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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