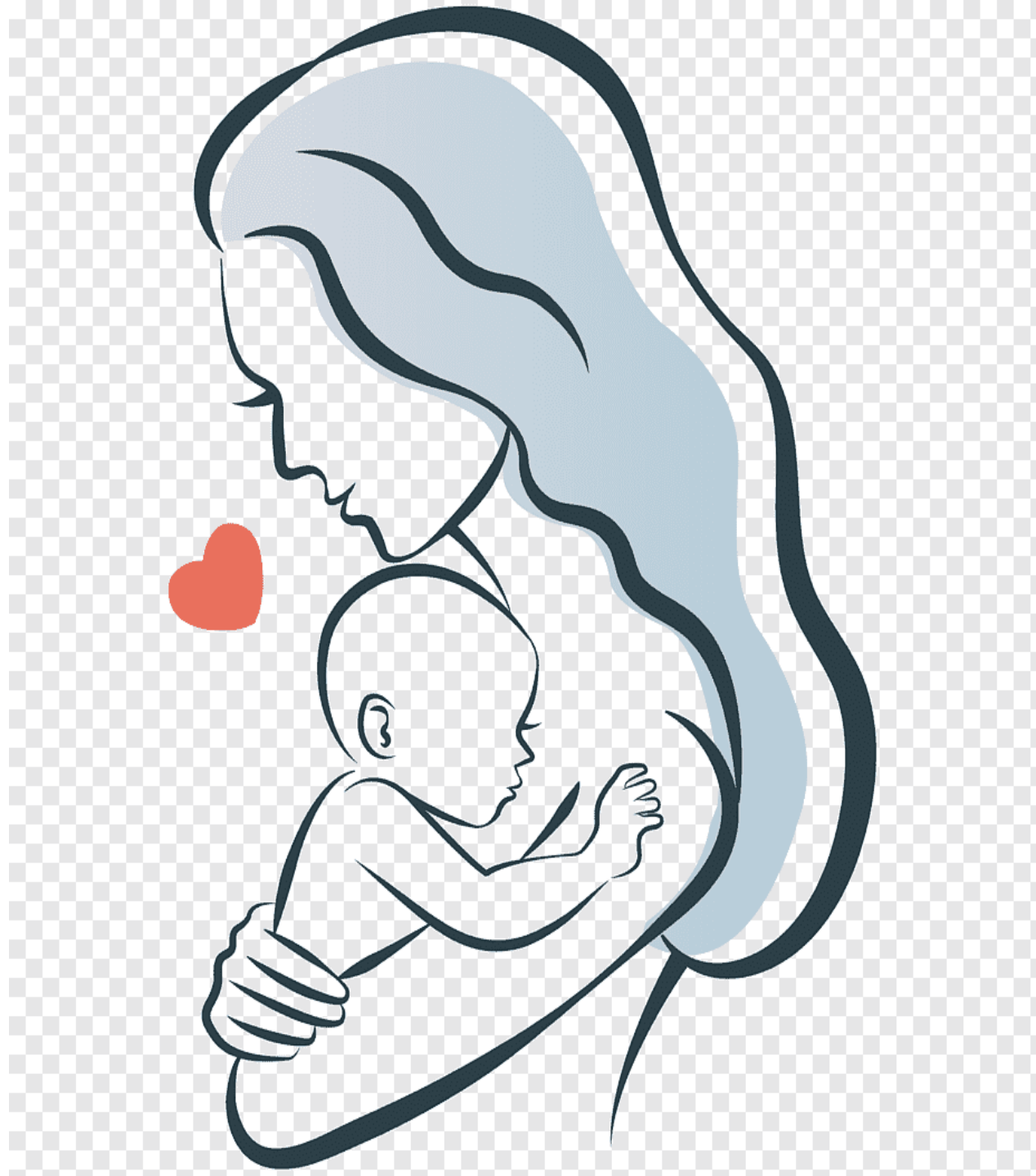




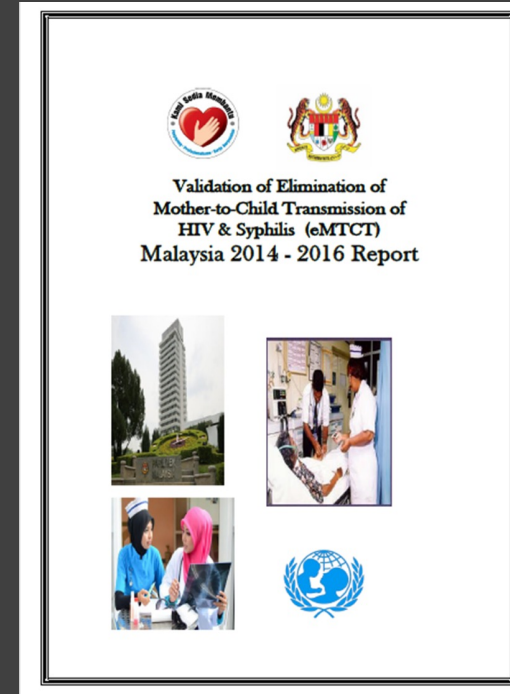
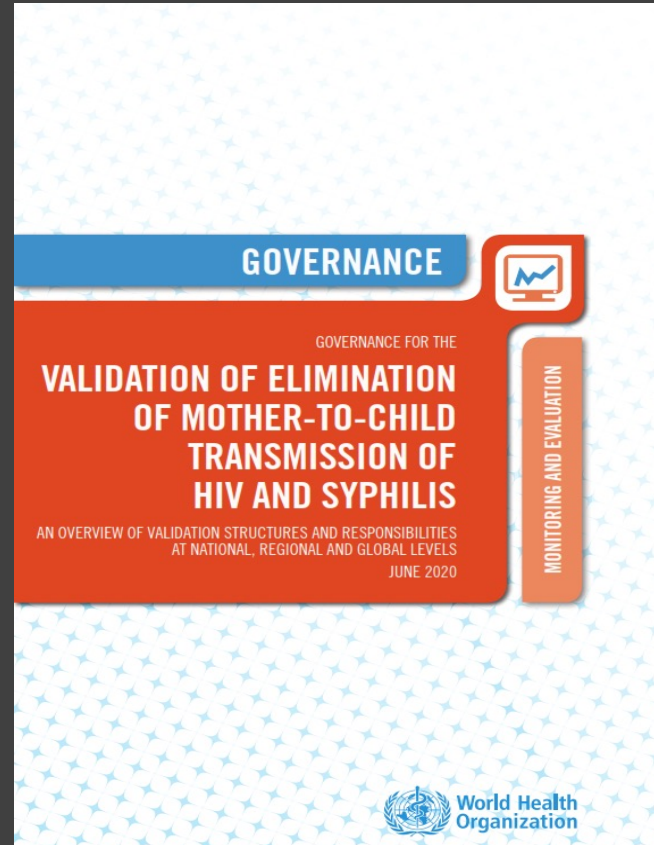
