

Operations Research Brief: Antiretroviral prophylaxis update and linkage to pre-ART and ART among HIV-positive pregnant women in Ethiopia

Ethiopia HIV/AIDS Care and Support Project
May 2011

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract No. 663-C-00-07-00408-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

HIV/AIDS Care and Support Program (HCSP)
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org

Antiretroviral prophylaxis uptake and linkage to pre-ART and ART among HIV-positive pregnant women in Ethiopia



This brief summarizes the findings of an assessment of antiretroviral (ARV) prophylaxis uptake as well as linkage to care and support services among HIV-positive pregnant women in USAID HIV/AIDS Care and Support Program (HCSP)-supported health centers providing antiretroviral therapy (ART) in Ethiopia. Patient records were verified at a convenience sample of 23 high-patient-load health centers in October and November 2010. All pregnant women who tested HIV positive between January and March 2010 and between July and September 2010 were included so that pregnancy outcomes could be verified for all women who came to the health center for antenatal care (ANC) between January and March. Patients who could not be found in the pre-ART or ART registers were traced and interviewed following informed consent.

Background

An area of major concern related to the rapid expansion of HIV and AIDS services in Ethiopia was an apparently poor uptake of ARV prophylaxis for prevention of mother-to-child transmission of HIV (PMTCT) and linkage to comprehensive HIV and AIDS care and support services among HIV-positive pregnant women. Nationally, among the 82 percent of ANC clients tested for HIV in 2009/10, 2 percent were HIV positive. However, only 53 percent of the HIV-positive pregnant women took ARV prophylaxis for PMTCT. Although not all HIV-positive pregnant women must take ARVs for PMTCT, all newly identified HIV-positive pregnant women should be enrolled on care and support. However, routine health center data collected by HCSP showed that the proportion

of newly identified HIV-positive pregnant women who were enrolled on care and support was only 40 percent in 2008, 45 percent in 2009, and 51 percent in 2010.

Key Findings

- Routine data from the 23 health centers reported 59.9 percent (559/933) of HIV-positive pregnant women were linked to care and support services. Verification of the data showed that 64.3 percent (527/819) of HIV-positive pregnant women were enrolled on care and support. After tracing apparently unlinked women, the study was able to confirm that 73.9 percent (605/819) were linked to care and support services.
- Routine data from the 23 health centers reported 51 percent (476/933) of HIV-positive pregnant women took ARVs, including ART, for PMTCT. Data verification showed

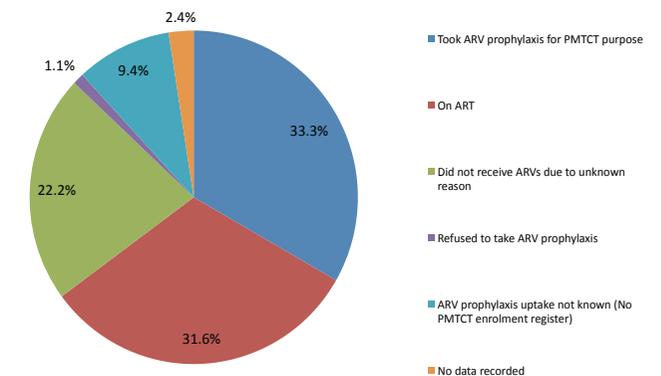


Figure 1: Status of ARV prophylaxis uptake for PMTCT among eligible HIV-positive pregnant women in 23 selected HCSP-supported ART health centers, 2010 (n=817)

that 63.9 percent (524/819) of the HIV-positive women, including those on ART, took ARVs for PMTCT. After tracing apparently unlinked clients who appeared to not have taken ARV, the study showed that 64.7 percent (530/819) of the HIV-positive pregnant women, including those on ART, took ARVs for PMTCT (Figure 1).

