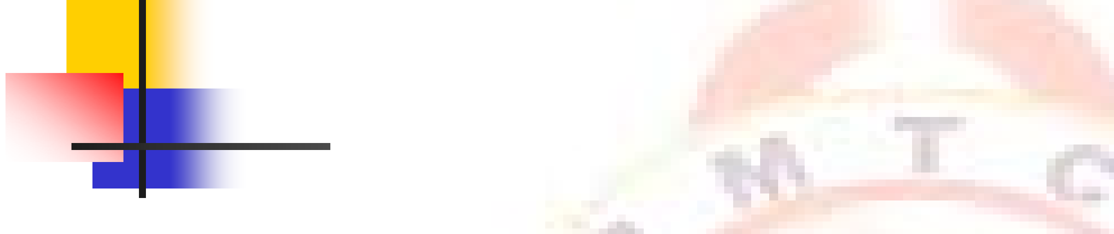


BOTSWANA PMTCT PROGRAM

Ms. Koona Keapoletswe

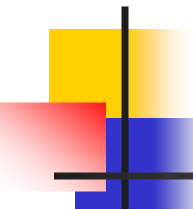
PMTCT National Coordinator

CONTENT OUTLINE

- Country Background
- Launch of the PMTCT Program
- PMTCT implementation
- Achievements
- Challenges
- Lessons learnt
- Future plans

COUNTRY BACKGROUND

- Land-locked country
- Total land area of 582,000 km²
- Population - 1.7 million (2001)
- Situated in southern part of the African continent
- Bounded in the North by Zambia, in the South by South Africa, in the East by Zimbabwe, in the west by Namibia and in the North West by Angola



Botswana PMTCT Program

- **Goal:** To improve child survival and development through reduction of HIV related morbidity and mortality
- **Main Objective**: To increase PMTCT uptake (prophylaxis/treatment) to 95% by 2015

Program Inception

- Piloted in Francistown and Gaborone beginning April 1999
- July 2000 – National roll out started
- November 2001 – All public health facilities offered the PMTCT program

Overview of Mother-child transmission of HIV

- Botswana has about 43,000 deliveries per year
- HIV prevalence rate of 31.8% (SS 2009) in pregnant women
- Approximately 13,700 HIV-infected women deliver per year
- Assuming 40% MTCT rate, without intervention, ~5,500 babies would be infected

Program Strategies

- Social mobilization (Information, education and communication and behavior change)
- Routine HIV testing using rapid test
- Training
- Infant feeding
- Monitoring and Evaluation, including Data Management

Social mobilization (Information, education and communication and behavior change)

- Advocacy
  - Sensitization of political councilors and parliamentarians
- Community mobilization
  - Sensitization of community leaders inluding Traditional leaders,FBOs, CBOs, Media, Traditional healers
  - Promotions and Advertising
  - Multi media campaigns (Newsletter, Radio, Television, Taxi/Bus branding
  - Meant to target different locations including 'hard to reach'

Training of HCWs

- Use of TOT Model
- Primary Audience - Nurses, Doctors, Social Workers, Lay counsellors, Pharmacy and Laboratory personnel
- Secondary Audience - CSOs, Partners and other stakeholders

Routine HIV testing using Rapid HIV Test

- Individual/ couple/ group education and discussion
- Pre-test counseling
- HIV Testing
- Re-testing all HIV negative women from 36 wks of gestation
- Re-testing of all HIV negative post partum mothers at 6-8 weeks
- Post-test counseling and continued psychosocial support to pregnant women, their partners and families
- On-going support/ counseling

DRUG PROTOCOL-Woman

- If HIV positive and CD4 count >=250 prophylaxis only(AZT) initiated at 28 weeks (7mths) of pregnancy and continued until delivery,Nevirapine initiated during labor only if ANC AZT<4 weeks
- If HIV positive and CD4< 250, HAART
- Currently Triple ARV Prophylaxis in six (6) districts
  - CD4 threshold increased to 350
- Treatment follow-up and support services

DRUG PROTOCOL- BABY

- ARVs prophylaxis – AZT syrup (4mg/kg/dose twice a day for 4wks) and SD- Nevirapine syrup within 72hrs after birth
- Cotrimoxazole for prevention of PCP and other infections.
- Infant ARV prophylaxis protocol not changed with introduction of Triple ARV Prophylaxis

Infant Testing

- DNA PCR from 6 wks of age up to 17 months
- Refer HIV Pos baby immediately for HAART while awaiting confirmatory DNA PCR result
- Confirmatory test at 18 mths using rapid test or ELISA for all babies tested HIV Neg by DNA PCR from 6 wks old.
- Infants who reach 18 mths without an HIV test can be tested using an ELISA or a rapid test

Modified Obstetric Practices

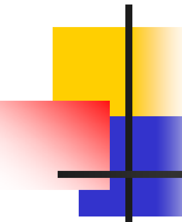
- Use of universal precautions according to infection control guidelines
- Cervical examinations performed every 4 hrs unless indicated otherwise
- Use of silicon cups if vacuum extraction is indicated
- Artificial rupture of membranes delayed until at least 7cm 0f cervical dilatation

Infant Feeding

- Infant and Young Child Feeding counseling to all pregnant women and partners using AFASS criteria
- Provision of infant formula until 12 months of age

Monitoring and Evaluation

- Standardized data collection tools incorporated into SRH tools (last revised in 2010)
- Data collected from ANC, maternity, post-natal, counsellor and Baby Testing registers .
- Monthly reporting to national office from districts
- National office compiles quarterly reports
- Reports quarterly to National AIDS Council (NAC)
- Feedback to Districts on quarterly basis



