

Thematic Review
On
PMTCT and EID

Final Report

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LIST OF ACRONYMS

A-LIS	A Laboratory Information System
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARVS	Antiretroviral Drugs
ASTBEF	Association Tchadienne Pour le Bien-Etre Familial
CAME	Central des Approvisionnements en Médicaments Essentiels
CCM	Country Coordinating mechanism
CDC	Centre for Disease Control
DBS	Dry Blood Spot
DHS	Demographic and Health Survey
DHS	Polymerase Chain Reaction
DRC	Democratic Republic of Congo
EID	Early Infant Diagnosis
EMR	Electronic Medical Record
EMTCT	Elimination of Mother to Child Transmission of HIV
ESA	Eastern and Southern Africa Region
FBO	Faith Based Organizations
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
LMIS	Electronic logistics Management Information System
M&E	Monitoring and Evaluation
MNCH	Maternal, New Born and Child Health
MSF	Médecins Sans Frontières
NSRTN	National Sample and Result Transport Network
OSSM	One-Stop-Shop Model
PEPFAR	President's Emergency Plan for AIDS Relief
PHIA	Population Based HIV Impact Assessment
PMTCT	Prevention of Mother-to-Child Transmission of HIV
POC	Point of Care
PSM	Procurement and Supply Chain Management
RMNCAR	Reproductive, Maternal Newborn, Child and Adolescent Health and Nutrition
SMS	Short Message Service
SOP	Standard Operation Procedures
TBA	Traditional Birth Attendants
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
UPHIA	Uganda Population HIV Impact Assessment
USAID	United States Agency for International Development
VL	Viral load
WCA	Western and Central Africa Region
WFP	World Food Program

EXECUTIVE SUMMARY

INTRODUCTION

The dramatic reduction of the new human immunodeficiency virus (HIV) infections among children is one of the most significant public health achievements in the past decade on the African Continent. The Global Plan launched in 2011 provided a cohesive framework and clear targets that galvanized global momentum and catalysed country action¹. According to the 2018 UNAIDS report, Western and Central Africa (WCA) region is still lagging behind on attaining the targets compared to other regions: the rate of mother to child transmission of HIV was still high at 22% in WCA compared to 9% in Eastern and Southern Africa (ESA) region. Similarly, limited progress regarding early infant diagnosis (EID) of HIV was reported in West and Central Africa whereby only 27% [21–39%] of HIV exposed children were tested for HIV within their first eight weeks of life².

Knowing that the incidence of mother to child transmission of HIV has not abated in proportion to the targets of the global framework, the Global Fund is committed to focus its investments on most effective interventions to improve the scale up and quality of prevention of mother to child transmission (PMTCT) and EID services in Western and Central Africa region. In this line, the Global Fund launched a thematic review to examine PMTCT and EID services in the West and Central African context while drawing on relevant experiences from East and Southern Africa region. In total, 8 countries were purposively selected for the review; 7 in West and Central Africa (Nigeria, Democratic Republic of Congo, Togo, Chad, Cote d'Ivoire, Guinea, Benin) and 1 in the Eastern and Southern Africa (Uganda). The review addressed the following objectives:

1. To understand barriers for scaling up PMTCT and EID services and document enabling environment systems contributing to successes and learn how to overcome challenges in resource constraint settings;
2. Promote use of documented evidence and south-south learning to scale-up PMTCT and EID coverage and improve quality of services in WCA countries.

Methodology

A mixed method approach was used to collect, analyse and assess the current status of the PMTCT and EID services in selected countries. The principle review methods and the fieldwork process of data collection employed is outlined as follows: (i) remote desk review of PMTCT and EID services was done in 5 countries (Togo, Chad, Cote d'Ivoire, Guinea, Benin). The desk review covered Key policy documents, national strategies, national guidelines, national surveys, program routine reports, Global Fund funding requests and other HIV partner's operational plans (Annexe 2). (ii) Country visits were done in 3 countries (Nigeria, Uganda, DRC). In these countries, key stakeholders in HIV response such as Ministry of Health and affiliated institutions including national coordination of HIV program, National Reference laboratory, CCM, Principal and Sub-recipient of Global Fund, PEPFAR

1 2015 Progress Report on the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive

2 UNAIDS 2019 Estimates

agencies (CDC, USAID), UN agencies were engaged in the review. Further, health facility visits were conducted to understand PMTCT and EID services delivery models.

The review revealed commendable efforts that reflect progress made by countries in increasing coverage and uptake of PMTCT and EID services. The following table summarizes key lessons learned and best practices adopted by countries to ultimately sharpen collective approach towards achieving desired PMTCT and EID services goals.

LESSONS LEARNT AND BEST PRACTICES

- First Ladies' commitment on eMTCT has been documented in different countries to include Uganda. This constitutes a major cornerstone towards the achievement of national and global targets.
- Existence of national HIV strategic plans that guide HIV response and have elimination of mother to child transmission of HIV as target was documented in all countries.
- High coverage of HIV testing among pregnant women in ANC and high coverage of ARV in PMTCT. High HIV testing uptake was observed in Uganda (97.3%), Cote d' Ivoire (95%), Benin (>95%) and Togo 82.6%. The high coverage of ARV for PMTCT was identified in Uganda and Cote d' Ivoire exceeding 90% respectively.
- Countries with institutionalized community-based interventions linked to PMTCT facility-based services to increase services uptake. These initiatives include Mentor mothers approach in DRC, Traditional Birth Practitioners in Chad, Benin and Nigeria, and involvement of Community health workers "Agent de santé Communautaires" in Cote d' Ivoire, médiateurs de Santé in Benin and people living with HIV in DRC.
- Combination of centralized laboratory EID testing and point of care EID testing. During the review, almost all countries were using both centralized and POC EID testing except Chad and Nigeria.
- Existence of a well-established national integrated sample and result transport network built around the laboratory network and a functional Hub & Spoke Laboratory system documented in Uganda is crucial for overall EID testing cascade.
- Partnerships and multi-sectorial collaborations: Synergy between all key partners in the HIV response contributes to the effective use of financial resources. All countries have partners supporting respective country's effort to EMTCT, the principal ones being Global Fund, PEPFAR and the Government.

While progress has been made in implementing national actions to increase coverage and uptake of the PMTCT and EID services, there remains institutional and structural challenges in PMTCT and EID services delivery in the countries under review. The table below summarizes the main challenges associated with low PMTCT and EID service coverage.

CHALLENGES

- Cultural and social norms with gender inequalities influence the uptake of health services including antenatal care services that is the entry point to HIV testing of pregnant women and the whole PMTCT cascade. Among the countries that were part of the review 3 of them (Nigeria, Chad, DRC) have an uptake of HIV testing less than 50%. One of the reasons that explain low HIV testing in these countries is the influence of social norms among pregnant women who prefer seeking health services from traditional birth attendants to health facility based services.
- Low geographic PMTCT and EID coverage was documented as a barrier to PMTCT and EID services utilization. In Togo, DRC and Nigeria, 15% to 30% of the country's health facilities don't provide PMTCT services. In Chad only priority 10 regions are prioritized for PMTCT services delivery. EID faces several challenges that affect its effectiveness including long turnaround time from sample collection to result receipt, HIV exposed children lost to follow up. It was documented that some PMTCT sites lack EID samples collection consumables; these include Benin whereby only 20.5% PMTCT sites are able to collect EID samples and Togo with 64% PMTCT sites collecting EID samples. A geographical disparity in EID lab capacity distribution was registered as a limitation in Guinea whereby EID testing is available in one region (Conakry) leaving others uncovered. Although countries invested in sample transportation network to improve access to EID testing, coverage gaps remain in countries such as Nigeria and Togo in which some sites are not covered by the network. The mentioned challenges contribute to the suboptimal EID testing within 2 months of birth is in all countries; 64.9% in Benin, 56.3% in Cote d' Ivoire, 44.8% in Uganda and 20% and less in DRC, Nigeria and Guinea.
- Repetitive stock out of HIV test kits, ARV for PMTCT and laboratory supplies for EID was documented as cross cutting bottleneck to deliver PMTCT and EID services in all countries. Lack of the national quantification standard operative procedures, long lead-time, and irregular stock inventory; lack of electronic logistic management system are the challenges facing countries' procurement and Supply Management (PSM).

Global Funds investments

Global Fund investments on PMTCT and EID services focus on: national priorities, holistic interventions and high quality services for PMTCT covering both community and facility based interventions, strengthening diagnostic capacities for EID from sample collection, transportation, processing and result return. GF invests strategically in health system strengthening for health to achieve greater impact on HIV infection in general and PMTCT and EID services. The systems supported include procurement and supply chain and management, monitoring and evaluation, laboratory infrastructures and community systems. Given the fragile gains in PMTCT and EID services in all countries included in the review, GF should sustain the current support while prioritizes strategies that will contribute to closing the documented gaps.

Recommendations

- To improve the momentum in PMTCT and EID services delivery, it is important to continue geographic expansion of PMTCT services to ensure equitable accessibility to services, leveraging on community based cadres, local leaders and traditional birth attendants as a strategy to address social norms that lead to poor health seeking behaviour. Implementation of these strategies will strengthen community-facility linkage and increase access to HIV testing of pregnant women, retention of mother baby pair throughout the PMTCT cascade.
- Overall, the coverage of EID testing remains suboptimal, there is an urgent need to scale up the point of care EID testing leveraging on existing GeneXpert platforms or use other WHO approved EID testing platforms. Further, there is a need to strengthened and scaled up network referral model of samples and results using hub-and-spokes approach from sites to central or region labs and vice versa. This system will contribute to the reduction of long turnaround time of the results and sample tracking across EID cascade until the result is given back to the caregiver.
- Increasing coverage of PMTCT and EID services is contingent on uninterrupted supply of HIV testing kits, ARV and EID reagents and consumables. Numerous challenges ranging from forecasting, procurement and storage were identified in the review. It is essential to address them to improve quality of PMTCT and EID services delivery.
- Enhance monitoring and evaluation system in place and integrating new strategies such as longitudinal registers to follow mother infant pair throughout the cascade to measure PMTCT outcomes, SMS reminder to improve retention in PMTCT, Electronic dashboard to have timely data, use of unique identification code will contribute to overall retention and the availability of accurate data.
- Introduce or scale up the use of Electronic Logistics Management Information System (eLMIS) to improve the monitoring and reporting for HIV test kits, ARVs and EID testing reagents and consumables at all levels.

BACKGROUND

The dramatic reduction of new HIV infections among children is one of the most significant public health achievements in recent years. The Global Plan, launched in 2011, provided a cohesive framework and clear targets that galvanized global momentum and catalysed country action. Since 2009, out of the 21 priority countries, new paediatric HIV infections declined by 60% in only seven countries, those are (Ethiopia, Mozambique, Namibia, South Africa, Swaziland, Uganda and the United Republic of Tanzania) while for the remaining countries progress has been slow³. According to the 2018 UNAIDS report, the Western and Central Africa (WCA) region is still lagging behind on attaining the targets: the rate of mother to child transmission of HIV was still high at 22% compared to 9% recorded in the Eastern and Southern Africa (ESA) region. In 2018, about 58 000 children aged 0–14 years acquired HIV in Western and Central Africa⁴. Similarly, limited progress regarding EID of HIV was reported in West and Central Africa whereby only 27% [21–39%] of HIV exposed children were tested for HIV within their first eight weeks of life⁵.

Given the striking regional and country-by-country differences in performance around PMTCT and EID, a systematic review was conducted in 8 selected countries in WCA (Nigeria, Togo, Benin, Chad, Cote d'Ivoire, Republic of Congo, Guinea) and ESA (Uganda) regions. The overall purpose of this thematic review is to document evidence and lessons that are aimed at improving MTCT and EID programs in WCA and optimizing utilization of Global Fund resources allocated to these programs.

The review of PMTCT and EID coverage in the selected countries varies between countries but generally low in almost all countries in WCA. MTCT rate is consistently high in all countries except Cote D'Ivoire and Uganda. With respect to EID coverage, Benin and Cote D'Ivoire have made substantial gains compared to other countries. The table below aggregates countries' national HIV, PMTCT and EID coverage data.

