

Title: Early Retention in Antenatal Care Among HIV-positive Women Enrolled in the Option B+ Program in Kinshasa, DRC

Track and Category: E17 Interventions to improve retention in the prevention of vertical transmission cascade/continuum, including early infant diagnosis and Option B+ programmes

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Background: Effective retention in prevention of mother-to-child HIV prevention (PMTCT) programs implementing universal, lifelong treatment (“Option B+”) is critical to achieving pediatric HIV elimination. Innovative strategies are needed to strengthen retention in PMTCT/antenatal care (ANC). The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) assessed early loss to follow-up of HIV-positive pregnant women in ANC following introduction of a standard operating procedure (SOP) in select facilities in Kinshasa, Democratic Republic of the Congo. The SOP included guidance to health providers and mentor mothers (HIV-positive expert patients) on 1) linking newly and known HIV-positive women to these mothers, 2) counseling at first ANC, 3) tracking those who miss antenatal appointments through phone calls and home visits, and 4) documenting appointments and follow-up activities.

Methods: A quasi-experimental study was conducted from May to November 2015 in 16 EGPAF-supported health facilities, purposively selected for high volume and high HIV prevalence. Facilities were randomized to receive the SOP enhancement or no intervention. All records of HIV-positive women who attended their first ANC visit were abstracted during the data collection period. Multiple logistic regressions were used to identify determinants of second ANC visit attendance by HIV-positive pregnant women enrolled in the PMTCT Option B+ program.

Results: One-hundred-and-seventy-four women were included in the analysis: 43.7% (n=76) in the intervention and 56.3% (n=96) in the comparison group. Women’s average age was 31 years (SD: 6.4). Approximately 86.2 % of participants were assessed as WHO Clinical Stage I. Overall attrition at the second ANC visit was 25.8% (n=45). After multivariable logistic regression, being in the comparison group remained independently associated with early attrition (AOR=3.49, CI 95%: 1.58-7.71, p=0.002). Women attending facilities without SOP implementation were 3.5 times more likely to miss the second ANC visit (n=35, 35.7%) compared to the women from the intervention group (n=10, 13.2%).

Conclusions: Study findings demonstrated a positive effect of the SOP intervention on second ANC visit attendance. This SOP should be expanded to include the full range of ANC visits and delivery. This tool should be promoted and scaled up to contribute to the improvement of the retention in care for PMTCT clients.