

Birth Testing

ICAP Mozambique COP 18 Planning



ICAP

GLOBAL. HEALTH. ACTION.

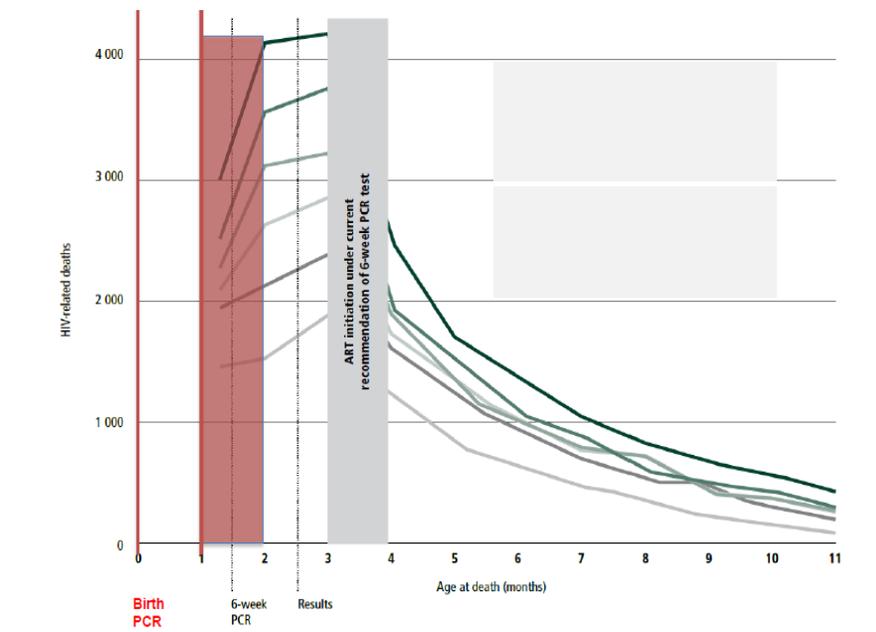
Columbia University
Mailman School of Public Health

The Problem



Test
earlier

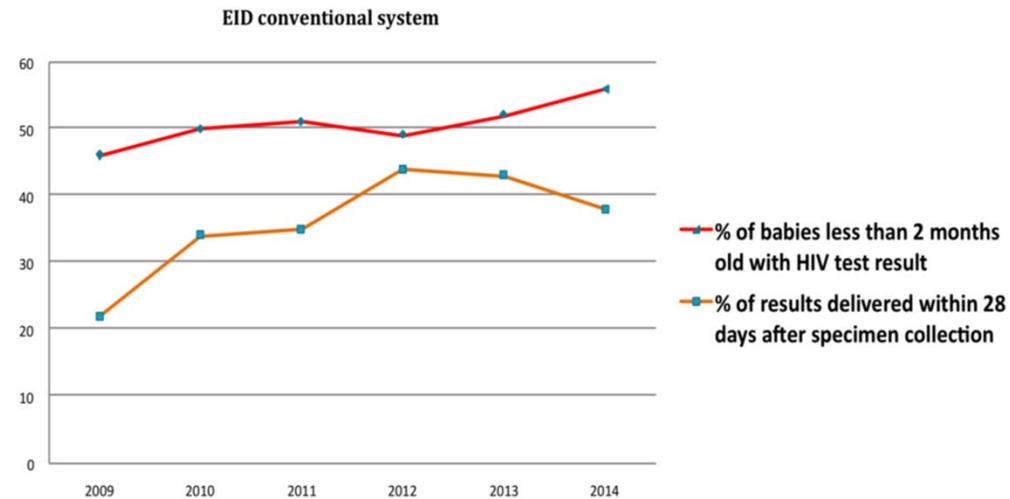
- Mortality is especially high during the first years of life, with children infected in-utero being most vulnerable
 - 6 week testing programs are critical but challenges still exist with uptake and timely turnaround of results
 - 50% of children would die within the 2nd year of life if not diagnosed and treated, with a peak of mortality at around 3 months of age (see graph).
- EID Coverage at 2mos is suboptimal
- Not all HIV infected women are identified before birth
- Only ~70% of women have institutional deliveries but high BCG coverage (90%)
- Challenges with TAT with PCR test results



Solution: Why Birth Testing in Mozambique

Birth testing would allow us to:

- Capture mothers who have institutional deliveries or home deliveries and bring child for BCG vaccination
- Strengthen delivery of retesting program
- Allow for earlier identification of infection in babies and initiate them promptly on treatment
- Increase coverage of children receiving testing
- Established experience in Mozambique with POC EID diagnosis

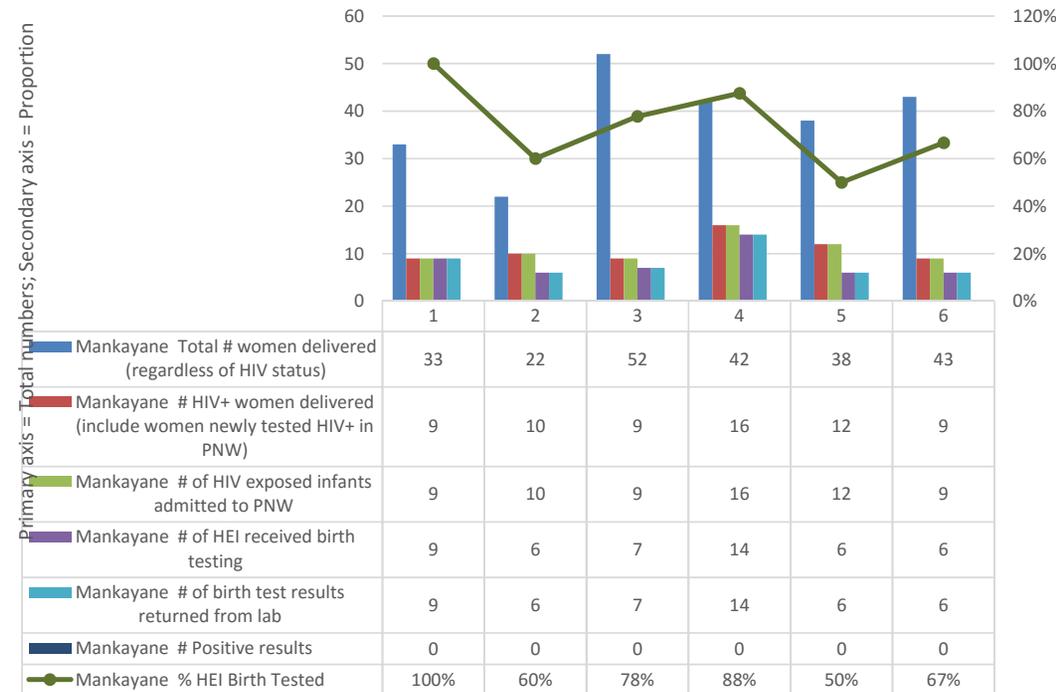


EID National Database, INS

ICAP Swaziland Pilot of Birth Testing

- Early implementation of birth testing:
 - High uptake and acceptability by clients and providers
- Using conventional ways of EID testing
 - DBS sample collected at birth and sent to lab for processing
 - Results returned to Birth Testing HF within 7days
 - Established a Lab Hotline for retrieval of Birth Test results
 - Results given at 7day post partum visit or at 6week FU visit
 - Where follow-up of clients is done at another HF other than place of delivery, peers/mentor-mothers call lab hotline to retrieve results from lab