³ 2015 Progress Report on the Global Plan Towards the Elimination of new HIV infections among Children and keeping their Mothers Alive

⁴ UNAIDS 2019 Estimates

⁵ UNAIDS 2019 Estimates

Table 1 : Summary of key PMTCT and EID indicators in 8 selected countries

COUNTRIES	INDICATORS							
	Number of people living with HIV: women	Number of people living with HIV: men	People living with HIV receiving ART (%)	Number of pregnant women needing ARV for PMTCT	Number of pregnant women who received ARV	Pregnant women who received ARV (%)	Early Infant Diagnosis (coverage, %)	MTCT rate
Uganda	770 000	510 000	72%	100 000	94 806	95%	45%	7.39%
Nigeria	1 000 000	770 000	53%	100 000	43 667	44%	18%	24.05%
Togo	60 000	35 000	60%	5400	4331	80%	46%	22.6%
Chad	60 000	45 000	51%	10 000	5619	56%	NA	21.37%
Cote d' Ivoire	260 000	170 000	55%	18 000	16 499	92%	56%	14.21%
Guinea	30 000	28 000	40%	51 000	3 324	65%	15%	25.1%
Democratic republic of Congo	280 000	170 000	57%	26 000	11 376	44%	20%	27.11%
Benin	42 000	27 000	61%	2600*	4600*	177%	65%	17.6%

Source: UNAIDS 2019 Data *Although reported on UNAIDS website, will re-check that the numbers were not switched and the percent is really 2600/4607=56% and NOT 177%

Objectives of the Thematic Review

- To understand barriers for scaling up PMTCT and EID services; document enabling environment/systems contributing to successes and learn how to overcome challenges in resource constraint settings.
- Promote use of documented evidence and south-south learning to scale-up PMTCT and EID coverage and improve quality of services in WCA countries.

METHODOLOGY

The thematic review used a mixed method approaches to gather both qualitative and quantitative information. Desk review, country visits were the approaches used. Three (Nigeria, Uganda and DRC) of the eight countries selected for the review had both desk review and country visits while the remaining five (Togo, Benin, Chad, Cote d'Ivoire, Republic of Congo, Guinea) only had remote desk review. The team worked closely with Global fund personal and country teams to refine the proposed methodology and questionnaire guide prior to the commencement of the review.

Selection of countries

With reference to the 2017 UNAIDS report showing PMTCT and EID services coverage in WCA and ESA Countries, 8 countries (Nigeria, Democratic Republic of Congo, Togo, Chad, Cote d'Ivoire, Guinea, Benin, Uganda) included in the review were purposively selected based on the total number of pregnant women in need of PMTCT, ARV coverage in PMTCT and EID coverage and lastly their readiness to work with the review team.

Desk review

For the 5 countries that were selected for the desk review, the team of consultants were introduced to the country team to get resource documents relevant for the PMTCT and EID thematic reviews. The review covered country policies, guidelines (National HIV guidelines) strategies (Elimination of mother to child transmission of HIV, national community health strategies) operational plans, global fund funding requests 2018-2020, different partners and program' reports, operational research reports, demographic and health survey (DHS) reports, Population Based HIV impact Assessment (PHIA) (See Annexe 2). Further to the desk review, individual calls with in-country stakeholders were made to complete information collected during the review.

Country Visits

Three countries (Nigeria, Uganda, DRC) were visited to complement information gathered during the desk review. On average, the country visits lasted 8 days. Country visits were comprised of a range of activities to include meeting and briefing sessions with PMTCT and EID national program leaders, head of national reference laboratory, in charge of HIV supply chain at national level and other head of programs related to PMTCT and EID. Country visits was an opportunity to meet with others key stakeholders (principal recipient and sub-recipient of Global Fund, CCM chair, PEPFAR implementing partners, United Nation agencies) engaged and contributing to PMTCT and EID programs and service delivery. During the country visits, health facilities were visited to understand the mode of service delivery and the package of services that are offered to mother baby pair.

Data analysis

Majority of information collected during the review was qualitative, thus, the analysis was done in defined themes in relation to PMTCT service cascade, EID cascade, supply chain, laboratory and monitoring and evaluation. The review of PMTCT and EID services coverage was done using both routine program data and population-based coverage data.

Limitation

There were many limitations to the review with the most significant being, the availability of comprehensive information on PMTCT and EID services delivery and health systems supporting implementation of these services especially in countries where only remote desk review was conducted. There was also limited availability of specific Global Fund progress and evaluation reports especially in non-visited countries, which limited the team's ability to attribute Global Fund investments to interventions for PMTCT and EID. To address this issue, the team used the most recent Global Fund reprogramming documents that highlight areas for improvement and redefined priorities in order to move closer towards PMTCT and EID targets.

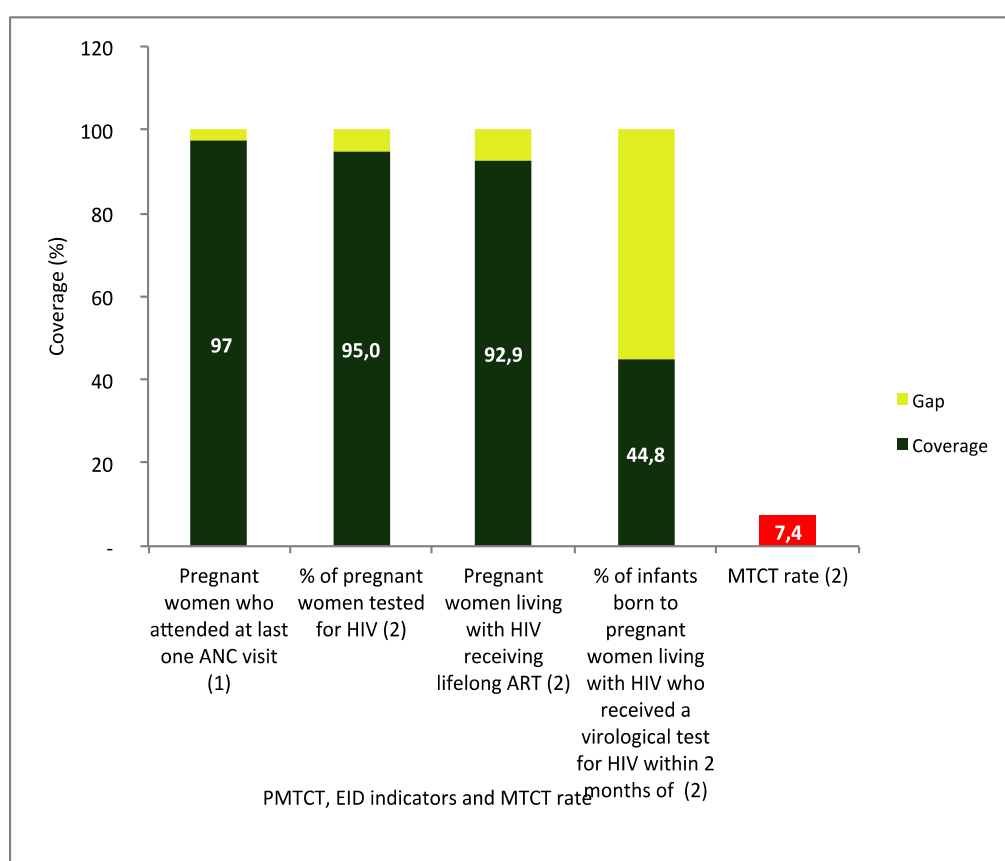
KEY FINDINGS

The following section summarizes each country's PMTCT and EID progress, setbacks but most importantly key recommendations to address the remaining gaps. The section also outlines current GF investment and priority areas for the next funding cycle.

UGANDA

According to UPHIA, approximately 73,000 new cases of HIV occur every year among adults.⁶ Around 97% of pregnant women have a least one ANC consultation from a trained health provider⁷. Analysis of PMTCT cascade shows that HIV testing among women who attend ANC is estimated at 95% and about 92.9% of pregnant women in need of PMTCT services received ART. Around 44.8% of children born from mothers living with HIV were tested within 2 months of birth. The rate of mother to child transmission of HIV reported is estimated at 7.4%⁸. Data on total birth, number of women tested positive for HIV, retention on ART at delivery, women dropping off ART during breastfeeding each month are not available. Figure 1 shows the coverage of PMTCT and EID services while figure 2 illustrates details of the source of new infections among children during pregnant and breastfeeding period.

Figure 1: Coverage of PMTCT&EID and MTCT rate in UGANDA, 2019



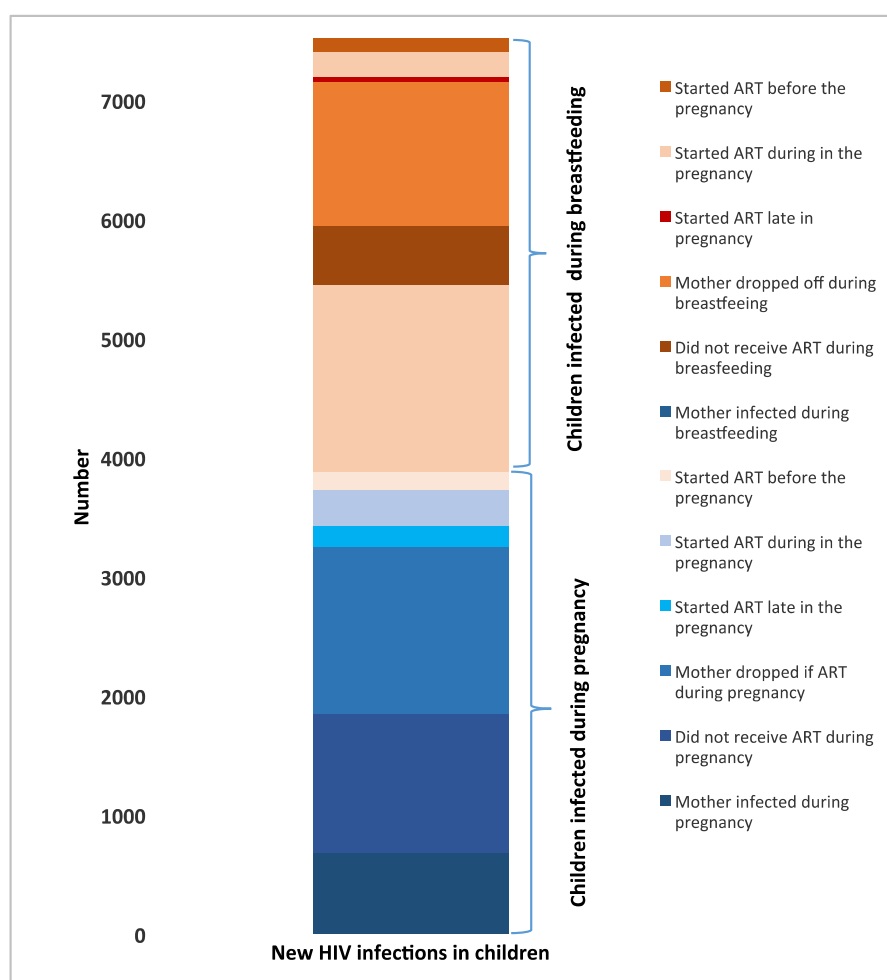
Source 1: Global AIDS Monitoring and UNAIDS Estimates 2019

⁶ Uganda Population- Based HIV Impact Assessment 2016 -2019, pp 11-13

⁷ Uganda DHS

⁸ UNAIDS estimates 2019

Figure 2: Distribution of New HIV Infections by Services for PMTCT in UGANDA, 2018



Source 2: UNAIDS 2019 Estimates

Strengths

- The country has a National Strategic Plan for HIV that guides national response and set eMTCT target at less than 5%.
- Strong leadership and partnership for PMTCT rapid scale up by engagement of First lady as eMTCT champion. Together with national stakeholders, The First Lady participates in setting annual PMTCT targets and monitoring progresses.
- There is high coverage of PMTCT services as a result of multi-faceted implementation strategies. PMTCT services delivery is integrated within the Maternal and Child Health services in both public and private facilities. One-Stop-Shop Model (OSSM) of service delivery was rolled out countrywide in all HIV testing health facilities. These strategies are coupled with a strong community and health system partnership for MNCH services through engagement of peer mothers and volunteers.
- There is a well-established national sample and result transport network (NSRTN), built around the national health laboratory network with 100 hubs strategically deployed to cover 10 to 40 health facilities within a radius of 20 to 40 km in the network⁹.

⁹ Progress report for validation on the path to elimination of MTCT of HIV and Syphilis in Uganda (2010-2018)

Challenges

- EID testing still faces challenges: collection of EID samples is not yet integrated in all PMTCT (2,052/3,242) services, health facilities in level II and III still have a high number of samples due to samples grouping system resulting from biker schedule or notification issue. Other challenges consist of limited number of POC EID testing machines especially at the immunization clinics and low coverage of electronic results printing.
- Despite the high coverage of PMTCT services, there are areas that require quality improvement strategies. These include ART treatment poor adherence among HIV positive mothers, gaps in retention support to mother-baby pairs and low uptake of HIV testing of male partners.
- Existence of parallel data collection tools that increases the burden on health facilities. Difficulties in mother–baby pair longitudinal follow up due to the absence of unique identifier that would help their tracking across the PMTCT continuum of care.
- The supply chain challenges include long lead time going up to 4 months for GF supported procurement while for PEPFAR there is absence of buffer procurement. The program also reported a shortage of EID conventional commodities.

