

Successful Shift from Single-Dose Nevirapine to More Effective Prophylaxis Regimens for PMTCT, Rwanda.

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TRAC PLUS - Center for Infectious Disease Control
TRAC - PNILP - PNILT



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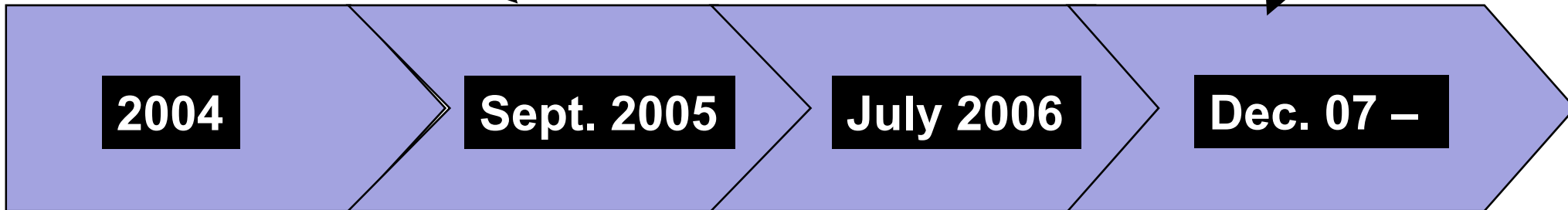


ICAP
International Center for AIDS
Care and Treatment Programs
MAILMAN SCHOOL OF PUBLIC HEALTH
Columbia University

Background – ICAP support to PMTCT program in Rwanda (2004-2007)

Introduction of multi-drug ARV prophylaxis for PMTCT by National PMTCT program

Support expanded to 19 PMTCT/VCT sites by Dec 07.



2004

Sept. 2005

July 2006

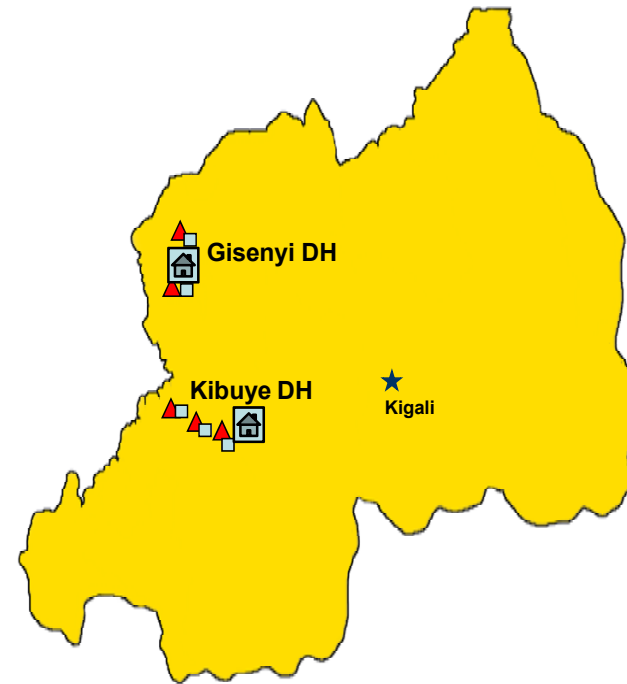
Dec. 07 –

ICAP initiated support to HIV/AIDS program in Rwanda (MCAP)

ICAP initiated support for PMTCT program at 5 HIV treatment sites

Overview at 5 initial PMTCT sites (2006)

- July-Oct. 06: **48% (34/71)** HIV+ pregnant women on sd-NVP at ANC.
- July-Dec. 06: **43% (100/234)** HIV+ pregnant women had CD4 count tests and results during pregnancy.
- **Challenges**
 - **Weak linkages between PMTCT and ART programs**
 - **Inefficient system to ensure CD4 testing**
 - **Few nurses trained on the new PMTCT protocol/Nurses not authorized to prescribe HAART**



Gisenyi Region

1. Shiyra DH*
2. Kayove HC*

Kibuye Region

1. Kibuye DH*
2. Mugonero DH*
3. Kirinda DH*

▲ PMTCT/VCT sites

■ Care and Treatment Sites

■ CD4 Machine at district laboratory

ARV regimens for PMTCT in Rwanda

- HIV+ pregnant women meeting ART eligibility criteria
 - AZT/d4T +3TC + NVP
- HIV+ pregnant women presenting ≥ 34 wks
 - AZT/d4T + 3TC +NVP until delivery
 - If CD4 >350 cells/ μ l, ART is discontinued at delivery + AZT/3TC for 7 days post-partum
- HIV+ pregnant women not eligible for ART
 - AZT from 28 weeks to delivery
 - Sd-NVP at delivery + AZT/3TC for 7 days post-partum

- Pregnant women tested HIV+ during labor
 - Sd-NVP at delivery + AZT/3TC for 7 days post-partum
- HIV- pregnant women with HIV+ partner (discordant couples)
 - Sd-NVP at delivery + AZT/3TC for 7 days post-partum
- HIV-exposed babies
 - Sd-NVP syrup + 4 weeks of AZT syrup

Program Implementation Strategies

– District CD4 count Testing System

- Organizing the CD4 labs district network
- Re-organizing day of first Antenatal Clinic (ANC) visit with day of CD4 blood drawing.

