Community Based Model: Increasing Uptake of PMTCT and Male Involvement in Zambia

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Background

- PMTCT works: the challenge is reaching all women and & their partners.
- Zambia has made significant progress in scaling up services for reducing vertical transmission of HIV,
  - However Zambia healthcare system still struggles to increase coverage of PMTCT services, particularly in rural areas.

Challenges of Increasing PMTCT Coverage

- Barriers for Zambian pregnant women to access PMTCT include:
  1. Ignorance around PMTCT and HIV transmission by men;
     - perpetuation of pregnancy transmission myths;
     - negative gender norms;
  2. Weak community-facility linkages in concert with high level of STIGMA
  3. >50 % still deliver at home although 94 % of pregnant women do access ANC services (*distance to health facilities with labor and delivery services*)

CMMB Contribution to Increase PMTCT coverage

- 2007, with support from USAID, CMMB started a community mobilization program [Program called Men Taking Action (MTA) to increase demand for PMTCT services (Prong 3 and 4)

Why the focus on Men:

- In male dominated societies such as Zambia, men significantly influence attitudes and behaviors related to HIV and AIDS, and significantly contribute in driving and perpetuating stigma

UNAIDS/WHO 2006 Epidemic update; Zambia Sexual and Behaviors Survey , 2005 and 2008

How the MTA Strategy Works

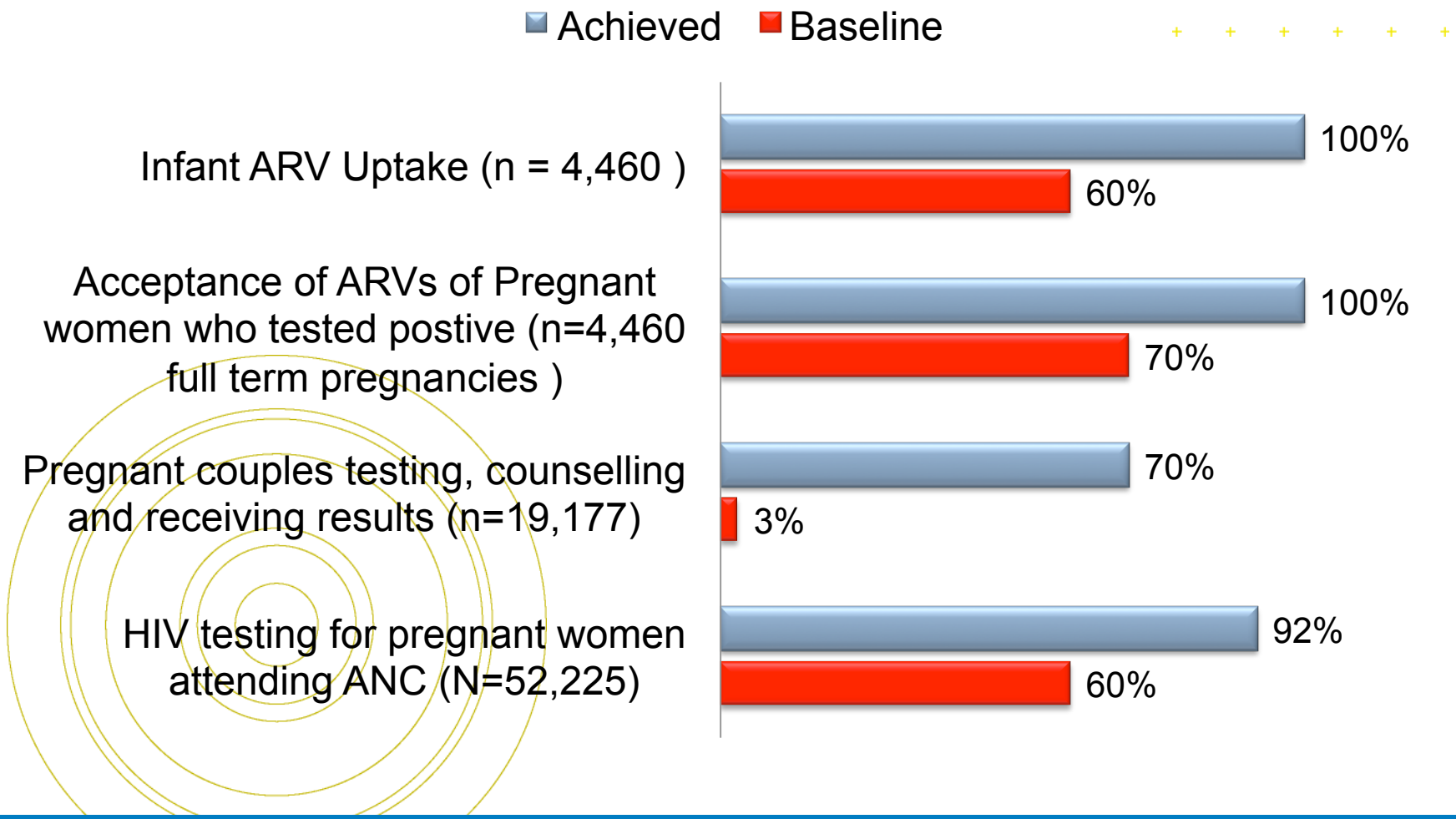
- Strongly encourages men to be part of the solution to HIV prevention, focused on increasing uptake of PMTC and HCT
- Innovation works within traditional and community structures
  - Creates male health champions who encourage their families to uptake PMTCT/ VCT services.
- Grounded in research that demonstrates leveraging men as partners in family health, rather than pariahs