Recommendations

- Scale up of EID should be done in uncovered PMTCT sites by: (i) availing EID supplies and integrate new PMTCT sites in sample transportation system (ii) aligning appointment of EID sample collection appointment and biker schedule in health facilities in level II and III, increase the SMS printers focusing on high volume services delivery points.
- Improve mother baby pair retention and cohort monitoring by (i) set up a full computerized and centralized system allowing interoperability among the existing reporting systems (DHIS2, Electronic Medical Record (EMR), A-LIS, RESTRUCT, BBMB SMS reporting platform) (ii) set-up unique identifier system to track mother baby pair throughout the continuum of care, (iii) establish a electronic reminder system using text messaging to improve retention and support adherence, (iv) integrate mother baby cohort monitoring in the routine PMTCT program monitoring. Use of longitudinal mother baby paired registers and electronic PMTCT database.
- The program should continue supporting initiatives in place to increase HIV testing uptake among male partners through community dialogue and social mobilization, involving community health workers and establish partnership with male champions. At facility level, use of incentives as one way of enhancing health care services for men by shortening waiting time and facilitating them to access services with flexible clinic hours
- Review the supply chain with partners to address the issue of long lead time and ensure availability of buffer stock to avoid potential stock

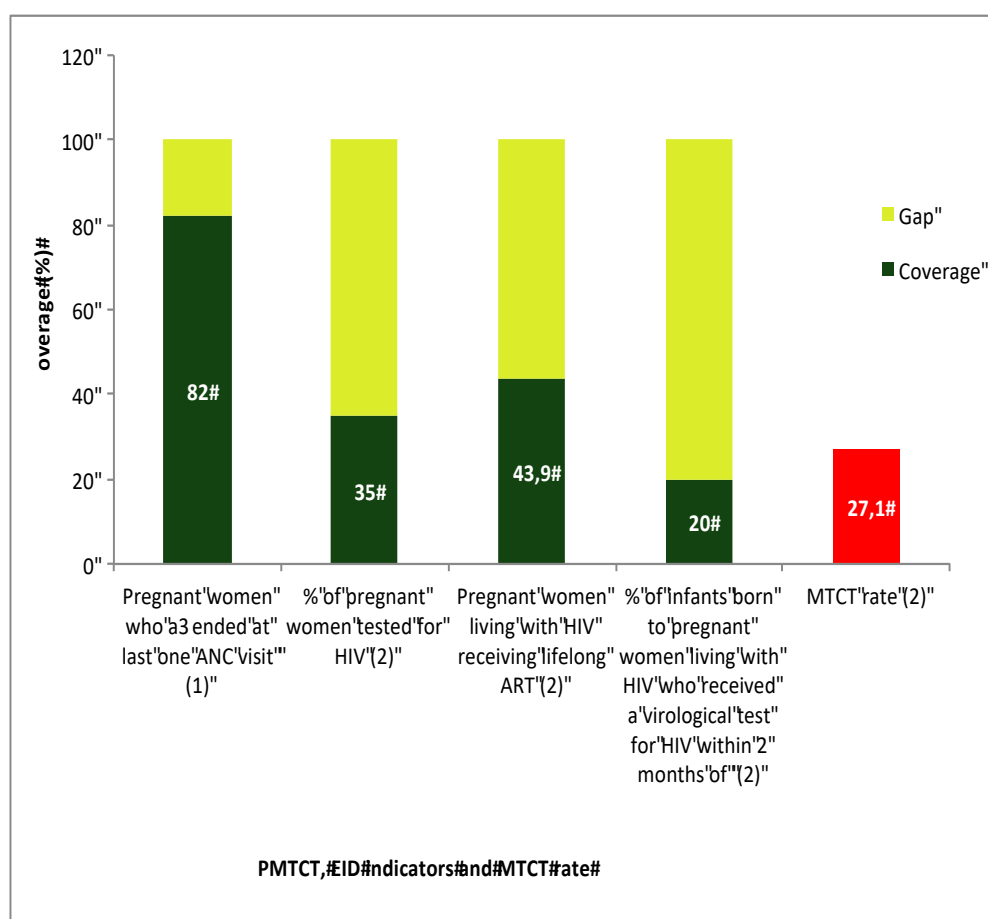
Global fund investments

- GF investments support community mobilization interventions using community health workers to increase services' utilization, Initiation on ART for HIV positive women, retention of mother-baby pair through the scale up peer mother model scale up in the districts that are lagging behind, scale up of male engagement strategy and syphilis tests kits to contribute to the elimination for congenital syphilis. Strengthen M&E system through capacity building and enhancement of electronic recording and reporting systems. The next funding cycle should focus on the maintenance of the current support and increase funding for EID conventional commodities to close gaps.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

The prevalence of HIV in DRC is estimated at 1.2%¹⁰ with approximately 516 617 adults living with the HIV. National data shows that 82% of pregnant women have at least one ANC consultation from a trained health provider. The review of PMTCT cascade demonstrates that 35% of pregnant women have been tested for HIV and know their status. About 44% of pregnant women in need of PMTCT services have received ART, only 20% of infants born to women living with HIV received EID testing within 2 months of birth and the overall MTCT rate is estimated at 27%. Data on total birth, number of women tested positive for HIV, retention on ART at delivery, and women dropping off ART during breastfeeding each month are not available. Figure 3 illustrates the coverage for PMTCT and EID services while, figure 4 shows details of new infections among children and the associated cause.

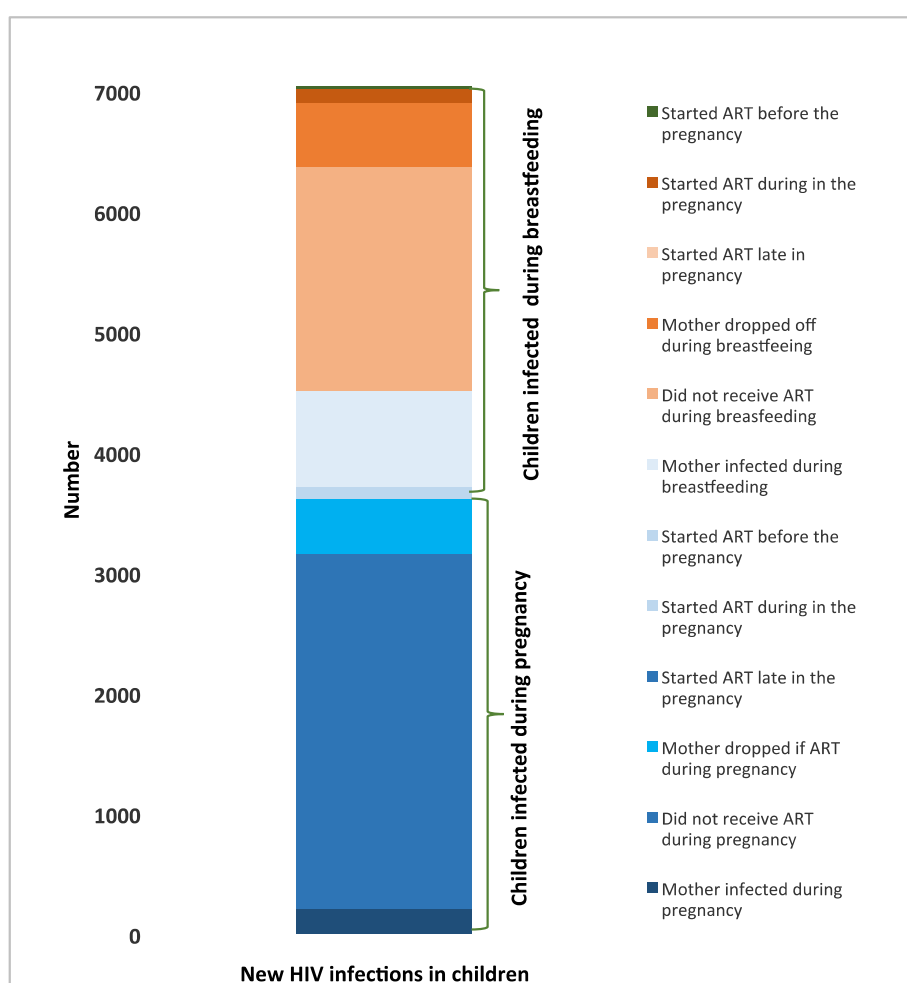
Figure 3: Coverage of PMTCT & EID and MTCT rate in DRC, 2019



Source 3: Global AIDS Monitoring and UNAIDS Estimates 2019

¹⁰ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) et ICF International, 2014. Enquête Démographique et de Santé en République Démocratique du Congo 2013-2014. Rockville, Maryland, USA : MPSMRM, MSP et ICF International.

Figure 4: Distribution of new HIV infections by services for PMTCT in DRC, 2018



Source 4: UNAIDS 2019 Estimates

Strengths

- Existence of a National HIV Strategic Plan with a clear target set to achieve reduction on the overall MTCT rate of HIV to less than 5%
- DRC has engaged the private sector and community leadership in PMTCT services delivery

Challenges

- There are unmet needs for PMTCT services coverage. Overall, 53.7% health facilities are offering PMTCT services. Government supported health zones of Ngiri-Ngiri, Maluku 1 and

Maluku 2 have not received any HIV interventions for the last 5 years while they count almost 2345 HIV exposed infant.

- The gap concerning EID services is mainly low coverage. This is a result of various challenges including repetitive stock out of supplies, insufficient fund for EID supplies procurement, poor follow up of HIV exposed infant, non-functional PCR machines, insufficient funds for EID sample transportation from testing sites to the central lab and a limited number of health providers trained in DBS techniques¹¹.
- There is no systematic reporting system of community interventions in the national M&E system; reports are only submitted directly to the partners. Thus, contribution of these interventions to overall PMTCT program is not well documented.
- There are inefficiencies in the PSM that result in repetitive stock out. These include absence of reliable consumption data due to irregular reporting and misalignment of services delivery and national guidelines. Other challenges include lack of appropriate storage conditions; long approval processes of health facilities' orders and finally absence of electronic logistic management information system (LMIS) to closely monitor the whole supply chain.

Recommendations

- To scale up PMTCT services in existing maternal and child health services to improve accessibility to services
- Ensure availability of reliable data to improve the national quantification and the whole supply chain of PMTCT and EID commodities by: (i) Set up an electronic logistics management information system (LMIS) to capture consumption data and stock levels, (ii) Working with PMTCT program to consider new guidelines, targets and scale up plan for PMTCT and EID services in the forecasting. (iii) Develop standard procedures to guide health providers on routine monitoring of the supply chain steps, (iv) avail appropriate facilities for storage (v) lastly simplify the approval processes for receiving commodities at the health facilities.
- Ensure procurement of sufficient EID supplies for health facilities to avoid stock out, improve retention of HIV exposed infant through active tracing by mentor mothers. Scale up of both convention and POC EID testing especially in existing GeneXpert platform, improve maintenance of bimolecular testing machines to ensure they are fully functioning.

Global fund investments

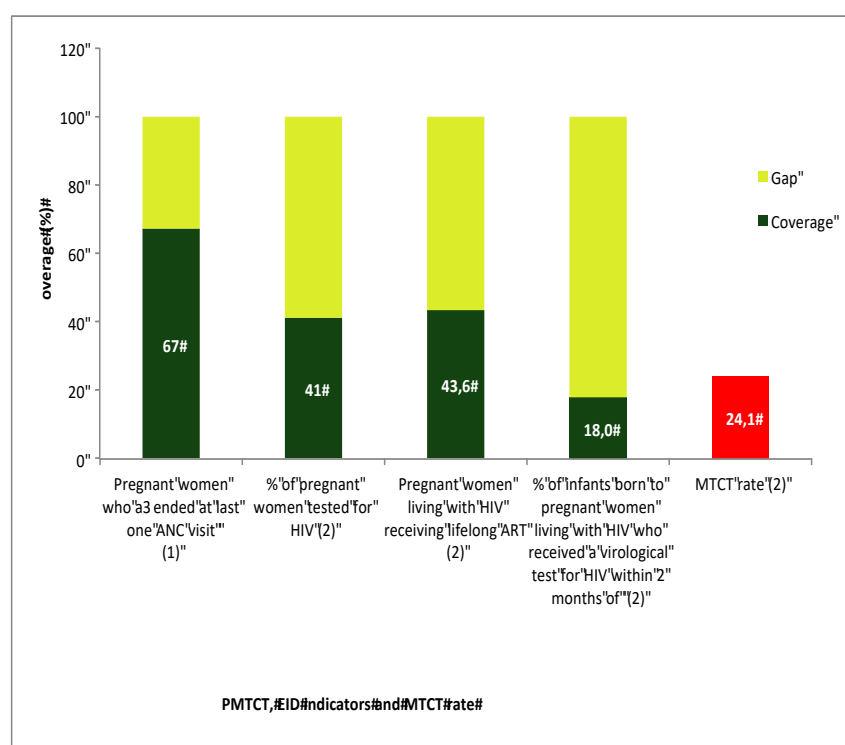
GF invests in PMTCT and EID services delivery that include interventions to increase uptake of first ANC in the first trimester and male engagement, expansion of PMTCT services and increase the coverage of EID. Much focus is on 14 PHDs with particular support to supply chain system, involvement of PLHIV support groups to boost EID and VL sample referral system from sites to the national reference laboratories. Sustaining the current investment is critical to closing gaps in accessing PMTCT and EID services and implementation. The next funding cycle should focus more on interventions to increase uptake of PMTCT and EID (Testing of pregnant women, ARV initiation) and EID testing while contributing to the quality of program.