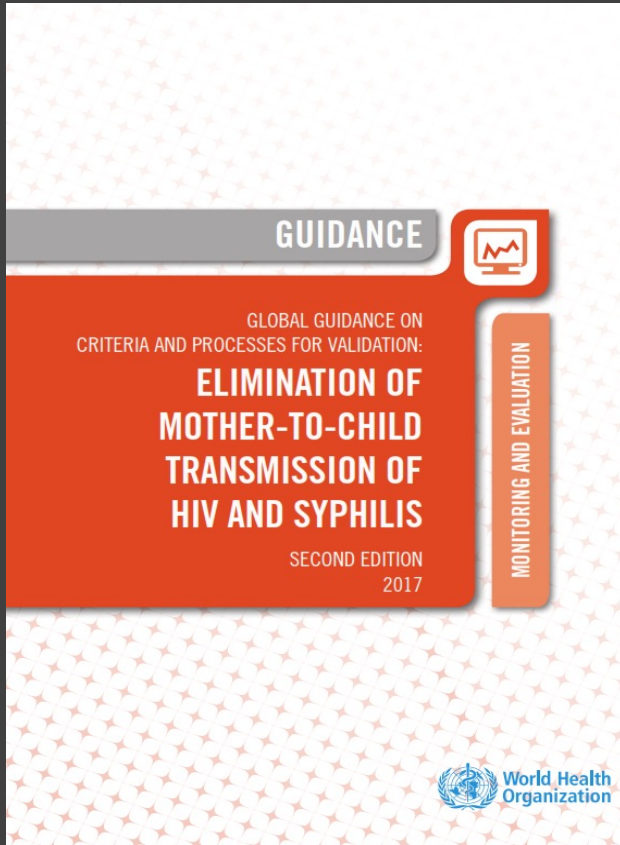
PROGRAM OF PREVENTION MOTHER TO CHILD TRANSMISSION FOR HIV AND SYPHILIS PERFORMANCE ASSESSMENT

