



African Development Bank

THE DEVELOPMENT OF HARMONIZED MINIMUM STANDARDS FOR GUIDANCE ON HIV COUNSELLING AND TESTING (PMTCT) AND PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) IN THE SADC REGION

PMTCT DATA TOOLS AND POLICY DISCUSSION GUIDE

CONTACT Dr. Vincent U. Agu
Director, SAHARA and Team Leader
69-83 Plein Street
Cape Town 8001
South Africa
Phone: +27-21-466-7944
E-mail: vaqu@hsrc.ac.za

CONTENTS

1. INTRODUCTION	2
1.1 SADC PMTCT PROJECT	2
1.2 DELIVERABLES	2
2. TASKS, DATA TOOLS AND POLICY DISCUSSION GUIDELINES	2
Task 1: Identify policies, procedures and protocols for PMTCT the country	2
Task 2: An assessment of policies, procedures and frameworks on PMTCT in the country	2
Task 3: Facilitating and performing policy discussion with PMTCT stakeholders.....	3
3. DELIVERABLES DUE DATES	3
4. PROJECT TEAM	3
APPENDIX	4
TASK 2: DATA COLLECTION TABLES	4
Table 3: Analysis of PMTCT policies, protocols and guidelines in SADC countries.....	4
Table 4: PMTCT indicators.....	6
Table 5: PMTCT implementation challenges in SADC countries.....	7
Table 6: PMTCT implementation needs in SADC countries.....	11
TASK 3: PMTCT POLICY DISCUSSIONS GUIDE/QUESTIONS:.....	13

1. INTRODUCTION

1.1 SADC PMTCT PROJECT

The main aim of this project is to develop SADC regional harmonised minimum standards for policies, protocols and guidelines for PMTCT policy area

To achieve this objective the national project focal person in each of the SADC 15 Member states is tasked with three key responsibilities:

Task 1: Identify policies, procedures and frameworks on PMTCT in the country

Task 2: Participate in the assessment of the policies, procedures and frameworks on PMTCT in the country

Task 3: Facilitate dialogues and stakeholders consultations on policies relating to PMTCT, including policy discussions on the development and implementation of policies, procedures and frameworks on PMTCT in the country.

1.2 DELIVERABLES

The key deliverables in relation to each of the three tasks are

1. A Collection of all policies, protocols, guidelines, policy statements in strategic plans, short-term plans, sector-specific policy and strategy statements that relate to PMTCT.
2. An assessment of policies, procedures and frameworks on PMTCT in the country, based on tools provided
3. Summary report of policy discussions or dialogues conducted in the Country, including the participants' names and signatures.

To effectively perform the tasks and provide the required deliverables the national project focal person is provided with relevant data tools, where applicable, and policy discussion guideline with key questions to guide the discussions. The tools should be used together with the provided inception report.

2. TASKS, DATA TOOLS AND POLICY DISCUSSION GUIDELINES

Task 1: Identify policies, procedures and protocols for PMTCT the country

The national focal person should identify and collate all policies, protocols, guidelines, policy statements in strategic plans, short-term plans, sector-specific policy and strategy statements that relate to PMTCT.

Task 2: An assessment of policies, procedures and frameworks on PMTCT in the country

The national project focal person is expected to provide an assessment of the PMTCT policies in the country. Key areas for assessment include:

1. **National PMTCT Policies, protocols and guidelines in the country:**
Table 3 in appendix is provided to assist in obtaining the relevant information. Please indicate the PMTCT models in your country relative to UN recommendations for comprehensive PMTCT programming as provided in Table 1, inception report.
2. **PMTCT situation analysis in the country**
Table 4 in appendix is provided to assist in capturing the required information. Please also clearly indicate the source of information

3. PMTCT implementation challenges in the country

Table 5 in appendix is provided to assist you in indicating the challenges to scaling up quality, comprehensive PMTCT programmes at all levels in your country. Also indicate extent of the challenges in numbers or percentage. Where numbers are provided please confirm.

4. PMTCT implementation Needs in the country

Table 6 in appendix is provided to assist in the assessment of PMTCT needs in your country. Please provide the required information and also indicate the extent of the need.