11 Plan d'élimination de la transmission du VIH et de la syphilis de la mère à l'enfant 2019-2021

NIGERIA

According to the Nigeria HIV/AIDS indicator and impact survey (NAIIS) conducted in 2018, HIV prevalence among adults aged 15 to 64 years was 1.5%¹². National data shows that around 67% of pregnant women have at least one antenatal care consultation from a skilled health provider¹³. HIV prevalence rate among pregnant women is 3%¹⁴. The analysis of PMTCT cascade reveals that out of the pregnant women, only 41% are tested for HIV, of those tested HIV positive, 43.6% received lifelong ART, 18% of children born to women living with HIV received HIV testing within 2 months of birth and overall MTCT rate is estimated at 24.1%¹⁵. Figure 5 presents the level of coverage of PMTCT and EID services in Nigeria reported in 2019 while figure 6 shows the number of new HIV infections among children and the reported associated cause.

Figure 5: Coverage of PMTCT & EID and MTCT rate in NIGERIA, 2019



Source 5: (1) Nigeria DHS 2019 & (2) Global AIDS monitoring and UNAIDS 2019 Estimates

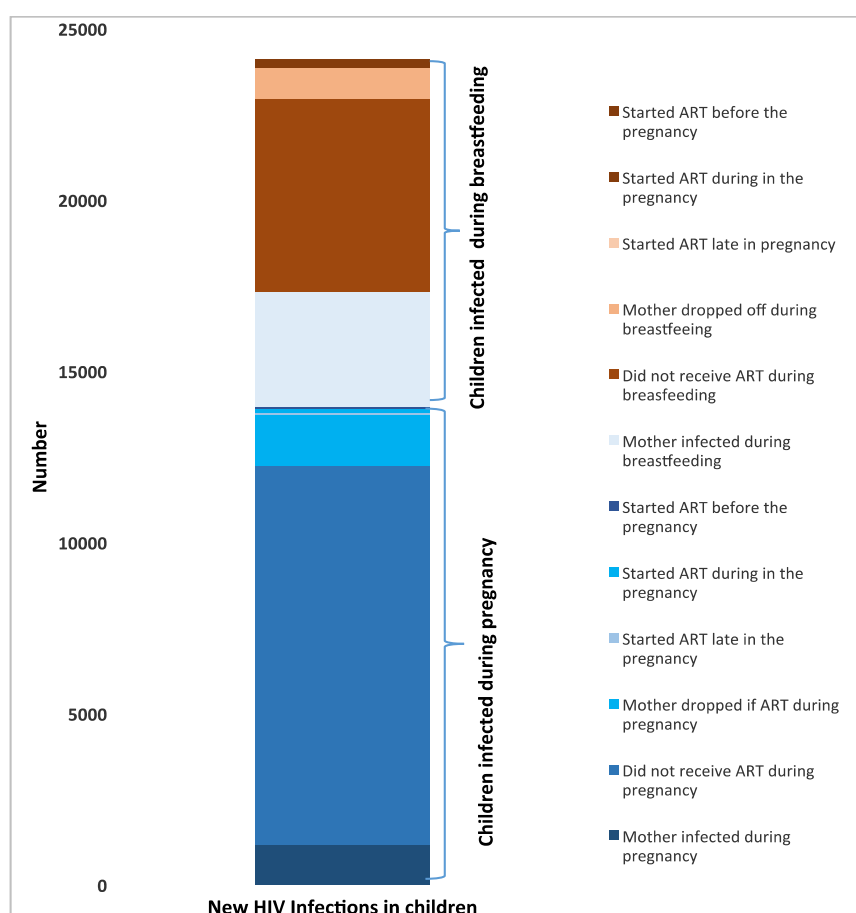
¹² Nigeria HIV/AIDS Indicator and Impact Survey (Nigeria, FMOH, 2018)

¹³ National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.

¹⁴ ANC Sentinel Survey (FMOH, 2014)

¹⁵ Global AIDS Monitoring and UNAIDS 2019 Estimates

Figure 6: Distribution of new HIV infections by services for PMTCT in NIGERIA, 2018



Source 6: UNAIDS 2019 Estimates

Strengths

- Implementation of different innovative strategies tailored to the context aimed at improving utilization and retention in PMTCT and EID services. This include engagement of churches in organizing baby showers events that provide opportunity for offering HIV testing and other health services to pregnant women and their partners. Those tested HIV positive are referred to health facilities¹⁶. Another strategy include provision of incentives to HIV positive pregnant and breastfeeding women who complete key PMTCT appointments (testing at ANC, facility delivery, EID testing for infant,)

¹⁶ Gbadamosi SO, Itanyi IU, Menson WNA, Olawepo JO, Bruno T, Ogidi AG, et al. (2019) Targeted HIV testing for male partners of HIV- positive pregnant women in a high prevalence setting in Nigeria. PLoS ONE 14(1): e0211022.

- States' commitment to supporting PMTCT services delivery especially in the procurement of HIV tests kits.

Challenges

- Utilization of PMTCT services is limited and the coverage is low. HIV testing and other PMTCT services for pregnant women have been consistently affected by low antenatal care services coverage (67%) and low (39%) health facilities delivered.¹⁷ Majority of pregnant women prefer to consult non-health sector (traditional birth attendants and community-based services) as opposed to the facility-based services¹⁸. Poor attitude of health providers, lack of confidentiality and long waiting were reasons reported by women for seeking services elsewhere.¹⁹ There is geographic disparity in the PMTCT coverage among states ranging from 83.2% to 2.2%. Lastly, cascade analysis pointed out a gradual attrition of mother infant pair.
- There is low coverage of EID services. Challenges identified include low demand for EID due to limited knowledge about importance of EID among caregivers and inefficient procedures to follow up; infrastructure constraint especially power supply; stock out of EID commodities; EID backlogs, inconsistencies in samples pick up, loss of EID results (results available for 38% sample collected); long turn around time of test results (up to 4 months) and issues in reporting especially for the rejected samples. Despite integration of EID samples transportation in the National Integrated sample referral network for central laboratories testing, the network does not cover sites without partners.
- Challenges noted in the supply chain include procurement coordination between partners and government whereby some states do procurement outside of the national supply chain. During the review, we documented a shift in HIV testing strategy in PEPFAR supported sites; only eligible clients are offered testing service (all clients seeking HIV testing are screened and only those with high risk are tested). The screening is also applied to pregnant women in ANC reducing access to HIV testing and triggering shortage of HIV test kits nationwide.

Recommendations

- Improve knowledge and utilization of PMTCT service: (i) Conduct public awareness campaign to improve health seeking behaviours among pregnant and breastfeeding women, (ii) Institutionalize HIV testing in community-based organizations and strengthen community-facility linkage, (iii) mobilize the necessary financial resources to procure HIV test kits to ensure universal HIV testing of pregnant women, (iv) scale up the provision of incentives to women who complete key appointments as a strategy to increase utilization and retention, (v) support HIV testing services at community level through the collaboration between health facilities and FBO, (iv) operationalize the national framework for the engagement of non-formal actors in reproductive, maternal, new-born, child, adolescent health and nutrition.
- The established EID subcommittee under the national PMTCT Task Team should work to improve the uptake of EID by (i) engaging community structures in demand creation and

¹⁷ Nigeria Demographic and Health Survey 2018, Key Indicators Report National Population Commission, Abuja, Nigeria, May 2019.

¹⁸ National operational plan for the prevention of mother to child transmission of HIV/AIDS two-year plan (2019- 2020). Federal Ministry of Health (FMOH), Nigeria

¹⁹ National framework for the engagement of non-formal actors in reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH+N/PMTCT) services in Nigeria

tracking HIV exposed children lost to follow up, (ii) Improve EID through initiation of EID point of care testing and extend the coverage of sample referral system in the sites that are not GF or PEPFAR supported, (iii) improve sample transportation system monitoring (return of results, rejected samples,..) (iv) Ensure uninterrupted supply of EID commodities within health facilities.

Global Fund Investment

GF investments focus on PMTCT and EID services delivery in both maintenance and scale up sites. There is a special emphasis on quality improving interventions ranging from trainings (mentor mothers-case managers, community Health Influencers and Promoters) to support HIV testing at ANC clinics and community and supervisions. For health systems strengthening, GF invests mainly on Health Management Information Systems, Monitoring and Evaluation and Laboratory systems. In the next funding cycle, the focus should continue to be on scale up sites due to their high burden, continue same level of support to the maintenance sites contributes and support laboratory system to improve the coverage of EID services.

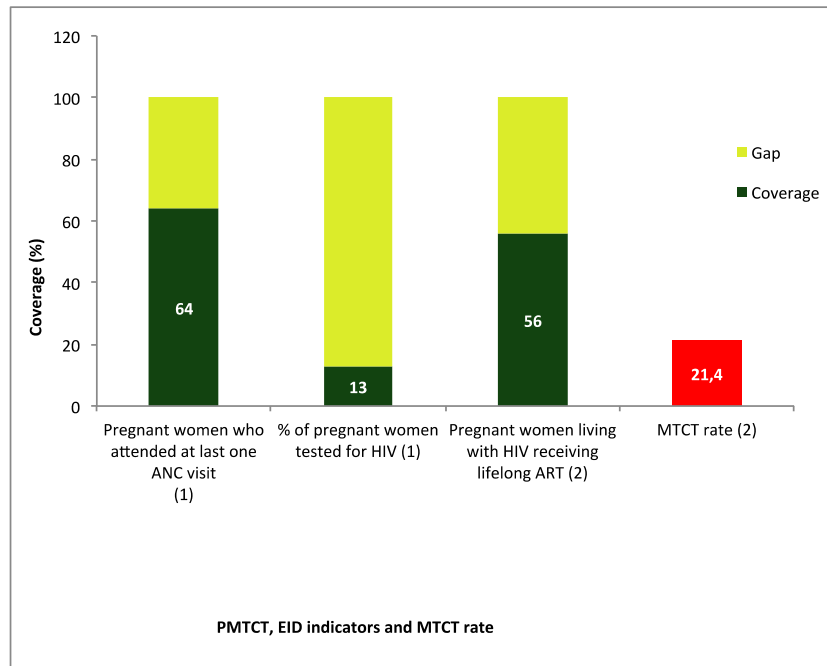
CHAD

Chad has 1.6% HIV prevalence, around 64% of pregnant women have at least one antenatal care consultation and 78% deliveries still occurs out of health facilities with assistance of non qualified providers in majority (7/10) of the cases²⁰. Analysis of PMTCT cascade shows that HIV testing among women who attend ANC is estimated at 13%. Around 56% of women in need of PMTCT received ART; mother to child transmission reported is estimated at 21.4%²¹. Data on total birth, number of women tested positive for HIV, retention on ART at delivery, women dropping off ART during breastfeeding each month and national EID coverage was found missing. Figure 7 on the other hand presents the level of coverage of PMTCT and EID services in CHAD in 2019. Figure 8 illustrates the source of new infections among children by services for prevention of Mother to Child Transmission of HIV in CHAD reported in 2018

²⁰ *Institut National de la Statistique, des Études Économiques et Démographiques (INSEED), Ministère de la Santé Publique (MSP) et ICF International, 2014-2015. Enquête Démographique et de Santé et à Indicateurs Multiples (EDS-MICS 2014-2015). Rockville, Maryland, USA : INSEED, MSP et ICF International.*