Dr. Nurmawati Binti Ahmad
Ketua Penolong Pengarah Kanan,
Unit HIV/STI/Hepatitis C
Bahagian Kesihatan Awam,
Jabatan Kesihatan Negeri Johor

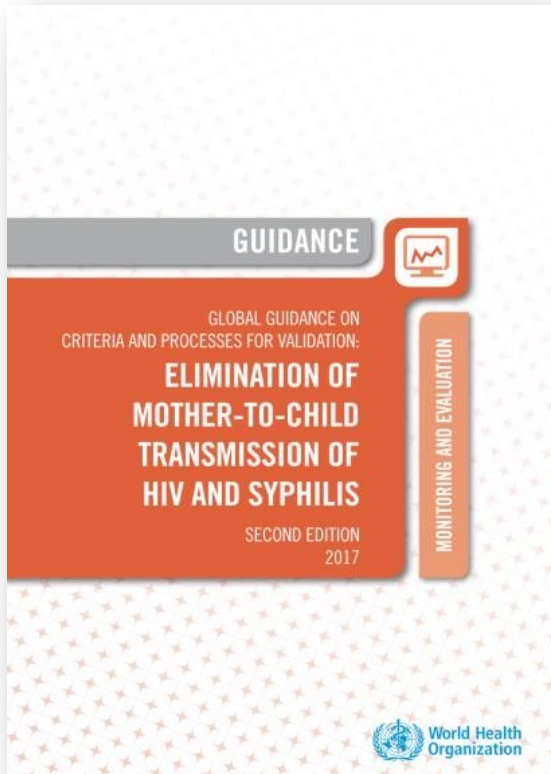


WHO Guidelines and validation tools

MALAYSIA EMTCT REPORT



Elimination of MTCT of HIV and Syphilis : Process & Impact Indicators



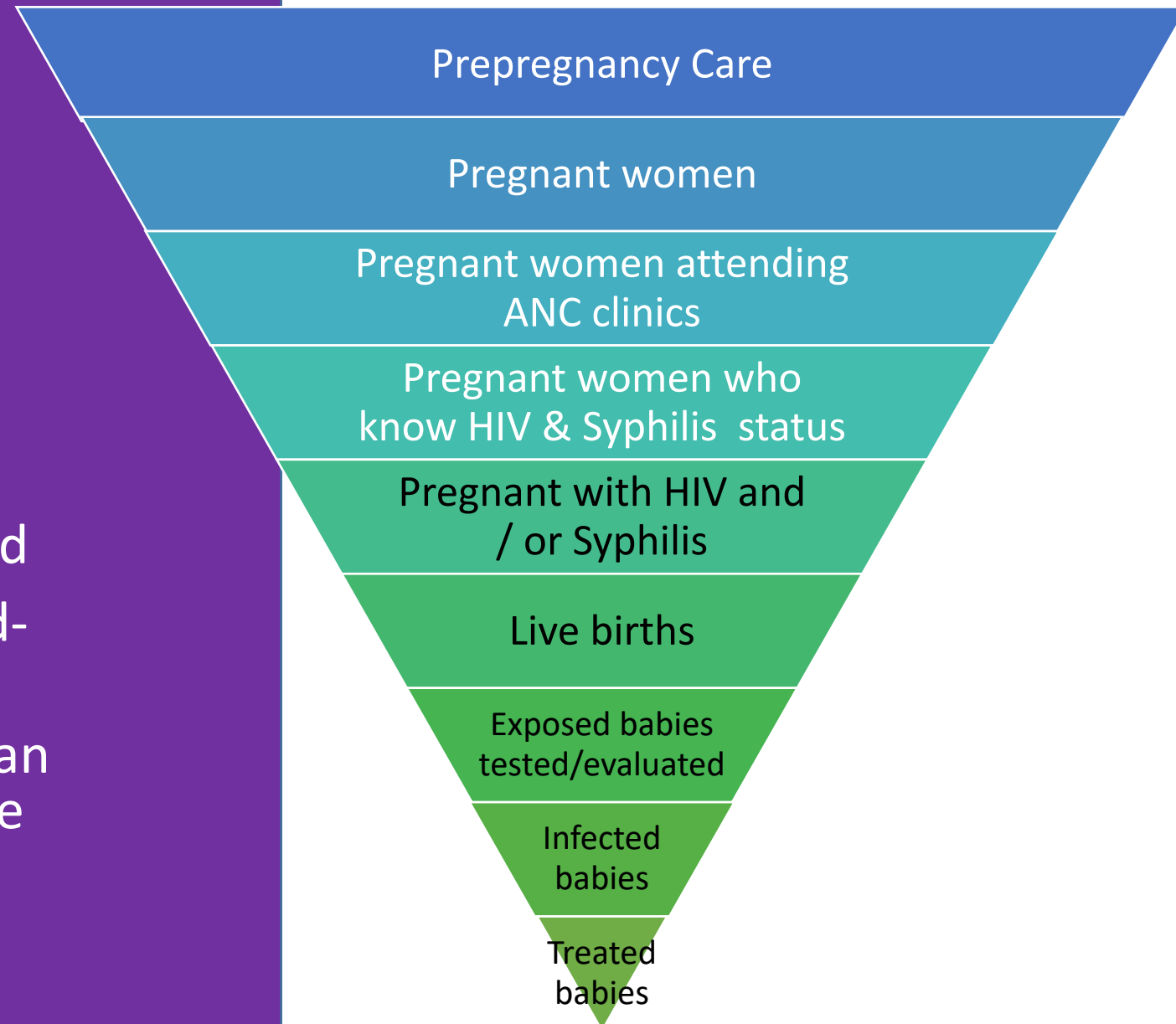
INDICATOR	HIV STANDARD Syphilis	
	HIV	Syphilis
Impact	<ul style="list-style-type: none"> • Incidence \leq 50 cases per 100,000 live births • MTCT rate < 2% non-breastfeeding < 5% breastfeeding 	<ul style="list-style-type: none"> • Incidence \leq 50 cases per 100,000 live births
Process	<ul style="list-style-type: none"> • ANC coverage \geq 95% • Testing coverage \geq 95% • ART coverage \geq 95% 	<ul style="list-style-type: none"> • ANC coverage \geq 95% • Testing coverage \geq 95% • Treatment coverage \geq 95%

Global Guidance on Criteria and Process for Validation Elimination of Mother-to-Child Transmission of HIV and Syphilis, Second Edition (WHO,2017)

GENERAL CONCEPT OF EMTCT OF HIV & SYPHILIS

MAIN FOCUS

- To understand **WHY** mother-to-child-transmission cases occurred
- To know **WHERE** mother-to-child-transmission cases happened
- To act on **HOW** health systems can be strengthened to support more at risk areas and populations