Task 3: Facilitating and performing policy discussion with PMTCT stakeholders

The national project focal person is expected to organize and perform policy discussions/ dialogues with the PMTCT stakeholders in the country. The stakeholders should include

- Government official(s) responsible for PMTCT policies, protocols and guidelines;
- Civil society official(s) or NGO involved with PMTCT;
- Representative(s) of international organizations for PMTCT e.g. WHO, UNICEF etc.
- Representative(s) of private or informal sector on PMTCT policies, protocols and guidelines.
- Officials from national AIDS councils and national AIDS coordination programmes
- Primary stakeholders e.g., technical partners, implementing agencies, PLWHA, members of community

The policy discussions can be organized in a span of 2 to 4 days at the convenience of stakeholders and in a conducive environment. **A policy discussion guide is provided in the Appendix to assist you in conducting the policy dialogues and capture the relevant information from the stakeholders.**

3. DELIVERABLES DUE DATES

The due date for submission of the deliverables is **30th January 2009**.

4. PROJECT TEAM

Any queries can be directed to the project team

Prof. Karl Peltzer
Research Director & PMTCT Expert
Phone: +2712 302 2637
Email: kpeltzer@hsrc.ac.za.

Prof. Geoff Setswe
Research Director & HTC Expert
Phone: +27 12 302 2644
Email: gsetswe@hsrc.ac.za

Dr Njeri Wabiri
Project Director
Phone: +27 12 302 2035
Email: nwabiri@hsrc.ac.za

Dr. John Seager
Research Director & M&E Expert
Phone: +27-21-466-7908
E-mail: jseager@hsrc.ac.za.

Country Focal Person (Full name)

Signature

APPENDIX

TASK 2: DATA COLLECTION TABLES

Table 3: Analysis of PMTCT policies, protocols and guidelines in SADC countries

(Y=Yes; N=No; N/A=Not applicable). Please indicate if missing. Where already indicate, please provide specifics where possible

	ANG	BOT	DRC	LES	MAD	MAL	MAU	MOZ	NAM	SEY	SOU	SWA	TAN	ZAM	ZIM
1: Primary prevention of HIV infection among women of childbearing age															
1.1 [Health education]				Y	Y	Y	Y			Y	Y	Y		Y	
1.2 [HIV testing and counselling]				Y	Y	Y	Y			Y	Y	Y			
1.3 [Couple HIV counselling & testing]					Y	Y	Y			Y	?	Y			
1.4 [Safer sex practices including dual protection (condom promotion)]		Y		Y	Y	Y	Y			Y	?	Y			
2: Preventing unintended pregnancies among women living with HIV	ANG	BOT	DRC	LES	MAD	MAL	MAU	MOZ	NAM	SEY	SOU	SWA	TAN	ZAM	ZIM
2.1 [Family planning]		Y	Y	Y	Y	Y	Y			Y		Y		Y	
2.2 [HIV testing and counselling]		Y	Y	Y	Y	Y	Y			Y	Y	Y		Y	
2.3 [Safer sex practices including dual protection (condom promotion)]		Y		Y	Y	Y	Y			Y	?	Y		Y	
3: Preventing HIV transmission from a woman living with HIV to her infant	ANG	BOT	DRC	LES	MAD	MAL	MAU	MOZ	NAM	SEY	SOU	SWA	TAN	ZAM	ZIM
[Quality antenatal and delivery care]															
3.1 [HIV testing and counselling]		Y (PI)	Y	Y (Opt out)	Y	Y (PI)	Y	Y (PI)		Y	Y (PI)	Y	Y	Y (opt out)	Y (PI)
3.2 [Retesting in late pregnancy]					Y	Y	Y	Y			Y	?	Y	Y	
3.3 [HIV pre-test counselling]		Y Group pretest education	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	
3.4 [Post-HIV test counselling]		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	
3.6 [Male involvement]				Y		Y	N	Y		Y	Y	Y	N	Y	
3.7 [Gender-based violence; stigma]							N				Y	?	N		
3.8 [Involvement of PLHIV]					Y		Y	Y			?	?	Y		
3.9 [Clinical (staging) and immunological assessment of pregnant women]		Y	Y	Y	Y	Y	Y				Y	Y	Y	Y	
3.10 [ART for pregnant women eligible for treatment]		Y (≤250)	Y	Y (≤350)	Y (≤350)	Y (≤250)	Y (≤350)	Y (≤250)			Y (≤200)	Y	Y (≤350)	Y	Y (≤350)
3.11 [ARV prophylaxis for MTCT prevention for women not		Y (Dual)	Y (dual)		Y (triple)	Y (Mono-Dual)	Y (triple)	Y (Dual)			Y (Dual)	Y (Dual)	Y (triple)	Y (Dual)	

