

Background

- mothers2mothers (m2m) is an African non-profit organisation that unlocks the power of women to eliminate childhood AIDS and create healthy families. m2m trains and employs women living with HIV in sub-Saharan Africa as "Mentor Mothers". Through their training and employment, they become role models who help women and families at health facilities and in their communities access essential services and medical care, start on any treatment they need, and continue with their health journey. From an initial focus on prevention of mother-to-child transmission of HIV, m2m now delivers a range of services for newborns, children, adolescents and families, to ensure the whole community thrives, not just survives.
- Since 2001, m2m has created jobs for over 11,000 women living with HIV in sub-Saharan Africa, and these Mentor Mothers have reached over 11M women and children under two with lifesaving health services. In 2018, we achieved virtual elimination of mother-to-child transmission of HIV for our enrolled clients for the fifth year in a row. For more, see www.m2m.org.
- There is a growing demand for proven, high impact interventions to achieve the 90-90-90 UNAIDS targets.
- Task shifting using lay health workers as a peer support model has been implemented to enhance linkage and retention to HIV services.
- There is limited evidence on the impact of lay health workers in HIV services.

Description

- An Expert Client (EC) model was introduced by mother2mothers (m2m) in 98 facilities in Malawi in April 2018.
- ECs were employed as facility based lay health workers who are open about their HIV positive status and show exemplary life style on adherence to HIV services.
- They were deployed in the general outpatient departments (OPD), maternal and child health departments and ART clinics.
- They create demand for HIV Testing Services (HTS); physically escort people newly tested HIV positive to ART initiation and provide pre ART counselling; and physically trace clients who miss ART appointments.
- Data is captured on paper based registers and then exported into DHIS2.
- Data for clients accessing HIV services in 98 m2m supported facilities in Malawi from April to December 2019, was used to explore the role of ECs in linkage to ART and management of clients who miss ART appointments.

Lessons Learnt

- In the OPD, ECs referred 262,087 clients to HTS of whom 9 % (20729) tested HIV positive, 97 % were initiated on ART, 42 % of those not initiated on ART were traced, 11% were initiated on ART after tracing.
- 49579 HIV positive clients missed their ART appointments after 14 days, 82% (40747) were traced, 68 % brought back to care, 25 % lost to follow up, 5 % transferred out, 1 % died, and 1 % stopped.
- Newly tested HIV positive clients refused ART due to religious beliefs, fear of disclosure to partner and retesting whilst already on ART.
- Clients from long distances are not traced and traced clients don't honor their promise to go back to ART care.

Conclusion

- While the EC model achieved optimal linkage to ART, return to care among lost patients need to be improved by routinely assessing risk of attrition from care and provide client tailored follow up.

Acknowledgements:

District Health Offices Staff from Blantyre, Zomba, Thyolo, Chiradzulu, Ntcheu, Dedza and Mchinji, mothers2mothers, Elizabeth Glaser Pediatric AIDS Foundation

For further information contact:
Victor Singano, MBBS, MSc
mothers2mothers, P/Bag B-315, Lilongwe, Malawi
Victor.Singano@m2m.org



Elizabeth Glaser
Pediatric AIDS
Foundation

Until no child has AIDS.