Community-based & Family-centred Approach to Prevent Parent To Child Transmission of HIV

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"The Road to Washington"
Mobilizing communities to create a supportive environment to help eliminate vertical transmission

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Outline

- Rationale for community & family approach
- Evidence to support community & family approach
- Conclusion

Why is changing the approach fundamental?

- Mathematical Modelling indicate that even with 90% programme implementation the 2015 targets will be missed

- Even with full programme implementation vertical infections still occur

- HIV infects and affects families and communities

Opponents

- The approach may be harmful
    - Intimate violence
    - Separation
    - Divorce
    - Death
- Not feasible
    - Partners will not attend
    - Staff and other patient s will not cope
- No conflict of interest in paediatrics

Khayelitsha Feasibility Study

- ***Aim:*** to determined barriers to male sexual partner involvement

- ***Methods:*** qualitative and quantitative

- ***Results:*** Health Care Facilities
  - No facilities for partners
  - Clinic times
  - Attendance of male partners not allowed

Mobilising communities to create a supportive environment

Maternity and Obstetrics Unit activities

- Engagement of management and ANC staff
- Training of clinic staff on handling men
- Arrangement of couple counselling rooms
- Arrangement of friendly male waiting rooms
- Demarcation of toilets for male sexual partners

Local government councillors & Church leaders

- Attend councillors' meetings and explain the project
- Invite councillors to participate in radio show
- Request permission to address residents' meetings and church congregations

Community mobilisation activities in Khayelitsha, Cape Town

Male partner involvement in Khayelitsha

Attendance:

VCT =35% v/s PIS = 26% (RR, 1.36; 95% CI, 1.12-1.64)P = 0.002

HIV testing:

VCT = 92% v/s PIS = 44% (RR, 2.82; 95% CI, 2.14-3.72)P < .001

Multivariate analyses: VCT invitation was associated with Increased attendance [OR 1.52; 95% CI, 1.15-2.01; P = 0.003]

Lessons from Kenya: Aluisio et al (1)

456 female participants 140 partners (31%) attended ANC

82 (19%) of 441 infants tested were HIV infected by 1 year

Adjusting for maternal viral load, vertical transmission risk was lower among:

male attendance

[aHR = 0.56, 95% (CI): 0.33- 0.98; P = 0.042]

report of prior male HIV testing

[aHR = 0.52, 95% CI: 0.32 to 0.84; P = 0.008]

Lessons from Kenya: Aluisio et al (2)

Adjusting for maternal viral load and breastfeeding, the combined risk of HIV acquisition or infant mortality was lower with:

male attendance

[aHR = 0.55; 95% CI: 0.35-0.88; P = 0.012]

report of prior male HIV testing

[aHR = 0.58; 95% CI: 0.34 to 0.88; P = 0.01]

Shift in paradigm

- From **MCTC** to **PTCT**
- From **Individualistic** to **Family** approach
- From **Single** intervention to **Continuum** of care

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