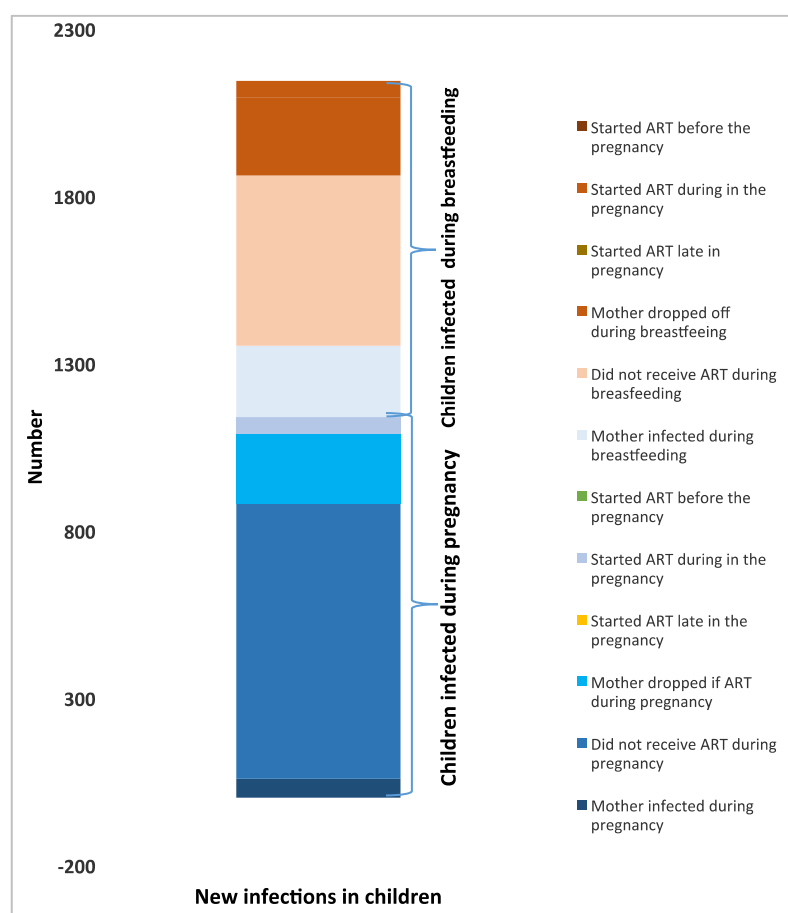
²¹ *UNAIDS 2019 Estimates*

Figure 7: Coverage of PMTCT&EID and MTCT rate in CHAD, 2019



Source 7: (1)EDS-MICS 2014-2015 & (2) UNAIDS Estimates 2019

Figure 8: Distribution of New HIV infections by services for PMTCT in CHAD, 2018



Source 8:UNAIDS 2019 Estimates

Strengths

- Existence of a national HIV strategic plan that guides HIV response including PMTCT and EID services
- Integration of PMTCT and EID services in routine maternal and child health services delivery and integration of key indicators in electronic reporting system (HMIS)
- Geographical prioritization of high burden regions to implement PMTCT and EID services

Challenges

- The coverage and uptake of PMTCT services is very limited at 10 priority regions. Suboptimal HIV testing is found in ANC services and low coverage of ARV among HIV positive women. Lost to follow up of mother baby pair was reported as a challenge to the care continuum in PMTCT services. Limited capacity of traditional birth attendants and their low engagement in the overall maternal and child health and PMTCT service delivery while they provide assistance in deliveries at community level.
- The coverage of early infant diagnosis is very low, fewer (17.3%) PMTCT sites collect samples for EID²², HIV exposed children were tested with a long turn around time⁶. There is

an irregular system of EID samples transportation from sites to the unique national referral laboratory hosting the PCR molecular machine, the latter has consistent supplies stock out and maintenance challenges.

- There are inefficiencies in PSM for PMTCT and EID commodities. The review documented issues on coordination and planning. There are fragmented procurement plans and absence of reliable data for planning and forecasting. These challenges lead to multiple PMTCT and EID supplies stock out observed in service delivery. On the side of logistic and distribution, multiple storage locations managed per implementing partners (WFP, UNICEF, MSF, ASTBEF), insufficiently trained staff were documented as additional challenges.
- Current reporting system does not include some important indicators, such as pregnant women retested for HIV during pregnancy and breastfeeding, EID result turn around time and number of health facilities with stock out.

Recommendations

- Improve access to PMTCT services through full integration of PMTCT services in the remaining 13 regions; (i) organize community outreach for HIV testing for pregnant women, (ii) train TBAs to support PMTCT and EID service delivery (iii) involvement of community based cadres especially TBAs in demand creation, HIV testing and linkage between community and health facilities and support the retention of mother infant pair across the cascade.
- Increase access to EID testing by improving all steps of the cascade and reduce lengthy turnaround time by: (i) integration of EID sample collection in all PMTCT sites, (ii) establish a standardized sample referral system to improve sample transportation, (iii) expand HIV PCR molecular technology to other laboratories and (iv) introduce point of care technology prioritizing high HIV prevalence and volume sites and areas in conflicts regions (v) introduce sample tracking system and return of the results.
- Improve the PSM system to avoid interrupted supply of PMTCT and EID testing kits and drugs by (i) putting in place unique harmonized PSM system to be used by all implementing partners (ii) improve the logistic management system ranging from storage, inventory, distribution and related reporting, (iii) conduct training of staff involved in the PSM.
- Improve M&E system to ensure integration of key PMTCT and EID indicators missing in the current reporting system; introduce longitudinal register to follow up mother infant health outcomes in PMTCT program.

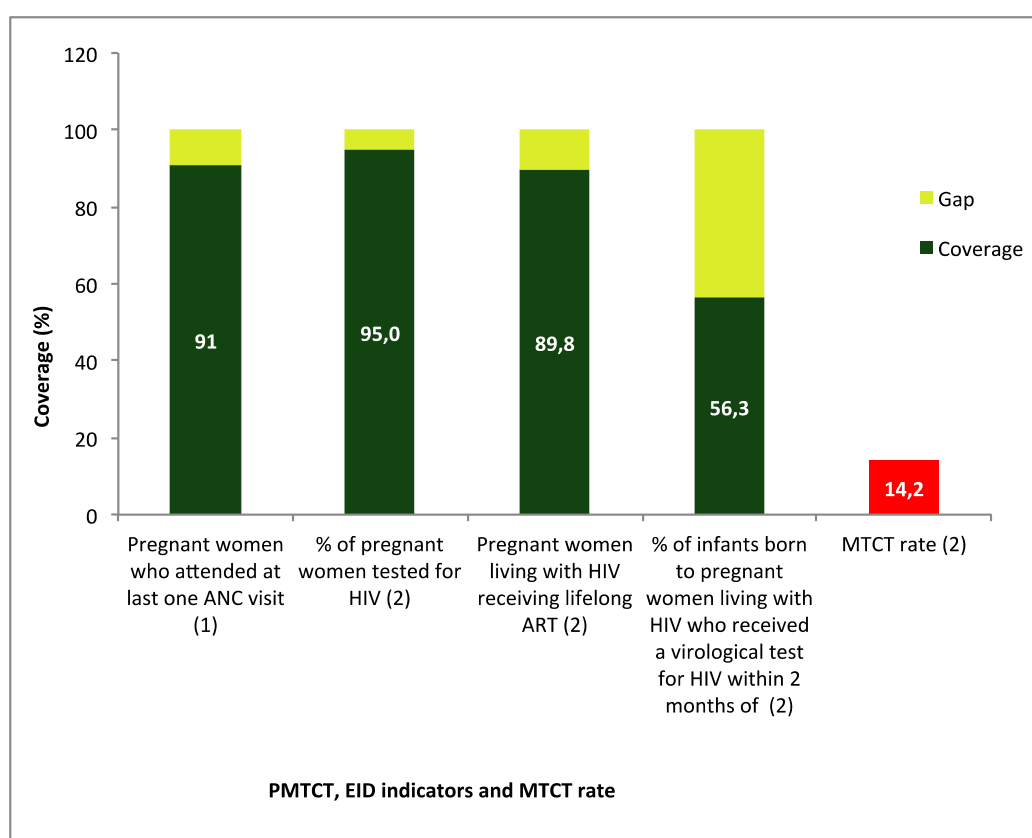
Global fund investments

GF supports PMTCT and EID activities ranging from program coordination at the Ministry of Health, service delivery in 10 priority regions, procurement of ARV and HIV and EID kit. In the next finding cycle of the GF funding, current financial support should be sustained and more financial support should focus on health systems strengthening ((i) Laboratory system with Optimal use of PCR machines, decentralization of EID and introduction of POC EID and improving sample referral system, (ii) Strengthening the supply chain to ensure continuous availability of PMTCT and EID supplies impacting on the optimum PMTCT and EID services coverage. Lastly, Global Fund should support the overall M&E system to ensure availability of accurate data to inform program planning.

COTE D'IVOIRE

HIV prevalence in Cote d' Ivoire is 2.5% in the general population aged 15 to 49 years old, high prevalence is among women up to 4.1% compared to 1.7% in men. National data shows that 91% of pregnant women have at least one ANC consultation from a trained health provider²³. Analysis of PMTCT cascade shows that among women who attend ANC 95% of them are tested and know their results, 89.8% have access to ARV for PMTCT. The coverage of early infant diagnosis is 56.3%.²⁴ The estimated mother to child transmission is 14.21%²⁵. Data on total birth, number of women tested positive for HIV, retention on ART at delivery, women dropping off ART during breastfeeding each month was found missing. Figure 9 shows the coverage of PMTCT and EID services, while figure 10 illustrates details of the source of new infections among children reported in Cote d'Ivoire in 2019.

Figure 9: Coverage of PMTCT & EID and MTCT rate in COTE D'IVOIRE, 2019



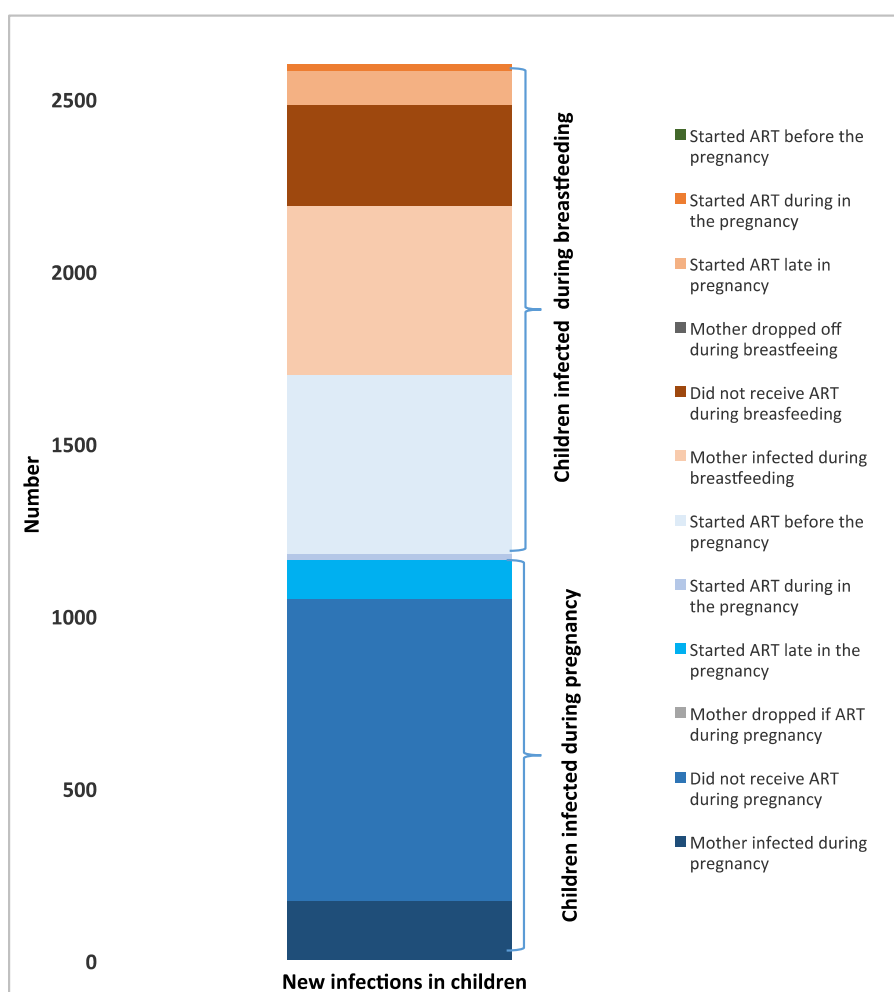
Source 9: Global AIDS Monitoring and UNAIDS 2019 Estimates

²³ Evaluation de l'impact du VIH dans la population générale en côte d'ivoire CIPHA 2017-2018

²⁴ UNAIDS DATA 2019

²⁵ UNAIDS estimates 2019

Figure 10: Distribution of new Infections by Services for PMTCT in COTE D'IVOIRE, 2018



Source 10: UNAIDS 2019 Estimates

Key findings

Below we outlined points that shows program strengths, challenges and key recommendations to address identified challenges on PMTCT and EID services:

Strengths

- Scale up of EID testing capacities with the support of GF and PEPFAR with strategic distribution across the country to ensure accessibility to testing while avoiding duplication. The Global Fund supports 9 viral load and EID laboratories in Sud Comoé while PEPFAR support other 17 laboratories for VL/EID testing.
- The country has a National Strategic Plan for the Supply Chain of Pharmaceuticals with the aim to guide and improve all activities in relation to the supply chain
- Use of Logistics Management Information System (LMIS) significantly improved the reporting for ARVs and rapid diagnostic tests.

