

# CHILDREN AND AIDS

COMPENDIUM OF ABSTRACTS  
PRESENTED AT THE 17<sup>TH</sup> ICASA

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# DOCUMENT PURPOSE

This e-book compiles abstracts related to Children and HIV/AIDS presented at the 17th ICASA in December 2013, Cape Town, South Africa. UNICEF and the 17<sup>th</sup> ICASA recognize the important contributions of conference participants working to achieve the vision of an AIDS-Free Generation.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Operational Barriers Contributing To The Low Capture Rate Of Pediatric HIV Cases In Khartoum State

## ABSTRACT

**Background:** Nationally, the proportion of children living with HIV represents 7,700/66,470 (11%) of all people living with HIV. Worst still, only 2.7% of the estimated pediatric HIV population was detected in 2009. Khartoum state harbors the largest HIV population in Sudan; in 2009, it contributed 209/ (341 (61%) of national overall registered pediatric HIV cases. There is a need to scale up pediatric HIV treatment in Sudan. Examining operational barriers at program and health facility level for this low performance in Khartoum state will generate useful information to develop interventions.

**Methods:** A desk review of 54 documents that included policies, strategies and guidelines was carried out. In addition a total of 110 open and closed ended questionnaires with facility observation checklist was conducted in 15 facilities (11 hospitals and 4 ART centers) in Khartoum state during the period June and July 2009. Ethical clearance was obtained from Ribat University Faculty of Medicine Ethical Committee. Quantitative data was entered into SPSS program while common themes were identified from qualitative data.

**Results:** Desk review findings found appropriate policies, strategies and guidelines in place in line with WHO Recommendations. However, the implementation of these strategies was weak with a very low coverage. 5% of facilities offered HIV testing for pediatric cases. None of the facilities visited had HIV pediatric guidelines present and slightly less than half (46.7%) of the health facilities referred HIV exposed infants (PMTCT program) to ART center for follow up on HIV status but there was no data available to indicate successful referral. HIV diagnosis is further challenged by the non-availability of early infant diagnosis through PCR testing. In addition, all health staff was not trained on pediatric HIV diagnosis.

**Conclusions:** Khartoum state faces operational barriers in early pediatric HIV diagnosis because of lack of trained staff, absence of clinical guidelines, non-established early infant diagnosis in PMTCT program and weak linkages from facilities to ART sites for registration and further care.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Promoting Entrepreneurship To Mitigate The Impact Of HIV In Nigeria

## ABSTRACT

**Issues:** The HIV & AIDS epidemic continues to affect many people's lives in affected and developing nations. In the world of work, the epidemic has brought about loss of productivity, increased labour costs, and loss of employment due to stigma and discrimination. Many people in the affected countries have lost their jobs due to their HIV positive status. In Nigeria, HIV-related effects like stigma and discrimination lead to its denial. HIV-related stigma and discrimination are the factors fueling the monstrous spread of HIV in rural and semi-urban communities in Nigeria. Less attention has been paid to small enterprises in the fight against HIV/AIDS and its related effects.

**Description:** In an effort to mitigate HIV stigma in these communities, integrating effective entrepreneurship and skills acquisition on small businesses into HIV programs play a big role. A total of 223 young people in semi-urban communities noted for high prevalence of unemployed youths and incidences of unwanted pregnancies and abortion. (107 Females and 116 Males) were enrolled for entrepreneur class shortly after their secondary school education and while waiting for admissions to university/colleges. They were trained on various business development strategies including soap making, tie and dye, telephone repairs, baking of confectionery, production of local soft drinks (Zobo), hairdressing, barbing and grinding of cooking ingredients.

**Lessons learned:** The classes diverted their time from being idle to focus on better things that can make them make ends meet without depending on opposite sex favour that could lead to transaction of sex. More females among the young people on the project have started their own small businesses than their male counterparts. Attendance for HIV prevention classes now increasing and given serious attention because they see the opportunities therein for the also to learn more than the HIV issues.

**Next steps:** Trained youths shall be linked with existing government agencies responsible for the empowerment of youth, creation of wealth and other ministries that could support these set of entrepreneurs in their chosen businesses. These will help maintain and sustain their risky sexual behaviors and contribute to the reduction in the incidences of HIV in the communities.