Higgins, J. et al; Barker, Gary J. et al; Aluisio, Adam MS et al; Semrau K, Sinkala M et al; Allen S et al; etc.

How the MTA Strategy Works Cont

- Specific activities
  1. Orientation of key stake holders
  2. Training revered community leaders (chiefs, headmen/women, herbalists, TBAs, etc) as champions of PMTCT and VCT
     - 4 daystraining curriculum based on baseline KAP survey
  3. BCC sessions held regularly by champions in general communities and in ANC settings on special days/month.
     - Targets men and couples
  4. BCC sessions are participatory and iterative : HIV/AIDS, PMTCT, HCT, ARVs HR, Gender, and other drivers of epidemic as needed
     - ***Adapted PLA methodologies underpinned by "Individual Stages of Change" and the "Ecological Perspective" SBCC theories***

Results: Selected PMTCT (Prong 3[NVP] and 4 [HAART]) Indicators after 4 years of Implementation at 31 sites (p value: <0.04



What we Have Learned in Implementing MTA

- Few men & women have clear understanding on the implication of MCP and STIs in relation to PMTCT.
  - Scaling up IEC and SBCC materials for male and couple audience that can culturally remove barriers to male involvement in RH and PMTCT
  - Community mobilization, especially by men's groups can lead to high uptake of PMTCT and VCT services
  - Forming male and couple support groups
- Engage Traditional leaders in rural areas as champions of HIV prevention. (Identify revered leaders in Urban areas)
- Offering partner and couples counseling as routine or on special days in ANC settings

