



Partners
In Health

Integration of HIV-Exposed Infant services in rural Rwanda

John Wilson NIYIGENA
Infectious Diseases Program Manager
Partners In Health, Rwanda
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Background

- In Rwanda, over 7000 infants are born to HIV-positive mothers each year
- At high risk for infection with HIV, early morbidity and mortality, and lifetime disability from chronic illness
- Across SSA, many HIV-exposed infants and their mothers are lost from care or do not receive appropriate testing or ART prophylaxis

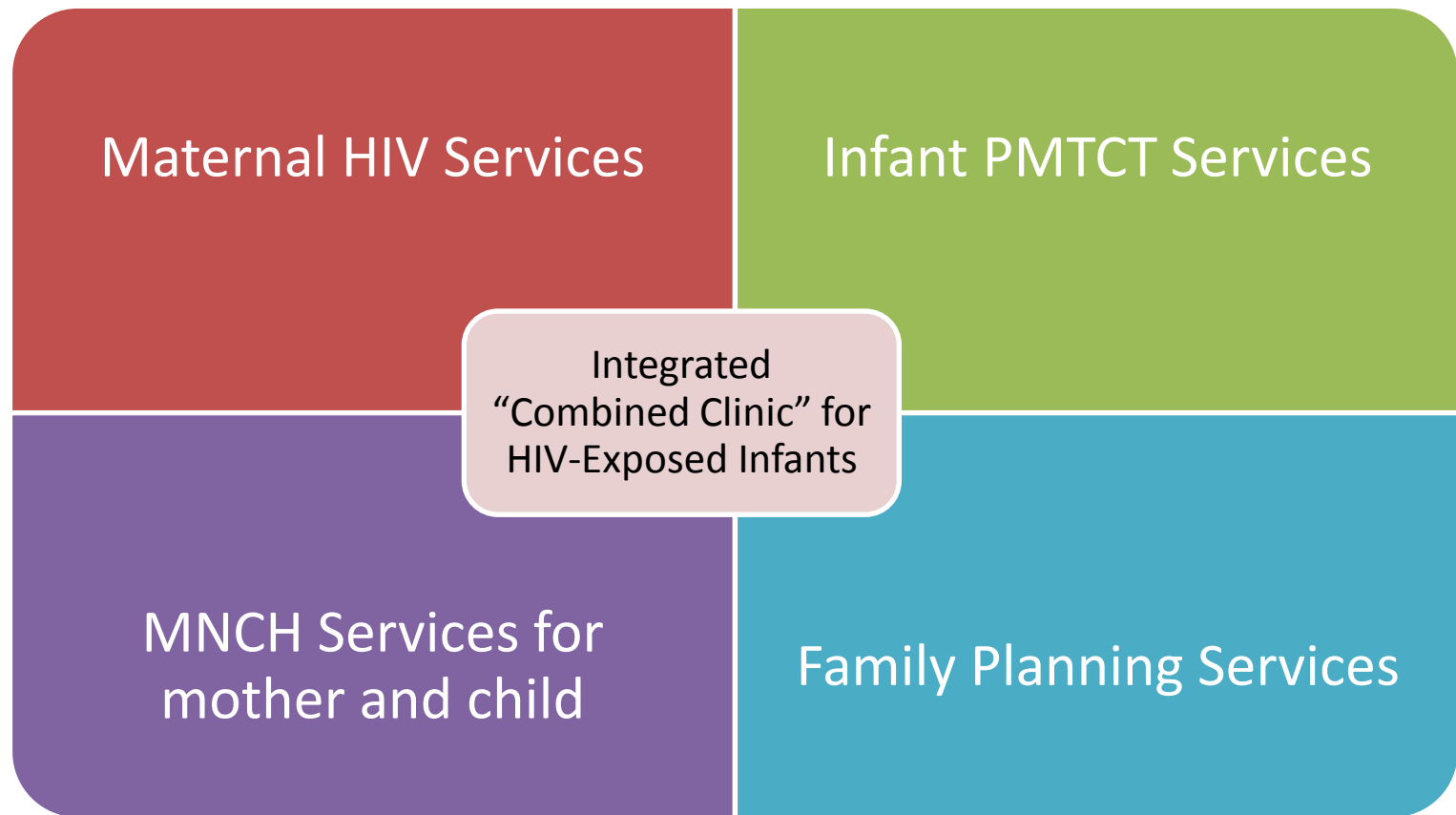
Challenges for HIV-affected families

- Conducted focus groups with mothers, nurses, & social worker
- On average, families reported:
 - 2-3 visits per month to health centers (HC)
 - 5-6 hours total for HC visit (entire workday)
 - \$5-7 transport fee (round-trip)
 - \$1-2 meals per day
 - \$2-5 lost wages per day
 - Total: Average \$8 per HC visit for mother and baby

Should we integrate services?

