

Parallel MTCT-Plus programs: experiences and lessons learned from Thailand.



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Introduction

➤ A successful Thai Red Cross AIDS Research Centre (TRCARC) pMTCT program initiated in 1996 using public donation money has led to a continuation program called "Treat the Parents and Save the Orphans" or "TRC MTCT-Plus program" in 2003.

➤ During the same time, TRCARC was also selected as 1 of the 13 sites around the world to demonstrate the concept of Columbia University (CU) MTCT-Plus program.

➤ Both MTCT-Plus programs were run together while keeping as minimal differences between them as possible.

Method

➤ In February 2003, we started enrolling Thai HIV-infected women and families in 4 hospitals.

- Chulalongkorn hospital: a university hospital in Bangkok
- Sriracha hospital: a TRC hospital in Chonburi
- Police hospital: in Bangkok
- Thammasat hospital: a university hospital in Pathumthani



Sriracha Hospital



Group counseling

➤ Both MTCT-Plus programs used CU MTCT-Plus protocol modified to go along with country's guidelines. The only difference is the first line ARV regimen which is AZT/3TC/NVP in CU MTCT-Plus but is d4T/3TC/NVP in TRC MTCT-Plus.

➤ To prove that both programs can be run together without creating double standard of care, we compared the percentages of enrollees received basic HIV care between the 2 programs using Chi-square test.

Conclusion

MTCT-Plus programs no matter using money from public donation or international funding agencies, can be integrated and coordinated to maximize benefit to the country's health care system.

Results

Protocol modification:

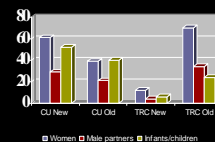
➤ Inclusion criteria: CU allowed no more than 50% of women be "old" (delivered Jul 2002 – Jan 2003) women while TRC aimed to enroll as many "old" (any woman from previous TRC pMTCT since 1996) women as possible.

➤ Co-payment with waiver: To encourage enrollees to be able to self-support the cost of their own CD4 test and ARV eventually, all enrollees were asked to co-pay for CD4 test and male partners were asked to co-pay for ARV.

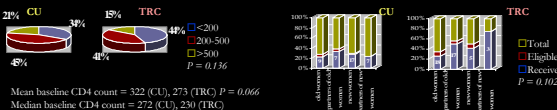
➤ ARV follow-up: We replaced 8 weekly follow-up visits by telephone follow-up in week 1, 3, 5, and 7 to minimize difficulties of enrollees being absent from work. This was seen to enhance adherence rather than to risk ARV side effects.

Enrollment:

Number of enrollees /	Columbia University (CU)		Thai Red Cross (TRC)		P-value
	N	%	N	%	
New women	61	25.2	12	5.0	0.000
Male partners of new women	29	12.0	6	2.5	0.002
Infants/children of new women	35	14.5	6	2.5	0.000
Old women	39	16.3	31	12.5	0.000
Male partners of old women	21	8.7	34	13.7	0.000
Infants/children of old women	40	16.3	24	10.0	1.000
Total	242	100.0	150	100.0	



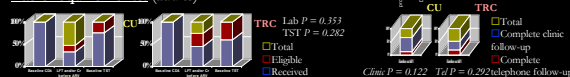
Baseline CD4 count and eligibility for ARV and OI prophylaxis: (adults)



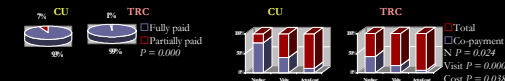
Eligibility for PCP prophylaxis, DNA-PCR test, HIV antibody test, ARV₂: (infants/children)



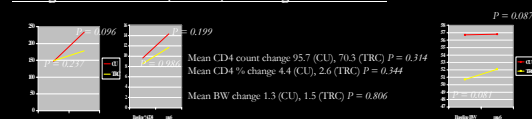
Basic requirements: (adults)



Co-payment for CD4 count test (all) and ARVs (male partners only):



Changes in CD4 count, CD4%, and weight after ARVs:



Lessons learned

- ✓ It is the best to have international funding program that is flexible enough to allow countries to adapt protocol to serve the best to their enrollees like MTCT-Plus.
- ✓ Selecting demonstrating sites for new model of family-centered, multidisciplinary care program needs more than the availability of staff in all disciplines. Commitment from all level of staff to the program is the most important requirement.
- ✓ Possibility to enroll "old" women is the main incentive for sites to join in MTCT-Plus programs.
- ✓ It is important for site to understand that MTCT-Plus is not just another trial that will give them free ARVs. Site with that perspective will end up with failure in following the protocol.
- ✓ It is more difficult than it seems to make people see that MTCT-Plus is not a "clinical trial" which may mean "burden" or "money" to some in the hospital.
- ✓ Being able to show the government the success of programs does not mean you are competitive but means you are eligible to ask them for extra support. Thai Government Pharmaceutical Organization (GPO) has donated their ARV to be used in TRC MTCT-Plus program for the year 2004.