**HOW TO ASSES OUR
PERFORMANCE?**

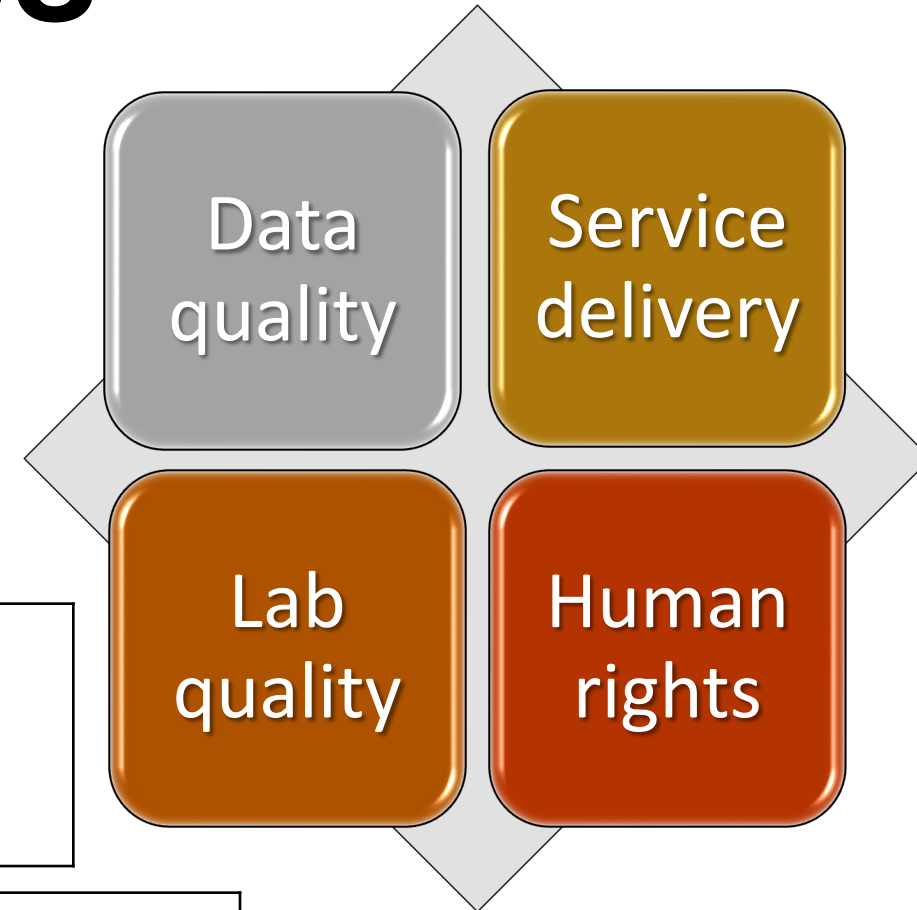
4 MAIN FOCUS

1		Data assessment and verification
---	---	---

2		Programme evaluation and assessment
---	---	--

3		Laboratory evaluation and assessment Guidance, checklists and tools
---	---	--

4		Human rights, gender equality, and engagement of civil society in the EMTCT process
---	---	--

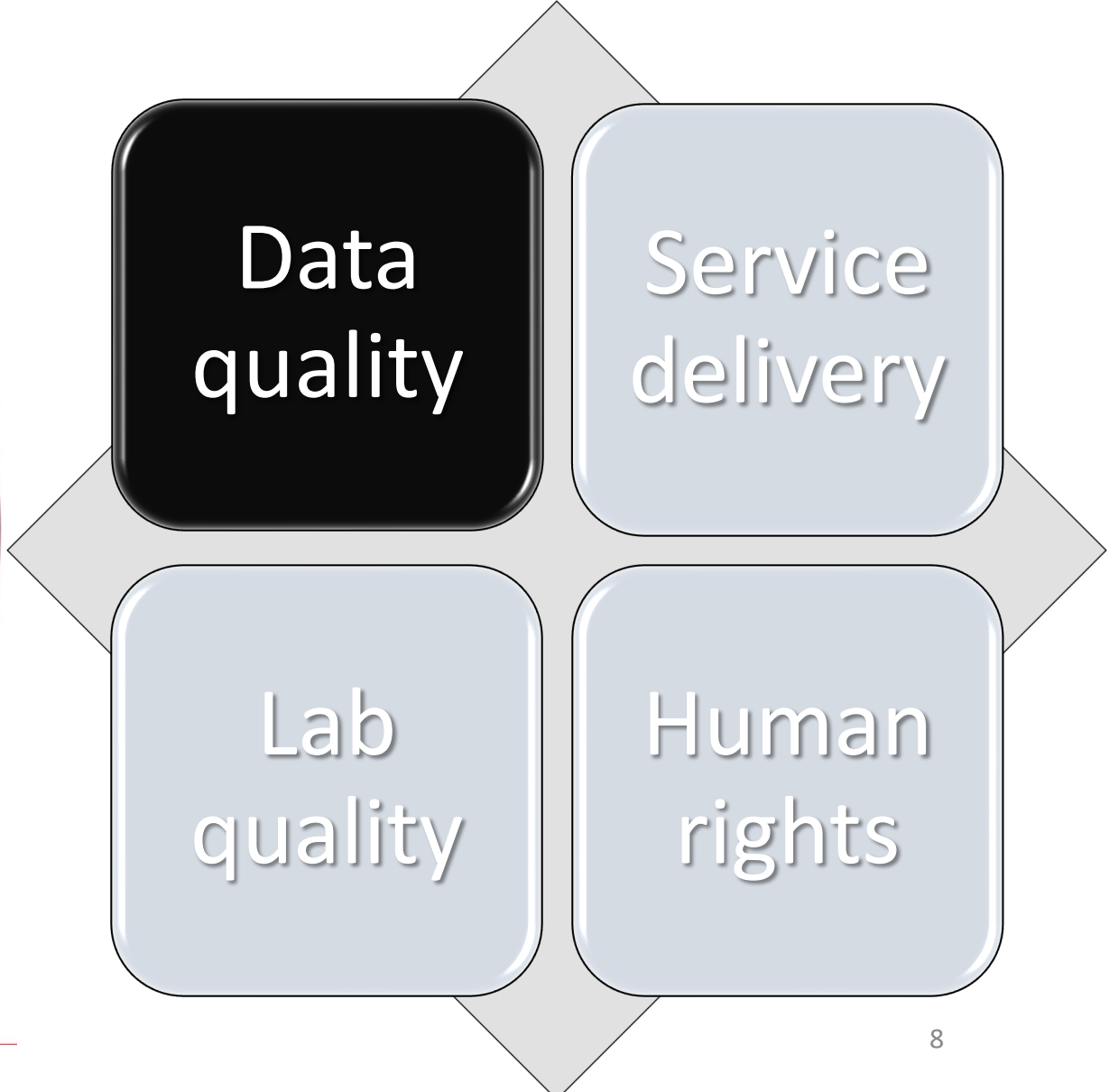


TECHNICAL WORKING GROUPS & TERMS OF REFERENCE

TWG 2 (DATA)	TWG 1 (SERVICES)	TWG 3 (LABORATORY)	TWG 4 (HUMAN RIGHTS)
<p>To provide advice and support for inspection of <u>DATA ON THE SUCCESS</u> of EMTCT of HIV / syphilis in Malaysia and in consistency with the National & International AIDS programme strategy</p>	<p>To review the <u>PROGRAMMATIC COMPONENTS</u> relevant to the elimination strategy eg primary prevention of HIV & syphilis, ANC service, testing, treatment and care for the mothers, infants and male partners</p>	<p>To ensure that the results generated by the <u>LABORATORY NETWORK ARE ACCURATE AND RELIABLE</u> Verification the existence of and adequate laboratory network to provide the services and sustain the achievement of elimination targets.</p>	<p>To ensure that the EMTCT targets have been achieved <u>in a manner consistent with basic HUMAN RIGHTS AND GENDER EQUALITY</u> considerations, and that <u>the community are meaningfully involved</u> in the planning, delivery, monitoring and evaluation programmes and services.</p>


Strengthening of PMTCT

sustain elimination



Objectives of data verification

To verify that the data actually represents the achievement in the ground. To have similarity and valid data at all levels from health clinic, district , state and country



To have a systematic way of collecting data, registry and detailed information of all cases registered



