

Voluntary Counseling, Testing and Treatment
**Scaling-Up Services to Prevent
Mother-to-Child Transmission of HIV**



Prevention of mother-to-child transmission (PMTCT) of HIV services at the Byumba and Kibuye district hospitals in Rwanda, launched with assistance from PRIME II in March 2002, have been successfully sustained, with increasing percentages of women and their partners agreeing to receive HIV testing. Scale-up to a third facility, Kigoma Health Center, beginning in December 2002, has produced similar achievements. Building on results and lessons learned from this work, PRIME is taking a leadership role in the new presidential initiative PMTCT program in Ethiopia and developing approaches other projects can use to integrate family planning into PMTCT services.

Background

PRIME's PMTCT activities in Rwanda, carried out in collaboration with the Ministry of Health (MOH), IMPACT/Family Health International (FHI) and the Treatment and Research AIDS Center, have striven to build a foundation for improved prenatal, obstetric and postpartum care, better outcomes for seropositive women and their children, and open dialogue about HIV/AIDS. The PMTCT sites where PRIME is working were identified in conjunction with government and USAID partners in districts where the Project already had an active presence.

Lessons learned and implementation challenges from PMTCT activities in Rwanda are being incorporated into the design of the five-year Ethiopia initiative, the *Hareg* Project, launched in September 2003. PRIME is serving as the overall coordinator of *Hareg* activities for USAID and the Centers for Disease Control, who will collaborate with UNICEF, the MOH and Ethiopia's HIV/AIDS Prevention Control Office

Reviewing Results in PRIME II

Oct. 2002–Sept. 2003

Policy, Advocacy and Services

- National RH Policy
- Partnership

Knowledge Advancing Best Practices

- **PMTCT**
- Scaling-Up PI
- Costing
- Supportive Supervision

Support to the Field

- Nicaragua: EONC
- Philippines: HIV/AIDS
- Paraguay: FP/RH Quality
- Mali: FGC
- Senegal: PAC
- Dominican Republic: RTL
- Mali, Benin, Ethiopia: PPPH
- Bangladesh: RTL

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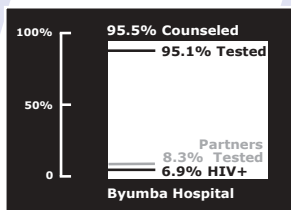
(HAPCO). PRIME's Ethiopia country director and a MOH counterpart will travel to Rwanda late this year to observe PMTCT service delivery and better understand how PRIME's approach in Rwanda is integrated into national FP/RH services.

Interventions

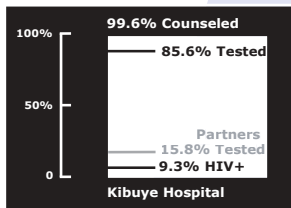
At the Rwanda sites, PMTCT activities include group and individual counseling during prenatal care; voluntary counseling and testing (VCT); administration of nevirapine to HIV-positive delivering mothers and their newborns; prenatal, obstetrical and postnatal care; breastfeeding counseling; and family planning counseling and services. PRIME has trained more than 100 providers in VCT skills and nevirapine administration, and supported the training of eight laboratory technician in rapid HIV confirmation tests. To promote PMTCT services and encourage partner involvement and testing, PRIME has also carried out IEC/BCC activities at the community level. In July 2003, PRIME initiated PMTCT services at two additional sites, Mugonero Hospital and Rubengera Health Center, and will expand to two more sites in the remaining implementation year.

Building on existing PMTCT programs in Ethiopia and targeting health facility-linked prenatal care as an entry point for women's services, the *Hareg* Project will expand PMTCT to 15 medical centers and their catchment sites. In a country where two thirds of mothers have no access to prenatal care services, PRIME and partners will use the Performance Improvement approach to integrate PMTCT services with broader efforts to improve safe motherhood. Priorities include strengthening family planning linkages with PMTCT and enhancing prenatal, intrapartum and postnatal care by including services such as voluntary HIV/AIDS counseling and testing, PMTCT and nutritional support and birth preparedness.

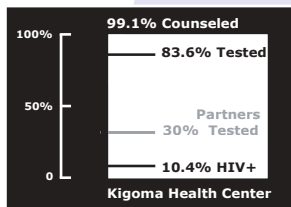




March '02 - August '03



March '02 - August '03



December '02 - August '03

Prenatal HIV Testing and Counseling at Rwanda Sites

Results

Rwanda: From March 2002 through August 2003, 95.5% of the over 3,000 women attending Byumba Hospital for initial prenatal visits were counseled about HIV/AIDS and PMTCT and 2,912 (95.1%) agreed to be tested for HIV. Of those women, 190 (or 6.9%) tested positive for HIV, with 142 (74.7%) returning for their test results. Providers have accelerated interventions to follow-up with mothers who have tested positive but have not returned for their results through infant vaccination activities, which are highly attended. Community sensitization activities on partner involvement may have contributed to the 8.3% of male partners who agreed to be tested, a jump from just 1% from March to September 2002. During 1,601 deliveries recorded by Byumba Hospital over the intervention period, 75 HIV-positive women received nevirapine during labor and all newborns were also treated with the drug.

At Kibuye Hospital, 99.6% of the 1,286 women visiting the hospital for prenatal care over the 17 months ending in August 2003 were also counseled about HIV/AIDS and PMTCT and 1,096 (85.6%) received HIV testing. This is significantly higher than for March through September 2002 during which only 64% agreed to be tested. Of the women tested, 82.4% returned for their test results and 9.3% were HIV positive. Following intensive community sensitization activities, testing of women's sexual partners has also significantly increased, from 4% as of September 2002 to 15.8% in August 2003. Of the 1,390 deliveries recorded at the hospital during the 17 months, 61 HIV-positive women received nevirapine during labor and 59 out of those 61 newborns were also treated with the drug.

Kigoma Health Center also reported strong results for the period from December 2002-August 2003: 99.1% of 683 women attending prenatal consultations were counseled about HIV/AIDS and PMTCT and 83.6% agreed to receive testing, with 10.4% HIV positive. Partner involvement has been especially encouraging, with 30% tested, of which 12.3% were HIV-positive. Out of 189 deliveries at the center, 14 HIV-positive women received nevirapine during labor and 12 newborns were also treated.



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