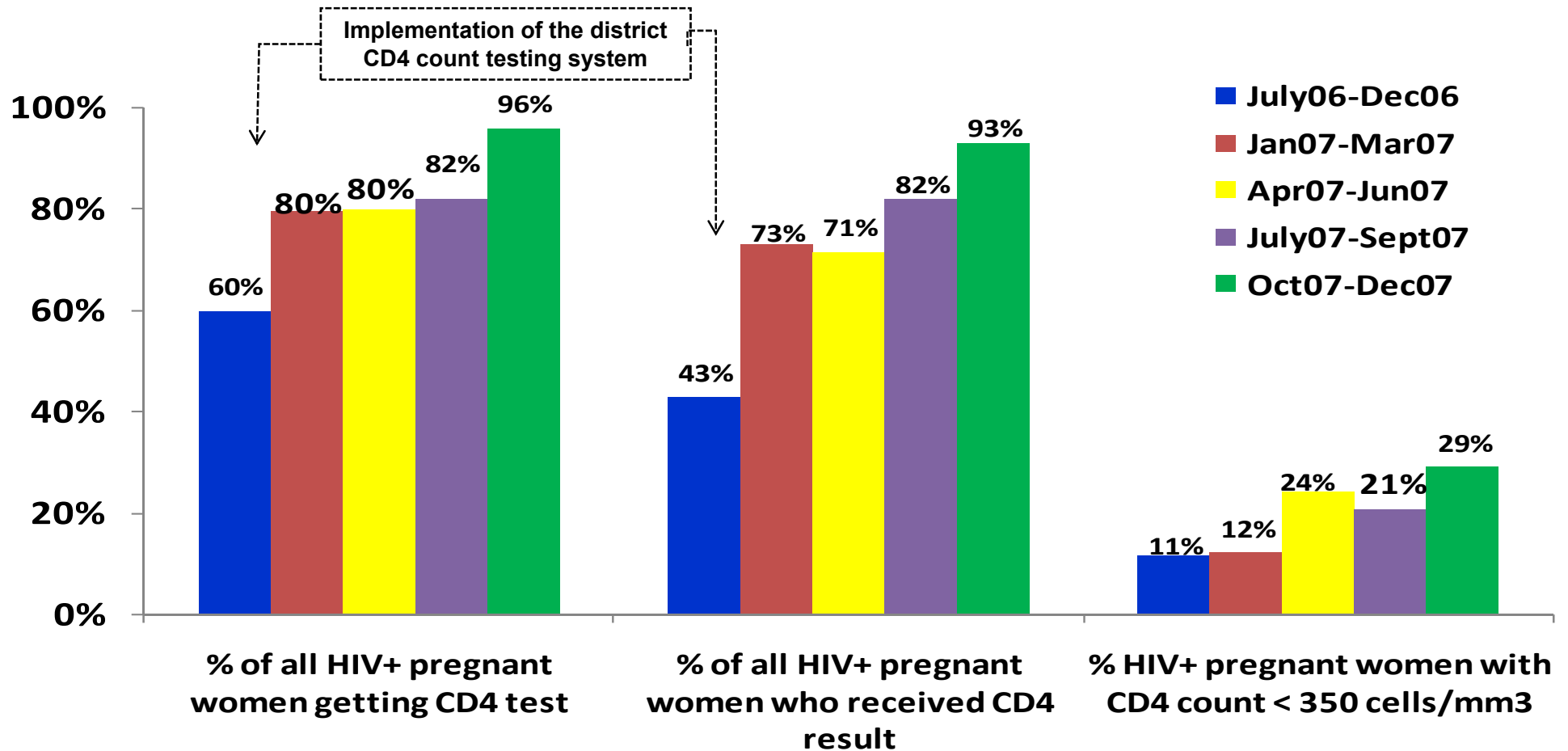
– Enhanced linkages between ART clinic and PMTCT program

- Escorting HIV+ women to ART services
- Outreach to PMTCT/ART sites without doctors by district hospital physicians.

