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Introduction to Yezingane Network

Yezingane Network is the children's sector civil society network representing several networks and organisations across South Africa that work to prevent and address the impact of HIV/AIDS, TB and STI's on children in South Africa. Together the network has a reach of several hundred Children's organizations who in turn serve tens of thousands of children in the country. The Yezingane Network was established in 2003, primarily to co-ordinate the Children's Sector representation on the South African National AIDS Council (SANAC) and to champion the children's sector activities in support of the HIV and AIDS and STI National Strategic Plan for South Africa (NSP) 2007-2011 and the new NSP 2012-2016.

Through Yezingane Network key advocacy and coordination issues are taken up and brought to the attention of the South African National AIDS Council (SANAC). In the past our engagement with SANAC has been largely focussed at the national level but as we work towards the realization of the NSP 2012-2016 we aim to work at provincial, district and local levels. Moreover, the Yezingane Network engages in policy and programme formulation, as well as coordinating and monitoring children's sector initiatives. As a result there have been numerous successes leading to changes in policy and practice in relation to HIV prevention, treatment, and care and support for children.

Yezingane Network has had various successful engagements with members as well as with relevant government departments particularly in the area of Prevention of Mother-To-Child-Transmission of HIV. The network has played a significant role in contribution to the HCT policy and has been engaged with mobilising of the children's sector at the provincial level over several key programmes. Over the past five years Yezingane Network was funded predominantly by international donors, Irish Aid and Save the Children Sweden. The current financial and funding situation has changed considerably in recent months as international donors are withdrawing their significant support the country. In light of this funding gap created as a result and in a bid to ensure the sustainability of current and future plans of the network support is being sought from SANAC. The support required is particularly required to ensure that our plans around our key priority area of prevention of childhood HIV infections as well as reduction in mortality from HIV is not derailed as a result of this funding gap.

Challenges facing EMTCT

South Africa has successfully taken its national PMTCT programme to scale, with now more than 95% of pregnant women being tested for HIV (2010 stats) and over 95% of pregnant women with HIV received ARVs for PMTCT in 2011. However, HIV remains one of the leading causes of maternal

and child mortality with only 68% of HIV-exposed infants receiving ARVs for PMTCT in 2010. Furthermore an estimated 72,200 children were newly infected with HIV in 2009 in South Africa.

Most pregnant women in South Africa (>95%) attended at least one ANC visit in 2010, yet surveys suggest that fewer attend at least four visits, as recommended by WHO, compared to those attending at least one (87% vs. 97%, 2008). Early booking for ANC is low with 32% of women attending the first ANC visit in the first trimester of pregnancy. Delivery care coverage is good, with 91% of women delivered with a skilled birth attendant in 2003.

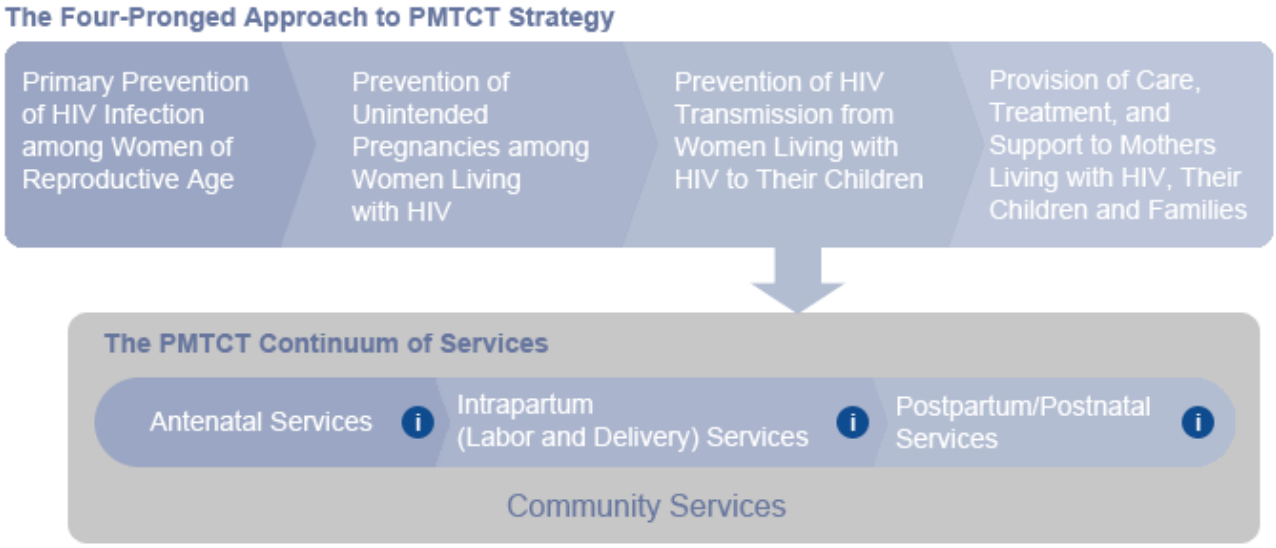
Among pregnant women living with HIV who received ARVs for PMTCT in 2010, 32% received ART for their own health. Only about half of HIV exposed infants (54%) received co-trimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality. Coverage of early infant diagnosis was 69% in 2010, and paediatric ART coverage was 58% in 2011. Among mothers of HIV-exposed infants 20.4% were practicing exclusive breast feeding, 61.5 formula feeding (no breast milk) and 18.1% mixed breast feeding in the eight days prior to the interview.
Furthermore, breastfeeding ARV coverage was at a low 38% in 2011.

