

**Track/Category: D13**

**Title: Walking through one door: Integrating maternal and child health (MCH) and HIV services in Lesotho**

**Authors:** Tiam A<sup>1</sup>, Buhendwa L<sup>1</sup>, Ahimbisibwe A<sup>1</sup>, Oyebanji O<sup>1</sup>, Mafusi M<sup>1</sup>, Matokelo F<sup>1</sup>, Mamorapeli P<sup>1</sup>

**Affiliations:** <sup>1</sup>Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Lesotho

**Background:** Routine HIV testing and counseling (HTC) was introduced in antenatal care (ANC) clinics in Lesotho in 2007. Recent country data have shown that more than 95% of pregnant women attending ANC receive an HIV test. Despite the successes of HTC and PMTCT, there are challenges with ensuring HIV-positive pregnant women receive HIV care and treatment (C&T) due to inefficient referral processes and high patient loads in ART clinics.

**Methods:** In March 2009, EGPAF collaborated with UNICEF-Lesotho to implement the “one-door approach” at 14 health facilities across Lesotho. Through this approach, ART services are integrated into MCH services; nurses are trained in ART and are able to initiate treatment-eligible HIV-positive pregnant women on ART within MCH services. The goal of this approach is to ensure that treatment-eligible HIV-positive pregnant women receive treatment for their own health in the same room where they receive ANC services and by the same health care provider.

**Results:** From April 2009 to June 2010, nearly 12,000 pregnant women attended ANC; 95% of these women received HTC and 21% of those tested were found to be HIV-positive. Of the HIV-positive women, 15% were already on ART, 76% were given a minimum package for PMTCT (mother-baby packs) containing prophylaxis for both the mother and the baby as a take home package and 21% were initiated on ART for their own health (representing 100% of those eligible). This was an improvement from the baseline data collected between October and December 2008 showing only 60% of those eligible for the minimum PMTCT package received it and 18% of those in need of ART initiated. Access through MCH services increased HIV care and treatment engagement.

**Conclusion:** Providing ART in MCH settings is an effective approach to ensure treatment-eligible women receive ART for their own health. Task-sharing between nurses and other clinicians for ART service delivery—including training and authorizing nurses to prescribe ART—can improve ART delivery in MCH settings.