receiving ART and for all exposed children]															
3.12 [Safer obstetric practices]		Y	Y		Y (eC/S)	Y	Y	Y		Y	Y	Y	Y	Y	
3.13 [Infant feeding counselling and support]		Y	Y		Y	Y	Y	Y		Y	Y	Y	Y	Y	
4: Providing appropriate treatment, care and support to mothers living with HIV and their children and families	ANG	BOT	DRC	LES	MAD	MAL	MAU	MOZ	NAM	SEY	SOU	SWA	TAN	ZAM	ZIM
Mothers															
4.1 [ART for pregnant women eligible for treatment]		Y(≤250)	Y (≤350)	Y(≤350)	Y (≤350)	Y (≤250)	Y (≤350)	Y (≤250)		Y (≤350)	Y (≤200)	Y (≤350)	Y (≤350)	Y (≤350)	
4.2 [Co-trimoxazole prophylaxis]		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y (<350)	
4.3 [Continued infant feeding counselling and support]		Y	Y	Y		Y	Y	Y		Y	Y	Y	Y	Y	
4.4 [Nutritional counselling and support]		Y	Y	Y		Y	Y	Y		Y	Y	Y	Y	Y	
4.5 [Sexual and reproductive health services including family planning]		Y	Y	Y		Y	Y	Y		Y	Y	Y	Y	Y	
4.6 [Psychosocial support]		Y	Y	Y	Y	Y	Y	Y			Y		Y	Y	
4.7 [Tuberculosis screening]		Y	Y	Y	Y	Y	Y	Y			Y		Y	Y	
Children	ANG	BOT	DRC	LES	MAD	MAL	MAU	MOZ	NAM	SEY	SOU	SWA	TAN	ZAM	ZIM
4.8 [ARV prophylaxis]		Y	Y			Y	Y	Y		Y	Y	Y	Y	Y	
4.9 [Routine immunization and growth monitoring and support]		Y	Y	Y	Y	Y	Y	Y		Y	Y		Y		
4.10 [Co-trimoxazole prophylaxis starting at 6 weeks]		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	
4.11a [Early diagnosis testing for HIV infection at 6 weeks where virological tests are available]		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	
4.11b [Antibody testing for young children at 18 months where virological testing is not available]		Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	
4.12 [Antiretroviral therapy for eligible HIV infected children]		Y	Y	Y	Y	Y (≤250)	Y				Y	Y	Y		
4.13 [Continued infant feeding counselling and support]		Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	
4.14 [Screening and management of tuberculosis and other opportunistic infections]		Y	Y	Y	Y	Y	Y		Y			Y	Y	Y	Y
4.15 [Prevention and treatment of malaria]					N/A		N/A		Y			Y	N/A	Y	
4.16 [Nutrition care and support]		Y (12 ms)	Y	Y	Y (6 ms)	Y	Y (24 ms)			Y	Y (6 ms)	Y	Y (6 ms)	Y	
4.17 [Psychosocial care and support]		Y	Y	Y	Y	Y	Y			Y	Y	Y	Y	Y	
4.18 [Symptom management and		Y	Y	Y	Y	Y	Y	Y			?	?	Y	?	

palliative care if needed]																
4.19 [Diagnosis and management of common childhood infections and conditions and Integrated Management of Childhood Illness (IMCI)]		Y		Y	Y	Y	Y	Y			Y	Y	Y	Y		
PMTCT national policy	ANG	BOT	DRC	LES	MAD	MAL	MAU	MOZ	NAM	SEY	SOU	SWA	TAN	ZAM	ZIM	
Existence of national guidelines for the prevention of HIV infection in infants and young children in accordance with international or commonly agreed standards (WHO, 2004a)		2006 (being revised)	2007	2008		2008 (rev draft, 2 nd ed.)		2004			2008	2006 (2 nd edition);		2007		

Table 4: PMTCT indicators

Please provide the following PMTCT indicators in your country if missing. If captured wrongly please correct