There is still a need for:

- Increased early attendance to Antenatal Clinic.
- Improved breastfeeding practices including Exclusive breastfeeding for all mothers for a minimum of 6 months, as well as no mixed feeding.
- Improved quality of PMTCT services, including treatment for the woman's own health and the phase out of single-dose nevirapine – moving to Option B (explained below).

Yezingane Network Response

The four prong approach to the Elimination of Mother to Child Transmission as described by UNAIDS is as follows:



While all four of these prongs are of utmost importance for EMTCT, the proposal for this project focuses on the last two namely: Prevention of HIV Transmission from Women Living with HIV to their

Children, and Provision of Care, Treatment, and Support to Mothers Living with HIV, their Children and Families. While being aligned to this programmatic framework it is also important for this campaign to be aligned to future developments in policy regarding breast feeding prophylaxis and the respective treatment regimens given to children and mothers. Yezingane Network supports South Africa's policy changes regarding EMTCT treatment from Option A to Option B as outlined below. National Department of Health has now endorsed this (Option B), to start from 1 April 2013, and we therefore see a huge and urgent need for our membership to be informed and trained as they in turn will be responsible for mobilization of communities at district and local level around this new policy.

Table 1. Three options for PMTCT programmes

	Woman receives:		Infant receives:
	Treatment (for CD4 count ≤350 cells/mm³)	**Prophylaxis (for CD4 count >350 cells/mm³)**	
Option A[a]	Triple ARVs starting as soon as diagnosed, *continued for life*	*Antepartum*: AZT starting as early as 14 weeks gestation *Intrapartum*: at onset of labour, sdNVP and first dose of AZT/3TC *Postpartum*: daily AZT/3TC through 7 days postpartum	Daily NVP from birth through 1 week beyond complete cessation of breastfeeding; or, if not breastfeeding or if mother is on treatment, through age 4–6 weeks
Option B[a]	*Same initial ARVs for both*[b]*:*		Daily NVP or AZT from birth through age 4–6 weeks regardless of infant feeding method
	Triple ARVs starting as soon as diagnosed, *continued for life*	Triple ARVs starting as early as 14 weeks gestation and *continued intrapartum and through childbirth if not breastfeeding or until 1 week after cessation of all breastfeeding*	
Option B+	*Same for treatment and prophylaxis*[b]*:*		Daily NVP or AZT from birth through age 4–6 weeks regardless of infant feeding method
	Regardless of CD4 count, triple ARVs starting as soon as diagnosed,[c] *continued for life*		

Note: "Triple ARVs" refers to the use of one of the recommended 3-drug fully suppressive treatment options.

[a] Recommended in WHO 2010 PMTCT guidelines

[b] True only for EFV-based first-line ART; NVP-based ART not recommended for prophylaxis (CD4 >350)

[c] Formal recommendations for Option B+ have not been made, but presumably ART would start at diagnosis.

