Vertical Transmission Prevention Minimum Package of Services in Zambia: Adapting to Global Health Shifts

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HIV Impact Network for Vertical Transmission Elimination

PATA

icap Global Health

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Trends in VTP Performance

	Indicator	2023	2024	1st Q 2025
Testing	1st ANC Coverage	89.6%	87.7%	88.3%
	ANC HIV testing in ANC	94.2%	93.7%	99.4%
	Syphilis Testing in ANC	60%	93%	99%
	Hepatitis B testing in ANC	12%	14%	18%
Treatment	ART treatment among PBFW	95%	97%	94%
	Syphilis Treatment in ANC	100%	100%	100%
	Hepatitis B treatment	3%	2%	2%
VT rate	Final VT rate	6.58	4.19	---

Impact of Funding Freeze on VTP Service Cascade (HIMS)

Data name	December 2024	January 2025	February 2025	Change (btw Dec and Feb)	Change %
ANC 1st Contact	69,279	70,566	67,479	-1,800	-3%
Number tested for HIV at 1st ANC contact	59,287	60,571	56,638	-2,649	-4%
Number tested for syphilis 1st ANC	57,901	59,551	55,442	-2,459	-4%
Number screened for Hepatitis B at ANC	11,450	12,389	13,260	1,810	16%
Infants receiving CTX prophylaxis by 6 weeks	1,905	1,948	1,926	21	1%
Infants started on ARV prophylaxis	2,328	2,183	2,029	-299	-13%
Infants received DNA-PCR Test (at 6 wks)	6,528	6,516	5,134	-1,394	-21%
Started on PrEP in ANC	3,364	3,481	2,528	-836	-25%

M&E system disruptions

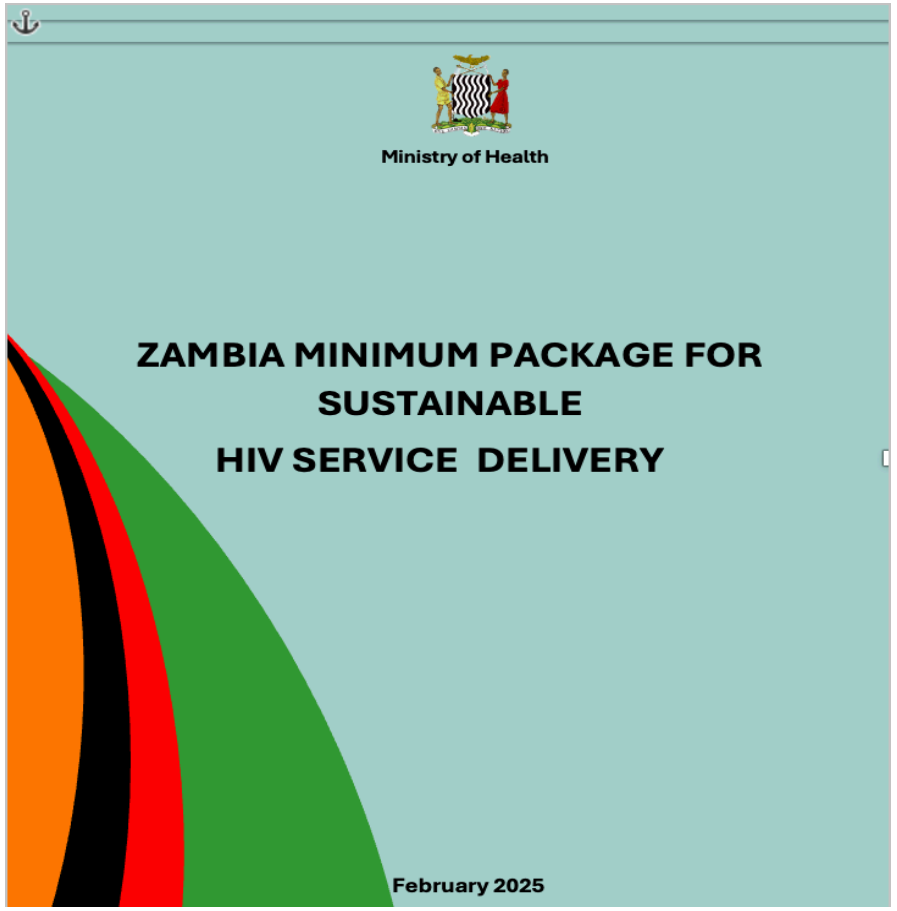
- EHR use (Smartcare)
  - Withdrawal of the laptops by the partner staff
  - Government workers did not have password access
  - Facility staff had minimal skills in operating the EHR
- This impacted data collection, entry and analysis for decision making

Services disruption

- The top three services affected were
  - PrEP initiation (-25%)
  - EID initial testing (-21%)
  - Infants PNP <6 weeks - 13%

Why the Minimum Package of Care (MPC)

- Harmonization of HIV services across all facilities in the country
- Formation of a sustainable and cost-effective package that can be afforded by domestic resources
- Package to strengthen national and subnational government leadership and coordination for HIV services for HIV
- Package for quality assessment for HIV services across the country



Redefining the MPC: Coordination and Stakeholder Engagement

Process of developing the MPC

The HIV roadmap sustainability technical working group spearheaded the process of redefining the MPC.