HIV prevalence estimates	ANG	BOT	DRC	LES	MAD	MAL	MAU	MOZ	NAM	SEY	SOU	SWA	TAN	ZAM	ZIM
Estimated adult HIV prevalence rate, 2007, 15-49 (UNICEF, 2008)	2.1%	23.9%	1.2-1.5%	23.2%	0.1%	11.9	1.7%	12.5%	15.3%	0.5%	18.1%	26.1%	6.2%	15.2%	15.3
Estimated adult HIV prevalence rate, 15-49 (Specify if SADC or country report and year)	2.1%	23.9%	1.2-1.5%	23.2%	0.1%	11.9	1.7%	12.5%	15.3%	0.5%	18.1%	26.1%	6.2%	15.2%	15.3
Estimates based on sentinel surveillance data, 2007, 15-24 year-olds (SADC, 2008)				18.7%	0.5%	12.3%	0.35%	14.4%	14.0%	?		34.6%		12.5%	
Estimates based on population based survey data, 2007, 15-24 year-olds (SADC, 2008)	2.7%	12.6%	3.6%								10.3%	14.3%	4.0%		16.2%
PMTCT indicators															
Antenatal care coverage (UNICEF, 2008)	80%	97%	85%	90%	80%	92%	--	85%	95%	99%	92%	85%	78%	93%	94%
The number and percentage of health care workers newly trained or retrained in the minimum package during the preceding 12 months. (WHO, 2004a)															
The percentage of public, missionary and workplace venues (FP and PHC clinics, ANC/MCH, and maternity hospitals) offering the minimum package of services for the prevention of HIV infection in infants and young children in the preceding 12 months. (WHO, 2004a)			15%			83.7%	Only 1 site			100%		67%	10%		95%
The percentage of pregnant women making at least one ANC visit who have received an HIV test result and post-test counselling. (WHO, 2004a)											67.9%				
The percentage of HIV-positive pregnant	9%	>95%	9%	32%	--	32%	--	46%	64%		57%	67%	32%	47%	29%

women receiving a complete course of ARV prophylaxis to reduce MTCT in accordance with a nationally approved treatment protocol (or WHO/UNAIDS standards) in the preceding 12 months.											53% (NVP)				
The percentage of HIV-positive infants born to HIV-infected women. (WHO, 2004a)		4%								7%					
The percentage of infants born to HIV positive women receiving cotrimoxazole prophylaxis within 2 months of birth (UNICEF, 2008)		83%	0%		0%	12%	--	-			--	6%	--	16%	19%
The percentage of infants born to HIV positive women receiving a virological test for HIV diagnosis within 2 months of birth (UNICEF, 2008)				28%	0%	3%	--	1%			--	19%	--	10%	1%
Percentage of people receiving antiretroviral therapy who are children (WHO/UNAIDS, 2006)						5%		6%	7%		8%		11%	8%	7%

Table 5: PMTCT implementation challenges in SADC countries

From the list of provided PMTCT implementation challenge, please indicate the challenges relevant to your country and the extent of these challenges.

Country	BOT	DRC	LES	MAD	MAL	MOZ	SEY	SOU	MAU	NAM	SWA	TAN	ZAM	ZIM
Inadequate financial resources, which are often narrowly earmarked by donors			X											X
Inadequate human resources; problems with lay counsellors	Lack of competence in HIV paediatric care, treatment, counselling		Staff shortages; Commitment to fund the community health workers to carry out HTC					X			Human resource shortage	X too few counsellors, 53% home deliveries		X Brain drain
Poor partner and sectoral coordination and donor support resulting in verticalisation of			X				X	X				X	X	

programmes and poor implementation of national policies														
Low coverage of PMTCT		X5%	Xmore in urban, need more in health centres											
Stigma and discrimination;						X		X			X			
Inadequate support for infant feeding which remains a complex issue, requiring further research	X 97% formula feed; problems with formula supply (2006)		X		X			X formul a supply proble ms			X	X (only 6.9% replacement feeding)	X	
Unequal emphasis on the needs of women, their children, partners and families, and insufficient follow up within a continuum of care and assurance of adequate care, treatment and diagnosis of exposed infants			X					X			X Testin g mother s for CD4 count in the periph eral clinics, they are referre d to the next level where the machin es are availab le. This becom es a barrier in	X		X