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SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Awareness, Knowledge Of HIV/AIDS And Utilization Of HIV Counseling And Testing (HCT) Services Among Young People Aged 10 To 24 years In Four Northern Nigerian States

## ABSTRACT

**Background:** The current generation of young people is the largest in Nigeria's history. Young people aged 10-24 constitute 31.7% of the total population of the country (UNFPA, 2010). Lack of sexual health services and information places them at high risk for pregnancy, abortion, HIV/AIDS and Sexually Transmitted Infections (STIs). The 2010 National HIV Sero-prevalence data shows Nigeria has an HIV prevalence of 4.1% (FMOH, 2010). The prevalence ranged from 1.0% in Kebbi state to 12.7% in Benue state. The trend analysis of HIV prevalence among youths (15-24 years), which is a crude index of new infection gave evidence of declining prevalence from 2001 to 2010 (6.0% in 2001, 5.3% in 2003, 4.3% in 2005, 4.2% in 2008 and 4.1% in 2010). This decline can be attributed to effective intervention strategies. The objective of this study was to determine awareness, knowledge of HIV/AIDS and utilization of HCT services amongst young people (10 to 24 years) in 4 Northern states in Nigeria.

**Methods:** The study was descriptive and cross-sectional. A semi-structured questionnaire was used to elicit information from respondents. Four Local Government Areas (LGAs) in each of Benue, Jigawa, Katsina and Niger states were involved in the survey. The SPSS version 15 software package was used in analyzing the data. 1661 respondents comprising 810 males (48.8%) and 837 females (50.4%) in- and out-of school young people participated in the study. 19.1% of respondents were aged 10-14, 35.9% aged 15-19 and 45% aged

20-24. 69.7% of respondents had ever attended school and 42.3% were currently in school. The highest educational level completed showed Higher National Diploma/Bachelor of Science degree (HND/BSc) 0.7%, Ordinary National Diploma (OND) 2.3%, Senior Secondary School 19.4%, 25.2% Junior Secondary School and 20.4% Primary. About 9.6% of respondents were married. Islam was the predominant religion (70.1%) followed by Christianity (27.2%). Majority (54.4%) were of Hausa/Fulani ethnicity, 17.6% Tiv, 7.8% Nupe and 6.3% Gbagyi.

**Results:** Most (79.5%) respondents had heard of HIV (94% in Benue, 83% in Jigawa, 74% and 68% in Katsina and Niger states respectively). Only 50%, 38%, 46.4% and 40.4% of respondents knew HIV transmission can be prevented through abstinence, consistent and correct condom use, not sharing sharp objects and refusing transfusion with unscreened blood respectively. However, 29.0% believed HIV can be prevented through use of mosquito net. Only 24.6% of respondents (14% females and 10.6% males) had tested for HIV and obtained results. Reasons given for not testing include: "Am not infected"=13.2%, "I don't know about it"= 7.7%, "No reason"= 5.4% "Not interested"= 4.6% and "I don't have money to pay for the service"= 2.0%. Similarly, 27% perceived they were not at risk of contracting HIV. 28.3% of respondents were sexually active and only 35% used condom consistently.

## (CONTINUED)

There was significant association ( $P < 0.05$ ) between respondents' sex, age, highest educational level completed and involvement in income generating activities on utilization of HCT.

**Conclusions and recommendations:** Despite high awareness of HIV/AIDS, misconceptions about HIV transmission and low risk perception is widespread with the likely implication of persistent high risk behavior and low uptake of HCT services. Intensive HIV/AIDS education for young people with focus on modes of transmission, prevention and HCT will contribute to sustaining reduction in HIV spread in this group.



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SESSION TYPE	Oral
SESSION TITLE	TUADS3 - "All for One, One for All" - Social Epidemiology of HIV

## ABSTRACT TITLE

Influence Of Internet Use And Risk Perception On The Role Of Social Media Usage In Increasing Sexual Promiscuity And Sexually Transmitted Infections Amongst Youths Aged 15 – 24 years In KUST Wudil.

## ABSTRACT

**Background:** Sexually transmitted infections including HIV/AIDS remain a major public health problem globally with the majority of the burden in sub-Saharan Africa. Nigeria has a national prevalence of 4.1% with 3.1 million living with HIV/AIDS. It has been observed that 60% of all new HIV/AIDS infections occur amongst youths aged 15 – 24 years, largely because of high-risk sexual behaviour that could be linked to the pervasive use of social media and the internet. In view of this, this study was designed to investigate sexual behaviour of youths as it relates to internet use and to assess the risk perception on the role of social media usage in increasing sexual and reproductive health problems.

**Method:** A cross sectional descriptive study. 250 students aged 15 – 24 years of Kano University of Science and Technology, Wudil, Kano State were randomly selected, and a semi structured self administered questionnaires was administered to them.

**Result:** All the respondents use the internet and 73.2% of them admitted to viewing pornographic websites. Facebook is the most used social media website, while Facebook chat and 2go are used by majority of the students, 38.0% and 37.2% respectively as their preferred chatting platform. 45.6% of the respondents agreed to have had sex; 14 years been the youngest age at first intercourse with a mean age of 18 years. 64% met their first sexual partner online. 51.2% of all the respondents

have solicited sex online, and 42% have had sex with someone they met online. 27% of those who had had sex with someone they met online had homosexual intercourse and only 36% of them used condoms. 44.4% of respondents rated the risk of contracting STDS from unprotected sex with someone met online as high, while 25.6% rated it as low. A statistically significant relationship was found between type of social media used and online sexual solicitation. 109 participants who use Facebook agreed to have solicited sex online (Chi Square = 0.026, df = 1, P Value = 0.05)

**Conclusion:** The anonymity afforded by the internet makes it possible for a significant number of young people to seek sexual partners online. The majority of those who have sex with individuals they meet online do not use condoms probably because of the young age of first sexual encounter and concurrent lack of adequate information relating sexual and reproductive health. This might contribute significantly to the high level of HIV/AIDS transmission among youths in Nigeria.

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SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Domestic Violence Victimization After Diagnosis Of HIV Infection Among Client Attending HIV Treatment Clinic In LAUTECH Teaching Hospital, Osogbo, Osun State, Nigeria

## ABSTRACT

**Introduction:** Domestic violence is a public health problem which contributes significantly to morbidity and mortality. Studies have shown high rates of domestic violence in developing countries and HIV infection may make an individual more vulnerable to experiencing it.

**Objectives:** The aim of this study was to assess the experience of domestic violence among HIV-infected adults attending a treatment clinic in Ladoke Akintola University of Technology Teaching Hospital, Osogbo, Osun State, Nigeria by a partner or someone important to them before and after their HIV-seropositive status.

**Methods:** A purposive sampling technique was used to select 68 participants in 8 focus groups discussion. Respondents were in homogenous groups based on their age, gender and marital status. A pretested focus group guide was used to facilitate the discussion. Responses were tape-recorded, transcribed and analysed thematically.

**Result:** Over half of the respondents were females and married. Six themes emerged: knowledge of and attitudes to domestic violence, perceived vulnerability to domestic violence, disclosure of HIV status, experiences of domestic violence before and after HIV-seropositive status, adhering to treatment in relation to experience of domestic violence and living with HIV (positivity and support). All the respondents perceived domestic violence as a common health problem in our society. Overall, about 65% of the women and 25% of the men who disclosed their HIV-seropositive status reported experience of domestic violence since diagnosis,

of whom about two thirds reported HIV-seropositive status as a cause of violent episodes. Perpetrators of this violence were intimate partners and in-laws. Majority reported experiencing domestic violence more after their HIV status were disclosed to the intimate partners. Physical and psychological abuses were the most common forms of violence the respondent mentioned that they have experienced across the groups. Some respondents reported experiencing economic abuse, sexual abuse and controlling behaviours from their intimate partners. More than half of the married women had been Rejected by their husbands as a result of their HIV-seropositive status. Majority mentioned that experience of domestic violence affected their adherence to treatment. Majority sought for help from their family members and religious leaders. All the discussants agreed that domestic violence has negative effects on their physical, mental and social well-being of an individual. The discussants suggested ways of preventing domestic violence among people living with HIV.

**Conclusion:** People living with HIV are more vulnerable to experiencing domestic violence. HIV-related care is an appropriate setting for routine assessment of violence and care facilities need to be developed for men and women with HIV infection. Integrating violence screening into HIV services could help them obtain the assistance they need while minimizing the risk for violence that may be associated with HIV-seropositive status. There is a need to increase awareness on domestic violence among people living with HIV and their family and also develop preventive and supportive strategies for them.

PRESENTING AUTHOR'S NAME	ADELEKAN Ademola
PRESENTING AUTHOR'S COMPANY	Public Health Promotion Alliance
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Facilitating Factors For HIV Among Adolescents In Senior Secondary Schools In Ogbomoso, Nigeria

## ABSTRACT

**Background:** Most people become sexually active in adolescence but lack the proper knowledge to protect themselves and this particularly important in the war against HIV/AIDS. Half of all new infections with HIV/AIDS now occur among young people. This study therefore designed to determine facilitating factors for HIV among in school adolescents in Ogbomoso, Nigeria.

**Methods:** This is a descriptive cross sectional study. A total population of 679 consenting female students who are in senior classes in 8 secondary schools in the study area were used for the study. A pre-tested semi-structured questionnaire was used for data collection. Questions on sexual behaviour, contraceptives use and abortion practices were asked from the respondents. Descriptive statistics and Chi-square test were used to analyze the data.