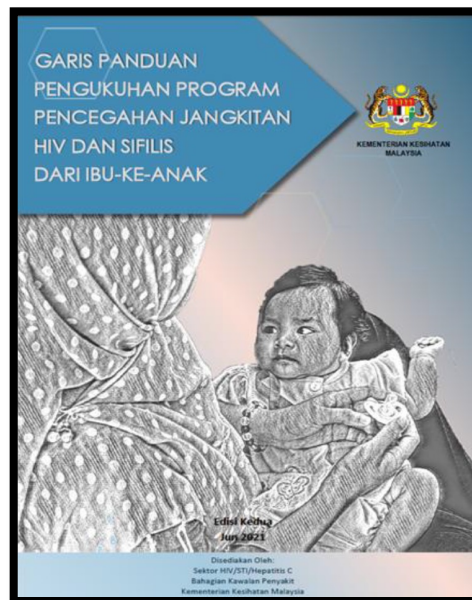
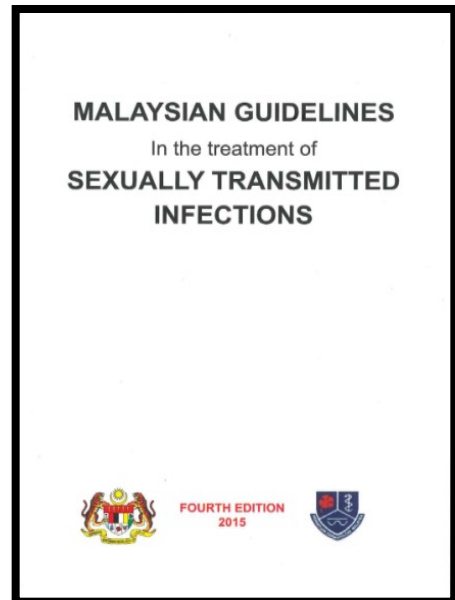
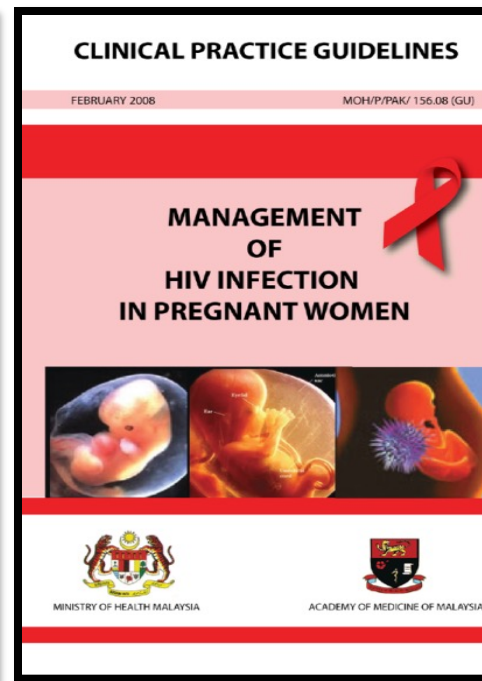
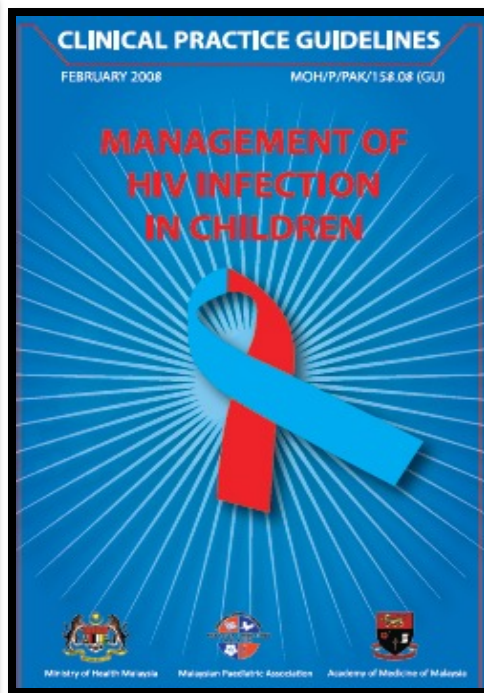
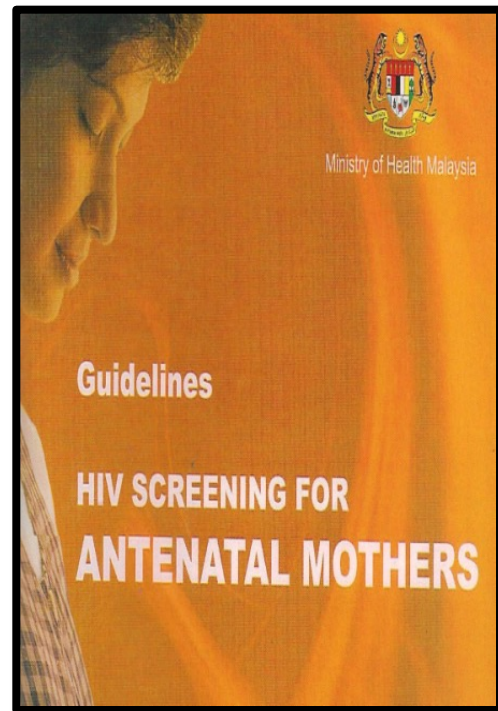
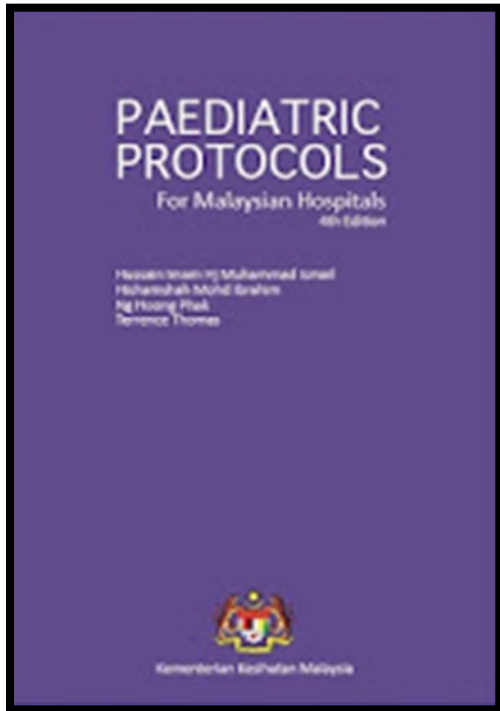
To profile the PMTCT pattern in the state



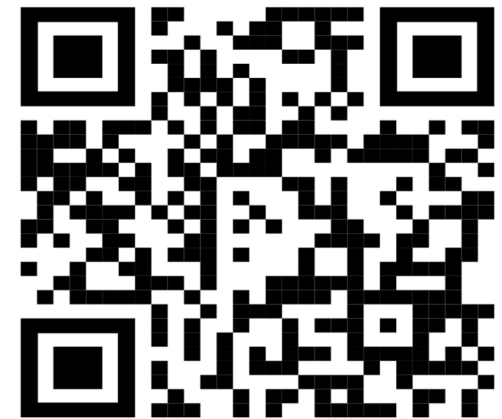
To ensure that the data is reproducible and NO MISS OF CASES

Steps in data verification and impact assessment

- Achievements of impact & some of the process indicator
- Cases are known to person in charge
- Records are kept confidential
- Documentation process – screening, treatment, follow up
- Dedicated staffs involved in prevention, care & treatment for all cases.
- Work flow at all levels
- Ease of information
- Commitment at all levels
- Online database and monitoring
- Notification via E-Notification System
- Staff and training on HIV and syphilis - documented
- Awareness of program, SOP and Guidelines, Laws governing
- Team communication– Documented Meeting report



Semua Anggota Kesihatan perlu ada dalam bentuk hard copy/soft copy



elearningjknj.moh.gov.my

Strengthening of PMTCT

sustain elimination



Data
quality

Service
delivery

Lab
quality

Human
rights

Objectives of service assessment

To verify the existence of **systematic program management and provision of service that is comprehensive** which is needed to achieve and maintain a programme for PMTCT of HIV and Syphilis