Challenges

- Existence of Social norms pertaining to gender inequality that renders more power to men as compare to women. In 64.1% of the cases, men make decisions concerning their wife's health care²⁶. This affects negatively the uptake of PMTCT services and affects the level of monitoring and follows up of pregnant women initiated on ARV²⁷.
- Insufficiencies were noted in the coordination of implementing partners
- For EID testing there is long turnaround time of the results due to the delay in sample processing
- Even if the stock out is not frequent, shortage of commodities was reported at peripheral level

Recommendations

- Support public awareness activities on PMTCT through engagement of community leaders and other community-based organizations to address the issues of cultural norms that hinder access and utilization of services. Support community and facility based activities linkage
- The national program should focus on reinforcing monitoring of PMTCT and EID supplies inventory up to the lower levels of the health system to ensure real-time availability of stock
- Strengthen capacity of staff involved in the supply chain to have improved supply chain management

Global investments

GF supported interventions include awareness activities on comprehensive sexual reproductive health, HIV targeted adolescent and young women and demand creation on ANC services utilization, procurement of HIV test kits, ARV for pregnant women, ARV prophylaxis of HIV exposed infant, procurement of cartridge for Alere Q Point of Care EID, Staff capacity building on the use of Alere Q through training and mentorship and lastly update of the national PMTCT guidelines. The upcoming funding should focus on strengthening monitoring of EID cascade and continue to support the procurement of HIV tests kits, ARV and EID cartridges.

BENIN

The prevalence of HIV in Benin is 1%²⁸ with an estimate of 730000 people living with HIV²⁹. National data shows that 83% of pregnant women have at least one ANC consultation from a trained health provider³⁰. Analysis of PMTCT cascade reveals that 95 % of pregnant women have been tested for HIV during antenatal care. Of the total women in need of PMTCT, 95% have received ARV, 64.9% of children born to HIV positive mothers have been tested for HIV with 2 months of birth and MTCT rate is estimated at 17.6%³¹. Data for

²⁶ Enquête démographique et de santé à Indicateurs multiples, 2011-2012, MSLS juin 2013

²⁷ Rapport d'Analyse des données de routine de la cohorte des femmes enceintes séropositives vues en consultation prénatale jusqu' à l'accouchement. Ministère de la Sante & Mesure Evaluation. 2018

²⁸ EDS 2012

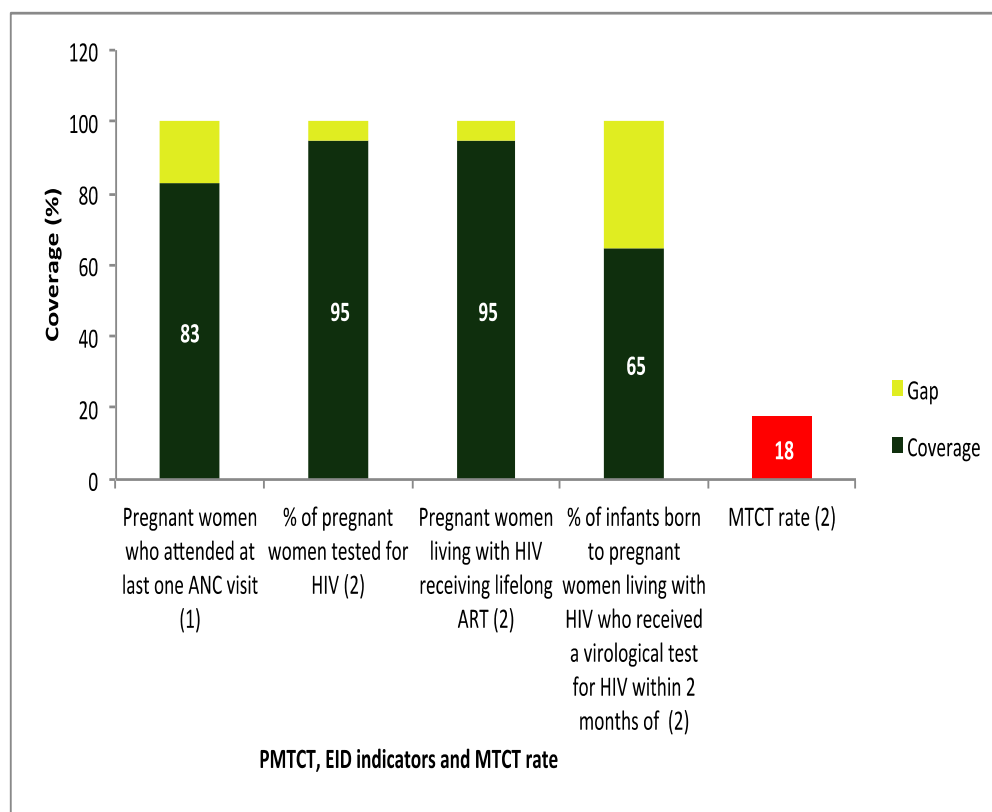
²⁹ UNAIDS estimates 2019

³⁰ Institut National de la Statistique et de l'Analyse Économique (INSAE) et ICF. 2019. Enquête Démographique et de Santé au Bénin, 2017-2018. Cotonou, Bénin et Rockville, Maryland, USA : INSAE et ICF.

³¹ UNAIDS estimates 2019

stacked bar analysis of new infections in children were not available. Figure 11 illustrates the level of coverage of PMTCT and EID services in Benin in 2019.

Figure 11: Coverage of PMTCT&EID and MTCT rate in BENIN, 2019



Source 11:(1) EDSB-V 2-17-2018 &(2) Global AIDS Monitoring and UNAIDS 2019 Estimates

Strengths

- Monitoring of national and sub national PMTCT and EID performance using 4 tracer indicators: HIV testing of pregnant women, ARV initiation for HIV positive women, EID testing for infant born to HIV positive mothers between 6 to 8 weeks³².
- Implementation of mother infant pair retention strategies involving both health providers and community health workers. The team jointly identify all HIV positive pregnant women with their appointments. On a regular basis, they remind them their appointments and actively track lost to follow up and bring them back into care.

Challenges

- The review of PMTCT services showed a high lost to follow up and poor therapeutic education.³³
- Low EID testing coverage and long turnaround time of the results are persistent challenges. Only 207 out of 1008 PMTCT sites collected DBS for PCR testing. Out of the DBS collected, only 34% were collected between 6-8weeks²⁴. The average turn around time is estimated at

³² *Evaluation de la prévention transmission mère enfant et de la prise en charge pédiatrique 2018*

³³ *Evaluation de la prévention transmission mère enfant et de la prise en charge pédiatrique 2018*

28 days with a range of 12 to 45 days. About 40% of HIV exposed infant are tested beyond 8 weeks. Reported contributing factors include lost to follow up of HIV exposed infant, mothers forget appointments, absence of trained staff, stock out of DBS kits and sample overloading and lastly insufficiencies in samples referral system³⁴.

- PSM analysis done in 13 health facilities revealed various challenges including lack of standard operation procedures (SOP), lack of systematic stock inventory in 50.1% of the health facilities of the survey, limited (46%) staff trained on stock management and stock out was noted in 41.7% of the health facilities³⁵.

Recommendations

- Improve the quality of PMTCT services to ensure that all identified HIV pregnant women are initiated to ARV and retained on treatment. This will be possible with the scale up of ongoing community (médiateurs de santé and éducateurs thérapeutiques) and health facility collaborative effort for improving retention of mother infant pair.
- Strengthening capacity of health facilities to be able to collect EID samples by: (i) ensure interrupted supply of EID commodities, (ii) building capacity of health care providers on samples collection and completing laboratory request forms, (ii) reinforce follow up of HIV exposed infant and (iii) optimize existing sample transportation system for a weekly pickup of DBS samples and results.
- Improve the capacity of PSM sub-committee on planning, quantification and monthly inventory/reporting to CAME (Central des Approvisionnements en Médicaments Essentiels). Address identified weakness occasioning recurrent stock out and develops SOPs to guide the whole supply chain.

Global Fund investments

There remains a gap around EID that GF can continue support. Pending availability of funds, the country would like to reduce EID Turn around Time between 12 to 45 days through the removal of sample grouping. The GF support for PMTCT and EID services delivery includes access to HIV testing services within health facilities and ARV treatment. With the current funding a lot was done, but performance gaps on EID coverage was reported. The next funding cycle should focus on quality improvement interventions to ensure all pregnant women continue to be tested for HIV, retained in PMTCT program, support supply chain to ensure consistent availability of HIV testing kits, DBS supplies and ARV.

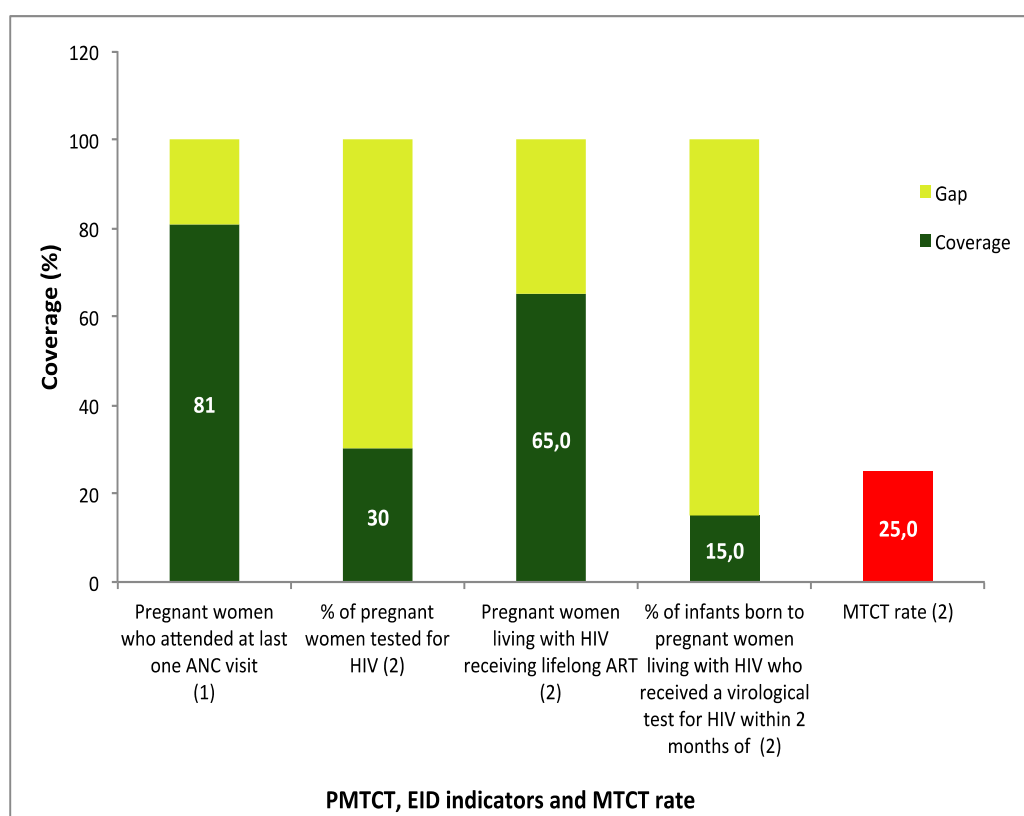
34 BEN-H-PSLS. Spot Check sur les données de la PTME 2019

35 Ben-H-PSLS-spot-check PTME report LFA 30 Sep 2019

GUINEA

Guinea has an estimated HIV prevalence of 1.5%³⁶ while HIV prevalence among pregnant women is 1.9%³⁷ with region variations. National data shows that 81% of pregnant women have at least one ANC consultation from a trained health provider³⁸. Out of pregnant women received in ANC, 63% of them have been tested for HIV. Of the total women in need of PMTCT services, 65% was initiated on ARV, 15% of children born to HIV positive mothers have been tested for HIV with 2 months of birth and MTCT rate is estimated at 25%³⁹. Data for stacked bar analysis of new infections in children were not available. Figure 12 presents the level of coverage of PMTCT and EID services reported in Guinea in 2019.

Figure 12: Coverage of PMTCT&EID and MTCT rate in GUINEA, 2019



Source 12: (1) EDSG-V, 2018 & (2) Global AIDS Monitoring and UNAIDS 2019 Estimates

36 Enquête démographique et de Sante (EDSG V) 2018

37 Enquête nationale de surveillance Sentinelle (ENSS) 2018

38 Institut National de la Statistique (INS) et ICF. 2018. Enquête Démographique et de Santé en Guinée 2018 : Indicateurs Clés. Conakry, Guinée, et Rockville, Maryland, USA : INS et ICF.

39 UNAIDS DATA 2019

Strengths

- Availability of national differentiated approaches to deliver HIV testing services targeting pregnant women and the rest of other population groups
- Established community and health facility strong partnership, community health workers conduct demand creation interventions for PMTCT, support linkage of pregnant women to ANC services.⁴⁰

Challenges

- There is a low coverage of PMTCT services and geographic disparities. Only 32% of health facilities provide PMTCT services and subnational analysis reveals region (N' Zerekore) with high coverage up to 23% and other (Faranah) with less coverage (7%). Among factors that undermine access to PMTCT services include stigma, and low uptake of HIV testing among male partners.⁴¹ Consequently pregnant women decline HIV testing at ANC.
- The coverage of EID testing capacity is only limited in Conakry. Out of the 14 labs, only 6 are operational and all located in Conakry. Children born to HIV positive mother followed in PMTCT sites supported by non-government organizations having Gene Expert have access to EID as compare to other sites. In the remaining PMTCT sites, children born to HIV positive mothers wait to get an HIV rapid test at 18 months. Lost to follow up also was documented as missed opportunity for EID; 32 infants less than 2 months were identified during a campaign organized to testing children lost to follow up in 11 health facilities of Conakry.
- On the supply chain, repetitive stock out of HIV test kits and ARV were noted as barrier to offer systematic HIV testing to pregnant women and treatment to those infected. Stock out of EID supplies impede routine and campaign for HIV testing of children born to HIV positive mothers⁴².