Achievements

- Integration of PMTCT into SRH services
- Adoption of RHT
- Increase in PMTCT testing uptake from 49% in 2002 to the current 98% in 2010
- Increase in PMTCT program uptake (AZT/HAART uptake) from 27% in 2002 to 93% in 2010
- Reduction in transmission rate from the estimated 40% without intervention to 3- 4% in 2010

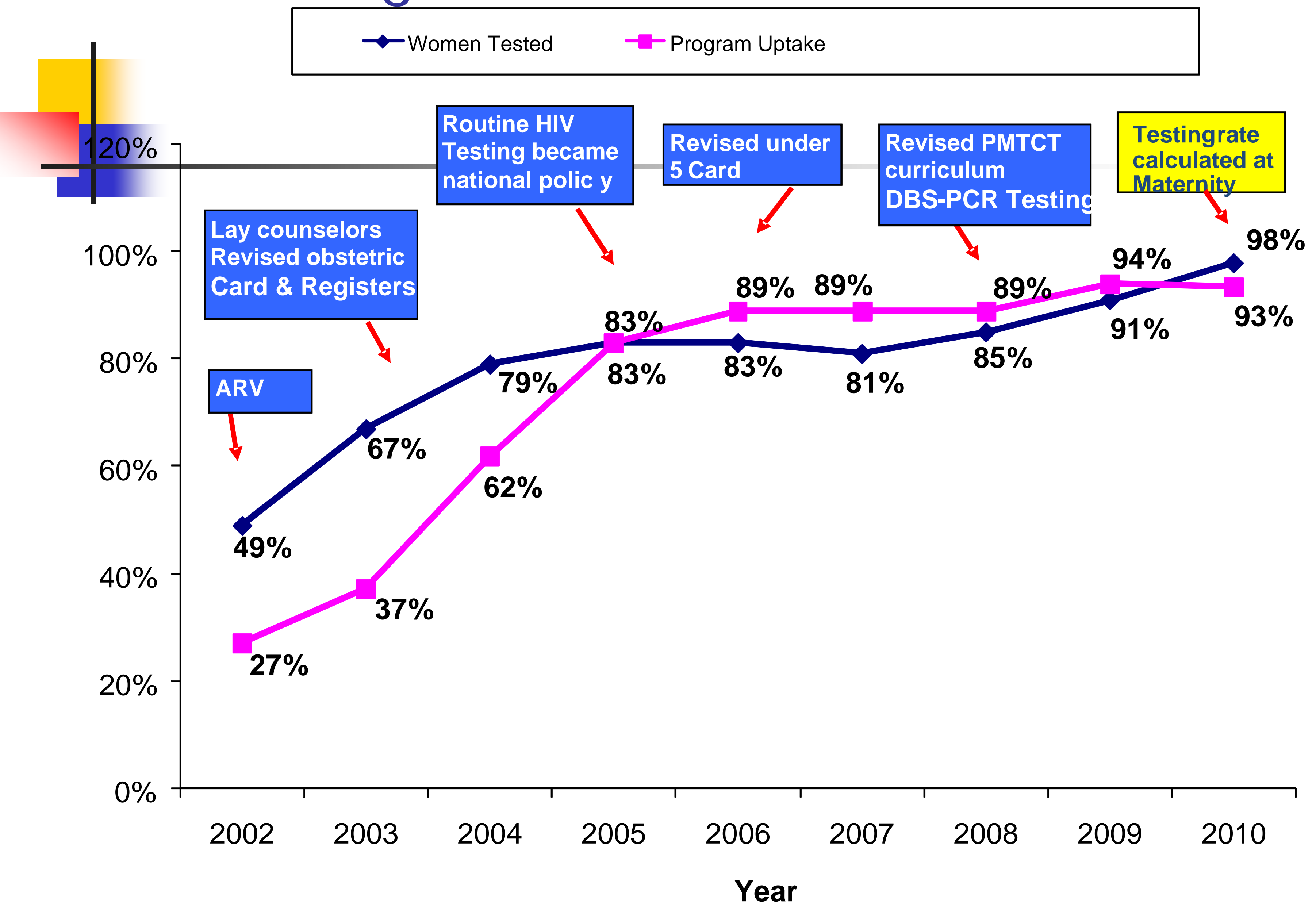
Achievements

- Introduction of lay counselors and training them on rapid HIV test, IYCF, CHCT
- Adaptation of WHO/CDC Generic Training Package

Achievements cont.

- Roll out of Early Infant Diagnosis using Dried Blood Spot (DBS) from 6 weeks of age
- Expansion of psychosocial support services to pregnant women, their partners and families through NGOs

PMTCT Program Trend 2002-2010



Challenges

- Access to HAART by **ALL** eligible clients remains a concern
- Sub-optimal implementation of routine and rapid HIV testing
- Weak infant follow-up, testing and initiation on HAART
- Male involvement and participation.
- Sub-optimal implementation of IYCF counseling

Lessons learned

- Strong political commitment
- Collaboration with all stakeholders especially NGOs
- Strengthening linkages with other HIV/AIDS interventions(ARV,CHBC, STI etc)
- Implementation of Routine and Rapid HIV testing

Lessons learned cont.

- Community ownership through community capacity development
- A dynamic Information, Education and Communication (IEC) strategy is needed to motivate the community to utilize PMTCT services

Future- PMTCT Botswana

- Roll out of Triple ARV prophylaxis for all HIV infected pregnant women

  - currently implemented in 6 districts,

  -roll out to 10 more districts in the current financial year

- Data quality management

  -Introduction of e-registers

  -Cover ARV, PMTCT, HTC, SRH and Nutrition

  -Currently in 4 districts

Merci beaucoup!