Optimizing Prevention: A Comprehensive PMTCT Program in Mombasa, Kenya

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HIV/AIDS in Kenya

- 6.1% Kenyan adults infected with HIV
- Rate of Infection in women twice as high as in men
- Vertical Transmission leading cause of Pediatric HIV

2006 UNAIDS Global Report on HIV Prevalence

Bomu Medical Centre

- Comprehensive community health center
- Specialty clinics:
  - TB Clinic
  - Comprehensive Care Centre (CCC)
  - Maternity
  - Maternal/ Child Health Clinic (MCH)

Spectrum of Care Enrollment

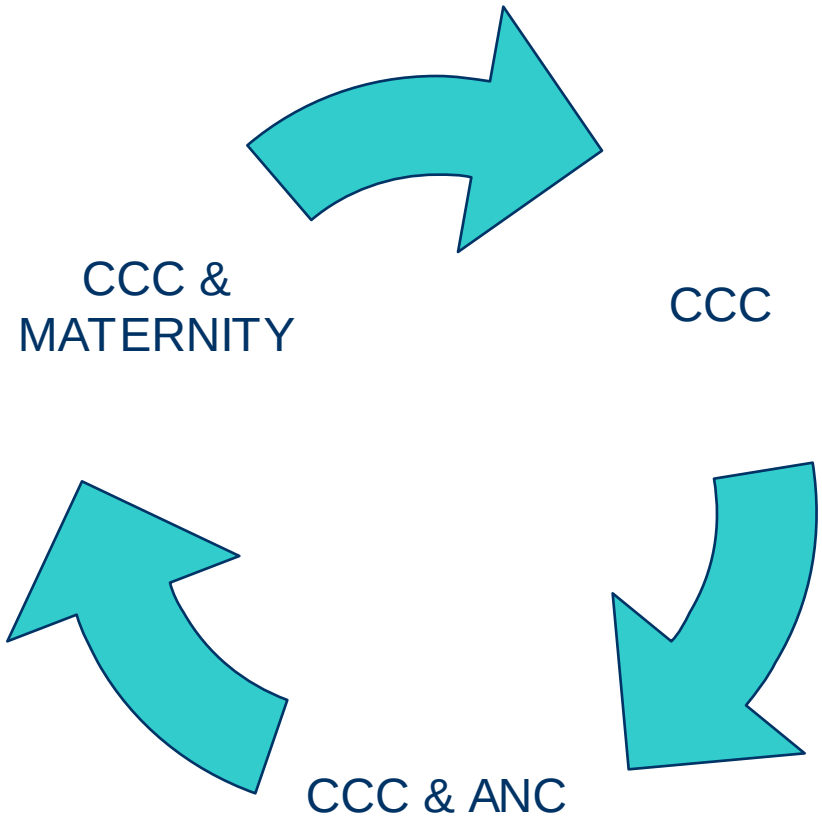
Healthy (+/-)

Pregnant

Post-Natal

Prevention of Mother-to-Child Transmission at Bomu

- Over 170 patients served
- 3 Entry points
- CONTINUITY OF CARE



Access to Maternity and ANC

- Transportation
- Cost of care
- Morbidity

Linkages

- MCH & CCC
- Maternity & CCC
- Tracers: Community Health Workers - The Common denominator

Exposed Infants and Pediatric Testing

- Assuring Return After Delivery
- Barriers to Pediatric Enrollment
  - Time Delay
  - Stigma & Disclosure
  - Distance from Parents
  - Perception, Education, and Support

Scaling Up

- Increasing Number of Clients
- Limits in Resources & Space
- Administration Requirements

Comprehensive PMTCT

- Continuous care
- Social support enhanced by community health workers
- Communication between departments

Implementation

- New construction of 3 new floors at Bomu
- Standard Operating Procedures Designed
  - ANC
  - Maternity
  - CCC

Moving Forward

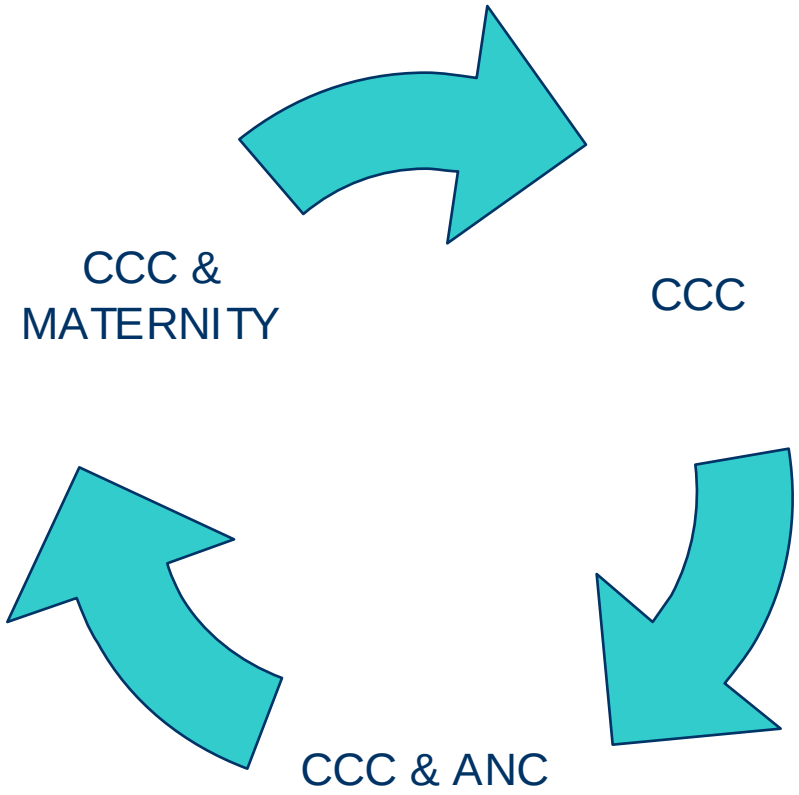
- Lessons Learned
- Patient Feedback
- **Impact Measurement**

