

## 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](http://www.m2m.org).
- Regular testing cascades to early treatment initiation, achieving timely viral suppression and preventing mother to child transmission.
- HIV programs often prioritize HIV positive women over HIV negative women, negating the value of primary prevention.
- This study investigated the impact of using lay health workers to promote the uptake of HIV retesting services amongst HIV negative women receiving antenatal and postnatal care.

## Methods

- We conducted a secondary analysis of data collected from Eswatini, Lesotho and South Africa.
- The data included services provided by mothers2mothers' Mentor Mothers which was collected using a mobile health application between 2016 and 2018.
- We cross-linked this data with population level data from the national Demographic and Health Surveys. The sample consisted of HIV negative antenatal and postnatal women registered into mothers2mothers' Mentor Mothers program at health facility level.
- A total of 7604 clients who had being enrolled for a minimum of 6 months and a maximum of 12 months were included in the analysis.
- A multilevel mixed-effects Poisson regression analysis was performed to identify factors associated with the frequency of retesting amongst HIV negative women in the program.

## Results

- The median duration of participants in the program from enrollment was 8 months (IQR: 7-10 months) with the median number of HIV retests done being 2 (IQR: 1-2) the median number of contact sessions with a Mentor Mother being 5 (IQR: 3-5).
- Every additional Mentor Mother contact session increased retesting by 4% ( $p < 0.001$ ). An increase in the median number of contacts with HIV negative women at the health facility increased HIV retesting by 7% ( $p = 0.009$ ).
- With an additional month spent between contact sessions with a Mentor Mother, HIV retesting decreased by 11% ( $p < 0.001$ ).
- An increase in new pediatric HIV infections that occur during birth or an increase in the proportion of male-headed households in a community linked to a health facility reduced HIV retesting by 1% ( $p < 0.001$ ).

## Conclusion

- The results showed how routine engagement with Mentor Mothers increased retesting in antenatal and postpartum women.
- This information could help in extending PMTCT service packages to HIV negative women in high-prevalence areas.

