



Family Centered Approach in PMTCT Program , Rwanda, 2005-2011.

Ange Anitha IRAKOZE, MD

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Co:Authors : S.NSANZIMANA¹, M. Jennifer, E. REMERA ¹, KARANGWA .C , L. Tsague³, E. NYANKESHA³, P. MUGWANEZA¹



Outline

- Context
- Background
- Objectives of the Program
- Methodology
- Results
- Conclusion and recommendations

Rwanda Context

- ❑ East African country of 26,338 km²
- ❑ Population: ~10 million inhabitants
 - 4 provinces and Kigali City Council
 - 30 districts
 - 415 sectors
- ❑ Generalized HIV epidemic (RDHS 2010)
 - 3% prevalence in general population
 - 3.7% prevalence among women



Background

- Scale up of PMTCT program started in 2001
- Since 2003, Rwanda HIV Program recommended partner testing in PMTCT
- HIV testing is routinely offered to all pregnant women and their partners at the first ANC visit
- The test results are given the same day
- They are asked to bring their children for testing and the one who test HIV positive are enrolled for follow up



Benefits of Family Involvement

- Reduction of mother-to-child HIV transmission by improving the follow-up: Better adherence & Higher retention
- Enhancements use of condoms and other prevention methods and among sero-discordant couples
- Facilitate couple communication related to sexual risks & Family Planning
- Enrollment and early treatment of other HIV positive family members: partner and children
- Reduction of mortality among children

Family-Centered Approach in PMTCT in Rwanda

- Program starts during ANC, where almost all pregnant women are offered HIV testing.
- They are encouraged to be accompanied by their male partners for HIV counseling and testing at the 1st ANC
- Pregnant women who test positive are encouraged to bring all their children so they may be tested and started in the care & treatment program if positive
- Family planning : Male participation is highly encouraged
- Follow up of the HIV exposed children in the PMTCT Program

Support for the Mother and the Family

- The HIV-positive pregnant mother is followed up from the time she gets her HIV positive results, is started on ARV prophylaxis from 14 weeks.
- Male involvement in PMTCT has enabled family support to be successful
- Specific programs such as M2M, Family Package, Male Championship have been instrumental in supporting the family approach in PMTCT.

Family testing is systematic in patient's chart

Formulaire d'admission (adulte)

N° TRACnet

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Date: ___ / ___ / ___

Date du premier test VIH positif: ___ / ___ / ___

(Partner)

(HIV -)

(Not tested)

(No partner)

Partenaire

VIH+

VIH -

Non teste

Pas de partenaire

Composition familiale et état sérologique des enfants (identifier les enfants adoptés par un X dans la colonne *Adoptés*) :

(Children)

Age des enfants	Adoptés	Test fait O/N	Résultats des tests VIH	Age des enfants	Adoptés	Test fait O/N	Résultat des tests VIH
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Partner and family testing is registered the chart, PwP interventions enhance family focused follow-up and care

Mode d'admission: VCT PMTCT Hospitalisation, Consultation

Consultation tuberculose, autres : _____ lieu ou ce test a été réalisé : _____

Rwanda Key strategies: Political commitment

- Couple counseling and testing (CHCT) Campaign was launched by President Kagame in 2003
- First Lady of Rwanda promotes the Family Package approach to PMTCT
- Mayors' Performance Contracts with the President
- Sensitization through monthly community work (Umuganda)



Rwanda Key strategies to strengthen Family approach (cont'd)

- Invitation letter from Health Facility to male partners
- Performance Based Financing for clinic staff based on family approach
- Weekend CHCT services
- Sensitization by Community Health Workers
- Community forum



www.pepfar.gov/press/81257.htm

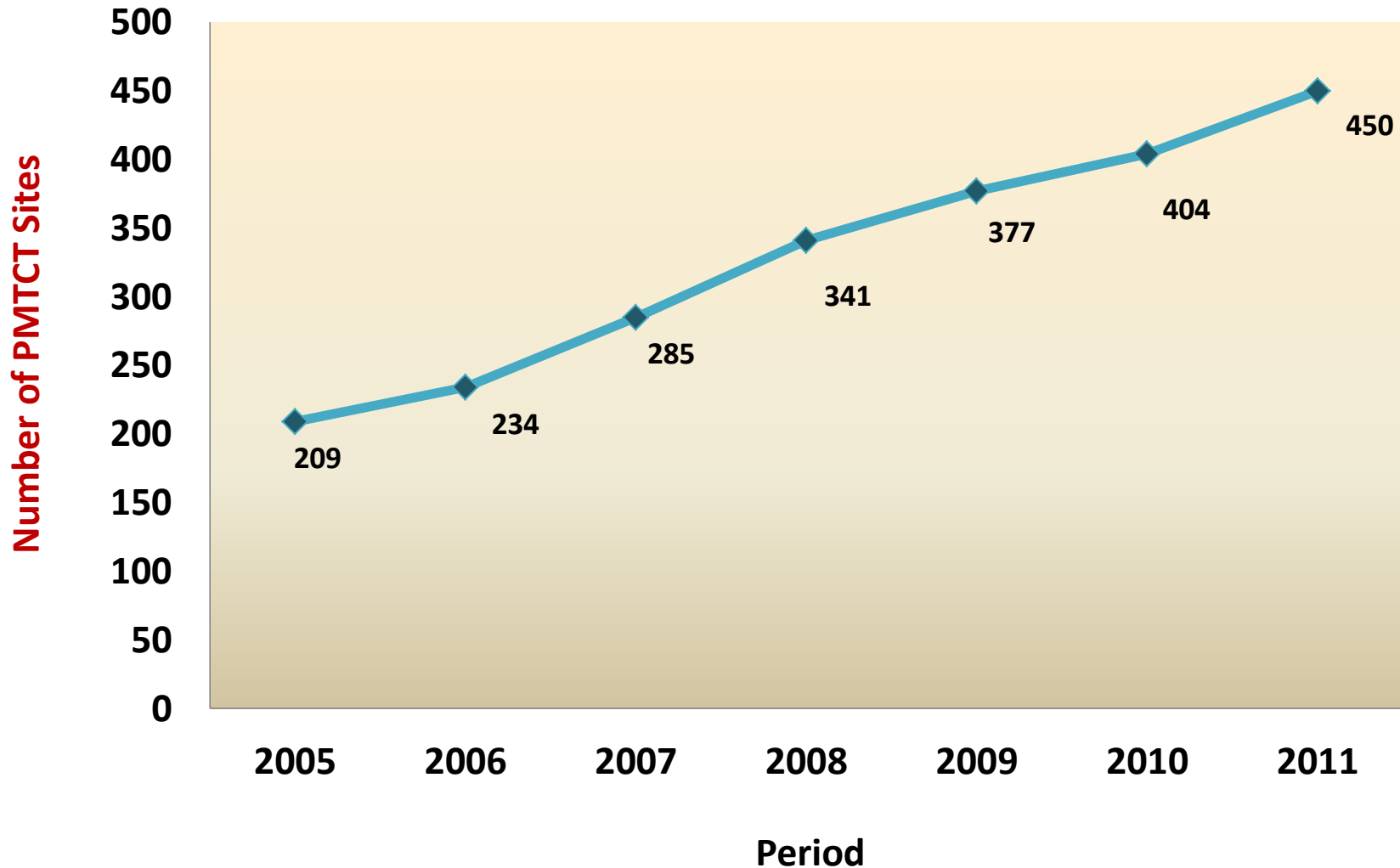
Objectives

- Describe the expansion of PMTCT services in Rwanda
- Describe uptake of male partners testing through PMTCT
- Describe institutional deliveries among HIV positive women
- Describe the prophylaxis of HIV exposed infants

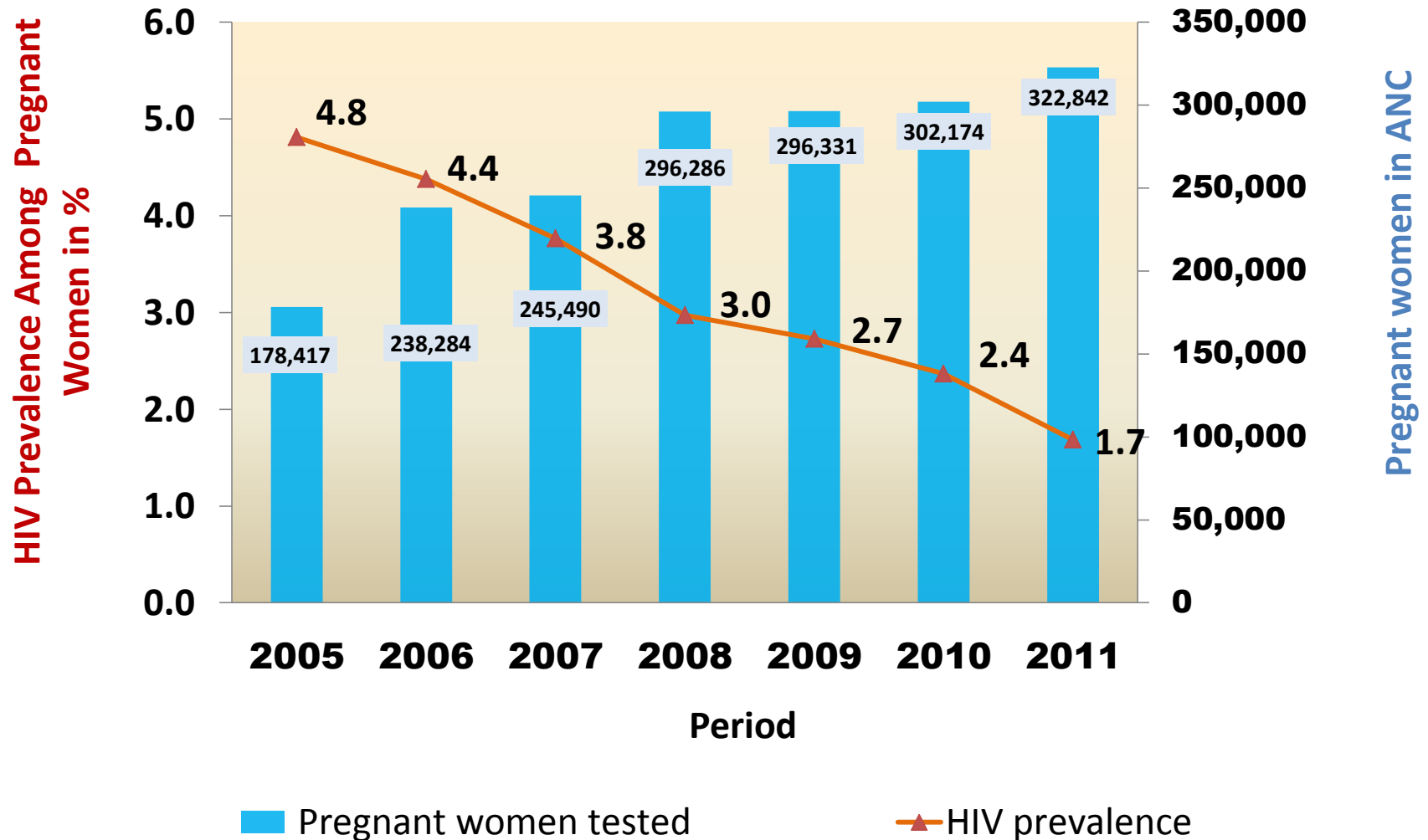
Methods

- Data was collected from reports submitted to a national electronic database (TRAC NET) by health providers based on patients files and health facility registers
- PMTCT variables collected include: Number of PMTCT sites, HIV testing among pregnant women and male partners, deliveries at health facilities among HIV positive women, prophylaxis and testing for exposed infants
- Descriptive analysis done on PMTCT variables in the electronic database using Microsoft EXCEL
- Period: January 2005 to December 2011

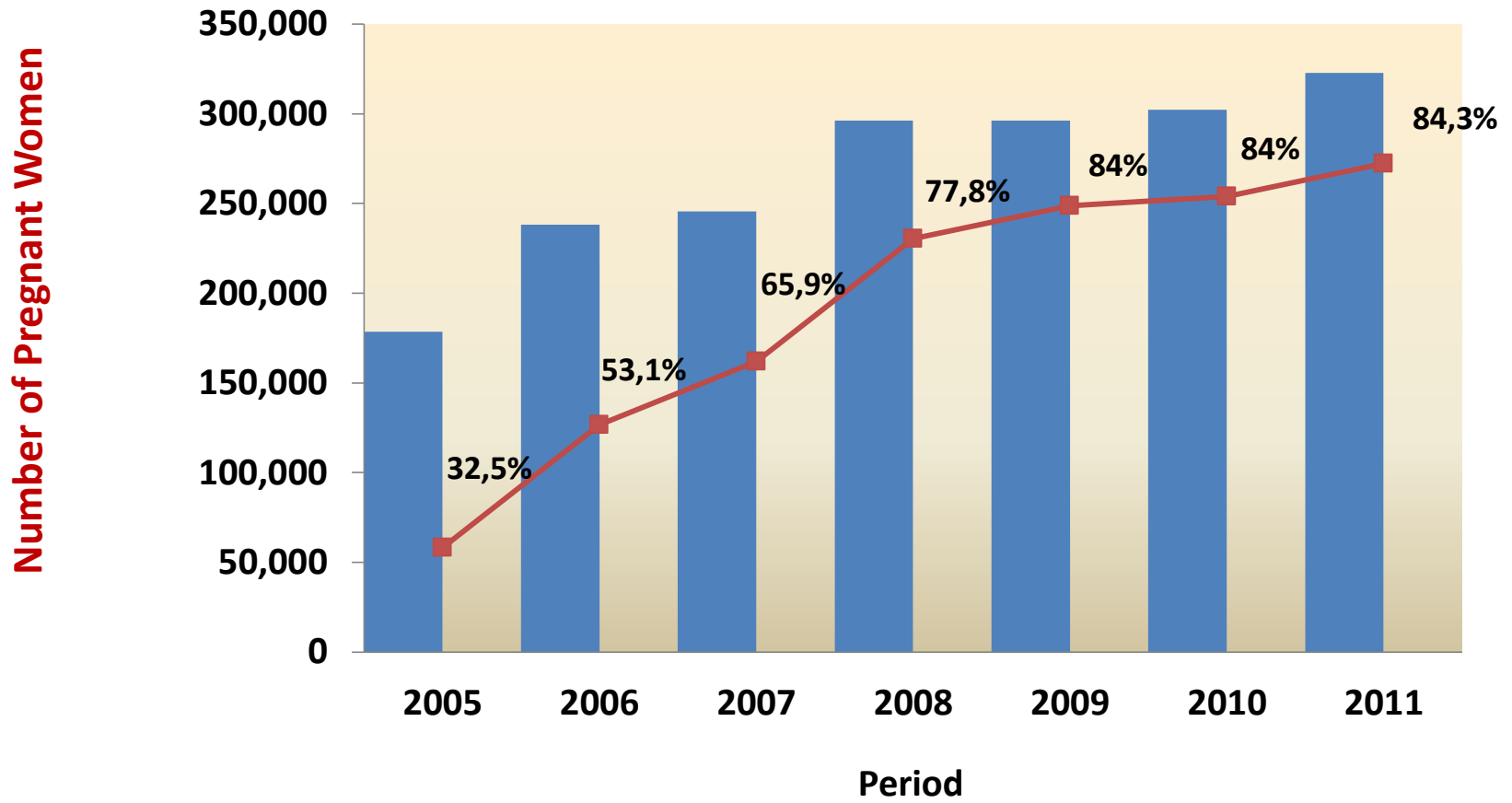
Scale-up of PMTCT Sites, Rwanda, 2005-2011



HIV Prevalence Among Pregnant Women in ANC



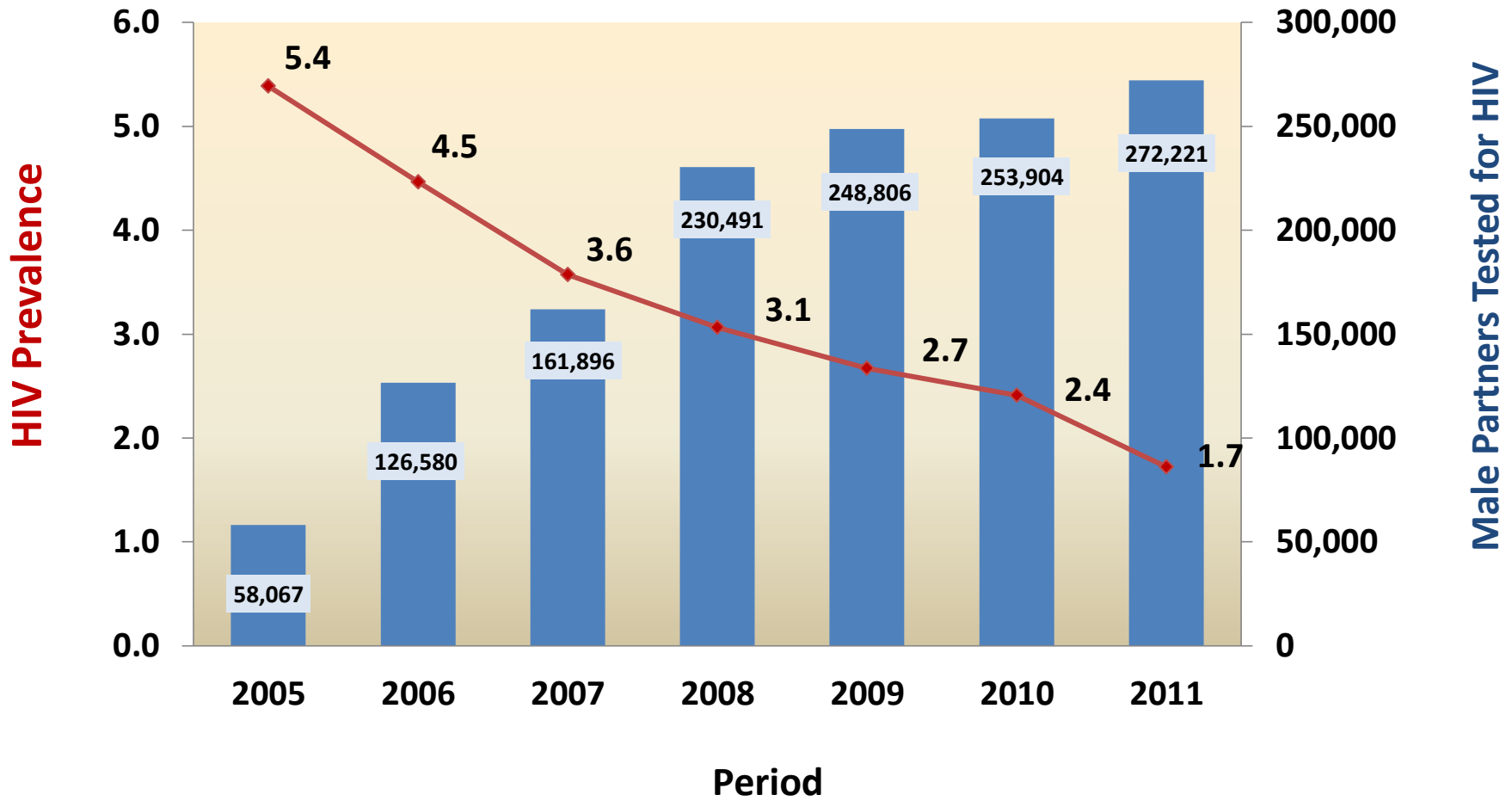
Uptake of HIV Testing of Male Partners in ANC



■ Pregnant women tested for HIV

■ Male Partner tested for HIV

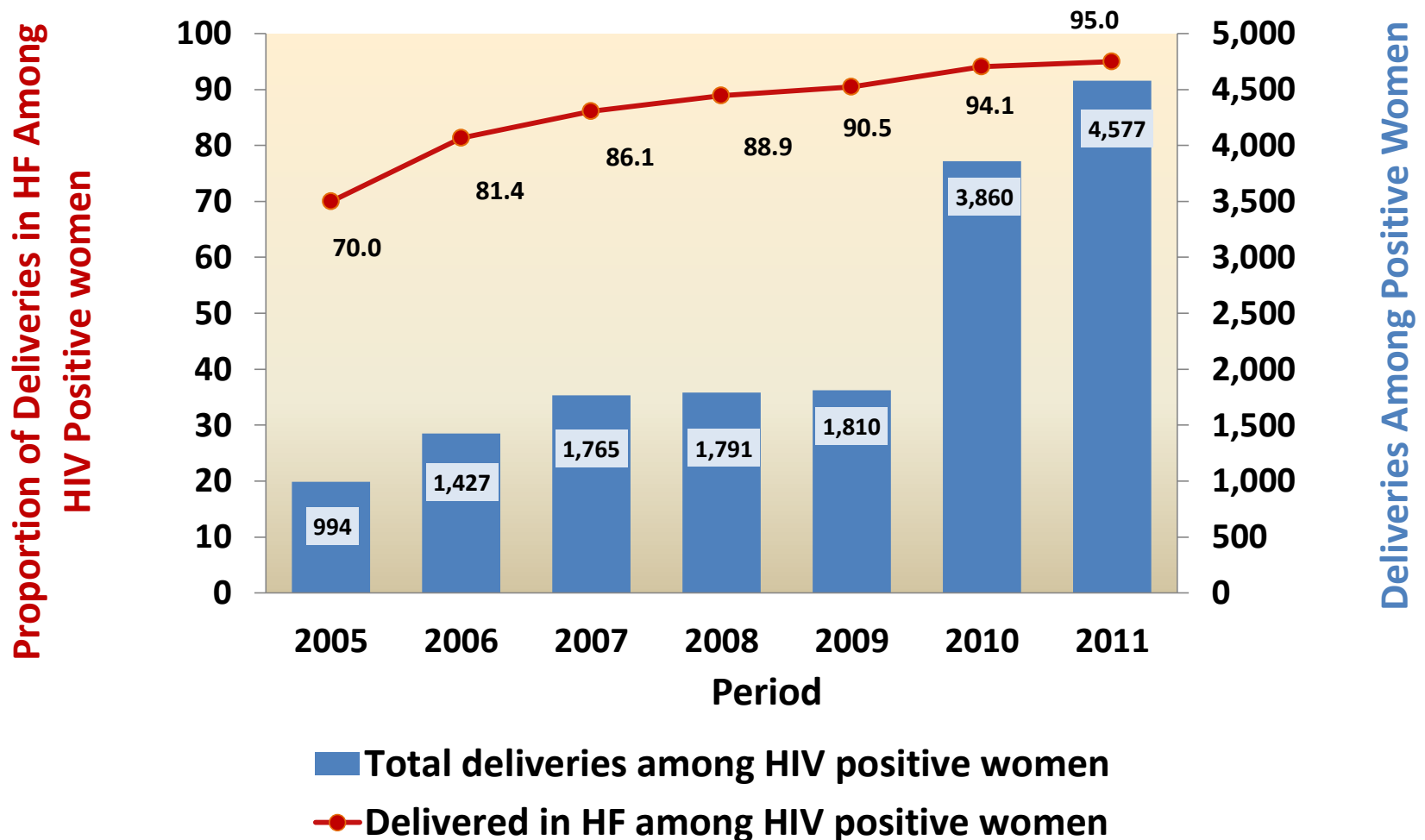
HIV Testing and HIV Prevalence Among Male Partners



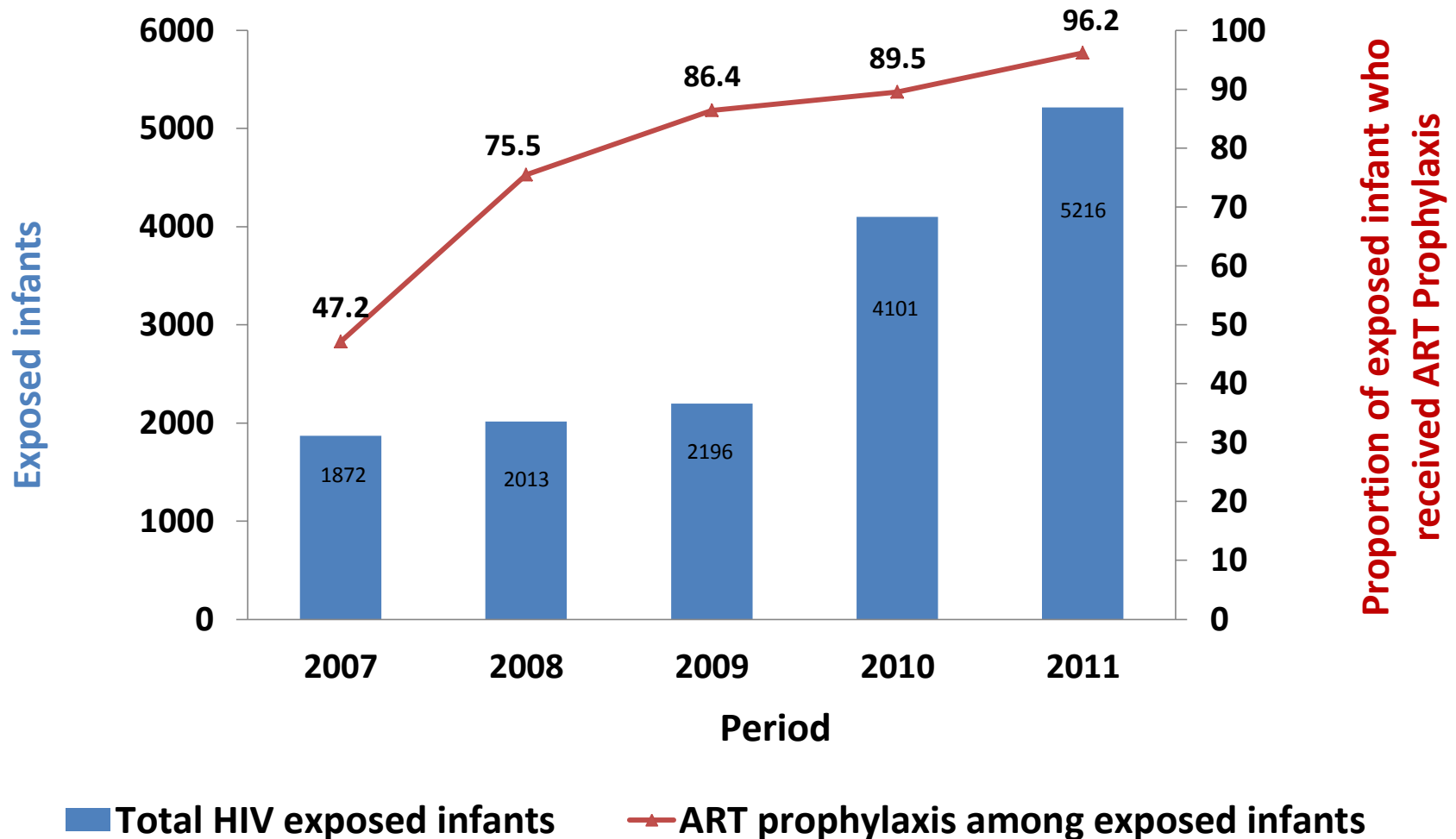
■ Total male partner tested for HIV

◆ HIV Prevalence among male partners

Proportion of HIV Positive Women Who Delivered in a Health Facility



Evolution of ART Prophylaxis for HIV Exposed Infants



Conclusion

- PMTCT program was scaled up over the years and the coverage doubled between 2005 and 2011
- Our country achieved a lot in terms of involvement of male partners in ANC and their HIV testing by commitment from our leaders and innovative strategies.
- Hospital deliveries among HIV positive women increase from 70% in 2005 to 95% in 2011
- The results show a great improvement in follow up of HIV exposed infants regarding the proportion receiving prophylaxis

Recommendations

- Devise strategies to attain 100% coverage for both PMTCT services and male partner testing
- PMTCT program should ensure that any of HIV positive mothers, male partners and infants miss in to care and treatment follow up program for the well being of every family member and for ending vertical transmission.

Thank You!