Recommendations

- To increase the coverage and uptake of PMTCT services the program should: (i) Scale up of PMTCT services to ensure equitable access, (ii) mobilize resources from partners to procure sufficient HIV test kits to cover HIV testing of pregnant women, (iii) leverage on existing community health workers to increase community awareness on PMTCT and ensure linkages to PMTCT services (iv) increase uptake of HIV testing among men by expand HIV self testing program and offering HIV testing during weekends.
- Scale up of EID capacities in others regions to ensure equitable access to EID by; (i) mobilizing the resources to support implementation of VL/EID operational plan including capacity building of providers, sample referral and return of the results, continuous maintenance of equipment, monitoring of sample referral and results back⁴³, (ii) equip other regions with equipment for EID, (ii) implement hub and spoke model between supported PMTCT sites and those without support for sample referral and early infant

40 Rapport de la Revue Epidémiologique en Guinée 2019

41 Programme national de prise en charge sanitaire et de prévention des IST/HIV/SIDA. Guinée: une stratégie nationale différenciée en matière de conseil et de dépistage du VIH

42 PNLSH. Résultats de la campagne de dépistage du VIH chez les enfants âgés de 6 semaines à 15 ans dans les sites PTME de la région spéciale de Conakry. 2019

43 Programme National De Lutte Contre Le Sida Et Les Hépatites. Plan opérationnel 2019-2020: Mesure de la charge virale VIH et EID

diagnosis.

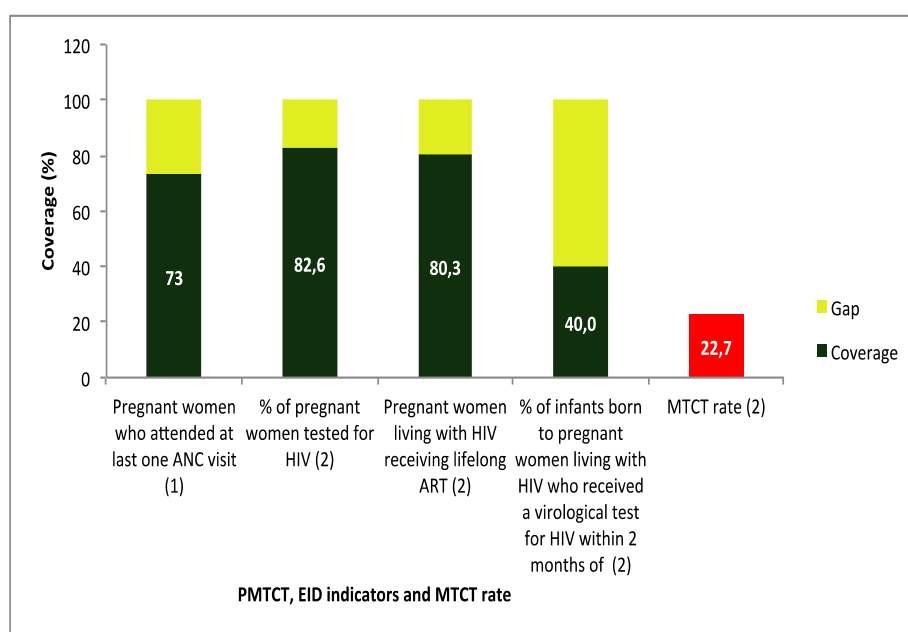
Global Fund Investments

The GF investment focuses on the scale up HIV testing and ART coverage in 66 high yield PMTCT sites. Support monthly mentorship hub & spoke to 1000 low yield PMTCT sites countrywide. GF supports sample transportation from sites to the testing labs. The next funding cycle should continue the same support and in addition should support (i) procurement of HIV test kits for pregnant women procurement to close the current gap and overall support to the supply chain to strengthen the system to avoid stock out (ii) support activities to trace lost to follow up HIV positive to increase ART coverage, (iv) support campaigns for active case finding and testing services of HIV exposed lost to follow up (iii) Support implementation of activities of the operational plan for viral load and EID developed by the program to improve overall EID services coverage, (iv) setting an electronic system for client and provider notification of available results.

TOGO

Togo has an estimated HIV prevalence of 2.5 % among the general population, 73% of pregnant women have at least one antenatal care consultation by a trained health care provider⁴⁴. The cascade analysis shows uptake of HIV testing among pregnant women of 82.6%, of the total women in need of PMTCT services, 80.3% received lifelong ART. The coverage of EID testing within 2 months of birth is 40%.⁴⁵ The estimated mother to child transmission of HIV is 22.7%. Data for stacked bar analysis of new infections in children were not available. Figure 13 illustrates the level of coverage of PMTCT and EID services reported in TOGO in 2019.

Figure 13: Coverage of PMTCT& EID and MTCT rate in TOGO, 2019



Source 13: (1) EDST-III 2013-2014& (2) Global AIDS Monitoring and UNAIDS 2019 Estimates

Strengths

- The program has initiated a pilot of duo test of HIV and syphilis in ANC and in labour room among 30 health facilities, further the cascade of syphilis testing and treatment is monitored⁴⁶.
- The program has started gradual integration of PMTCT services in private clinics

Challenges

- The geographic coverage of PMTCT services is less than 80%. There are challenge facing PMTCT program including attrition of pregnant and lactating mothers on ART (with an estimated retention rate of 84.22% at 6 months and 73.16% at 12 months) and task shifting policy barrier that does not allow nurses and sage femme to prescribe ARVs

⁴⁴ Ministère de la Planification, du Développement et de l'Aménagement du Territoire (MPDAT), Ministère de la Santé (MS) et ICF International, 2015. *Enquête Démographique et de Santé au Togo 2013-2014*. Rockville, Maryland, USA : MPDAT, MS et ICF International.

⁴⁵ UNAIDS DATA 2019

⁴⁶ Rapport annuel PNLS 2018

- Currently, EID testing is done in 2 molecular biology laboratories and 17 GenExperts machines distributed across the country. But, only 64% of PMTCT sites collect DBS for EID⁴⁷. Within these sites, some organizational issues were noted including stock out of EID supplies and incompleteness of M&E tools.
- Although, supply chain system is decentralized PMTCT sites still experiences stock outs, 40% of sites have recorded stock out of HIV tests kits and 72% of the sites have experienced stock out of ARV for PMTCT program⁴⁸

Recommendations

- Improve retention of pregnant and breastfeeding mothers on ART through the scale up of phone call strategy as way to reminder women of their appointments and engagement of mothers in support groups to improve retention.
- Optimizing supply chain of HIV test kits and ARV for PMTCT especially distribution from districts to PMTCT sites to ensuring continuity of services delivery.
- Improve access to EID testing through decentralization of EID sample collection capacities to the remaining PMTCT sites and ensure inclusion of all PMTCT sites in the sample transportation network operated by the Post.

Global Fund investments

The current GF support focuses on the scale up of PMTCT sites, support procurement of HIV test kit, ART for PMTCT, maintenance of VL and EID equipment, integration of HIV testing with reproductive health and family planning and support EID sample referral to the testing labs. In the next funding request, the same support should be maintained for the continuity of the program and continues support of the sample referral system through the national post.

47 Activité De Collecte, Transport Des Echantillons Et Résultats Des DHS par la Poste des Sites de PTME Vers Les Laboratoires De Biologie Moléculaire Et D'immunologie De La Fss–UI Et Du Chu-Kara Du Cnr

48 Plan d'élimination de la transmission mère-enfant du VIH du Togo

ANNEX

1.1 Data collection guide

MAIN DOMAINS	AREAS TO EXAMINE	KEY QUESTIONS	Comments	Source of data
COUNTRY OVERVIEW	Overview of PMTCT and EID program	Is there PMTCT and EID based on a national health strategy and a costing operational plan?		
		Is there a national eMTCT plan developed for the implementation of the global plan		
		Are there formal strategies, guidelines, and norms to implement PMTCT and EID nationally? <input type="checkbox"/> <input type="checkbox"/>		
		Does the country have updated policies and technical guidelines to guide PMTCT & EID implementation?		
		To what extent were women engaged in the development of any national strategies and plans? <input type="checkbox"/> <input type="checkbox"/>		
	Service delivery	How are the package of services designed/ defined and delivered?		
		What is the minimum package of services delivered at health facility <input type="checkbox"/> level?		
		What is the minimum package of services delivered at community? <input type="checkbox"/> level?		
		Are PMTCT services sufficient and appropriately distributed?		
		Are PMTCT services integrated in antenatal and postnatal services <input type="checkbox"/> <input type="checkbox"/> ?		
		Is there an adequate system to ensure access to drugs and diagnostics required in PMTCT ? <input type="checkbox"/> <input type="checkbox"/>		
		What are the type of personnel involved in delivery of PMTCT services?		
		How do different cadres offering services work together in country to support national <input type="checkbox"/> plan and targets? <input type="checkbox"/> <input type="checkbox"/>		
		To what extent are community health care services part of maternal child health <input type="checkbox"/> and PMTCT services delivery vertical or integrated? <input type="checkbox"/> <input type="checkbox"/>		
		What is the extent of community-led service delivery (e.g. differentiated care)? <input type="checkbox"/> <input type="checkbox"/>		

		To what extent does discrimination and stigma in the health care system and at community level affect access and service delivery? ^[L] _[SEP]		
		What are the gaps in data systems to track, follow up, retain mother baby pairs? ^[L] _[SEP]		
		Is the model of PMTCT service delivery in line with levels of services delivery? (primary, secondary and tertiary, community, private)		
	Overview of laboratory systems and supply chain management systems that effect PMTCT and EID service delivery	What are the laboratory testing capacities available for EID		
		What is the distribution of EID testing laboratories?		
		What is the coverage of EID?		
		Does the program Adherence to diagnostic algorithms		
		What is the turn around times of EID results? ^[L] _[SEP]		
		What are the available laboratory infrastructures and platforms available?		
		Does the program have integrated specimen transport networks covering EID?		
		Does the program have the maintenance capacity of laboratory equipment		
		Does the laboratory have comprehensive registers and specimen examination request forms? ^[L] _[SEP]		
		What are the gaps identified in the EID system		
		Does the program have a documented funding gaps for both domestic/external funding		
		Does the national laboratory have accreditation		
		In the last 6, 3 moths did the program experienced a stock out of HIV test kits, PMTCT drugs and laboratory EID supplies?		
		Is the laboratory accredited?		
	How has the Global Fund contributed to strengthening	Where are the Global Fund's investments in PMTCT and EID?		
		Have Global Fund investments been aligned with the national strategy? ^[L] _[SEP]		
		Does GF financial resources for PMTCT and EID meet the current needd?		
		To what extent are these investments aligned with other donors and partners?		
		What are the current financial gaps identified in implementation of PMTCT and EID programs?		

	and scaling up PMTCT and EID services? [L] [SEP]			
What interventions have worked and can unlock barriers to scaling up PMTCT and EID in WCA region? [L] [SEP]		Are the disbursments being made timely?		
	What PMTCT and EID interventions are proven to work, are synergistic and show most promise in WCA region? [L] [SEP]	How well linked and situated are PMTCT and EID in the broader HIV response and across RMNCAH and ANC platforms? [L] [SEP]		
How do Global Fund investments contribute to the quality* of PMTCT and EID programming within larger context of RMNCAH and ANC platforms; and how best do		What are the Coordination mechanisms in place for (key stakeholders, tools used, level of formal recognition, level of local/country-led ownership)? [L] [SEP]		
	Quality of PMTCT and EID services [L] [SEP]	Describe key interventions , what are key successes and challenges identified and what examples of best practice exist? [L] [SEP]		
		How have Global Fund investments supported countries in scaling up PMTCT and EID services, to what extent has this been successful and what lessons can be learned? [L] [SEP]		
		Is there a standard package available and implemented countrwide? [L] [SEP]		
		Across the entire cascade and PMTCT prongs, what is the level of required skills and competencies to deliver quality care (initial and refresher trainings, supervision and support)		
		Across the entire cascade and PMTCT prongs are there required commodities, tools to deliver quality care		
		How well PMTCT and EID are integrated in overall MCH platform		
		To what extent do interventions and activities adhere to national guidance? [L] [SEP]		
	What innovative strategies have been employed to support retention of mother			

we leverage these investments? [L] [SEP]		baby [L] [SEP]pairs? [L] [SEP]		
		How well integrated in PMTCT and EID with other services needed by women who [L] [SEP]have overlapping health care needs, such as TB?		
		What key successes and challenges are identified to improve quality and what [L] [SEP]examples of innovation and/or best practice exist? (This includes both laboratory and PSM systems)		
		Are service packages defined at country level?		
		How does the systems re quality of health care services delivered, especially in the [L] [SEP]community? [L] [SEP]		
How do Global Fund investments support data-driven decision making at the national, province, district, community levellevel?	Brief description of the system to collect, disseminate, use data and ensure quality of data at all levels?	Is there an overarching monitoring and evaluation and costed plan, which includes all PMTCT and EID, services?		
		Is there an adequate information system to track progress in PMTCT & EID services?		
		Is there a formal mechanism of data collection and reporting – i.e. standardized data collection and reporting tools (registers, patient held cards, reporting forms, etc) for use by all implementing partners?		
		Are the M&E tools designed to allow for identification of HIV-infected pregnant women e.g. HIV information on patient held card or other method?		
		Are the M&E tools designed to allow for identification of HIV-exposed and infected children e.g. HIV information on patient held card or other method?		
		[L] [SEP]Are key indicators defined? Is there integration in M&E tools?		
		Are data related to PMTCT and EID services integrated into the HMIS/DHIS2/CHIS [L] [SEP]or other system? [L] [SEP]		
		Do all partners (govt, NGOs, private) report to the national HMIS or other government mechanism?		
		How are data reported from facility to district, provincial, to national level?		

