



The role of peer lay health workers in improving retention in HIV services

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BACKGROUND

- Early linkage to HIV care and retention is the cornerstone of the universal test-and-treat strategy.
- Early linkage to HIV care and retention remains a challenge, with the risk of reversing gains in the control of the epidemic.
- Poor linkage and retention-in-care are perpetuated by known structural and patient-related factors that are amenable to community-based peer support interventions.

AIM

- The aim of this study was to describe the rate of treatment linkage and retention-in-care among HIV-positive women receiving community linked peer support interventions.

THE mothers2mothers (m2m) PEER-SUPPORT MODEL

- m2m works in communities to strengthen bi-directional linkages between the healthcare facilities and communities through its cadre of HIV-positive women who provide peer support.
- m2m’s peer lay health workers, also known as Mentor Mothers, work to ensure that women and their families get the health advice and medication they need, are linked to the right clinical services, and are supported on their treatment journey.
- m2m’s active client tracking system is enhanced to facilitate follow-up of clients on antiretroviral treatment (ART) through phone calls, text messages and home visits.



METHODS

- This study is based on a retrospective treatment record review of m2m peer supported clients.
- We reviewed records of clients enrolled with m2m between September 2014 and February 2015.
- 691 clients were eligible for the study after applying exclusion criteria and excluding clients without gestational age information at registration needed to assess client retention at key PMTCT milestones.
- Medication pick-ups were tracked from time of enrolment with m2m until the end of 2017, translating into a 30-36 month treatment enrolment cohort.

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RESULTS

ART initiation amongst the treatment-naïve

- About 85% of treatment-naïve clients started lifelong ART within three months of enrolling with m2m.
- By time of delivery, 92% of treatment-naïve clients were on treatment, and 96% were retained on treatment three months after initiation.

Retention-in-care over time

- Figure 1 shows the retention rate of treatment-naïve and non-naïve women separately, as well as the average of the two, from delivery to 24 months post-delivery.
- Treatment-naïve clients were less likely to be retained at all points ($p < 0.00$).
- The gap between the two groups narrows over time from five percentage points to one percentage point.
- Taking both groups together, retention rates are above 90% until six months post-delivery, dropping to just above 80% at 24 months post-delivery.

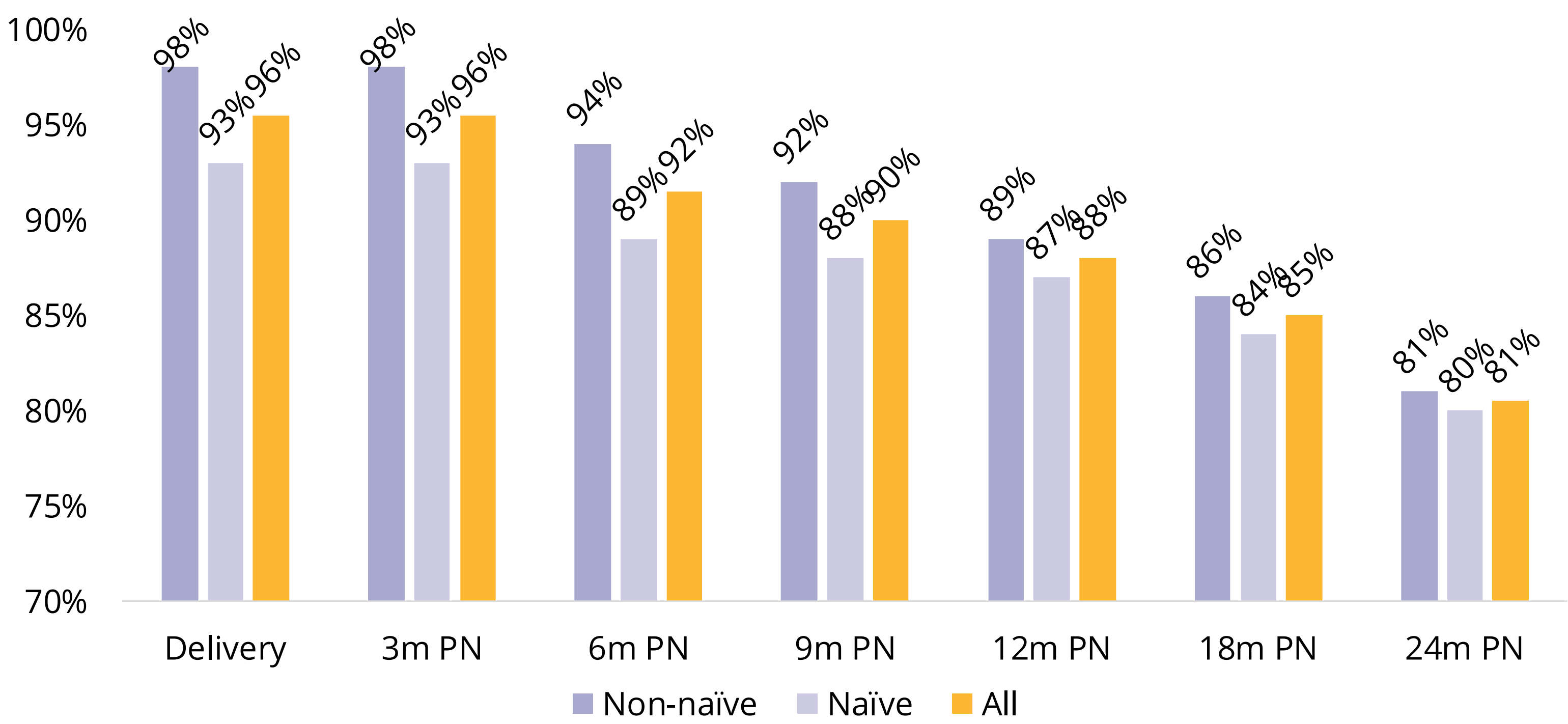


Figure 1: Rate of retention in HIV care of m2m peer-supported treatment-naïve and non-naïve women

The effect of peer support on retention-in-care

- The relationship between frequency of contacts with a Mentor Mother (i.e. exposure to peer support) and retention-in-care varied by client type.
- Among the treatment-naïve, peer support was highly effective: each additional session with a Mentor Mother increased the chance of being retained by 30% before delivery, and 15% after giving birth.
- However, amongst non-naïve clients, we saw no meaningful impact of peer support on retention.



CONCLUSION

- This analysis demonstrates the role that Mentor Mothers play in improving retention-in-care on ART.
- The variation in retention rates between treatment-naïve and non-naïve adds to evidence on the importance of differentiated service delivery.
- The need for continued strengthening of client risk profiling and triaging to optimize support based on client needs is underscored.

