MOVING FROM END OF LIFE CARE TO POSITIVE LIVING

Challenges of PMTCT at Community level in Malawi

Introduction

- Mother-to-child transmission is the primary cause of HIV infection in children under 10 years of age.
- Without antiretroviral (ARV) drugs during pregnancy, rates of mother-to-child transmission can range from 15%–40% (typical rate in Africa).
- The current mother-to-child transmission rate in Malawi is at 10% with 499 facilities (>90%) providing a minimum package of PMTCT.
- Only 14% of these facilities provide combination regimen for PMTCT.

The Challenges

- *Disclosure among couples*
  - There is poor communication between spouses.
  - Men do not attend Antenatal Care (ANC).
  - Over-emphasis on HIV-infected women misses men.
  - Men do not comply with protection measures.
  - Most spouses of positive women refuse testing.
- *Antenatal Clinic attendance*
  - Women attend ANC and MCH clinics but many deliver at home; thus difficult to ensure that drugs provided were taken
  - With home deliveries, children are brought late for nevirapine syrup (NVP) (recommend 72 hrs post delivery).

The Challenges

- *Stigma*
  - Some positive mothers refuse the NVP pill.
  - Most negative tested women do no appear for the second test.
  - Others still chose to breasfeed
  - Social support is inadequate.
- *Accessibility*
  - Many mothers fail to get to the health facilities in the advanced stages of their pregnancy because of long distance.
  - Poor road infrastructure in most rural areas makes it difficult for mother to reach facilities especially in the rainy season.
  - Most facilities providing a minimum package of PMTCT. Often lack test kits.
  - Most rural health facilities have inadequate and untrained staff

The Challenges

- *Infrastructure*
  - No rooms for counseling; privacy impinged
  - Roads to rural facilities poor especially during rainy season
- Volunteers not qualified enough to comprehend and effectively contribute to PMTCT

Best Practices

- The Episcopal Conference of Malawi has 26 Hospitals and 54 Health Centres across the country and all these offer PMTCT services.
- Clients from Home Based Care program in the community are linked to the health facilities for PMTCT and HTC among other services
- Among the challenges faced in PMTCT, ECM has moved some miles in male involvement which is working very well in most areas in our catchment area (see example of James)

Male involvement in PMTCT- Case of James

James is a male volunteer who has been trained in CHBC and PMTCT. He has 16 clients around Kapiri Community (Diocese of Lilongwe area and Rose is one of his clients. Rose is HIV+ and she is pregnant. She fears what her husband will do about this.

James counseled Rose on PMTCT and importance of couple counseling. Rose decided to ask her husband to join her in the next antenatal visit. On her next visit, Rose is accompanied by her husband to the clinic and they got all the necessary information and care in PMTCT.

Rose has since delivered a healthy baby boy who has tested HIV negative.

Lessons learnt and recommendations

- PMTCT at community level requires more fundamental infrastructure
- Training support is needed for staff and volunteers
- Provision of minimum PMTCT package is not very effective; rather all facilities should use combination regime.
- If well trained volunteer can contribute a lot to the PMTCT service delivery at community level (as is the case with community HBC)