		Who is responsible for reporting and how often?		
		What are the data validation processes in place? ^[1] _[SEP]		
		Is there a formal mechanism for reviewing data quality? If so please describe the Data Quality Assurance mechanisms at all stages of data processing.		
		Does a data quality control mechanism exist to ensure completeness, timeliness, accuracy and consistency of data collected and reported over time?		
		Is feedback provided at different levels of reporting – health facility, district, regional, national?		
		Is there a data dissemination and use strategy? If yes, at what levels?		
		Are data from different sources integrated for use in decision-making and strategic planning (programme statistics, surveys, evaluations, etc)? If yes, at what level?		
		Are there mechanisms/platforms for sharing data and best practices from different implementers? How often are data shared across partners?		
		Review the existing clinic patient registers (ANC, labor/delivery/maternity, immunization, FP, ART), patient held cards and summary reporting forms currently used in your country, to be in line with new ARV and treatment guidelines. What are the gaps that you have observed?		
		What modifications would be necessary to the PMTCT related M&E tools?		
		What M&E related modifications would be necessary to incorporate Pediatric HIV care and treatment?		
		What are gaps noticed with regards to PMTCT cascade and HEI cascade?		
		What are the challenges of disseminating and using program data?		

	How does data-driven decision at the facility and community level work?	Data use and Decision-making: key decision makers, decision-making platforms and mechanism used, level of local ownership?		
		What are the main learnings in using data to make services and programs more responsive to identified bottlenecks, challenges and opportunities?		
		What good practices are there in monitoring implementation of community-based activities and/or ensuring uninterrupted supply of commodities needed for community-based care?		
		What innovative reporting practices (e.g. mobile data transmission, community-based monitoring) exist to improve linkages, referrals and retention?		

1.2 List of Documents Reviewed

COUNTRY	DOCUMENTS REVIEWED
NIGERIA	<ul style="list-style-type: none"> ▪ National HIV and AIDS strategic Plan 2017-2021
	<ul style="list-style-type: none"> ▪ National Guidelines for HIV Prevention Treatment and Care
	<ul style="list-style-type: none"> ▪ PEPFAR/ Global Fund Technical Assistance to Nigeria on Viral Load/ Infant Virologic Testing PCR Laboratory Network Optimization and National Tuberculosis/HIV Integrated Sample Referral System Design
	<ul style="list-style-type: none"> ▪ Integration of PMTCT into MNCH Week Summary Report of Implementation of Demand Creation and HTS for PMTCT during MNCH Week
	<ul style="list-style-type: none"> ▪ Sample transport system and geographical spread/ Presentation stakeholders meeting 2019
	<ul style="list-style-type: none"> ▪ Evaluation of the Prevention of Mother-to-Child Transmission of HIV Cascade Among High Burden States in Nigeria
TOGO	<ul style="list-style-type: none"> ▪ TOGO program Continuation Request TB-HIV
	<ul style="list-style-type: none"> ▪ Grant Revision Request of 2019
	<ul style="list-style-type: none"> ▪ Togo Detailed Budget revision 2018-2020
	<ul style="list-style-type: none"> ▪ RAPPORT ANNUEL DE PERFORMANCE
	<ul style="list-style-type: none"> ▪ Stratégie nationale d'accès universel aux services de prévention de la transmission du VIH de la mère à l'enfant au Togo : 2011-2015
	<ul style="list-style-type: none"> ▪ Politique Nationale de la lutte contre le VIH et le SIDA 201-2030. Vision 2030 : Mettre fin à l'épidémie du Sida
	<ul style="list-style-type: none"> ▪ Rapport annuel 2018 des activités du PNLS-IST
	<ul style="list-style-type: none"> ▪ Plan d' Elimination de la Transmission Mere- Enfant du VIH du TOGO
COTE D'IVOIRE	<ul style="list-style-type: none"> ▪ Global Fund request_ Ministry of Health & Alliance Cote d' Ivoire_ Detailed Budget 2018-2020
	<ul style="list-style-type: none"> ▪ Côte d'Ivoire : Rapport Annuel d'Activités 2018
	<ul style="list-style-type: none"> ▪ Plan Stratégique National 2016-2020 de Lutte Contre le SIDA et les infections Sexuellement Transmissible

	<ul style="list-style-type: none"> Programme National de développement de l'activité pharmaceutique. CARTOGRAPHIE DES SYSTEMES d'approvisionnement et de distribution des médicaments et autres produits de santé en Côte d'Ivoire 2016
	<ul style="list-style-type: none"> Fiche récapitulative : résultats préliminaires/évaluation de l'impact du VIH dans la population générale en Côte d'Ivoire CIPHA 2017-2018
UGANDA	<ul style="list-style-type: none"> Uganda EMTCT Plan 2011-2015 Uganda EID implementation plan (Draft) 2019 Evidence-based Practices for Retention in Care of Mother-infant pair in the context of eMTCT of HIV in Eastern and Southern Africa. March 2019 Uganda Population- Based HIV Impact Assessment 2016 -2019, pp 11-13 UDHS 2011 UDHS 2016 Progress Report for validation on the path to eMTCT and syphilis in Uganda 2010-2018 ; Jan 21 2019 http://www.biomedcentral.com/1472-6947/14/40 Strengthening district-based health reporting through the district health management information software system: the Ugandan experience, Vincent Micheal Kiberu1*, Joseph KB Matovu1*, Fredrick Makumbi2, Carol Kyozira3, Eddie Mukooyo3 and Rhoda K Wanyenze4 https://edash.cphluganda.org/ http://dashboard.mets.or.ug/blog/launch-national-pmtct-impact-evaluation National EID Implementation plan (under development) Formative Assessment of HIV SRH and GBV status among AGYW in Uganda. March 2019 Uganda DHIS2 program data 2018 Africa Scorecard on Domestic Financing for Health (2014) Overcoming the remaining barriers for eMTCT: Stay free advocacy message Jan 2019 UGA-HT-Funding Request UCCM 2018 The WCA Catch Up Plan: Putting HIV Treatment on the fast-track by 2018 Final Report Baseline AGYW Study March 2019

	▪ Hub Guideline Final 2017
	▪ POCT Policy Guideline Final 2017
	▪ Last Data Uganda: MOH Option B+ Weekly Report (2018W28)
	▪
BENIN	▪ Rapport Etude PTME 2016
	▪ Tableaux des indicateurs_Variables PTME PCR et PECP
	▪ Spectrum 2018
	▪ Evaluation PTME& PECP 2018 DCP/ FFE
	▪ Evaluation des site PTME et PECP 07062019 Revu
	▪ Feuille de route intervention strategiques de retention COZO T4 2018
	▪ Interventions strategiques de retention ZOBOZA S1 2019
	▪ Stratégies Nationales pour la Retention des patients sous ARV y compris du couple mere-enfant. 2018
	▪ Plan opérationnel de mise en œuvre du PSNIE 2019-2023
	▪ Ben-H-PSLS-PF-FM-9 Avril 2019: Rapport Monitoring S1 – S2
	▪ GF-OIG-19-006-Benin Audit
	▪ OIG- Rapport Audit Benin
	▪ BEN-H-PNLS- Spot Check sur les données de PTME
	▪ BEN-H-PSLS- Implementation Arrangements Map
	▪ BEN-H-PNLS- Details Budget
	▪ BEN-PO- PSNIE- Version -03042019
CHAD	▪ Strategie Nationale de la Santé et du Developement des Adolescents et Jeunes du Tchad 2020-2024 (Juil 2019)
	▪ Plan eTME 2017-2021 (Fev 2017)
	▪ Plan ational VIH et PECP Tchad 2019-2023 (Oct 2018)
	▪ Guide de PEC révisé Clinique et Thérapeutique (Aout 2014)
	▪ EDS 2014-2015
	▪ Rapport Synthèse EDS-MICS 2014 & 2015
	▪ Stratégie Nationale de Prévention et PEC des IST-SIDA-SR des Adolescents Jeunes 2016-2020
	▪ Budget CHD-H-MOH

	▪ CHD- Note Conceptuelle TB-VIH-RSS version revue FM-TCHAD-24082018
	▪ TCD-H-T-MOH- Funding landscape
	▪ TCD-H-T-MOH- Programatic Gaps Table
	▪ TCD-H-T-MOH- Performance Framework
	▪ UNAIDS 2017
	▪ Etude de l'Index de Stigmatisation des personnes vivantes avec le VIH
	▪ Annual NACP report 2017
	▪ PMTCT data base report 2017
	▪ Plan National d'Accelération de la riposte VIH/sida Pédiatrique au Tchad 2019-2023
	▪ Rapport sur le Développement Humain 2016
	▪ TCD-H-T-MOH- Applicant Response Form
DRC	▪ COD-C-TMC- FundRequest April 2017
	▪ COD-H-MOH-PF-12112019
	▪ RDC-GAP- Programmatic Version Final 30032017
	▪ Approche Mere-Merthor Narratif PNLS
	▪ Guide de l'utilisation du GenXpert en Multiplex TB-VIH en RDC 2019
	▪ Situation actuelle et perspectives du Réseau des Laboratoires VIH PNLS-Div Laboratoire-MOH
	▪ Plan de rattrapage de la Charge Virale et Diagnostique Précoce en RDC (Fev 2018)
	▪ Plan de passage à l'échelle pour la Charge Virale et Diagnostique Précoce NCU 2015-2017
	▪ Cartographie GenXpert du 04062019
	▪ Caneva Unique de Rapportage Version Final du 12112018
	▪ MICS6-RDC-CH 02 Indicators
	▪ Plan d'accélération de la Prise en charge VIH Chez l'enfant et l'Adolescent 2016-2020
	▪ Plan d'élimination de la transmission du VIH et de la Syphilis de la mère à l'enfant 2019-2021
	▪ Plan Stratégique Sectoriel de la Santé 2018-2021 de lutte contre le VIH& Sida Version Final (April 2018)
	▪ Résultat du pilote POC EID 2019
	▪ Plan PTME 2019-2021
	▪ PNLS 2018-2021

	▪ Enquête de séro-surveillance sentinelle de la syphilis et du VIH chez la femme enceinte 2017
	▪ Plan Sectoriel de l'Education 2016-2025
GUINEA	▪ Approches et Interventions Clés VIH FM Guinée revue
	▪ GIN- C- Plan Budget Reprogramming Revue FM Juin 2019
	▪ GIN- C- Plan GAS Reprogramming quantif Revue FM Juin 2019
	▪ GIN- C- MOH -Données Charge Virale Revue FM Juillet 2019
	▪ GIN- C- MOH -Données Progress report FM Juillet 2019
	▪ GIN- C- MOH -Plan Cadre de Performance FM Juillet 2019
	▪ Rapport Atelier de priorisation des Investissements FM Avril 2019
	▪ Rapport Mission_ Atelier Guinée Avril 2019 Mach-Houd Kouton
	▪ Spectrum 2018
	▪ ESCOMB 2017
	▪ MICS 2016
	▪ Revue épidémiologique, programmatique et analyse de la cascade en Guinée, Mai 2019.
	▪ Valles X. Etude sur la problématique des perdus de vue durant la PEC VIH/Sida et la PTME. Le Fond Mondial de Lutte contre le Paludisme, le VIH et la Tuberculose, Geneve (2019).
	▪ GN-Grant Révision Request for section AF-GIN-C-Plan 26 06 2019
	▪ Rapport Synthèse de la Mission de recensement des besoins de 52 sites PTME, Loua Gaspart, Jhpiego June 2019
	▪ Résultats de la campagne de dépistage du VIH chez les enfants âgés de 6 semaines à 15 ans dans les sites PTME de la Région spéciale de Conakry. Rapport 2019. PNLSH 001-02.19FM/A.
	▪ Plan opérationnel 2019-2020 : Mesure de la charge virale VIH et EID. PNLSH 003-07.19FM/A