

# Increasing Uptake of PMTCT Services for HIV Positive Women and Exposed Infants in Resource-Limited Settings with High Home Delivery Rates - 318

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## BACKGROUND

In 2005, using USAID and CDC PEPFAR funding, ICAP begun delivering PMTCT services in remote semi-urban and rural, resource limited settings in Nigeria. By March 2008, services are supported at 87 sites in six (6) States. Two of these States have among the highest HIV prevalence in Nigeria and have amongst the least developed health care infrastructure.

Challenges to initiation and implementation of PMTCT programs included:

- High rate of home delivery (2/3 of the women deliver at home)
- Dilapidated health center infrastructure
- Limited or no access to HIV testing and care
- Shortage of staff
- Limited laboratory capacity at the hospital level
- Nonexistent HIV testing capacity at the primary health center level
- Nursing staff exclusion from point of service testing
- Underdeveloped medical record system
- Weak inter and intra-facility referral systems
- Limited linkages to community based resources
- HIV related stigma and discrimination

## OBJECTIVES

**General Objective:** To increase uptake of PMTCT and MTCT-Plus services through a number of interventions and referral linkages.

**Specific objective:**

- Increase the number of PMTCT service delivery outlets
- Increase the proportion of antenatal testing to at least 75% of pregnant women
- Provide ARV prophylaxis to at least 60% of mother-infant pairs
- Increase the proportion of ART initiation at least 50% among eligible women during pregnancy
- Increase the proportion of HIV exposed and eligible infants who begin Cotrimoxazole prophylaxis at 4-6 weeks to 50%
- Enroll at least 50% of HIV infected eligible children into HIV care and treatment services,
- Enroll at least 50% of HIV infected women and partners into HIV care and treatment services
- Develop functional mechanisms and accountability systems to ensure quality clinical assessment and management of pregnant HIV-infected women attending other clinics



## METHODS /INTERVENTIONS

ICAP designed and assisted health care facilities to implement the following interventions to increase PMTCT services during the 12 months period of April 2007 – March 2008. Data is compared to the 15 months period preceding these following interventions.

1. Provided hands-on facility-based PMTCT and rapid HIV testing training for antenatal and maternity staff
2. Established point-of-service HIV testing in the antenatal clinics (ANC) and maternity units
3. Instituted the provision of ARV prophylaxis at first-contact of pregnant women
4. Advocated at government and facility levels for free MCH services
5. Free delivery "mama" kits were distributed to HIV positive pregnant women to encourage delivery at health facilities. The kits contain necessary delivery items normally provided at cost at maternity units.
6. Scaled down PMTCT services from secondary health facilities to high-volume primary health centers (PHCs)
7. Instituted outreach HIV counseling and testing (HCT) services for pregnant women with escort services to the nearest PMTCT sites for positive women.
8. Increased supervisory and clinical mentoring efforts
9. Deployed peer educators and piloted mother support groups.
10. Peer health educators and mother support group begun defaulter-tracking
11. Strengthened intra- and inter-facility linkages, and community-facility linkages

## ACKNOWLEDGEMENTS

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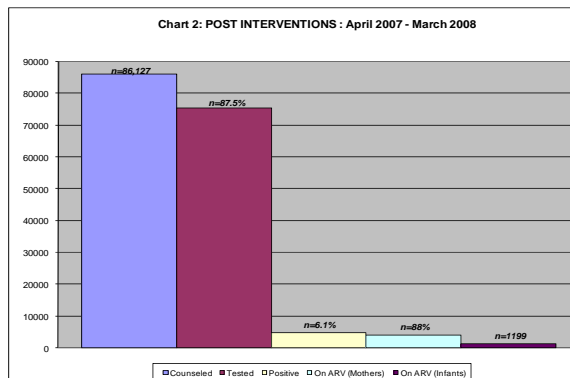
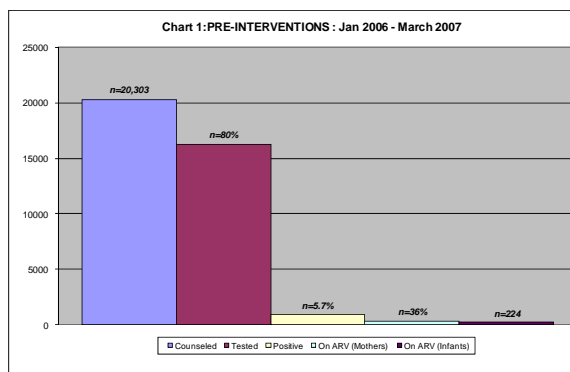
## RESULTS

After these interventions, there was a **four to five fold** increase in the number of women who were counseled (**20,303 to 86,127**) and tested (**16,252 to 75,357**).

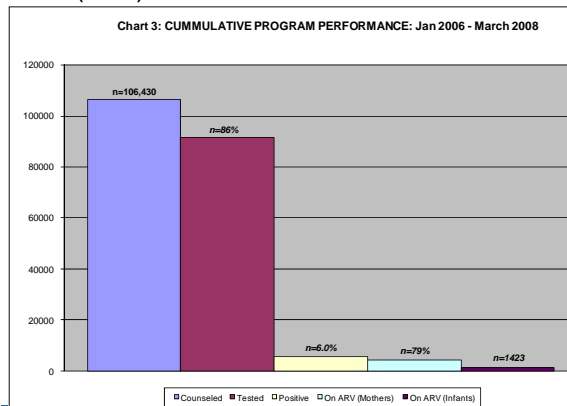
While the prevalence of HIV varied by only **0.4% (5.7% vs. 6.1%)** between the two periods more HIV positive women (**939 vs. 4,597**) were identified. As a result, **12 times more women (336 vs. 4,045)** received ARV prophylaxis.

In maternity alone, **3,864** women with unknown HIV status were counseled, **3,445 (89%)** tested, **292 (8.5%)** tested HIV positive.

More importantly, after the intervention, the number of infants who received prophylaxis increased by **four fold** from **224 to 1,199**.



Overall, during the period of 27 months 91,609 women were tested representing 86% of those counseled. The prevalence of HIV was 6% and 4,381 received ART potentially preventing HIV infection in over 4000 children. (Chart 3)



## CONCLUSIONS

While the analysis does not differentiate the relative importance of each intervention, in a resource limited setting where the following interventions were implemented the uptake of PMTCT services increased substantially.

- point-of-service testing in ANC and maternity,
- dispensing ARV prophylaxis at first health contact;
- outreach HCT services for pregnant women with escort services
- increasing access to CD4 for women
- involvement of peers via mothers support groups;
- involving men as partners,
- sustained advocacy at all levels and
- scaling down PMTCT services to high volume primary health MCH clinics.