

# Multi-country review on final outcome in eMTCT in m2m countries

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## 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).
- A core component of Mentor Mothers' work focuses on providing integrated care to eliminate mother-to-child transmission of HIV (eMTCT), which can occur during pregnancy, labour or breastfeeding
- Without treating both mother and child during this crucial period, the risk of vertical transmission ranges between 15% and 45%; with treatment, the risk drops to below 5% (known as virtual elimination).
- Option B+, which provides for the initiation of HIV-positive pregnant and breastfeeding women on lifelong antiretroviral therapy (ART), regardless of CD4 count, was rolled out to all m2m countries by the end of 2015. It has been a game changer in the fight to eliminate MTCT, as seen by large decreases in the number of new infections since its implementation.
- Despite these gains, keeping women on treatment and supporting them provide preventative ARVs to their children while adhering to the recommended breastfeeding practices remains difficult.

## m2m's PMTCT services for HIV-positive women and their infants

Mentor Mothers support HIV-positive pregnant women and new mothers to access care as early as possible, and to stay on treatment.

This support includes:

- 1) Household mapping for early identification, referral and linkage to PMTCT services for women who would otherwise never have accessed services
- 2) Active client follow-up for missed priority appointments (including antenatal care, facility deliveries, ART refills and adherence to ART)
- 3) Infant prophylaxis and HIV testing
- 4) Safer infant feeding methods (exclusive breastfeeding under six months of age or exclusive formula feeding).

## Methods

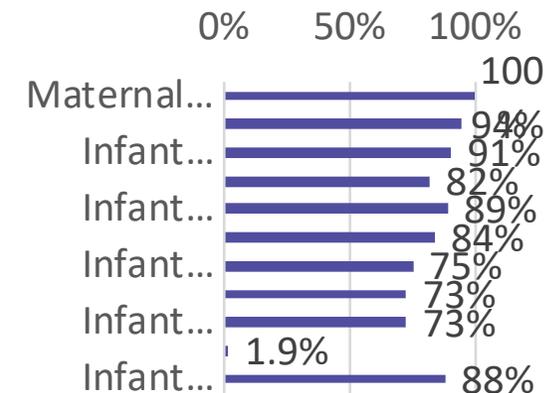
- A stratified, representative sample of 69 m2m sites was drawn from Eswatini, Kenya, Lesotho, Malawi, South Africa and Uganda.
- All pregnant women and new mothers enrolled into the m2m programme between 1 January and 30 June 2016 at these sites were included in the analysis. Data were collected for all interactions with a Mentor Mother from enrolment until the end of 2018.
- We construct a prevention of mother-to-child transmission (PMTCT) cascade by focusing on the subsample of 2,957 women who enrolled with m2m during pregnancy and were retained in m2m care post-delivery. These women therefore had the benefit of m2m support throughout the PMTCT period.



## Results

### Maternal ART initiation and infant prophylaxis

- The first step in the prevention of vertical transmission is the initiation of the mother onto lifelong ART. 100% of our sample had initiated on treatment, with 97% initiating before or during pregnancy.
- At birth, 93% of the infants in the sample were placed on the HIV-prophylaxis, nevirapine (NVP). At six weeks, NVP was discontinued and 82% of the infants were then given cotrimoxazole until the end of breastfeeding.



### Infant testing

- The PCR test is the first test an infant receives between the ages of 0 and 8 weeks. Test uptake was high across all m2m sites, averaging 89%. Receipt of the first test result, which can take several weeks, was slightly lower at 84%.
- The final test, conducted between the ages of 18 and 24 months, has a lower rate of uptake, averaging 75% across all countries. 73% of clients received the final test result.

### Infant status and ART initiation

- Combining those with a final test result and those who tested positive on an earlier test, we find that 73% of the sample had a final infant status at the end of the PMTCT period.
- Of these infants with a known status, the MTCT rate was 1.9%, significantly below the anticipated 5% MTCT rate amongst breastfeeding children. Of these infants, 88% were initiated onto ART.

## Conclusion

m2m remains committed to achieving virtual elimination of mother-to-child transmission as demonstrated by our performance across six of our programme countries.

We have observed that a number of health facilities have erratic supplies of laboratory reagents, ARVs and so forth, which make it difficult to achieve our service uptake targets among clients. Challenges with access to infant HIV tests continue to grow with increased fragmentation of service delivery in some health facilities where synergies and linkages between chronic HIV care and treatment and primary health care for mothers and children are limited.

m2m will continue to support uptake of services along the PMTCT cascade in the face of multiple health system challenges. Our interventions will go beyond linkage and referrals to acting as 'treatment buddies/supporters' for women unable to pick-up medication for themselves and their children. We will also place more focus on HIV testing services as part of task-shifting including dried blood sample (DBS) collection, rapid HIV testing and others.