– Capacity building

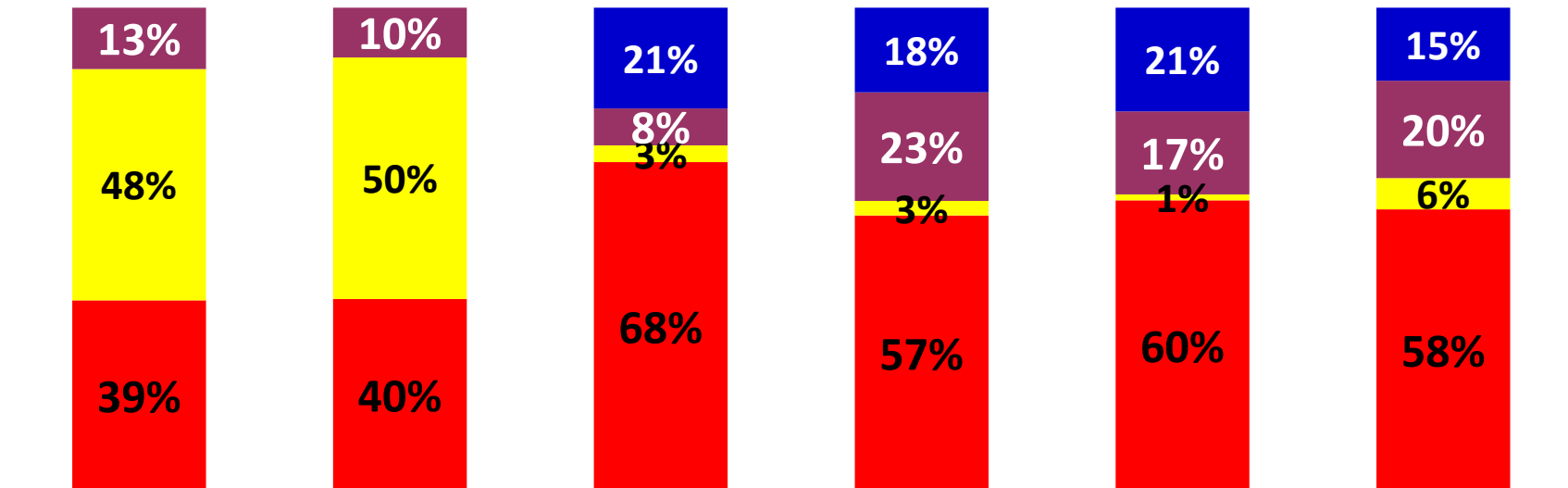
- Training and Clinical mentorship of health providers

CD4 Testing among HIV+ Pregnant Women (n=964) in 19 PMTCT sites in Rwanda, July.06 – Dec. 07



Shift from sd-NVP to multidrug ARV regimens among HIV+ pregnant women in ANC, July.06–Dec. 07

■ % AZT/NVP prophylaxis ■ % Sd-NVP only ■ % HAART for life ■ % prophylactic HAART (>34wks)



July-Sept 06

Oct-Dec 06

Jan-Mar07

Apr-Jun07

July-Sept 07

Oct-Dec 07

HIV+ women T1=71

T2=136

T3=144

T4=200

T5=163

T6=139

sites n1=5

n2=5

n3=14

n4=18

n5=18

n6=19

Challenges

- **Building effective collaboration between ART, PMTCT and laboratory staff at site level.**
- **Designing systems to initiate HAART at remote Health Centers without physicians.**
- **Developing/Expanding the CD4 testing system at district level.**
- **Assessing/Ensuring complete adherence to multidrug-drug regimens for PMTCT.**

Key Lessons Learned

- **Re-organizing ANC and HIV C&T services to strengthen linkages and service delivery.**
- **Training and clinical mentorship of staff to shift to more complex multidrug ARV regimens.**
- **District CD4 system, to improve uptake of CD4 testing.**
- **Leadership of the national PMTCT program**
- **Partnerships at all levels**

Acknowledgements

- **ICAP Rwanda**
 - **Veronica Mugisha, Gilbert Tene, Stephania Koblavi, Clement Ngoga, Alex Rumanyika, Verdiane Umutesi, Epiphane Nyirabatsinda, Agnes Irahuga, Greet Vandebriel, Ruben Sahabo.**
- **ICAP New-York**
 - **Fatima Tsiouris, Rosalind Carter, Peter Twyman, Elaine J. Abrams**
- **CNLS: Agnes Binagwaho**
- **MOH/TRAC-PLUS**
 - **Elevanie Munyana, Placidie Mugwaneza**
- **NRL: Odette Mukabayire**
- **CDC/Rwanda : Eugenie Kayirangwa, Aliou Ayaba**
- **CDC Atlanta: Halima Doa**
- **USAID : Mary Kabanyana**
- **Districts and health centers staff**
- **All patients and families**



Courtesy of Miriam Schneidman.