

Title: *Integrating HIV care and treatment services into prevention of mother-to-child HIV transmission services at reproductive and child health clinics in Tanzania to increase access for HIV-positive pregnant women*

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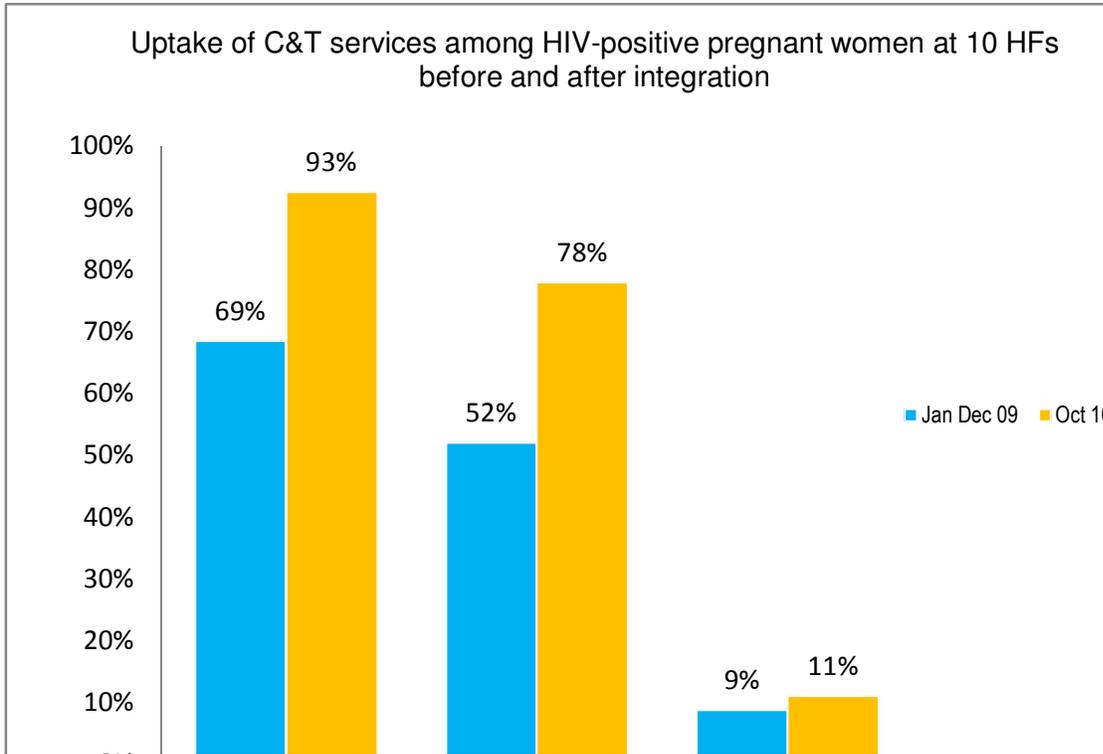
Organization: Elizabeth Glaser Pediatric AIDS Foundation, Tanzania

Track E 57: Integration of HIV services rather than stand-alone services; and services which bond the community care with the health facility services

Background: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began supporting Tanzania's national Prevention of Mother-to-Child HIV Transmission (PMTCT) program in 2003. In 2009, only 44% of all HIV-positive pregnant women identified at EGPAF-supported health facilities were enrolled into HIV care. In October 2010, EGPAF began supporting integration of HIV care and treatment (C&T) into PMTCT services at Reproductive and Child Health (RCH) clinics as a strategy to reach the national target of enrolling 60% of HIV-positive pregnant women in care.

Methods: Ten RCH clinics (5 hospitals and 5 Lower-Level Health Facilities [LLHFs]) offering PMTCT and C&T services were selected for service integration and were monitored through one year. Facility data from 2009 were used as a baseline; among 852 HIV-positive pregnant women; 69% were staged, 52% enrolled into care, and 9% initiated on antiretroviral therapy (ART). In September 2010 two nurse midwives from each RCH clinic were trained in delivery of C&T services; from October 2010, all 10 clinics began offering CD4 sample collection, clinical staging, adherence counseling, and ART initiation to eligible clients and ART refills within PMTCT with the support of clinical officers from C&T clinic. Supervision was done to ensure proper service provision and documentation.

Results: During the one-year, post-intervention (October 2010 to September 2011), among 583 women identified as HIV-positive in PMTCT at the 10 sites: 93% were staged, 78% enrolled into care, and 11% initiated on ART (see Figure). Hospitals and LLHFs contributed almost equally to the observed increases.



Conclusions: While integration of C&T into PMTCT has led to increased enrollment of HIV-positive women into HIV care above the 60% national target, it did not substantially increase ART uptake, which remained far below the 40% national target. M&E system will be reviewed to capture proportion of eligible clients who are initiated on ART.