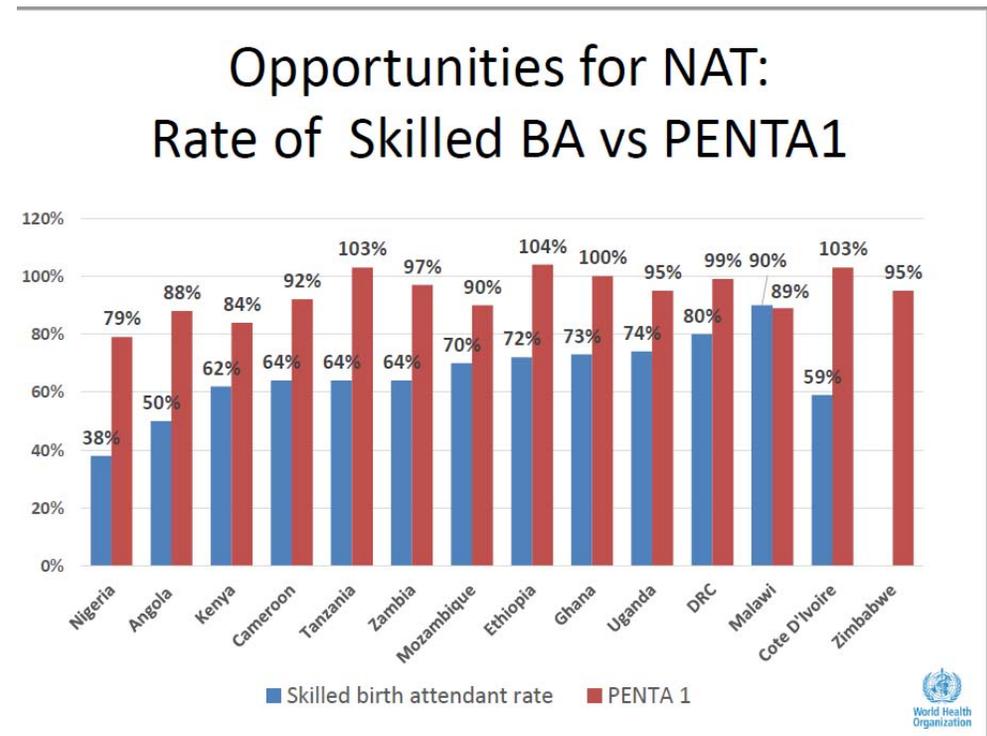
Birth testing cascade for Mankayane Hospital from the 2nd of October 2017



NAT at Birth: Considerations for *Place* of Birth Test in Mozambique

Maternity

- Proportion of institutional deliveries is variable (70%)
- Many mothers don't go back to the same HF as they delivered
- No formal link between maternity and postnatal visits
- Different registers
- Need to develop innovative tracking (bar codes/unique IDs)

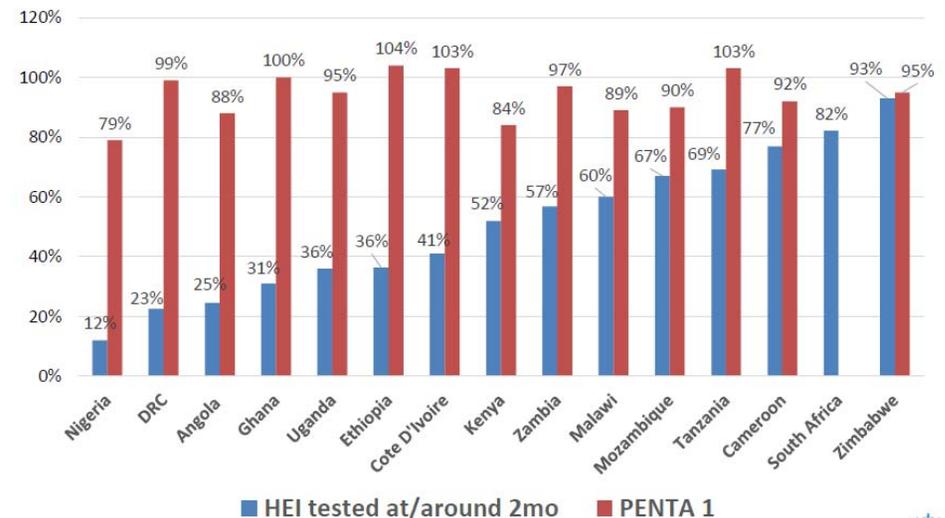


NAT at Birth: Considerations for *Place* of Birth Test in Mozambique

BCG visit

- High Uptake (90%)
- Same HF where other immunizations are provided and place where mom will return for care
- HCWs already trained on DBS collection
- Use same registers to track immunization and testing
- Can provide comprehensive package of services to HIV infected infants

EID at/around 6wks vs PENTA1



Proposed COP 18 Plan

- Pilot implementation of birth testing in 4 high volume health facilities (2 in Nampula and 2 in Zambezia) in maternity wards and PAV comparing POC and conventional methods for birth testing
- Evaluate feasibility and acceptability of birth testing and compare turnaround time (TAT) for provision of test results to client using POC vs SOC
- Inform MOH as it considers national rollout strategy

Impact

- Early identification of children infected by HIV will:
 - Reduce mortality and morbidity
 - Improve their growth and development
 - Prevent OIs, reduce TB incidence
 - Reduce Viral reservoir