Linkages Study: Evaluating PMTCT

- *What is the effectiveness of the linkage algorithm between PMTCT and HIV programs?*
  - Determine percent of HIV-infected mothers who gave birth to uninfected infants
  - Percent of these mothers with more than 1 visit to CCC after delivery

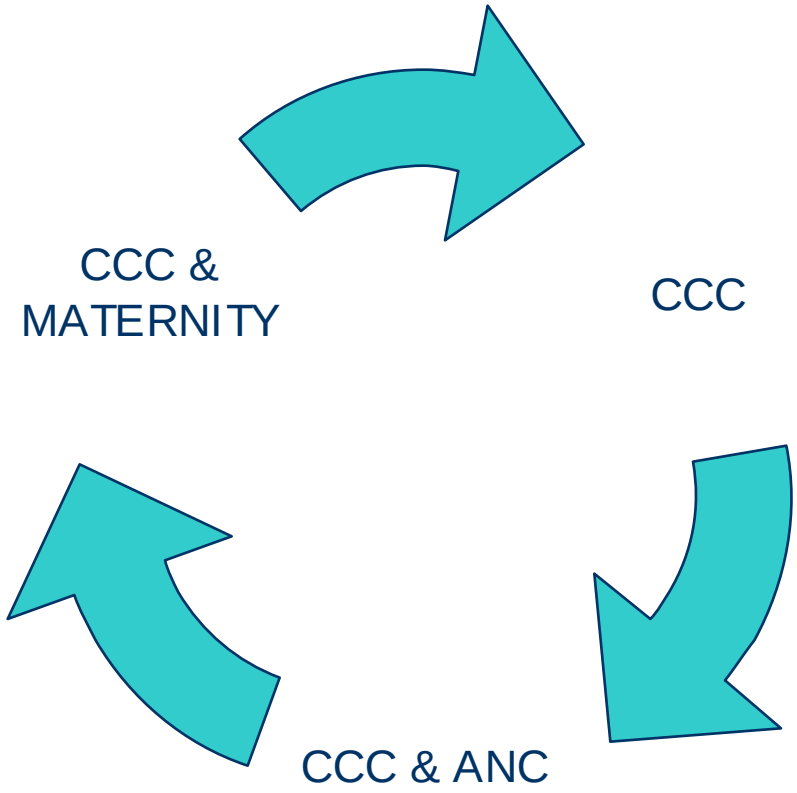
Linkage Algorithm Components

- PMTC Liaisons
- Community Health Workers



Linkage Algorithm Components

- PMTC Form
- ANC & Maternity Ward



Evaluation Method

- Baseline data from clinic registers collected into Access database
- Baseline data from April 1, 2006 – March 31, 2007
- Intervention data from April 1, 2007 – March 31, 2008

Primary Outcomes

- Percent of HIV-infected mothers attending ANC or Maternity ward with infants testing HIV DNA PCR negative at 6 weeks

- Percent of mothers receiving PMTC who make more than 1 visit to CCC after delivery

Secondary Outcomes

- % of women with unknown status offered HIV testing
- % of women who accept HIV testing
- % of HIV infected pregnant women receiving ARV for PMTC

Secondary Outcomes

- % of HIV infected pregnant women with family members tested
- % of HIV exposed infants of women receiving PMTC care who are provided PMTC medications
- % of HIV exposed infants who are HIV tested by DNA PCR at 6 weeks

Preliminary Data

- 13% prevalence rate in ANC
- 49.4% of those who test positive in ANC return for >1 post-partum visit
- 34.8% with unknown status in maternity offered testing
- 29.1% prevalence rate in maternity (of those with previously unknown status)
- 6.3% of those who test positive in maternity return for >1 post-partum visit

Conclusions

- Effective linkages between ANC/Maternity/CCC will protect more HIV exposed infants from infection

- Algorithm could be applicable for other outpatient facilities to improve PMTC coverage

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