



Achieving Elimination of Mother to Child Transmission of HIV using Peer Education in Rwanda

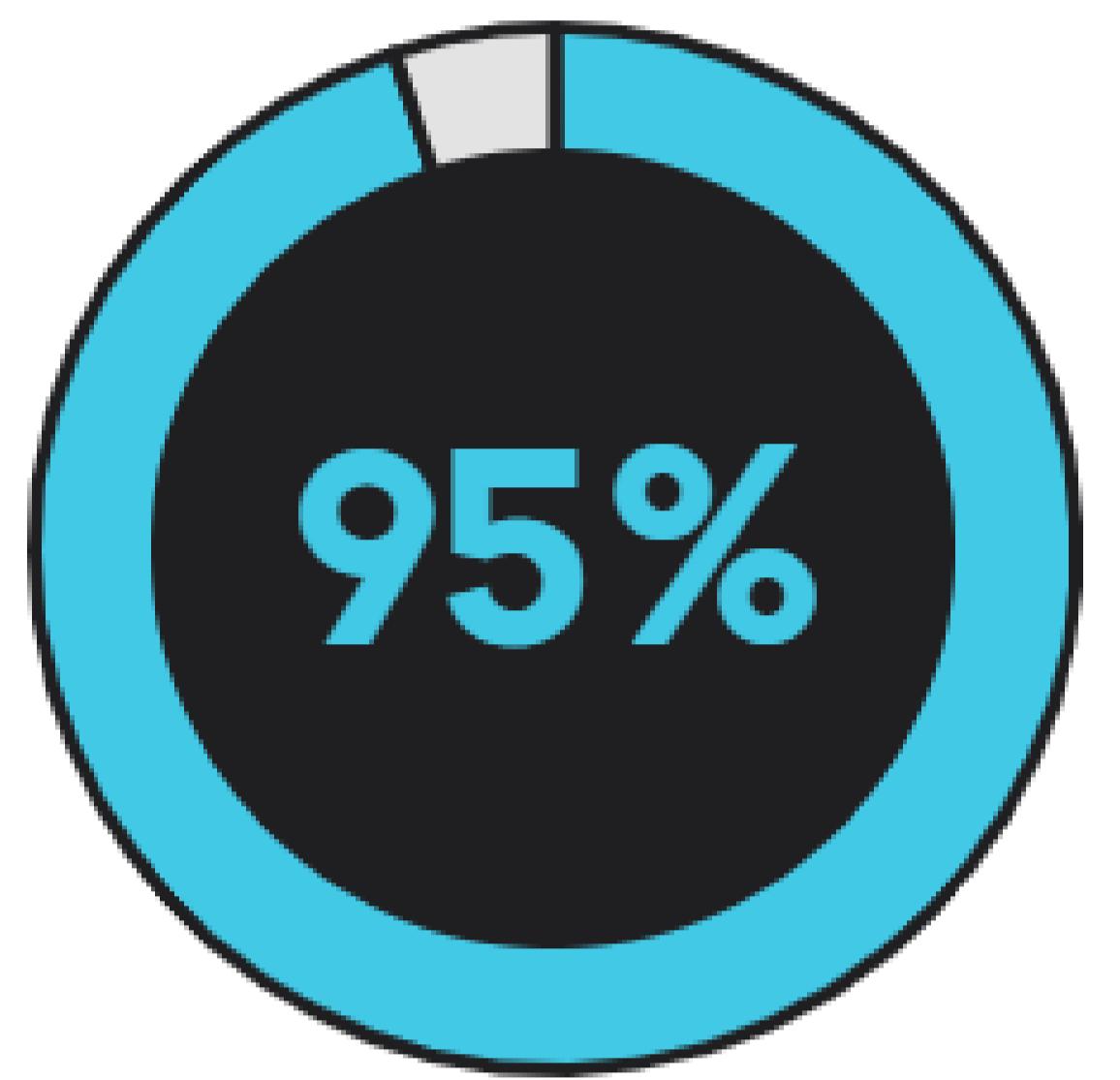


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Issues

- Access to PMTCT services in Rwanda has reached near universal coverage; and the rate of mother to child transmission of HIV (MTCT) has been maintained at 1.5% over the last three years.



- HIV positive pregnant mothers is 95%, retention during post-partum period diminishes and loss to follow up is estimated to be 7.6% by 18 months.
- Available data show that some women and children are lost follow up and do not adequately utilize PMTCT services.

Description

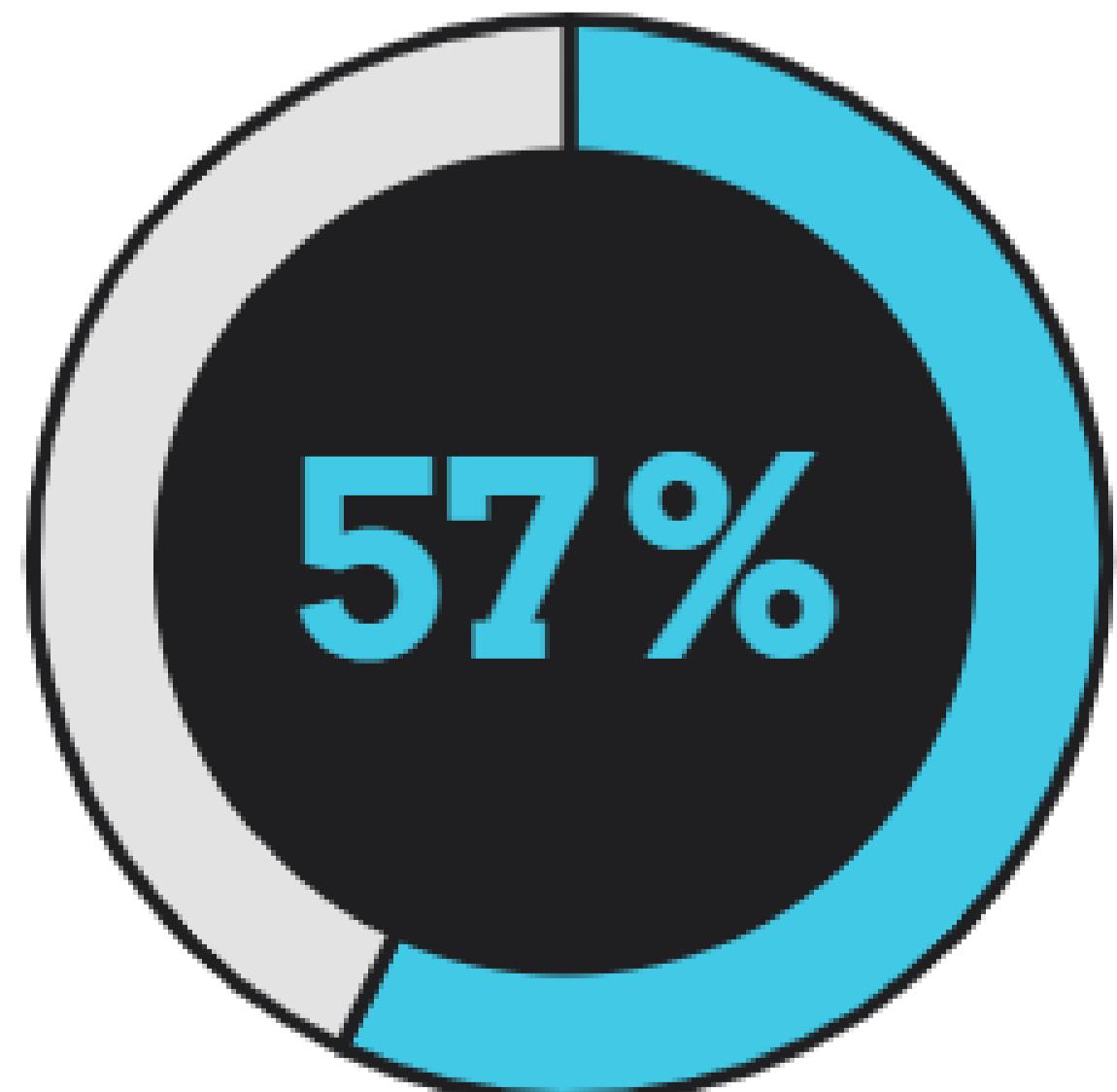
- A strategic partnership between IF and RRP+ was established to strengthen coordination and involvement of PLHIV as peer educators for clients receiving PMTCT services from 32 health centers in Bugesera, Musanze, Rubavu, Gatsibo and Huye districts.
- 64 PMTCT service providers and 320 peer educators were trained to improve their knowledge and skills in HIV counselling and psychosocial support.
- Regular home visits and adherence counseling sessions were conducted to their clients. Process indicators adopted to track implementation of planned activities.
- Health care workers trained on data collection on monthly basis using M&E tools.
- The descriptive statistics and bivariate analyses were used to generate the findings, using SPSS version 23.

Lessons Learned

- Among all the PMTCT clients (26,647):

- Majority (57%) preferred to disclose their status to peer educators and to receive counselling support from them.

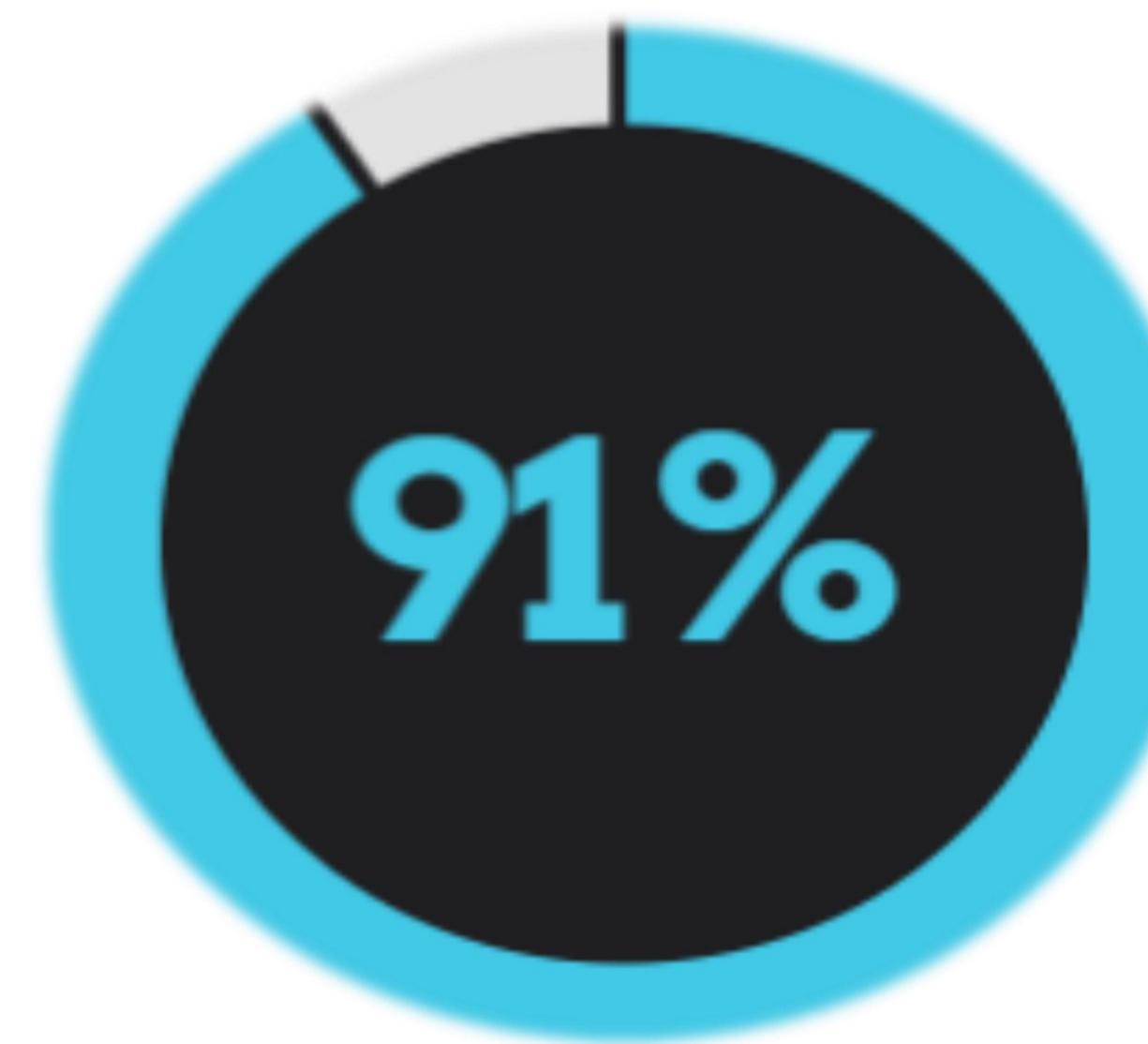
- All clients (93%) were able to attend all clinic appointments during the project period and 88% of those linked to peer educators returned to care.



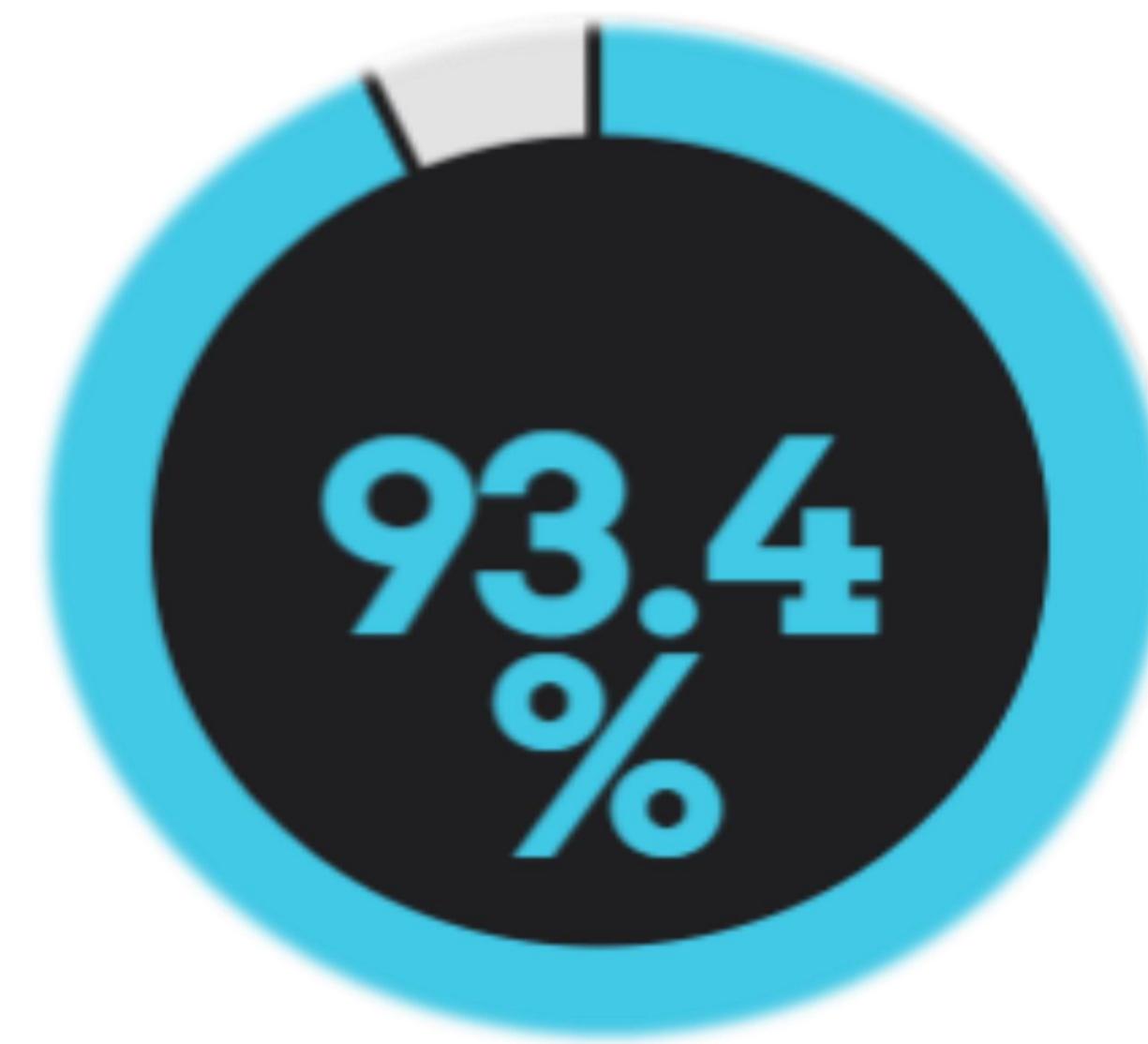
Lessons Learned (cont.)

- Majority of women achieved optimal viral load suppression (<20 RNA copies/ml) at:

6 months



12 months



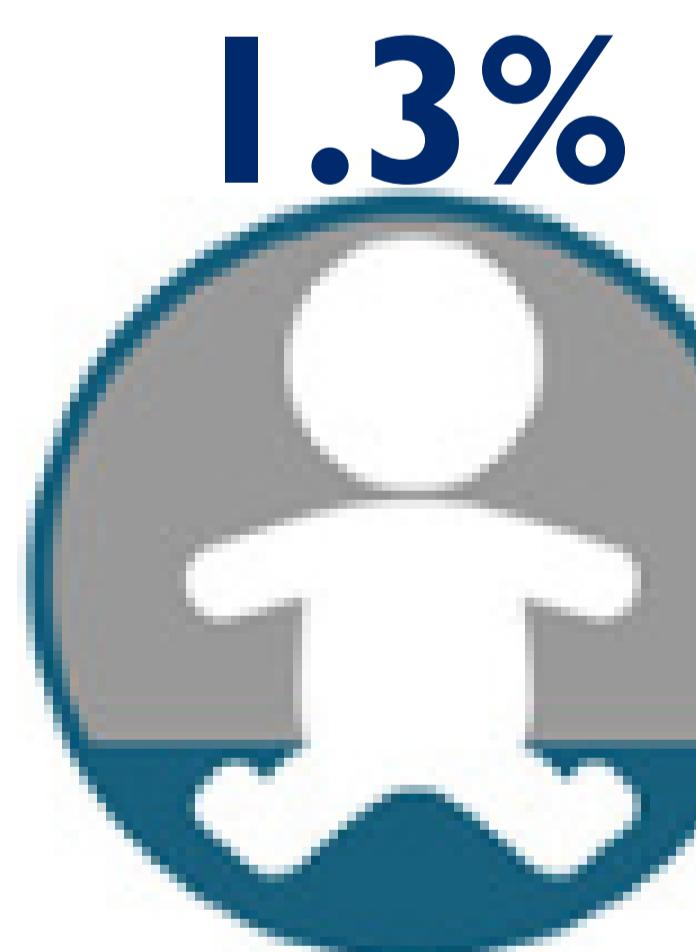
- Over 90% of the mothers in the programme attended clinic appointments according to schedule, and those who missed appointments returned to clinic after the help from peer educators. Some of the reasons for non-adherence to clinic appointments relate to self-stigma, in-adequate knowledge and migration.

90%

10%

● Mothers attended clinic appointments according to schedule
● Missed appointments returned to clinic after the help from peer educators

Percentage of infants who were HIV positive.



- Of the 1,311 HIV exposed infants received at 18 months, 1.3% were HIV positive. The low level of HIV positivity observed among these infants may be due to high levels of adherence to ART by their mothers.

- Community peer educators are a useful resource to improve PMTCT outcomes, and reduce mother to child transmission of HIV.

Next Steps

- More efforts and resources are required to scale up this peer approach including finding innovative ways such as unique identifier systems to track women living with HIV who migrate from one location to the other.
- Key words:** PMTCT, peer education, ART adherence.
- For more information:** www.imbutofoundation.org