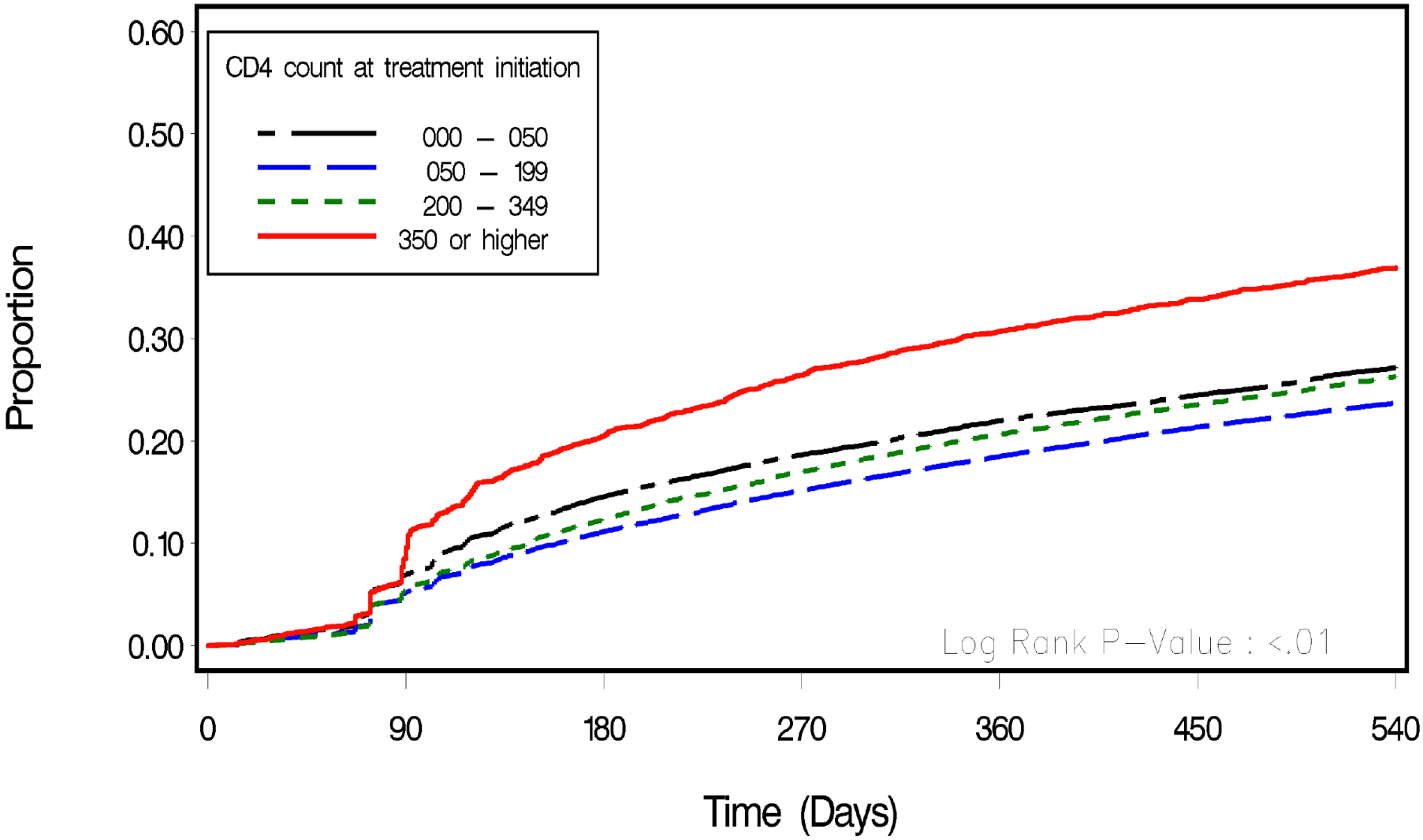
Way forward

- Roll MTA interventions in all ZPI targeted provinces and districts during the next 4 years of ZPI life span
  - **ZPI is a 4.5 years comprehensive HIV prevention program being supported by USAID**
- Entry point to other ZPI strategies/harm reduction interventions or lenses for HIV prevention related to:
  - Gender inequalities; GBV; Child abuse
  - Alcohol and substance abuse
  - MARPS
  - Differently enabled population groupd
  - Economic Empowerment
  - VMMC and PwP
  - Family Planning & other RH services
  - Etc

The Greatest Challenge

- Addressing adherence and LTFU as guidelines changes to more efficacious drug regimens/HAART for PMTCT
  - Even with robust PMTCT programs, greatest challenge will be reducing LTFU as we increase proportion of pregnant women who are on more efficacious ARV regimen or HAART

LTFU over time by enrollment CD4 (Data from Lusaka District, courtesy of Ben Chi- CIDRZ)



Conclusions

Increase in men & male partners of women that know their HIV status can promote

- –Prevention services for HIV-negative women, men, and discordant couples
- –Prevention, care, and treatment for HIV-positive women
- –Reduction in stigma related to HIV/AIDS/PMTCT
- –Family-centered care
- –Men's health care needs & responsibilities: Linking men and their families to other health care services
- –Positive male norms
- –Adherence to PMTCT (prong 3 and 4) and Reduction in LTFU,

Acknowledgement

- MOH, Zambia
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- Zambia NAC
- CHAZ
- 31 mission Hospitals involved in demonstrating that men can take positive action against HIV/ AIDS
- All traditional leaders who have made it possible