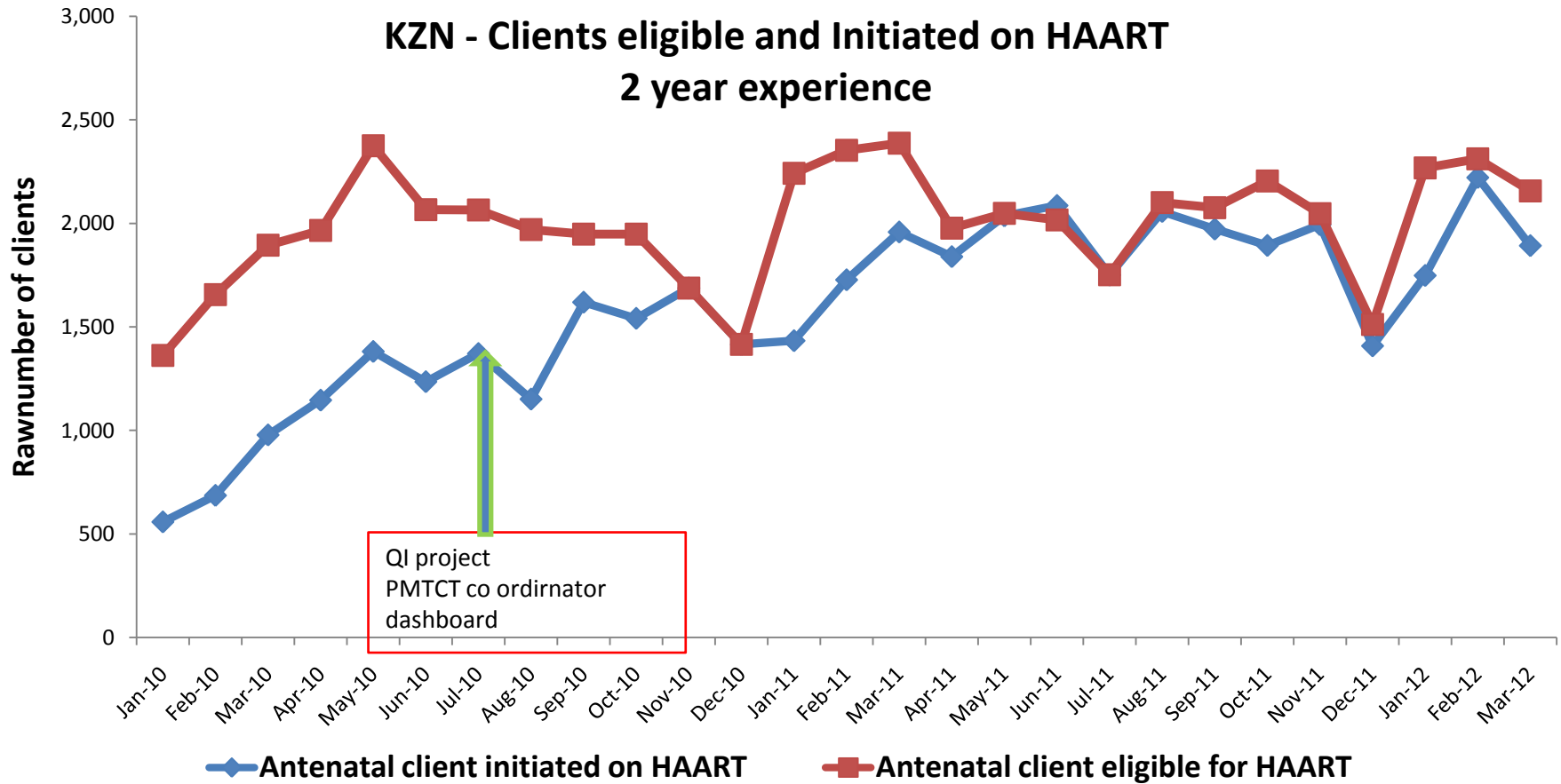


The "Gap"