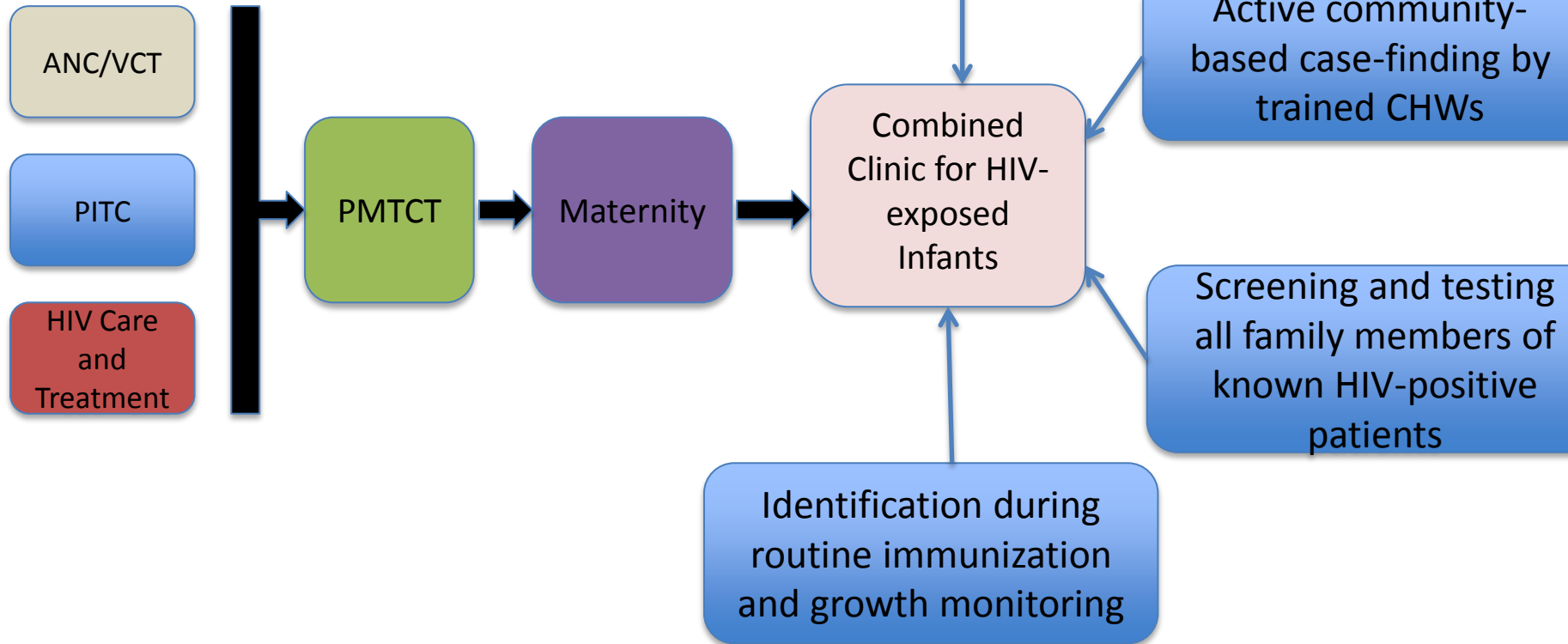
- Integration of services would result in:
 - Less visits
 - Less transport costs
 - Less loss of productivity
 - More efficient health care system

Integration of services for HIV-exposed Infants: “Combined Clinic”



