

Scaling up of elimination of mother to child transmission of HIV programme in Sri Lanka

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The elimination of mother to child transmission (EMTCT) of HIV is now considered a realistic public health goal. The goal of eliminating new paediatric infections by 2015 has been endorsed within the broader vision of improved HIV-free survival, maternal and child health and sexual and reproductive health.

In Sri Lanka, 71 cases of paediatric infections have been reported up to end of 2013¹. These children were diagnosed in the age range 2 months to 13 years. The majority of children were diagnosed either when they were symptomatic or as through contact screening when the mother was identified as positive.

Evidence shows timely administration of anti-retrovirals (ARV) to HIV positive pregnant women significantly reduces the risk of HIV transmission to their babies. It is a proven, inexpensive and effective intervention. Without intervention, the rate of perinatal transmission is 25-45% in developing countries. According to the latest global estimates, only 21% women in middle and low income countries were tested as part of antenatal care and only 33% of HIV pregnant women received the necessary treatment².

Sri Lanka has satisfactory maternal and child health services with more than 99% of antenatal population receiving antenatal care and delivering in health care institutions. In this context it is not acceptable to allow children being born with HIV due to unavailability of prevention of MTCT (PMTCT) services. Sri Lanka commenced PMTCT of syphilis programme in 1952 and had completed more than 50 years by 2014. Based on the success of the programme it was

improved as the elimination of congenital syphilis (ECS) programme in 2009³.

In Sri Lanka, PMTCT of HIV has been initiated in early 2002 with introduction of anti-retroviral therapy (ART) for HIV positive pregnant mothers⁴. A pilot project has been carried out from 2004 in few districts. Guidelines have been developed regarding ART for PMTCT, obstetric management, ART for infant and also on infant feeding. Although PMTCT services were offered to pregnant women identified as having HIV since 2002, these services were limited to few areas as only a low percentage of pregnant women were screened for HIV. It is a known fact many infected women are not aware of their risk status or sero-status. This makes it important to reach these women with not only information but also services including testing.

It is necessary to scale up the PMTCT services to cover the total population of pregnant women. In the year 2012, 99.8% of pregnant women registered for services were screened for syphilis of which 60% of testing had been carried out at the government STD clinics. However in the same year, the HIV testing coverage of pregnant women was only 5.6%⁵. WHO consolidated guideline on the use of ART, which was released in August 2013, recommends HIV testing in all pregnant mothers as provider initiated testing and counseling (PITC) in low prevalence settings like in Sri Lanka⁶.

Therefore screening of pregnant women for HIV had to be scaled up immediately, starting from areas with high case load, to reach needy people.

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In 2013 the decision was taken to integrate “Prevention of mother to child transmission of HIV programme” in to the existing elimination of congenital syphilis programme and the new programme was named as “Elimination of mother to child transmission (EMTCT) of syphilis and HIV programme”. The main objectives were to test all pregnant women for syphilis and HIV, provide information for prevention of infection among women and to provide treatment facilities to all those infected and their children⁷.

The remarkable feature of this programme is the link between several institutions at different levels. At the central level under the guidance of the Director General of Health Services and Deputy Director General Public Health Services, the central unit responsible for maternal and child health in the country, the Family Health Bureau, works closely with National STD AIDS Control Programme to give leadership to the programme. At the provincial level the Provincial Director of Health Services, community physicians and medical officer maternal and child health guide the provincial health care system to implement the programme in the community with the support of the district STD clinic and medical officers of health (MOH) offices. At the grass root level the MOH staff conduct awareness programmes, collect blood for testing and STD clinic staff provide testing and treatment facilities.

The EMTCT programme for syphilis and HIV of Sri Lanka was launched in mid 2013, at a gathering of medical authorities of ministry of health, maternal and child health services, provincial authorities as well as STD services representing all 23 districts in the country. High burden districts such as Colombo, Gampaha, Kandy, Matara, Galle and Hambantota were selected for the initial phase. Advocacy meetings were conducted in Colombo, Kandy and Galle districts to introduce the new programme. A circular was issued emphasizing the importance of the screening of pregnant women for syphilis and HIV. Steering committee was formed to guide the programme through regular reviews. Laboratory facilities had to be developed for increased testing for HIV with procurement of test kits and providing

laboratory equipment such as ELISA machines. International funding agencies UNICEF, World Bank and WHO supported the programme. In the year 2014 it was scaled up to cover Northern, North Central and North Western provinces from the 3rd quarter. With further scaling up it is expected to cover the whole country by 2016.

Screening for syphilis among pregnant women in government STD clinics increased as a result of revival of the programme for EMTCT of HIV and syphilis from 190,000 in 2012 to 240,000 as at the end of 2013. Number of samples tested for HIV among pregnant women increased from 17,000 in 2012 to 116,593 by end of 3rd quarter 2014. In the year 2013, 98 pregnant women were diagnosed as having syphilis and six women were identified as having HIV infection. By end 3rd quarter 2014, 91 pregnant women were diagnosed as having syphilis while 8 were confirmed as having HIV infection. By providing appropriate treatment MTCT of syphilis and HIV infections could be eliminated in these cases⁵.

It is important to understand that paediatric AIDS is a public health problem. Medically managing a young child with HIV is a difficult task. Furthermore, it is essential to realize the complex social and ethical issues which surface with every new case identified. Since 2011, all pregnant women with HIV who received services for PMTCT delivered uninfected babies. EMTCT services for HIV helps to achieve millennium development goals mainly 5, 6 and 7 i.e. reduce maternal mortality, children mortality and morbidity status of adult and children⁸.

According to the agenda of the UNAIDS, virtual elimination of mother to child transmission is expected by 2015². If the scaling up of the programme happens as planned, this may not be an impossible task for Sri Lanka.

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