

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	<b>Engaging pregnant women in long-term HIV care and treatment: models, achievements and challenges</b>
Country:	Lesotho
Host Name:	Esayas Okubamichael, Clinical Advisor
Session Goal:	To evaluate progress and review better practices to actively engage pregnant women into PMTCT-Plus services and support long-term adherence to care and treatment
Learning Objectives:	<ol style="list-style-type: none"> <li>1. Describe and identify the long-term HIV care and treatment needs for pregnant women</li> <li>2. Assess and compare different models to engage pregnant women into long-term HIV care and treatment services and adherence support</li> <li>3. Identify and design strategies for engaging pregnant women into long-term HIV care and treatment services and supporting adherence</li> <li>4. Create a plan for engaging pregnant women in to long-term HIV care and treatment services and supporting adherence</li> </ol>
Instructional Method(s):	<ul style="list-style-type: none"> <li>● Presentation</li> <li>● Large group discussion focusing on the experiences of different countries supported by ICAP</li> <li>● Group work on problem solving and present back</li> </ul>
Session Description:	<p><b>0-10 minutes:</b> Session and participants introduction</p> <p><b>11-20 minutes:</b> Presentation on the experience of ICAP Lesotho in engaging pregnant women in long-term HIV care and treatment:</p> <ul style="list-style-type: none"> <li>● The components of HIV care and treatment services for pregnant women</li> <li>● The model of engaging pregnant women into long-term HIV care and treatment services</li> <li>● Achievements</li> <li>● Gaps and challenges</li> </ul> <p><b>21-50 minutes:</b> Participants from different countries will be invited to add their perspective and share their experiences focusing on:</p> <ul style="list-style-type: none"> <li>○ The components of HIV care and treatment services for pregnant women in their respective countries</li> <li>○ The models of engaging pregnant women into long-term HIV care and treatment services in their respective countries</li> <li>○ Achievements</li> <li>○ Gaps and challenges</li> </ul> <p><b>51- 70 minutes:</b> Problem solving</p> <ul style="list-style-type: none"> <li>● Host will assign gaps and challenges identified in the presentation and discussion sessions</li> <li>● Participants will be divided into 3 groups and each group will take specific challenge/gap and discuss it and come up with potential strategies on how to address it</li> </ul>

	<p><b>71-85 minutes:</b> Present back from the 3 groups</p> <ul style="list-style-type: none"> <li>• Participants from the three groups will present back on their proposed strategies on how to address specific challenges/gaps to the large group for inputs ( 5 minutes: per group)</li> </ul> <p><b>86-90 minutes:</b> Host will summarize and close the session</p>
Other:	<p><b>Guiding Principles for the session</b></p> <ul style="list-style-type: none"> <li>• The participants are taken as experts</li> <li>• Process: Every participant will be encouraged to participate and will be expected to: <ul style="list-style-type: none"> <li>• Freely offer opinions and knowledge. Wild ideas are particularly welcomed!</li> <li>• Express and explore disagreements</li> <li>• Question all underlying assumptions</li> <li>• Be polite and respectful to each other</li> </ul> </li> </ul>

### Session Notes and Summary

**Session name:** Engaging pregnant women in long-term HIV care and treatment: models, achievements and challenges

**Note taker name:** Elaine Abrams

#### Major Discussion Points and/or Conclusions:

1. Dr. Okubamichael presented a brief overview of the ICAP-Lesotho MTCT-Plus program. He emphasized the routine HIV screening of all pregnant women and assessment of their CD4 status. HAART is prescribed in the MCH. There is a high uptake of ART during pregnancy. However, women are lost to follow-up at various points from the time of diagnosis through delivery and maternal/infant follow-up.

2. The components of the cascade of MTCT-Plus services were discussed and points along the cascade where mother and baby could be lost (or engaged) were outlined. There points included:

HIV testing	postpartum follow-up
CD4 testing	engagement in HIV care and treatment
Obtaining CD4 results	Infant follow-up
Initiating ART (Including HAART)	PCR testing
Delivery	PCR results
	Referral to care and treatment
	f/u to determine final HIV status

3. Challenges to implementation of comprehensive, long-term care to HIV positive women and children include

- Limited human resources
- Poor male involvement
- Complex organization of health services
- Many steps in the cascade from testing of pregnant women through long-term f/u

**4.** A number of ideas and innovations were discussed, many derived from local experiences, to address challenges and barriers

- Improving male involvement: family clinics, off-hour clinics (weekends, evenings), community mobilization; partner testing in the maternity
- Improving retention of women in care: providing a supportive environment; positive teas; enlarge role of peers and expert clients; patient support groups
- Enhancing infant follow-up: identify HIV status and child and mother cards; integrate HIV services, particularly testing, into U5 services more widely; enlarge peer and expert patients to include pediatrics populations
- Performance based financing is being initiated in Rwanda using the PMTCT indicators and site specific targets as a way to involve local facilities and increase the number of women engaged in PMTCT services. Such an approach has not yet been tried elsewhere.

**5.** A number of innovations have been instituted in adult HIV care and treatment. Program teams were committed to considering the application of existing programs/activities to the PMTCT setting.