Whilst HAART for every HIV infected pregnant woman makes for a more streamlined and simpler programme it will require joint civil society and government partnership to make this work. Any change in policy and practice introduces with it the challenge of effective and accurate communication and messaging. This is an area where Yezingane would play a major role.

KEY MESSAGES FOR NEW PMTCT POLICY

1. **Seek ANC booking early** – this would be necessary to ensure that early testing and early initiation of HAART has the maximum benefit for the antenatal population
2. **Ensure early HIV testing in pregnancy** – again to access HAART early

3. **Ensure early TB screening in pregnancy** – diagnose and treat TB, or initiate INH Prophylactic Therapy (IPT)
4. **HAART** – will be for both PMTCT and maternal health (will require careful and well developed messages)
5. **Infant Prophylaxis** - No longer need for prolonged infant prophylaxis (Nevirapine) i.e only 6 weeks daily NVP.
6. HAART has added and very important role in **reduction of transmission in discordant couples** – i.e. protection of a woman's HIV-negative sexual partner from infection, important consideration when breastfeeding prophylaxis no longer required.

An important consideration involves women who test HIV negative during pregnancy but subsequently become infected in the postnatal period and are breastfeeding. These women are at a higher risk of transmitting HIV to their infant during breastfeeding due to their high viral load that occurs during a recent infection. It is imperative that the new policy addresses this group by ensuring that all breastfeeding women whose status was negative or unknown are regularly tested for HIV throughout the breastfeeding period. This testing could be introduced within the programme at points in time when women attend the primary healthcare clinics for their infants for their immunization i.e 6, 10, 14 weeks and 9 months and 18 months.

Yezingane Network EMTCT Campaign Outline

The aim of this campaign is to strengthen the Elimination of Mother-To-Child Transmission of HIV programme in South Africa. This will be done through raising awareness about EMTCT services available to mothers and promoting healthy behaviours amongst mothers including breastfeeding and regular antenatal clinic visits as well as early and regular postnatal follow up. The various communication channels identified for this campaign have been selected to direct messages to a wide variety of women that includes mothers and women who are planning on a pregnancy across South Africa. Creative posters with cartoon images which appeal to mothers will convey the campaign messages in various settings where mothers frequently visit including schools, clinics, religious buildings and taxis. Television and radio interviews, a press release, as well as newspaper, magazine, and online articles will all ensure that media channels are saturated with the EMTCT campaign messages in order to reach mothers in various settings. Furthermore, scientifically accurate, policy aligned, and mother friendly information material about EMTCT will be made available to mothers as well as health practitioners working with EMTCT to ensure a strong knowledge base is guiding the campaign.

The timeline set out for this campaign is over 24 months starting from January 2013. The first seven months will involve detailed and comprehensive planning and preparation, with the launch being on the 1 August 2013 to coincide with World Breast feeding week (1-7 August) and National Women's Day (9 August). The campaign will continue from then until the end of December 2014 with specific emphasis being made on the various Health Awareness Days including National Nutrition week, National Children's Day, Reproductive Health Month, and Pregnancy Awareness Week.

Campaign messages:

This campaign seeks to communicate simple yet effective messages that connect with mothers even in the most rural areas, pushing forward the values of proper nutrition, and adherence to treatment, as well as highlighting the importance of antenatal care so that there is improved continuity of ANC and PMTCT services for both the mother and the child. The messages for this campaign will be developed further in collaboration with key paediatricians and other experts in Yezingane Network. Some indication of the type of messaging that will be communicated is conveyed in the presentation accompanying this proposal.