To ensure that the service is reproducible and **NO MISS OF CASES**

Steps in program and service assessment

- **Intervention towards prepregnancy care especially in high risk group**
- **Offering Screening for HIV (Anonymous/voluntary)**
- **Flow for accessibility, efficiency and timeliness of screening, treatment and follow up**
- **Have a systematic lab investigation report – HCW know turnaround times for results and treatment initiation**
- **Flow of referral and counter-referral (between clinics and hospitals)**
- **Measures for loss to follow up – by phone and home visit by clinic/pkd**
- **SOPs of HIV/Syphilis testing and late booking (was RPR repeated)**
- **Documentation of follow up and Laboratory records in Card A and B are similar.**
- **Family planning and safer sexual practice promotion (condom distribution - documented evidence)**
- **Plan for partners – testing and treatment for HIV and syphilis (spouse or partner arrangements)**
- **Management of infants and feeding (provision of formula and monitoring)**

KUMPULAN BERISIKO TINGGI ANTENATAL :

a) Ibu hamil yang berisiko tinggi iaitu:

- 1) Kehamilan remaja
- 2) Ibu hamil tunggal
- 3) Ibu hamil yang mempunyai pasangan tetapi tidak daftarkan pernikahan
- 4) Ibu hamil yang bernikah lebih dari 1 kali
- 5) Ibu hamil yang pernah bercerai dan kemudian bernikah semula dengan pasangan yang sama atau berlainan selepas bercerai dalam tempoh yang lama.
- 6) Ibu hamil yang tinggal atau datang daripada kawasan pedalaman / orang asli
- 7) Ibu hamil yang mempunyai sosioekonomi tidak stabil/rendah
- 8) Ibu hamil atau pasangannya merupakan warganegara asing atau pendatang tanpa izin
- 9) Ibu hamil yang salah seorang pasangan bekerja jarak jauh.
- 10) Pasangan yang sering bekerja di luar dalam tempoh lama.
- 11) Pasangan kepada ibu hamil tersebut mempunyai pasangan/isteri lebih dari seorang.
- 12) Mempunyai hubungan kelamin lebih dari satu pasangan.
- 13) Ibu hamil yang mempuat hubungan kelamin tanpa sebarang alat pencegahan kehamilan tanpa nikah atau dengan berbilang pasangan.
- 14) Ibu hamil yang pernah mendapatkan rawatan sebarang jenis penyakit kelamin
- 15) Ibu hamil yang merupakan pekerja seks
- 16) Mempunyai sejarah kehamilan stillbirth / keguguran (miscarriage) walaupun sekali.
- 17) Mempunyai sejarah kehamilan yang tidak didaftarkan (un-booked / unscreened)
- 18) Ibu hamil atau pasangannya mempunyai sejarah atau masih minum arak/ mengambil sebarang bentuk dadah / klien methadone/ disahkan HIV atau sebarang penyakit kelamin.

b) **“Late booker”** iaitu ibu mengandung yang hadir pada trimester kedua atau ketiga (≥ 28 minggu)

c) **“Hard to reach population”** contohnya Orang Asli, pesakit yang tinggi risiko untuk keciciran lawatan (default)

d) **kes berisiko tinggi/key population** dari kumpulan men sex with men, Transgender, pekerja seks dan Klien berkongsi jarum suntikan.

Nota: pihak KK/Hospital diminta untuk ‘print out senarai ini dan dipaparkan di ruang rawatan/ pengambilan darah bagi peringatan staf dari masa ke semasa.

AUDIT

Rekod Pesakit

Penyimpanan -Kad ibu - secara sulit

- Kabinet berkunci/Lokasi/Akses

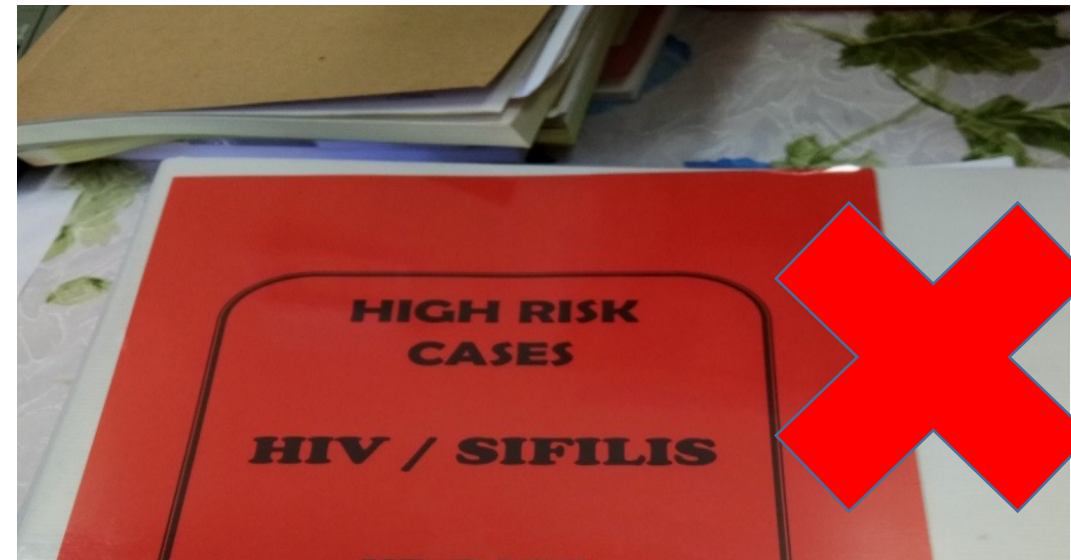
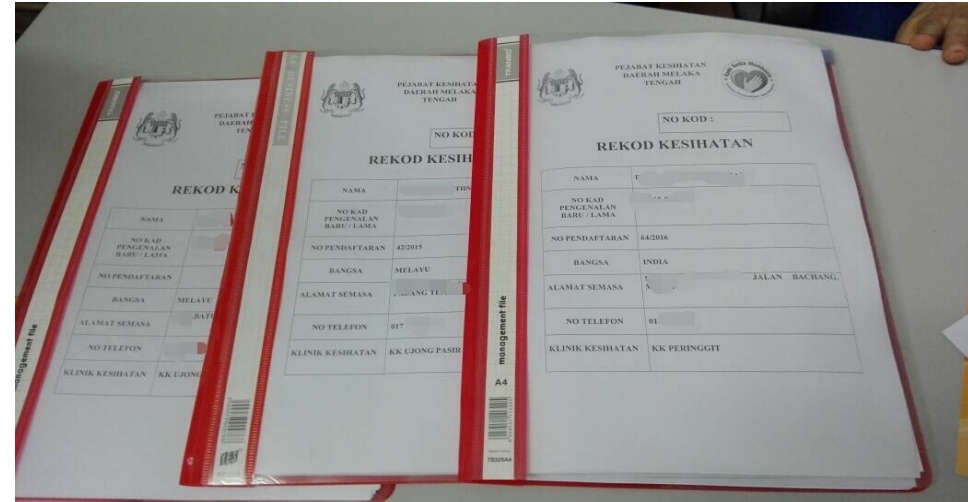
Maklumat dalam kad ibu

