The role of peer lay health workers in supporting HIV re-testing among HIV-negative pregnant and breastfeeding women

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BACKGROUND

In high HIV-prevalence areas such as sub-Saharan Africa, WHO recommends provider-initiated testing and counselling as a routine component of antenatal and postnatal care. Repeat HIV-testing every three months is recommended. However, government implementation guidelines and actual practice differ owing to resource constraints. Moreover, after the initial HIV-test, continued efforts of a strained health system often focus on HIV-positive women.

m2m’s ELECTRONIC CLIENT APPOINTMENT DIARY (APP1)

During each session with a client, the Mentor Mother records services delivered and health outcomes in m2m’s mobile health application, known as App1.

The App is instrumental in enhancing the scheduling of appointments and flagging missed appointments for active client follow up, particularly with regards to follow up for HIV re-testing according to country protocols.

AIM

The aim of study was to describe the rate of HIV testing uptake among HIV-negative pregnant women and breastfeeding mothers supported by the m2m program.

RESULTS

On average, women had three Mentor Mother contacts and were re-tested twice during the observation period (1 January – 31 December 2017). The frequency of re-testing varied by country and was most common in South Africa and least common in Eswatini.

The average time to the first re-test was three months and the average time to the second re-test was seven months.

The rate of re-testing was inconsistent within and between m2m supported countries. Compliance to each country’s respective national re-testing guidelines ranged between 77% in Eswatini, 71% in Lesotho, 90% in South Africa and 83% in Uganda, averaging 78%.

Each contact session with a Mentor Mother increased the likelihood of re-testing by 29%.

CONCLUSION

This analysis demonstrates the positive role that peer lay health workers play in supporting HIV re-testing, risk reduction and linkage to combination HIV prevention packages for pregnant and breastfeeding women.

However, the fact that re-testing rates were inconsistent within and between supported countries suggests the need to ensure that the criteria for eligibility for re-testing are well set out. This is particularly important in the current context where country protocols for re-testing continue to vary based on government priorities and budget allocations to the HIV response.

The benefits of m2m’s electronic client appointment diary, App1, should be continuously leveraged to track and support clients in m2m care.

There is also a need to ascertain the proportion and characteristics of HIV-negative women who decline m2m support, particularly in light of the fact that m2m has built strong collaborations with clinical partners and each session with a Mentor Mother increased the likelihood of re-testing by 29%.

<table>
<thead>
<tr>
<th></th>
<th>Sample</th>
<th>Avg. # sessions</th>
<th>Avg. # tests</th>
<th>2+ tests during period</th>
<th>Time to test recorded by m2m (months)</th>
<th>Testing rate</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>460</td>
<td>3</td>
<td>2</td>
<td>78%</td>
<td>3</td>
<td>77%</td>
<td>78%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>2,174</td>
<td>3</td>
<td>2</td>
<td>48%</td>
<td>2</td>
<td>71%</td>
<td>71%</td>
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<tr>
<td>South Africa</td>
<td>1,170</td>
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<td>3</td>
<td>58%</td>
<td>3</td>
<td>90%</td>
<td>83%</td>
</tr>
<tr>
<td>Uganda</td>
<td>376</td>
<td>3</td>
<td>2</td>
<td>10%</td>
<td>3</td>
<td>7</td>
<td>83%</td>
</tr>
<tr>
<td>All</td>
<td>4,180</td>
<td>3</td>
<td>2</td>
<td>49%</td>
<td>3</td>
<td>7</td>
<td>78%</td>
</tr>
</tbody>
</table>

Acknowledgements

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