

Title: Lessons Learned from Implementation of Option B+ in Lesotho Will Inform Roll-out of Test and Treat

Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors

Category: HIV and the Post-2015 Global Agenda

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Background: At 23%, Lesotho has the second highest adult HIV prevalence in the world and 57% of HIV-infected adults are women. Coverage of adult and pediatric antiretroviral treatment (ART) remains low at 35% and 30%, respectively. The country adopted World Health Organization Option B+ guidelines in April 2013, and countrywide coverage was complete by Q1 of 2014. Lesotho is set to adopt new test and treat guidelines early in 2016. Implementation of Option B+ will inform implementation of these new guidelines.

Description: The Elizabeth Glaser Pediatrics AIDS Foundation (EGPAF) is a leading clinical partner supporting the Ministry of Health in Lesotho and supported roll out of Option B+ guidelines countrywide. Routine programmatic data were collected from all antenatal facilities to inform progress. After one year of Option B+ implementation, a cross-sectional review of routine prevention of mother-to-child HIV transmission program data from 17 high volume sites was done to analyze the proportion of women remaining alive and on ART at three, six, and 12-months after Option B+/ART initiation and to assess rates of early mother-to-child HIV transmission (MTCT) at six weeks, 14 weeks, and 9-12 months postpartum.

Lessons Learned: Rapid adaptation resulted in successful, rapid countrywide scale-up of Option B+ and increased enrollment of pregnant women on ART from 11% in Q1 of 2013 to 94% in Q1 of 2014. Retention rates for women initiating Option B+ for their health were higher at 12 months compared those initiating Option B+ for prevention (81% versus 76%, respectively). Overall MTCT rates were low (2.5%) at nine months, but lower for women enrolled in Option B+ for their own health compared to women enrolled in Option B+ for prevention of transmission (1% versus 2.9%).

Conclusions: Lesotho demonstrated capability for rapid (<1 year) scale up of Option B+ and high acceptability of lifelong treatment initiation among pregnant and breastfeeding women regardless of their disease status. This enrollment success provides the impetus for the national rollout of test and treat. However, improved adherence and retention are needed and will require development of enhanced messaging for both healthcare providers and for patients regarding the rationale and benefits of universal ART.