- Tagging risiko
- Ujian HIV (tarikh/ anggota/keputusan)
- Ujian RPR (tarikh/ anggota/keputusan)
- Rawatan ARV– lengkap / x lengkap

Reten

- Borang/ KKM/ Ante/HIV/2000
- Borang Lampiran_6b_Ante-STI
- Ante/STI

Bukti notifikasi



5.3 BAHAGIAN A : PERIHAL KANDUNGAN LALU

No	Tahap	Hase Kandungan	Jenis Kelahiran	Tempat & Disambatkan	Jantina	Berat Lahir (kg)	Keupayaan		Peyataan Sesi Dst/Tempah	Kedudukan Anak Sekarang
							Ibu	Anak		
1	2004	TERM	IVD	Ho P Taka jaya Ho P Se dah	L	2.80	-	-	6/12	Atas Tamat
2	7018	TERM	IVE		L	2.82	-	-	6/12	Atas Tamat
3	7016	2/11	COMPLETE	MODATIAN						

Tarikh Perkahwinan: 22/06/2004 (No. Sijil: 138881)
(No. Daftar: 575/04)

5.4 BAHAGIAN B : UJIAN SARINGAN ANTENATAL

No	Jenis Ujian	Tarikh diambil	Keputusan
1.	Kumpulan Darah Rhesus		B+ve
2.	VDRL +/- TPHA		NR
3.	HIV/Rapid Test		NR
4.	Hepatitis B		
5.	Tuberculosis (hanya untuk ibu mengandung pertama, yang belum menjalankan ujian saringan)		
6.	BPMP		

Nama KTK: MORDA
 Batch No: W00661203W
 Expiry Date: 25/12/18
 Dilakukan Oleh: SA AGG

Setiap ujian RTK yang dijalankan WAJIB didokumenkan dengan lengkap maklumat berikut di dalam kad rawatan pesakit:

- tarikh ujian RTK HCV
- keputusan ujian RTK HCV : reaktif atau tidak reaktif
- batch atau nombor lot
- jenama RTK HCV.
- Pegawai yang menjalankan ujian
- Control : positif /negatif

Strengthening of PMTCT

sustain elimination



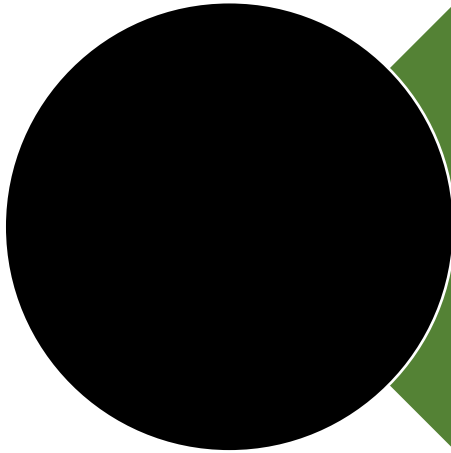
Data
quality

Service
delivery

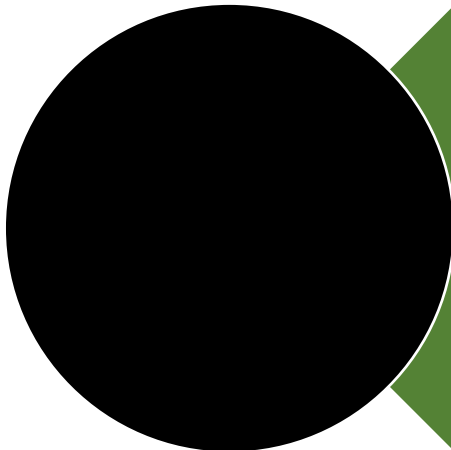
Lab
quality

Human
rights

Objectives of laboratory assessment



To verify the existence of an adequate laboratory network to provide the services needed to achieve and maintain a programme for PMTCT of HIV and Syphilis



To ensure the results generated by the laboratory network are ACCURATE and RELIABLE

Steps in laboratory assessment

- turnaround times for results through lab
- Sample collection – in and out – date, time sample sent to lab, to hospital and received result.
- Equipment /Staff – type of test and how to handle the machine, calibration
- SOPs of HIV/Syphilis testing
- Recording of results and information transfer from lab/hosp to doctors
- Laboratory records – for workload burden
- QA programme – quality check and control – training RPR
- To ensure quality of RDT Syphilis/HIV – stock profile

AUDIT

Ujian saringan HIV-RTK

- Rekod staf terlatih (latihan)
- rekod ujian

RTK

- Rekod keluar masuk
 - Tempat penyimpanan
 - Stok –bin card
 - catatan suhu

Tindakan untuk vulnerable group

- Anonymous/voluntary screening

Latihan Anggota (rekod latihan)

