ICAP
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Integrating Prevention of Mother-to-Child Transmission of HIV (PMTCT) and HIV/AIDS Care and Treatment Services in Antenatal Clinics: Maseru, Lesotho

E.A. Okubamichael[1], R. Ntumy[1], A. F. Hairston[1], M. Mote[2], C. Costa[1], E.J. Abrams[1]

1 International Center for AIDS Care and Treatment Programs (ICAP), Columbia University -NY, USA

2 Queen Elizabeth II Hospital, Ministry of Health and Social Welfare, Kingdom of Lesotho

CONTEXT

HIV prevalence among pregnant women attending the ANC at Queen Elizabeth II (QEII) national referral hospital in Lesotho is ~ 35%. When PMTCT services were introduced in 2003, few pregnant women were identified as eligible for HAART and initiated on treatment. The International Center for AIDS Care and Treatment Programs (ICAP), in collaboration with the Ministry of Health and Social Welfare and the Elizabeth Glazer Pediatric AIDS Foundation, with funding provided by USAID, has implemented MTCT-Plus program. The program introduced a model of care integrating HIV care and treatment within the ANC, and assessed its impact on identifying and treating eligible HIV-infected pregnant women.

Figure1 Kingdom of Lesotho

APPROACH

A strategic approach was developed by ICAP in January 2006 to address the challenges of limited capacity, infrastructure, and general healthcare resources in QEII hospital. The model was implemented in several phases:

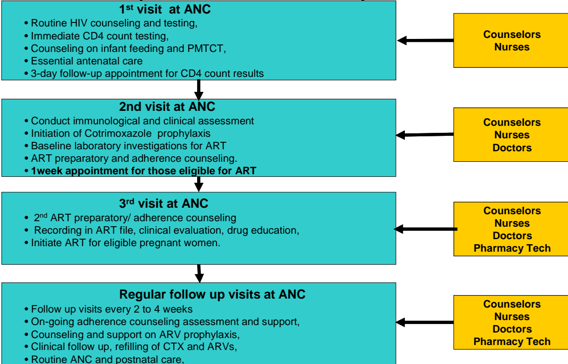
- Aggressive sensitization and training of staff.
- Task shifting/sharing and integration of a multidisciplinary approach to service delivery.
- Continuous site presence for supportive supervision and technical assistance,
- Close collaboration and negotiation with ANC, ART clinic, laboratory, pharmacy and hospital leadership.

The MCH clinic was redesigned through renovation and refurbishment to improve on patient flow. During the training, special emphasis was given to HIV testing and counseling, and the assessment of pregnant women for HAART eligibility.

As a result of collaborative and continuous ICAP support:

- HCWs now use a comprehensive approach to HIV services within the ANC. The key counseling messages focus on the need and the benefits for testing, HIV transmission, PMTCT regimens, breastfeeding, and post natal care/Under 5 clinic attendance.
- Same day rapid HIV test results are now available and immediate CD4 testing is carried out for all pregnant women who test HIV positive in the ANC.
- CD4+ results are received within 3-days and given to women when they return for an assessment of eligibility and initiation of HAART at the ANC. Women who are not eligible for HARRT receive SD-NVP according to Lesotho guidelines.
- Nurse clinicians now do clinical staging of pregnant women and the medical officer from the ART service runs an ART clinic at the ANC three times a week.

Figure 2: QEII Hospital: Identification and Entry into MTCT-Plus



OUTCOMES

In 2005, prior to initiation of the new approach, less than 20% of pregnant women in QE II were tested for HIV. By December 2006, HIV testing became a routine part of antenatal care: testing rate increased to 95% (Fig.3). In November 2006, HIV care and treatment services were integrated in the ANC:

- Average time HAART initiation for pregnant women decreased from 4–8 weeks to 10-14 days from diagnosis.
- Approximately 80% of women receive CD4 results.
- The number of pregnant women initiated on HAART increased from 9 to 20 per month (Fig. 5)
- Women receiving ARV prophylaxis increased from 12 to 65 per month.

CHALLENGES

Ongoing challenges include:

- Frequent stock-outs of laboratory reagents
- Postpartum follow-up of mothers and infants.
- Limited services for psychosocial support of women and families
- Weak linkages to community based services
- Inadequate community follow-up and support for women and their families at home.

Figure 3

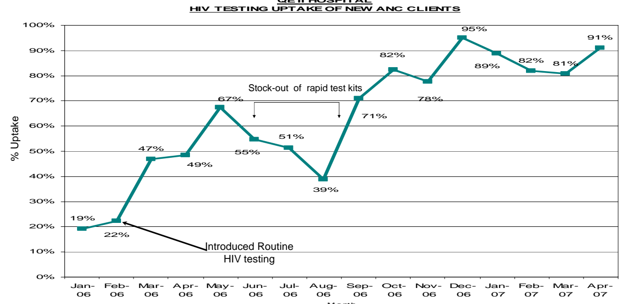


Figure 4

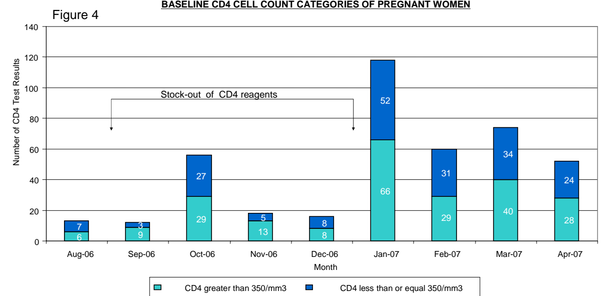
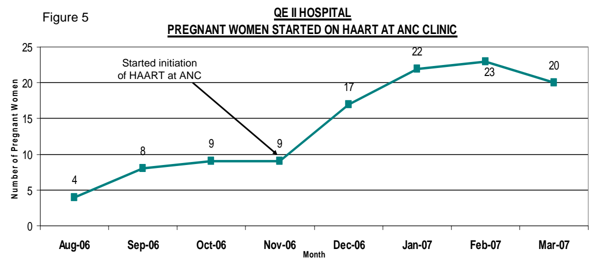


Figure 5



KEY RECOMMENDATIONS

In areas of high HIV prevalence, the integration of HIV care and treatment services within ANC instead of referral to a congested ART clinic can facilitate HAART initiation for eligible women during pregnancy. This can be achieved through consistent and collaborative site presence to support HCWs in offering all the elements of comprehensive HIV care. This model is also replicable or adaptable at smaller primary health facilities and may be very useful in improving access to HIV care by pregnant women in similar settings.

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