Objective	Raise awareness about EMTCT services available to mothers and promote healthy behaviours amongst mothers including breastfeeding and regular antenatal clinic visits.					
Motivation and justification	Exclusive breast feeding for 6 months as well as Antenatal clinic visits are still priority areas needing attention, as mentioned in the challenges facing EMTCT above. Furthermore, the Option B Policy changes for breast feeding prophylaxis in National Department of Health presents a valuable opportunity to inform health care workers and mothers about the resultant changes in policy and practice.					
Communication Channel	**Activity**	**Target Audience**	**Indicator**	**Target**	**Outcomes**	**Cost**
T.V. and Radio Morning Live (SABC 2); parenting TV shows; Radio: UKhosi, Gagasi, Lotus, Metro, SAFM, Highveld, Y FM, 5 FM, Umhlobo Wenene, Radio 2000, and community Radio stations	Interviews of key Yezingane Network members. Interviewees will have information briefs guiding them on the discussion during the interview.	Mothers and general public	No. TV and Radio interviews for the EMTCT campaign	3 TV 20 Radio	Mothers and general public are made aware of EMTCT services available, the importance of early and regular antenatal clinic visits as well as to breastfeed their child for a minimum of 6 months.	82 500
Print – Newspapers, publications, information briefs, and creative posters	Update EMTCT Info Brief and Infant Feeding FAQ	Existing and potential mothers	EMTCT Information brief and Infant Feeding FAQ updated with input from key paediatricians in YN No. Information booklets distributed	EMTCT Info Brief and Infant Feeding FAQ updated 40 000	Scientifically accurate, policy aligned, and mother friendly information material about EMTCT is made available to mothers.	322 500
	Write newspaper, magazine. And website articles with campaign messages		No. Articles published No. News platforms used for campaign messages	5 newspaper 3 magazine 5 website		
	Develop 3 posters: 1 about EMTCT services available, 1 about breastfeeding and 1 about antenatal clinic visit Each in English, Zulu and Xhosa		Posters developed and translated	Total of 9 posters 1 about EMTCT services available, 1 about breastfeeding and 1 about antenatal		

				clinic visit each in English, Zulu and Xhosa		
Events and Social Settings (school, clinic, taxi rank, religious buildings)	Press Briefing	General Public	No. Key organisations and News institutions attending press briefing	20 organisations 10 news institutions	Mothers and general public are made aware of EMTCT services available, the importance of early and regular antenatal clinic visits as well as to breastfeed their child for a minimum of 6 months.	67 000
	Poster distribution through YN members at settings across SA	Mothers	No. Posters Distributed	9000		
Digital Media	Facebook, Twitter, YouTube, Website updates, Email communications	Yezingane Network member organisations and general public with access to digital media	Influence indicator on klout.com	60/100	General public and YN members are made aware of EMTCT services available, the importance of early and regular antenatal clinic visits, as well as breastfeeding one's child for a minimum of 6 months.	12 000

Monitoring, Evaluation and Impact:

Yezingane Network's EMTCT Campaign seeks to address some of the key challenges South Africa's EMTCT Programme is facing as outlined above. Monitoring of the immediate outcomes listed in the log frame above will ensure that the objectives we have set to achieve in this campaign. Evaluation of the long-term and national impact will be done by comparing national statistics every year to see the changes in various indicators of the EMTCT programme.

Baselines for these measures are:

Antenatal clinic visits:
87% of women attended at least 4 ANC visits during pregnancy.
32% of women attending the first ANC visit in the first trimester of pregnancy.

Infant Feeding:

- 28.0% of infants were exclusively breastfed in the 8 days prior to the 4-8 week interview (Regardless of HIV exposure)
- Among mothers of HIV-exposed infants 20.4% were exclusively breast feeding
- 44.8% of mothers regardless of HIV exposure, and 18.1% of mothers who had HIV exposed infants were using mixed feeding.

Breastfeeding ARV Coverage:

- 38% of mothers received breastfeeding ARV in 2011
- 68% of infants born to HIV positive women received ARVs for PMTCT in 2011

The mother-to-child transmission rate of HIV in 2010 at 4-8 weeks was about 3.5% (1.4%-5.9%) (SAPMTCTE – MRC study)

The impact of an aware generation of mothers that transmission from mother to child of HIV is preventable and that we are able to stamp it out altogether, is indeed that far few children need be born with this dreadful disease, and that in time we are able to have, as we now dream, an AIDS free generation. How will mothers know, if they are not made aware of the key role they play in the futures of their children's health and perhaps even in the Country's health. We have not yet reached the mothers in our most far flung areas, where the HIV virus thrives. The campaign seeks to amplify the message that the Elimination of Mother to Child Transmission is not a pie in the sky, but a reality that we can lay a hold of if we work together.

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