Infant/Child			Mother		
Activity	Category	Time	Activity	Category	Time
Post-partum care (cord care, weight monitoring)	MNCH	0-6wk	Post-partum care	MNCH	0-6wk
Entry/Referral to one-stop clinic	HIV	0-6wk	Return to ID care via one-stop clinic	HIV	0-6wk
Continuation of NVP prophylaxis until 6 weeks	PMTCT	0-6wk	Initiation or continuation of ART	PMTCT/HIV	0-6wk
6 week DBS testing with rapid response and link to care if positive	PMTCT	6wk	Initial or continuation of CD4 testing	HIV	0-18mo
Initiation of co-trimoxazole prophylaxis	PMTCT	6wk-18mo	Initial or continuation of ancillary laboratory testing or radiography	HIV	0-18mo
Routine infant care (growth monitoring, vaccination review, albendazole, vitamin A)	MNCH	6wk-18mo	Screening and treatment of IST/OIs per Adult HIV recommendations	HIV	0-18mo
Nutrition support and counseling for infant needs (including AFASS option)	MNCH	0-18mo	Breastfeeding support and counseling	MNCH	0-18mo
9 month serotesting with rapid response and link to care	PMTCT	9 mo	Nutrition counseling and support for breastfeeding mother	MNCH	0-18mo
18 month serotesting with rapid response and link to care	PMTCT	18 mo	Safe food and water preparation for child	MNCH	0-18mo
Tb screening and link to care	MNCH	0-18mo	Recognition and management of neonatal and early childhood illness	MNCH	0-18mo
Malnutrition screening and link to care	MNCH	0-18mo	Family planning or referral to family planning option in faith-based clinics	FP	0-18mo
Malaria prevention for infant	MNCH	0-18mo	Active case finding and follow up of HIV+ women with infant <18 mo	MNCH/ PMTCT/HIV	N/A
Recognition and treatment of acute childhood illness per IMCI (LRTI, diarrhea/dehydration, febrile illness)	MNCH	0-18mo	Routine testing of serodiscordant mothers	PMTCT	0-18mo
Active case finding from immunization and growth monitoring, CHW case finding, screening family members of HIV-positive individuals, and PITC	HIV	0-18mo	Psychosocial support for PLWH	HIV	0-18 mo
Referral and management of HIV+ child to pediatric ID clinic	HIV	0-18 mo	Return to routine ID care for seropositive mothers	HIV	18 mo

Key Entry Points for Infants into the Combined Clinic



Preliminary Outcomes

- From Nov 2010 – Oct 2012:
 - 37 health facilities supported to integrate services
 - 973 mother-infant pairs enrolled
 - 1.6% of enrolled infants HIV positive as of Oct 2012 (cross-sectional)
 - Not yet evaluated: retention in care, child survival, maternal outcomes, patient satisfaction

Rwanda's EMTCT Strategy

National Strategic Plan for Elimination of Mother to Child Transmission of HIV in Rwanda (2011 -2015)

