TITLE: Eleven years of experience in rapid scale-up of integrated PMTCT services in Cameroon using a public-private partnership approach

AUTHORS: Mboh Khan[1], E., Miller, L.[2], Tih, P.M. [1], NKfusai, J. [1], Nshom, E. [1], Kuni E[1], & Welty, T[1].

[1] Cameroon Baptist Convention Health Services, Cameroon, West Africa.
[2] Elizabeth Glaser Pediatric AIDS Foundation, Washington D.C., USA.

Track E14: Effect of training, mentoring, and supervision on HIV processes and outcomes

Background: Cameroon has an adult HIV seroprevalence of 5.3%; higher among women (6.8%) than men (4.1%). In February 2000, the Cameroon Baptist Convention Health Services (CBCHS), with funding from Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), initiated prevention of mother-to-child HIV transmission (PMTCT) services in two hospitals in Cameroon. By December 2010, CBCHS expanded services to 434 sites (out of 2,025 sites nationally), including 252 (58.1%) government facilities, in six regions. Outside of Global Fund, funding/support has been limited, so this public-private partnership filled a key gap.

Methods: CBCHS implements PMTCT services through training of staff, site-level provision of drugs and supplies, on-site supervision, promoting male involvement, and monitoring and evaluation (M&E). CBCHS M&E staff enter data into Excel spreadsheets and report quarterly to EGPAF, governmental officials and participating sites. Program data was reviewed to see progress over time.

Results: The program is one of the largest in the country, supporting 434 sites out of 2,025 nationally. From 2000 through 2010, 519,679 women received HIV counseling and testing; 6.9% tested positive. Over 95% of women counseled accepted testing and received results. Maternal seroprevalence has decreased from 10.3% to 5.3% ($P<.0001$; Chi Square test for trend). Maternal antiretroviral (ARV) prophylaxis uptake tripled over the 11-year period. ARV prophylaxis uptake among HIV-exposed infants (46.3%) remains a major challenge due to loss to follow-up, restrictive governmental dispensation policies, frequent change of national drug protocols, and stock-outs.

Conclusion: The program's integrated public-private partnership increased access to services. Quarterly supervision, mentoring and feedback from program data collected motivated service providers to improve the quality of care. CBCHS is working to improve supply chain, infant follow-up and linkages to care and treatment. Non-governmental and governmental organizations can collaborate to scale-up high quality PMTCT services that are sustainable and effectively monitored, evaluated and supervised.

Table: Testing, prevalence and ARV prophylaxis uptake from February 2000–December 2010

Year	Number of Sites	Women Counseled	Tested	Tested Percent	Results Received	Results Received Percent	HIV Tested Positive	HIV Tested Positive Percent	Total HIV Positive*	Maternal ARV	Maternal ARV Percent**	Infant ARV	Infant ARV Percent
2000	1	1,621	1,538	94.9	1,502	97.7	159	10.3	159	59	37.1	60	37.7
2001	15	5,662	4,955	87.5	4,883	98.6	517	10.4	517	177	34.2	181	35.0
2002	38	10,499	9,878	94.1	9,791	99.1	939	9.5	939	323	34.4	314	33.4
2003	83	21,694	20,180	93.0	19,883	98.5	1,597	7.9	1,597	490	30.7	508	31.8
2004	119	28,471	25,863	90.8	25,545	98.8	2,415	9.3	2,415	903	37.4	836	34.6
2005	184	43,375	39,552	91.2	38,274	96.8	3,279	8.3	3,279	2,491	76.0	1,336	40.7
2006	268	58,629	55,370	94.4	54,945	99.2	4,713	8.5	4,713	3,795	80.5	2,131	45.2
2007	382	77,519	74,706	96.4	73,692	98.6	5,761	7.7	5,761	5,547	96.3	2,543	44.1
2008	406	91,980	89,029	96.8	88,170	99.0	5,653	6.4	5,666	5,672	100.1	3,002	53.0
2009	432	99,465	97,871	98.4	97,541	99.7	5,585	5.7	6,185	5,449	88.1	3,578	57.9
2010	434	102,423	100,737	98.4	100,385	99.7	5,302	5.3	7,167	7,669	107.0	3,300	46.0
Total	**458**	**541,338**	**519,679**	**96.0**	**514,611**	**99.0**	**35,920**	**6.9**	**38,398**	**32,575**	**84.8**	**17,789**	**46.3**

* Includes known HIV-positive women not retested

** Maternal ARV uptake sometimes exceeds 100% because of double counting (e.g, if mothers are counted at ANC and during labour and delivery)