

Category: D13 Integrating HIV services with other health services (TB, RCH/MCH, SRH, NCD, pediatrics, malaria)

Title: Integration of ART in MCH settings: The Way Forward for Increasing Access to ART for Eligible HIV-Positive Pregnant Women in Zimbabwe

Author(s): A. Muchedzi¹, T. Nyamundaya¹, B. Makunike-Chikwinya¹, A. Mushavi², R. Mugwagwa²

Institute(s): ¹Elizabeth Glaser Paediatric AIDS Foundation, Harare, Zimbabwe, ²Ministry of Health and Child Welfare -PMTCT Unit, Harare, Zimbabwe

Text: **Background:** The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has supported to the national PMTCT program in Zimbabwe since 2001. By June 2010, 818,000 pregnant women had received PMTCT services at 724 EGPAF-supported health facilities. Of those identified as HIV-positive, 91% received ARV prophylaxis for PMTCT. ART-eligible pregnant women have the highest risk of transmitting HIV to their infants; however, due to vertical service delivery and weak linkages, most of these women do not receive appropriate prophylaxis measures. Of the ART-eligible pregnant women attending ANC identified in this program between June and September 2009, only 3% of ART-eligible HIV-positive pregnant women were initiated on treatment during their pregnancy. **Methods:** To increase HIV-positive pregnant women's access to and uptake of ART, EGPAF supported the MOHCW to integrate ART in MCH clinics at 20 learning sites. Stakeholder meetings were held to advocate for integration of services, sensitize stakeholders and facility managers, and develop implementation plans. Standard operating procedures (SOPs) for implementing ART in the MCH setting were developed, nurse-midwives were trained on OI/ART management, and resources were mobilized to provide point-of-care CD4 machines within MCH clinics. **Results:** Fifty nurses were trained in adult OI/ART management; 22 were placed at health facilities to gain practical experience in ART initiation and OI/ART management. The percentage of ART-eligible women who received ART during pregnancy increased from 3% (June-Sept 2009) to 26% (June-Sept 2010). **Conclusion:** Integration of ART into MCH services improved access to and uptake of ART by treatment-eligible pregnant women. This experience revealed that advocacy with stakeholders, clear SOPs, and access to CD4 testing are cornerstones for successful integration of ART into MCH. With proper training and mentorship, nurse-midwives are able to initiate ART for pregnant women and manage their care; nurse-led ART initiation should be scaled-up to expand access to ART for eligible pregnant women nationwide.

Keywords: 1. Integration MCH/HIV
2. ART in MCH
3. PMTCT

Country of research: Zimbabwe

Related to women and girls? Yes

Ethical research declaration: Not applicable