February 6, 2012

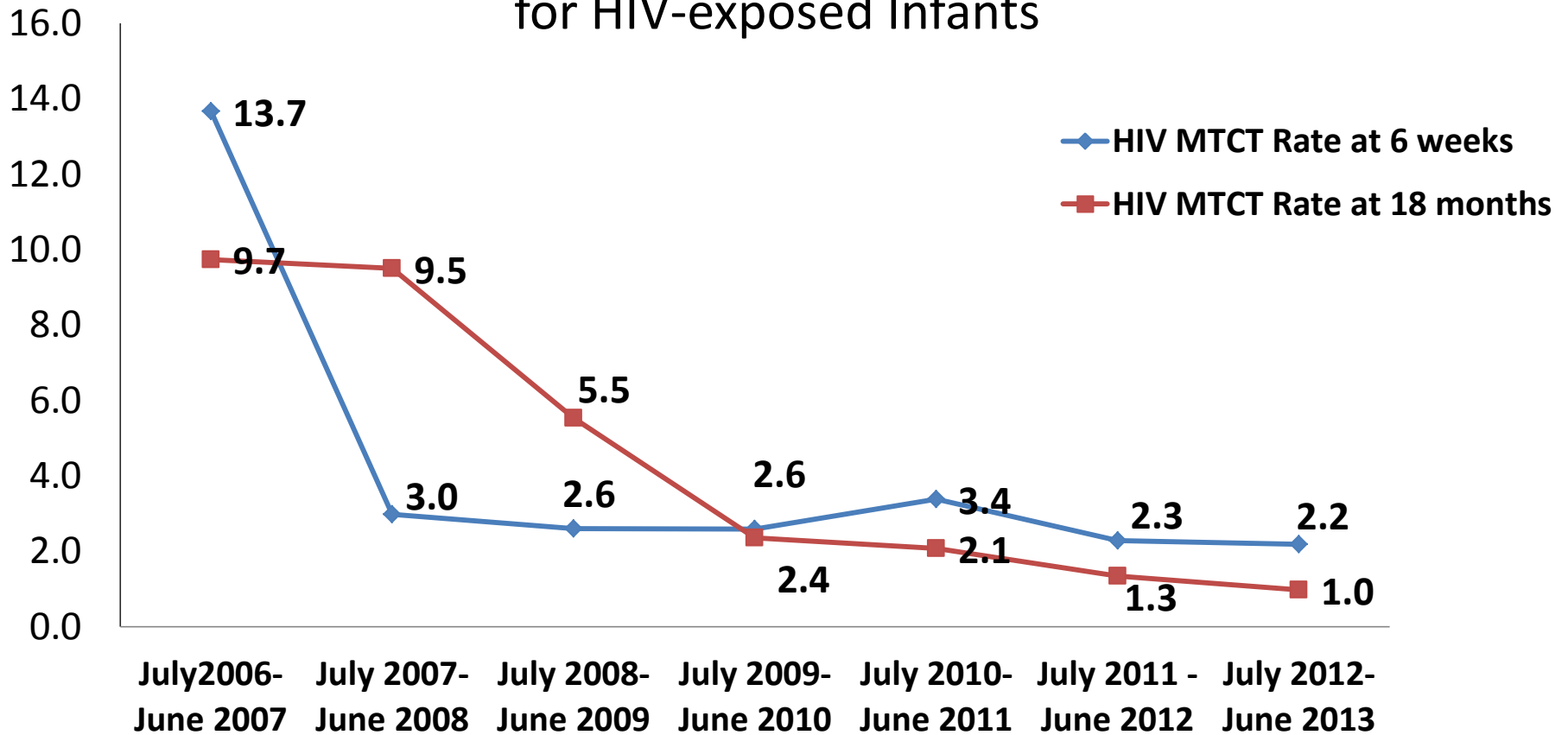
- Calls for “linkage and integration of MNCH, FP, and HIV/PMTCT services, policies, and guidelines”

Table 6 - Impact level indicators for EMTCT

Indicator	Baseline (2010)	Target (end of 2015)
• Reduce new pediatric HIV infections by 90%	2,700 ²⁵	270
• Reduce the overall population based mother to child transmission rate below 2% at 18 months	6.8 % ²⁶	2%

MTCT in Rwanda

MTCT rate at 6 weeks and at 18 months
for HIV-exposed Infants



Key Implementation Challenges for Integration of Services

Key implementation challenges	Current status and solutions
Orientation of Integration	<ul style="list-style-type: none"> • Combined clinic oriented towards HIV-exposed infants and their mothers • Other discussions to integrate HIV into MNCH services at national level • FP has been integrated into HIV services nationally
Integration of Trainings and Protocols	<ul style="list-style-type: none"> • Informal training provided by PIH, though not yet formalized • National policy recommends integration, but no integrated protocols yet
Integration of Tools (charts and registers)	<ul style="list-style-type: none"> • National mother-infant register for PMTCT developed and distributed • Linkages created in chart organization and via EMR
Integration of Reporting and M&E	<ul style="list-style-type: none"> • PIH has developed integrated reporting of mother-infant pairs via EMR
Evaluation of integrated services	<ul style="list-style-type: none"> • PIH plans to evaluate the retention in care, child survival, maternal outcomes, and patient satisfaction with integrated services



"MURAKOZE"
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COMBINED CLINICS HELP COMBAT MOTHER-TO-CHILD HIV TRANSMISSION

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Nurse Solange Bazirete checks Christine Niyonsaba and her daughter, Iratuzi, at a "combined clinic" at Karama Health Center in eastern Rwanda.