SUCCEED/SUSTAIN

Accelerating access to ART

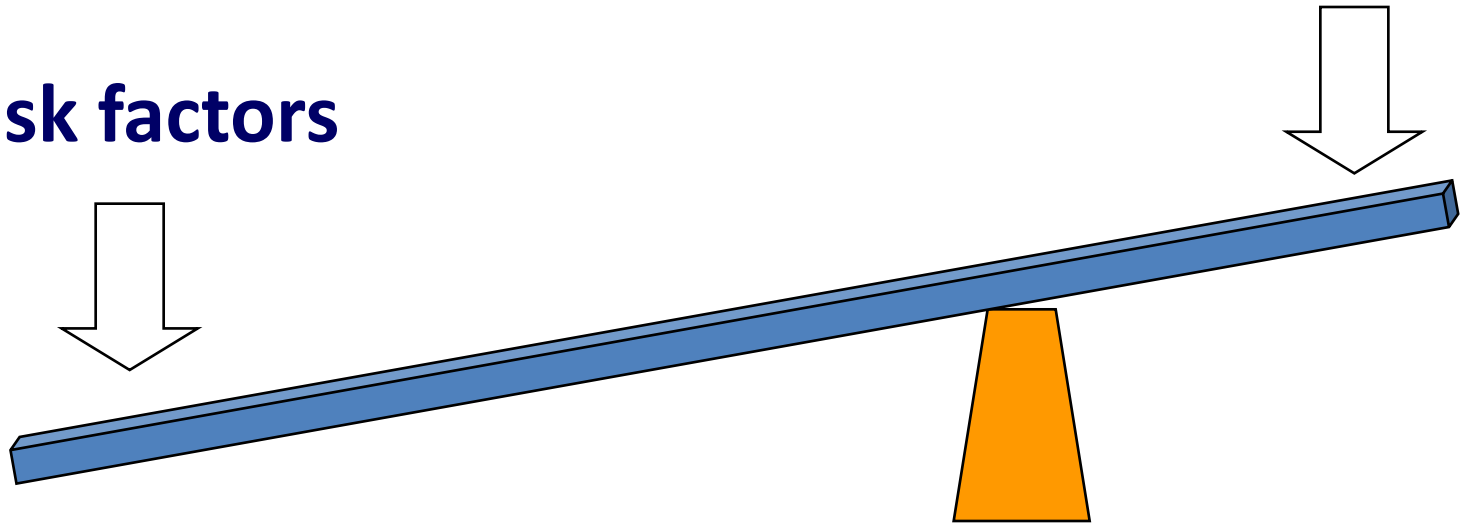


What wins?



Effective interventions

Risk factors



Health system issues



Comparison of Options A, B and B+

Table 1. Three options for PMTCT programmes

	Woman receives:		Infant receives:
	Treatment (for CD4 count ≤350 cells/mm ³)	Prophylaxis (for CD4 count >350 cells/mm ³)	
Option A^a	Triple ARVs starting as soon as diagnosed, continued for life	Antepartum: AZT starting as early as 14 weeks gestation Intrapartum: at onset of labour, sdNVP and first dose of AZT/3TC Postpartum: daily AZT/3TC through 7 days postpartum	Daily NVP from birth through 1 week beyond complete cessation of breastfeeding; or, if not breastfeeding or if mother is on treatment, through age 4–6 weeks
Option B^b	Same initial ARVs for both ^c :		Daily NVP or AZT from birth through age 4–6 weeks regardless of infant feeding method
	Triple ARVs starting as soon as diagnosed, continued for life	Triple ARVs starting as early as 14 weeks gestation and continued intrapartum and through childbirth if not breastfeeding or until 1 week after cessation of all breastfeeding	
Option B+	Same for treatment and prophylaxis ^d :		Daily NVP or AZT from birth through age 4–6 weeks regardless of infant feeding method
	Regardless of CD4 count, triple ARVs starting as soon as diagnosed, ^e continued for life		

Major Changes in Context

- Global Plan and bold EMTCT targets
- New evidence for ARV treatment as prevention (TasP)
- Increasing country experience with operational and programme challenges with both Options A and B, and challenges linking PMTCT and ART
- Proposal by some countries (eg. Malawi) to move to "Option B+"
- Simplify and optimize ARV regimens and service delivery
- Decreasing cost of ARV drugs

How does a mother decide whether or not to attend for care and how she feeds her child?

- If she considers that health services serve her interests and those of her child
- If benefits of attendance are not prejudiced by the way she is received by health staff
- If the sentiments of families and communities are favourable towards the health services



Recommendations

- Reliable service delivery
- Community as part of our health system
- Patient -centred care

Acknowledgements

- Leadership – at all levels of care
- DOH staff
- All partners
- 20,000+ team
- IHI