Multiple engagement meetings with CSOs

Feedback from major internal and external HIV stakeholders (UN-family, PEPFAR, IPs, IAS, GF, AHF)

GRZ costed the MPC to ensure affordability

Key Principles

Sustainability

- The document considered the sustainability of prioritised interventions

Cost-effectiveness

- Prioritised interventions are efficacious, safe, and with a high return on investment

Equity

- Consider the needs of all populations, including marginalized and vulnerable groups and regions

Integration

- Integrate HIV services that are integrated into the mainstream health service delivery systems

Inclusivity

Engaged a wide range of stakeholders in the guideline development process

Person-centeredness:

Services must be respectful, responsive, and tailor-made to the different needs of individual ROCs

Contextual Relevance:

Adapt the minimum HIV service package to the local context and resource availability

Revised MPC

Key Changes to the Minimum Package of Care focusing on VTP services

3. Minimum Package for Prevention of mother-to-child/vertical transmission (PMTCT/VT)

Recommended and prioritised PMTCT Services

- PMTCT outreach services for combination HIV prevention (PrEP, condoms, PEP, patient education, risk reduction messages) targeting AGYW, pregnant and breastfeeding women
- Dual HIV/Syphillis plus viral Hepatitis Testing, in PBFW and girls of childbearing age and their sexual partners
- PMTCT maternal HIV re-testing:
  - 2 re-test in ANC with one done three months after booking and the other one during labour and delivery.
  - 1 re-test in postnatal care (PNC) at 6 weeks during post-natal reviews or immunization clinic
- Mother Infant Pair tracking through Mentor Mothers or SMAGs
- Early Infant diagnosis (EID): 6weeks_Nucleaic Acid Test (NAT), 6months_NAT, 9months_NAT, 18months rapid diagnostic test (RDT), 24months_RDT and NAT confirmatory test for all positives.
- SRH linkage and integration of STI screening, assessment for family planning (FP) services among PBFW
- ARV prophylaxis for HEI with AZT+3TC+NVP
- Co-trimoxazole Infant prophylaxis from 6weeks
- Co-trimoxazole for PBFW living with HIV
- Proactive appointment and tracking systems for PBFW
- Viral load monitoring for PBFW (2 antenatally with one 4weeks within EDD and at 12 weeks postnatally then as per general population)
- HBV vaccination
- Facility based Index testing and partner notification
- KYCHS +
- Care and Treatment - HIV/Syphilis/viral Hepatitis
- Routine antenatal care as per national guidelines
- Rapid ART initiation and continuity of treatment
- Mother-baby tracking

Required Tools

- ⇒ Registers
- ⇒ Smart care
- ⇒ National guidelines
- ⇒ SOPs
- ⇒ Antenatal cards
- ⇒ Under five card
- ⇒ PrEP Register
- ⇒ PEP Register
- ⇒ Baby Mother Pair Register
- ⇒ EID requisition form
- ⇒ HIV Self test Distribution Register
- ⇒ Index Testing and Partner Notification Register
- ⇒ KYCHS+ Register
- ⇒ Family Planning Register
- ⇒ Vaccination Register
- ⇒

PMTCT services which may be considered but not a priority

- Self-testing for partners of PBFW
- Community index testing for partners of PBFW

PMTCT Services which are not recommended

- At birth testing for EID
- Three monthly viral load testing for PBFW

Services Retained in the VTP Package

Prevention

- VTP outreach services MTCT outreach services for combination HIV prevention (PrEP, condoms, PEP, patient education, risk reduction messages) targeting AGYW, pregnant and breastfeeding women
- Facility-based index testing and partner notification
- HIV testing for children through KYCHS initiative (Know your child's HIV status initiative)

Maternal Services

- Dual HIV/Syphilis plus viral Hepatitis B testing for PBFW and girls and their partners
- Maternal HIV re-testing: Two re-tests in ANC: one three months after booking and another during labor and delivery and 1st re-test in postnatal care (PNC) at 6 weeks
- STI screening and family planning assessment for PBFW
- Co-trimoxazole prophylaxis for PBFW living with HIV
- Proactive appointment and tracking for PBFW
- Viral load monitoring for PBFW: Twice antenatally (4 weeks apart) and at 12 weeks postnatally
- Comprehensive care and treatment for HIV, Syphilis, Hepatitis B
- Routine ANC as per national guidelines
- Rapid ART initiation and continuity of treatment
- Mother-Infant Pair tracking via Mentor Mothers or community workers

