

# The role of peer lay health workers programmes and innovative scalable quality improvement solutions to improve final HIV diagnostic test uptake among HIV exposed infants

Fiona Burt<sup>1</sup>, Ann Marjorie N. Mbule<sup>1</sup>, Clare Hofmeyr<sup>1</sup>, Nakululombe Kwendeni<sup>1</sup>, Esca Scheepers<sup>1</sup> and Kathrin Schmitz<sup>1</sup>  
1. mothers2mothers, Cape Town, South Africa



## 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).
- m2m's peer-led integrated service platform employs HIV positive women as 'Mentor Mothers' to deliver innovative and proactive approaches for uptake of PMTCT cascade services.
- These include HIV testing among HIV exposed infants (HEIs); those born to HIV positive women and babies of unknown HIV status.
- Final HIV test outcome must be established among all HEIs at 18-24 months. Lack of a final test outcome among all HEIs creates a key challenge to governments to accurately monitor our progress towards virtual elimination of mother to child transmission (eMTCT).

## Methods

- As part of m2m's routine services at facility-community, HEIs are followed up and linked to a continuum of care including EID and 18-24 months rapid diagnostic HIV testing.
- m2m deployed a quality improvement change package that included Mentor Mothers' review of monthly data on infant tests done versus scheduled; m2m's electronic active tracking system was instrumental.
- Mentor Mothers also participated in static and mobile immunization clinics to ascertain infant exposure status, proactively linking 18-24 months infants to rapid partner-led community-based HIV testing and provided household follow up integrated with early childhood development interventions.
- The analysis of uptake of HIV services among HIV-exposed infants (aged 0-2 years) draws on a stratified, representative sample of 69 sites in Eswatini, Kenya, Lesotho, Malawi, South Africa and Uganda. The sample included all HIV-positive index clients enrolled between January - June 2016.

## Results

- Uptake of the first DNA PCR test among HIV exposed infants across 69 implementing sites was an average of 87%. This figure ranged from 83% in Malawi to 98% in South Africa.
- Seventy-three (73%) of the HIV exposed infants had a final HIV test at 18-24 months (Eswatini at 68%, Kenya 61%, Lesotho 73%, Malawi 65%, Uganda 79% and South Africa 89%).
- Although not ideal, the final HIV test and results achieved are above reported national averages.

## Conclusion

- Peer lay health workers play a positive role in supporting infant testing and final outcomes of HEIs.
- However, there is a need to strengthen QA/QI approaches that allow for client-centered service delivery and maximize services integration in resource-limited settings

