



The role of peer lay health workers in supporting HIV re-testing among HIV-negative pregnant and breastfeeding women

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BACKGROUND

In high HIV-prevalence areas such as sub-Saharan Africa, WHO recommends provider-initiated testing and counselling as a routine component of antenatal and postnatal care. Repeat HIV-testing every three months is recommended. However, government implementation guidelines and actual practice differ owing to resource constraints. Moreover, after the initial HIV-test, continued efforts of a strained health system often focus on HIV-positive women.

mothers2mothers (m2m) implements a peer model to deliver integrated, complementary HIV-prevention, care and support services to women and their families. m2m Mentor Mothers provide a multitude of services to HIV-negative women: group education sessions including HIV prevention messaging, pre-test education and linkage to re-testing services, one-on-one and couple education sessions based on client needs (including risk reduction education), and education on other relevant maternal and child health topics including infant and child feeding, child spacing and family planning.

AIM

The aim of study was to describe the rate of HIV testing uptake among HIV-negative pregnant women and breastfeeding mothers supported by the m2m program.

m2m’s ELECTRONIC CLIENT APPOINTMENT DIARY (APP1)

During each session with a client, the Mentor Mother records services delivered and health outcomes in m2m’s mobile health application, known as App1.

The App is instrumental in enhancing the scheduling of appointments and flagging missed appointments for active client follow up, particularly with regards to follow up for HIV re-testing according to country protocols.

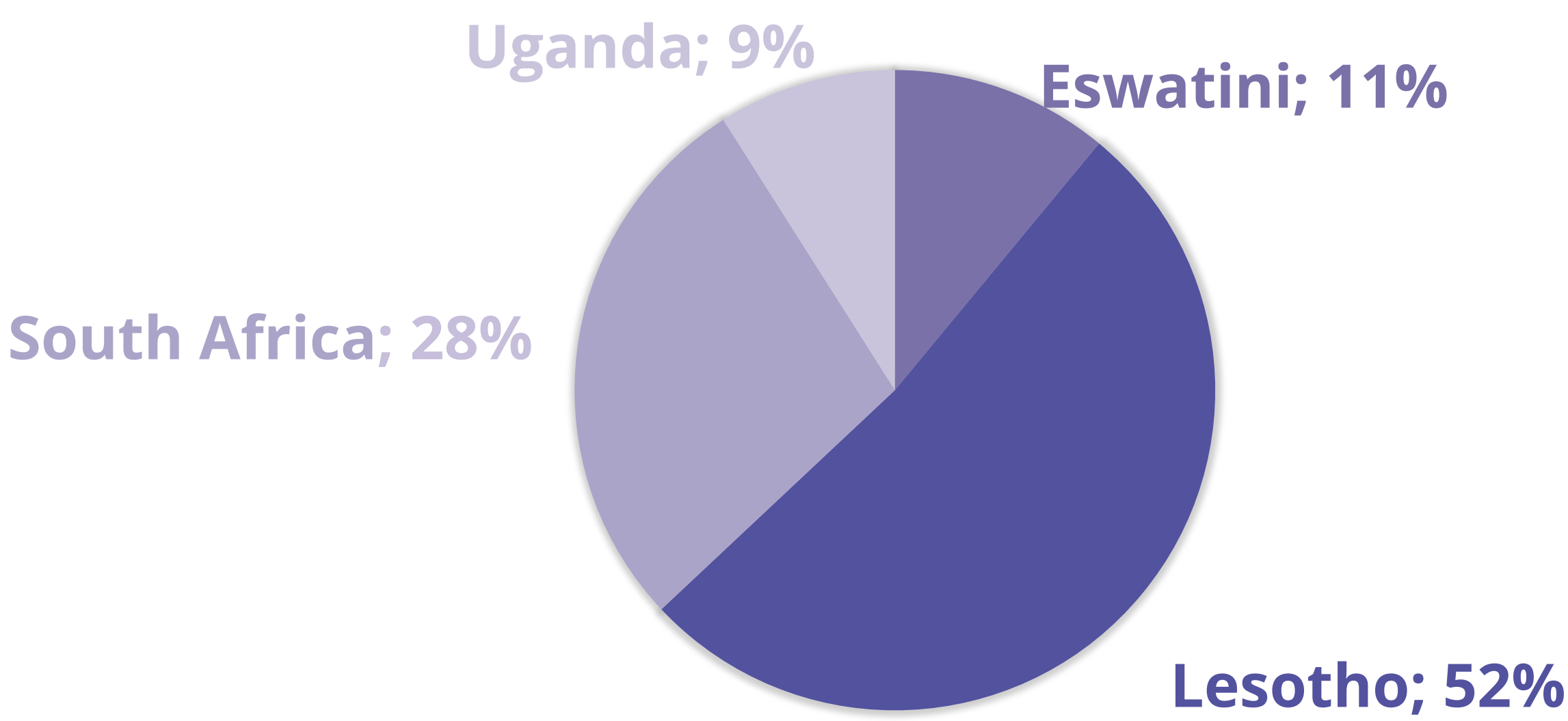


METHODS

Sample

The sample consisted of 4,180 pregnant women and new mothers who were HIV-negative when they enrolled with m2m between January and June 2017, and attended at least two sessions with a Mentor Mother between enrolment and the end of 2017. Women who were HIV-negative at enrolment but opted out of m2m support were excluded from the analysis.

The sample was drawn from Eswatini, Lesotho, South Africa and Uganda. Use of the app varies by country, resulting in the geographical distribution of the sample shown below.



Data

During each session with a client, the Mentor Mother records services delivered and health outcomes in the electronic appointment diary. Data on testing uptake, test results and use of family planning from each contact session were drawn from the app for this analysis.

Acknowledgments

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RESULTS

On average, women had three Mentor Mother contacts and were re-tested twice during the observation period (1 January – 31 December 2017). The frequency of re-testing varied by country and was most common in South Africa and least common in Eswatini.

The average time to the first re-test was three months and the average time to the second re-test was seven months.

The rate of re-testing was inconsistent within and between m2m supported countries. Compliance to each country’s respective national re-testing guidelines ranged between 77% in Eswatini, 71% in Lesotho, 90% in South Africa and 83% in Uganda, averaging 78%.

Each contact session with a Mentor Mother increased the likelihood of re-testing by 29%.

	Sample	Avg # sessions	Avg. # tests	2+ tests during period	Time to test recorded by m2m (months)		Testing compliance
					First	Last	
Eswatini	460	3	2	7%	4	7	77%
Lesotho	2,174	3	2	48%	2	7	71%
South Africa	1,170	3	3	58%	3	6	90%
Uganda	376	3	2	10%	3	7	83%
All	4,180	3	2	49%	3	7	78%

CONCLUSION

This analysis demonstrates the positive role that peer lay health workers play in supporting HIV re-testing, risk reduction and linkage to combination HIV prevention packages for pregnant and breastfeeding women.

However, the fact that re-testing rates were inconsistent within and between supported countries suggests the need to ensure that the criteria for eligibility for re-testing are well set out. This is particularly important in the current context where country protocols for re-testing continue to vary based on government priorities and budget allocations to the HIV response.

The benefits of m2m’s electronic client appointment diary, App1, should be continuously leveraged to track and support clients in m2m care.

There is also a need to ascertain the proportion and characteristics of HIV-negative women who decline m2m support, particularly in light of the fact that m2m has built strong collaborations with clinical partners and each session with a Mentor Mother increased the likelihood of re-testing by 29%.