Services Retained in the VTP Package

Infant Services

- Early Infant Diagnosis (EID):
  - ❖6 weeks, 6 and 9 months (Nucleic Acid Test - NAT)
- ❖18 months and 24 months (rapid diagnostic test - RDT) confirmatory NAT for HV infected infants
- ARV prophylaxis for HEI: AZT+3TC+NVP
- Co-trimoxazole prophylaxis for infants from 6 weeks
- Hepatitis B universal birth dose

Key Changes in VTP Services

Not Recommended

- Birth, testing for EID
- Three-monthly Viral Load (VL) testing for PBFW

May be considered, but not a priority

- HIV self-testing for sexual partners of PBFW
- Community index testing for partners of PBFW

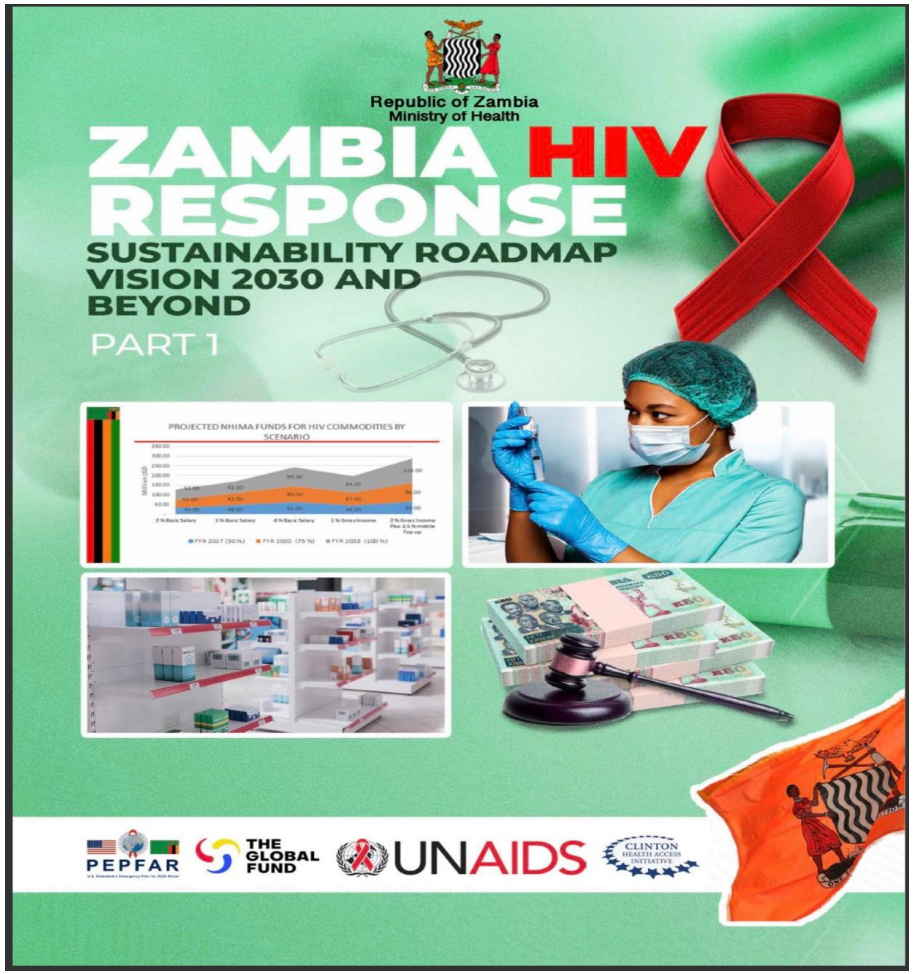
Rationale for Deprioritizing Services

Program data show a very insignificant contribution by birth test to total annual infant infections (around 6%) and low yield (1%): the 6 weeks test should be able capture babies that could have been infected in utero

Reduce the frequency of VL testing among PBFW

- Current VL suppression rate for PBFW is at 98%
- Contribution of the breakthrough infections due to maternal VL un-suppression is very insignificant (From Data deep dive:<1%)

Long-term Sustainability Plans



Strengthen integration of VTP of HIV, syphilis, and hepatitis B services into maternal, child health, and immunization

Strengthen cohort monitoring throughout the breastfeeding period, within maternal, child health, and immunization programs

Adequately funded HIV response using domestic resources

Establish modalities for social contracting for community responses

Incorporate pre- and in-service training in training plans at all levels to close identified knowledge and skills gaps

Dzikomo

Thank You!

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