- POCT RTK

- Surat pekeliling berkaitan ujian pengesahan

- SOP /manual ujian pengesahan HIV/syphilis

- Carta –alir ujian HIV

- Rekod penerimaan keputusan ujian

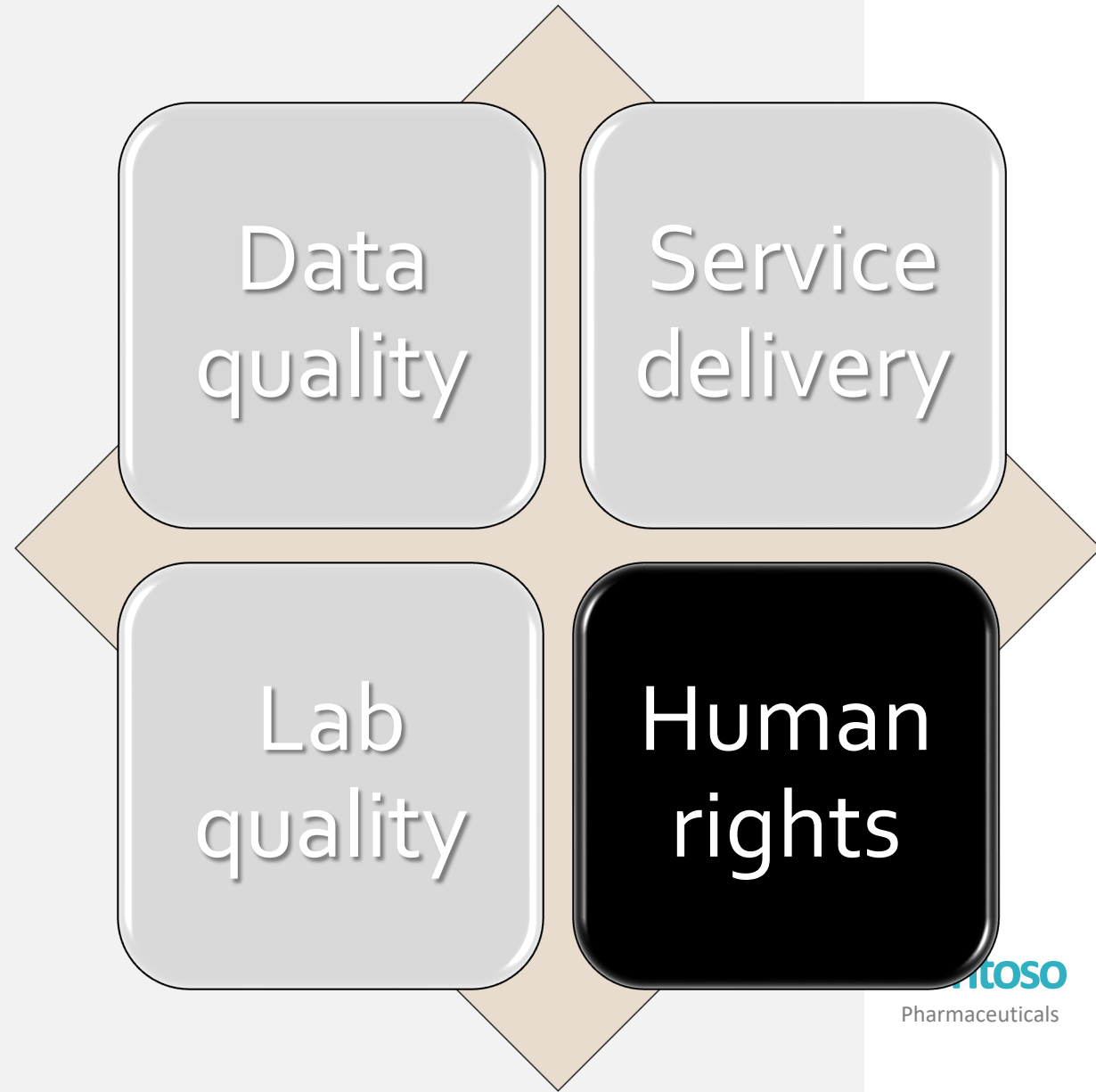
- Rekod keputusan ujian diserahkan

- Rekod ujian RPR (tarikh/keputusan/anggota yang menjalankan)

- Quality Control ujian HIV (RTK) dan RPR

Strengthening of PMTCT

sustain elimination



Objectives of human rights evaluation

To ensure that all patients are protected

To identify laws and policies that directly or indirectly criminalise patients



Steps in data verification of human rights

- Confidentiality
- Interview with HCW
- Complaint record
- Persetujuan (Informed consent)
- Cara aduan
- Interview with patients (HIV/Syphillis mother in care performance)
- Staff and training on HIV and syphilis – stigma and discrimination
- Availability of condom/contraceptions
- Awareness of program, SOP and Guidelines, Laws governing
- How are vulnerable populations addressed (orang asli, UNHCR, migrant workers/teenager)
- Gender based violence (abuse victims or rape)

HUMAN RIGHT

- Women and their partners have the rights to proceed with their intended marriage irrespective of their HIV status.
- Women (during pregnancy and post-delivery) and their partners will continue to receive appropriate health care regardless of their social background and health status.
- Women and their partners have the right to determine the number of children they wish to have, irrespective of their HIV status. During counselling sessions, women who are HIV+ are counselled to use various types of contraception available in health clinics varying from the usage of oral contraceptives, condoms and hormonal injections.
- Women are represented in key decision-making bodies / committees.

4. Conclusion



ACT NOW

- Do a self audit and write a report on the findings, shortcomings and initiatives to improve
- PMTCT meeting twice a year – to look into cases and flow of management and for all stakeholders to be on the same platform
- Audit yearly to ensure no shortfalls and system in place
- Ensuring flow of data is consistent



ACT NOW

- Dedicated staff to be a liason officer to manage data

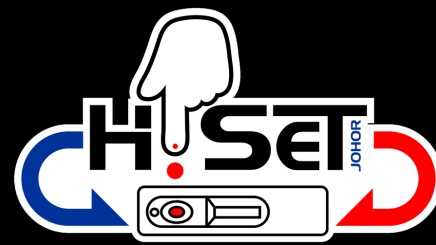
- Case management has to be thorough and seen by superior

- Awareness and train staff

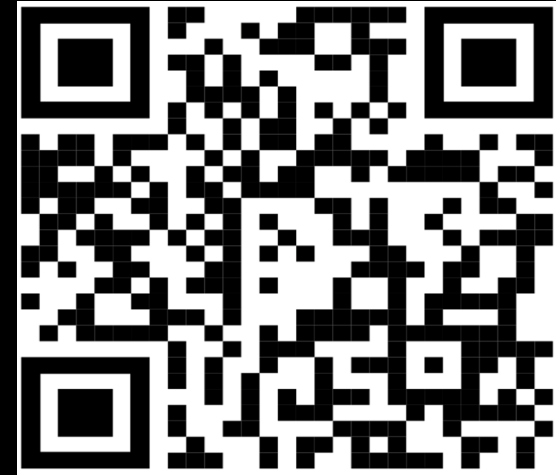




@Johor Sihat Tanpa HIV



elearningjknj.moh.gov.my



**UNIT HIV/ STI/ HEPATITIS C
BAHAGIAN KESIHATAN AWAM,
JABATAN KESIHATAN NEGERI JOHOR**