											identify ing mother s eligible for ART.			
Insufficient integration of prevention of mother-to-child transmission services and insufficient linkages with other health and social services;								X						X
The need to decentralize implementation and service delivery, and focus on developing and strengthening of community structures and systems to include prevention of mother-to-child transmission services;	Inadequate utilization of community resources for identification, follow-up, and adherence support		X								X			
Insufficient attention to, and services for primary prevention and prevention of unintended pregnancies, including access to reproductive health commodities;	X							X						
Programme monitoring, recording and reporting	X data on paediatric care and treatment inaccurate		X Duplication & Multiple data management system					X inaccurate recording						
Quality assurance and impact assessment;	X (65% unplanned pregnancies)		Quality assurance/control not yet fully operational					X Poor quality of couns			X			

								elling						
Inadequate efforts to ensure male engagement;			X		X						X	X	X	X
Impact of gender inequality and of gender-based violence														
Lack of capacity to cost plans														
Slow scale-up of provider-initiated testing and counselling services, where appropriate, and the limited creation of demand for these services.	X							X						
Slow scale-up of early infant diagnosis of HIV					X	X (only 2 PCR labs national)	X Problem with test kits (send to Comoros)				X PCR only at national			
Other: Please include other challenges not covered above														

Table 6: PMTCT implementation needs in SADC countries

From the list of provided PMTCT implementation needs, please indicator the specific needs in your country, where missing.

Country	Botswana	DRC	Lesotho	Madagascar	Mauritius	Malawi	Mozambique	Seychelles	South Africa	Tanzania		Swaziland	Zambia	Zimbabwe
Need to speed up development of policies and guidelines	Update existing guidelines		Update IYCF policy; Update paediatric HIV care and treatment guidelines	Revise 2007 PMTCT protocol	Revise 2004 PMTCT protocol			Revise PMTCT protocol	FP guidelines for HIV infected women	Need to improve nutrition policy guidelines		Update IYCF policy;	Revise national PMTCT guidelines	
Need to improve M & E (PMTCT indicators, registers)	X		X PNC register piloted and ready to be printed			Harmonizing the indicators and finalizing the ANC and maternity registers Passport: child, mother (adequate HIV info)			X	X			X	X Introduction of standardized integrated electronic data system for all programmes
Need to improve C & T (quality)	X													
Appropriate use of lay counsellors in the health care setting									X			X		
Improve integration of PMTCT into paediatric AIDS treatment and care activities	X		X						X	X			X	X
Effective communication on PMTCT	X		X							X		X	X	X
Scale up of co-			X							X		x	X	

trimoxazole prophylaxis													
Improve community support/male involvement	X		X			X (expand M2M)	X		X	X		X	X
Strengthen quality assurance for PMTCT services	X												X
To roll out more efficacious regimen in all facilities providing PMTCT services						x						X (now only available in hospitals)	X
To roll out early infant diagnosis	X					X	X						X
Other: Please include any other needs not captured in the table													

DISCUSSION QUESTIONS

1. Are you aware of the existence of approved PMTCT policies and guidelines? And when they were published?
2. Was there a consultation process for developing PMTCT policy?
3. Do the standards of PMTCT policies/comply with global minimum standards? Should they comply given the situation in your country? What is your view?
4. Gender issues addressed (e.g. are both men and women sufficiently informed and their voices heard)
5. How men are involved in PMTCT, and identify best practices. (Note: *This is a very important question which should be addressed by asking a sample of men how they think men are being involved in PMTCT. They are important stakeholders*)
6. What are views of people living with HIV and AIDS, those with disabilities and adolescent mothers
7. Are policies/guidelines easily available to all stakeholders?
8. Are there gaps in PMTCT policies? Please give examples
9. What quality assurance challenges affect PMTCT?
10. PMTCT implementation coverage
11. In your view what are the key Implementation challenges to scaling up PMTCT
12. Is there a PMTCT implementation plan?
13. PMTCT service delivery models. What would you recommend?
14. Strategies to promote PMTCT uptake

POSSIBLE RECOMMENDATIONS FOR MINIMUM STANDARDS

In your view what issues should the minimum Standards for PMTCT in SADC critically consider in SADC: