Community Services that impact the CBCHB PMTCT Program in Cameroon

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Background

• CBCHB is a faith based organisation running 5 big hospitals, 25 integrated health centres and about 50 primary health centres in six of the ten regions in Cameroon.
• Community based – present in few urban cities and mostly in the remote parts of the regions
• Mission of CBCHB is to provide care to all who need it as an expression of Christian love.
• CBCHB has been running PMTCT since Feb 2000 and has reach over 600,000 pregnant women with counselling and testing through 452 sites with support mainly from EGPAF.
• Major program challenges include low uptake of prophylaxis, low follow-up of HEIs, poor male involvement, stigma & discrimination.
• This led to MAP and contact tracing
Community Program components

- Mobile outreach for VCT, Care and treatment, vaccination against HPV, cervical cancer screening
- Support Groups for people living with HIV (mixed, men, women, children)
- Use of Linkage Nurses and Peer Educators to increase uptake of prophylaxis, CD4 testing and enrolment in care
- Use of Trained Birth Attendants to offer PMTCT in remote villages
- **Contact Tracing and Partner notification**
- Men As Partners program
Contact Tracing and Partner Notification
How it is done

- Staff trained as Health Advisors (HA) and drilled on tools and protocols. HA mostly counsellors and PLWHIV
- Women tested positive (index person) are linked to a health advisor on the day of diagnosis
- Following counselling and information provided on the program, women give consent to participate
- They identify their sexual contacts in the past 1-3 yrs and give details on how to reach them if possible.
- They choose to either notify the contacts themselves or ask the health advisor to notify the contact.
- Notification is by contacting the contact and helping him/her know that they have been exposed to HIV without revealing the source of information.
How it is done

• The notification is done in the manner most preferable to the contact
• Cell phones used to establish contact and take appointments
• VCT provided on the spot
• After testing HIV positive, the contact becomes the next index person
• Those positive linked to C&T and followed-up to get enrolled in care
• Those tested negative are given information on the window period and encouraged to repeat their test
• Also targets youths in the communities
Some results

- Initiated in August 2007 following training from the University of North Carolina
- August 2007 – Dec 2010, identified 6,642 index persons
- 5,271 of their contacts traced and notified, 3,977 (75.4%) tested and 2,154 (54.2%) tested HIV positive. 60.8% of those tested positive enrolled in care.
What is best practice in it?

• Helps to break the transmission chain
• Improves disclosure as most women chose to notify their partners or disclose their status once they know that the partners have been counselled.
• Improves male involvement in PMTCT especially in care
• Helps people to know their status and seek care early
Relationship with key stakeholders

• Cordial relationship with stakeholders. Most strongly encourage the program saying they wish it existed ten years ago, the prevalence wouldn’t have been as high as it is.

• Encouraged by other partners who are anxious to learn how to do it
Lessons learnt

• Contact tracing and partner notification is very feasible in Africa. Carried out in Malawi.
• People newly diagnosed with HIV need a lot of support and counselling.
• People in the community are anxious to know their HIV status no matter how hesitant they may be initially
• PN seems to help change behaviour
What to do differently if we have to do it again

- Integrate PN services into PMTCT from the start of each new site
- Monitor and separate PN data to show effect on PMTCT
- Incorporate some operational research
  - Evaluate the impact of PN on PMTCT
  - Document the community’s perception of the program
  - Evaluate the effect of PN on gender based violence
  - Publish findings so others can learn from the experience
Key success helping factors

• Effective training of health advisors
• All Health Advisors are counsellors
• On the spot VCT promotes uptake
• Regular facilitative supervision and coordination meetings
• Constant exploitation and use of data to identify gaps and improve services
Key success hindering factors

• Limited funds for service expansion and sustainability
• Poor description of home addresses and regular change of address increase lost to follow-up
• Stigma and discrimination
• Few cases of violence on health advisors as an initial reaction to the news on exposure
Conclusion

• PN is feasible in many African settings and likely to increase male participation in PMTCT and help reduce HIV transmission in the communities
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