ARV uptake among HIV-positive pregnant women not on ART

- HIV-positive pregnant women linked to an ART clinic were nearly 9 times more likely to have taken ARVs for PMTCT than those not linked to an ART clinic (OR, 8.87; 95% CI, 5.10–15.4; p-value, 0.001).
- HIV-positive pregnant women whose gestational age at first ANC visit was 28 weeks or above were 3 times more likely to receive ARVs for PMTCT than those who came to the ANC clinic for the first time at less than 28 weeks of gestation (OR, 3.09; 95% CI, 1.79–5.31; p-value, 0.001).
- HIV-positive pregnant women attending ANC clinics were nearly 22 times more likely to be linked to care and support services than HIV-positive laboring women (OR, 21.8; 95% CI, 5.39–88.5; p-value, 0.001).
- HIV-positive pregnant women enrolled on PMTCT and receiving ARV prophylaxis for PMTCT were nearly 9 times more likely to be linked to care and support services than those who were not enrolled on PMTCT (OR, 8.62; 95% CI, 4.97–14.9; p-value, 0.001).

Pregnancy outcomes among HIV-positive ANC clients

- The pregnancy outcome was not known for 48.5 percent of the 532 pregnant women who should have delivered by the time of data collection, probably because they either delivered at a hospital or at home, or because they did not return to the health center to report another outcome. Only 34.2 percent were

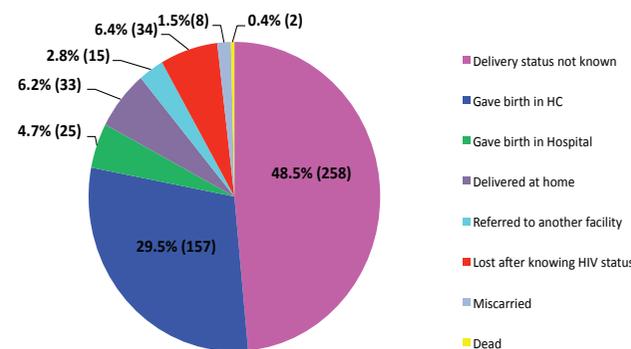


Figure 2: Pregnancy outcome among HIV-positive ANC clients seen at 23 HCSP-supported health centers (n=532)

confirmed as having delivered at a health facility while another 2.8 percent may also have had an assisted birth at a health facility to which they had been referred for delivery.

Implications

- This study showed that ARV uptake (65%) and linkage to care and support (74%) among HIV-positive pregnant women seen at HCSP-supported health centers was much better than what was suggested by the routine data for these health centers (respectively 45% and 49%).
- The discrepancy reflected limited capacity of health centers for accurate data recording and reporting. It also stemmed from a high proportion of ANC clients presenting as not knowing their HIV status when in fact, they were already linked to care and support services at another health facility. Therefore, the capacity of health centers to record and report data accurately must be further strengthened through in-service training, mentorship and improved data management tools.

- The study, however, also confirmed that almost one third of HIV positive pregnant women did not take any ARVs for PMTCT and just over a quarter were truly not linked to care and support services. Furthermore, the difficulty in locating HIV-positive pregnant women (170 out of 206 who appeared unlinked could not be located) and the high number who declined to be interviewed (23 out of 36 for whom contact information was available refused) suggest that stigma, denial, and/or fear may still be major deterrents for these women to seeking the services they and their babies need.

This synopsis is based on research conducted by HCSP team members Legese Alemayehu, Asfaw Ayalew, Solomon Sisay, Serkalem Girma, Mulu Bitew, Mulatu Biru, Sara Tabit, Tesfaye Arega, and Elke Konings.

This operations research brief was published in May 2011 by the USAID HIV/AIDS Care and Support Program, which is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by Management Sciences for Health under USAID contract number 663-C-00-07-00408-00. MSH was the prime contractor, with Dawn of Hope Ethiopia; Ethiopian Inter-Faith Forum for Development, Dialogue and Action; HIV/AIDS Prevention, Care and Support Association; HST Consulting; IMPACT Association for Social Services and Development; IntraHealth International; National Network of Positive Women Ethiopians; Relief Society of Tigray; and Save the Children (USA) as subcontractors.



HIV/AIDS Care and Support Program