**Results:** The mean age of respondents was  $14.5 \pm 3.2$  years. Majority (90.1%) had steady boyfriends, 72.2% had had sex with their lover while 10.2% had sex with their teachers. The mean age at start of sexual intercourse was  $12 \pm 2.1$  years. Many (55.6%) enjoyed having sex regularly and 12.9% find it difficult to say "No" to sex. Many (65.2%) engaged in sex to make money from their boyfriends while 7.0% have sex to satisfy sexual emotion. More (70.0%) respondents from polygamous family engaged in premarital sex compared with students from monogamous family (30.0%) ( $P < 0.05$ ). Most (95.9%) of the respondents knew at least one method of contraceptives and 82.5% had ever used it. The prevalence of contraceptives use among respondents were

10.1%, 2.1% and 0.3% for condom, Emergency Contraceptives (EC) and oral pills respectively. Few (11.5%) of the respondents had ever performed illegal abortion, 7.9% had performed abortion more than once and 20.7% had experienced complication after abortion. Few (3.1%) of the respondents' were aware of friends who had died from unsafe abortion. Only (5.2%) perceived themselves susceptible to HIV and 3.7% had ever done HCT. Few (2.6%) of the respondents reported engaging in commercial sex work.

**Conclusion and recommendation:** Many of the respondents are less likely to take precaution because they did not perceived themselves being susceptible to HIV inspite of being engaging in an unprotected sex. Educational and support programs for adolescents must focus on increasing awareness by recruiting and training peer educators in order to enhance educational intervention efforts and increasing condom use among this target population.

PRESENTING AUTHOR'S NAME	ADEREMI Toyin
PRESENTING AUTHOR'S COMPANY	Health Economics and HIV/AIDS Research Division (HEARD)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

'Sexual And At Risk': HIV And Reproductive Health Knowledge And Practices Of Students With Disabilities In Addis Ababa University, Ethiopia

## ABSTRACT

Persons with disabilities face physical, communication and attitudinal barriers when accessing HIV services and information despite known vulnerability to HIV infection. The study assessed HIV and reproductive health (RH) knowledge, practices and services utilization of Ethiopian university students with disabilities. Findings are useful in designing disability-inclusive HIV/RH services for university students in Ethiopia. This was a survey of a purposive sample of 70 (27 female; 43 male) students with disabilities, aged 18-38, in Addis Ababa University. They had hearing (15; 21%), vision (45; 64%) and physical (10; 14%) impairments. A structured questionnaire was used to collect data on their demographics, HIV/RH knowledge, sexual practices, and services utilization. SPSS 18.0 was used for data analyses. Descriptive analyses generated frequencies and associations between variables. Twenty-two (31%) students (14,33% of male; 8,30% of female) reported previous sexual intercourse. Eight (36%) students reported contraceptive use during first sexual intercourse (7,50% of male; 1,13% of female). Among the sexually experienced, 3 (14%) female students reported history of rape. Five (29% of female) and 12 (71% of male) sexually

experienced respondents had confidence to negotiate condom use with partners. Three (38%) of the 8 sexually experienced female participants had been pregnant before. All (100%) reported history of induced abortion. Only 35 (51%) respondents had comprehensive HIV knowledge, but no significant difference between male and female ( $p=0.07$ ). A higher proportion of female students (62%) than male (37%) was more knowledgeable about mother-to-child HIV transmission ( $p=0.05$ ). Radio, television, Disabled People's Organisations (DPOs) and health workers were reported as sources of HIV/RH information accessed by 74%, 39%, 13% and 11% respondents respectively. Of the 42 (60%) participants who reported previous RH services utilization, significantly more of male (23; 92%) than of female (11; 65%) reported such in the past 12 months ( $p=0.04$ ). Ethiopian university students with disabilities experience RH problems. The gender disparity in reported sexual exposures and services utilization calls for gender considerations in disability-inclusive HIV/RH interventions for university students. Health workers and DPOs must be equipped with resources for providing disability-inclusive HIV/RH services and information.

PRESENTING AUTHOR'S NAME	ADETOKUNBOH Olatunji
PRESENTING AUTHOR'S COMPANY	Stellenbosch University
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Trend In The Knowledge Of Mother-to-Child Transmission In Sub Saharan Africa In The Last Decade: Assessing The Impact Of Awareness Programmes

## ABSTRACT

**Background:** Increasing the level of general knowledge of transmission of the HIV from mother to child and reduction of the risk of transmission by the use antiretroviral drugs during pregnancy, labour and delivery is critical in tackling in maternal and new paediatric infection. Over the years, SSA countries have been involved in various activities targeted in increasing the MTCT knowledge through several preventive and control programmes. The objective of this study was to assess the progress made by these countries through awareness measures in the last one decade.

**Methods:** Data from Demographic and Health Surveys were used to establish the trends in percentage of women age 15-49 and men age 15-59 who know that HIV can be transmitted from mother to child by breastfeeding and that risk of MTCT of HIV can be reduced by mother taking special drugs during pregnancy. Countries selected are the ones with at least 2 DHS in the last ten years (2003 to 2012). Only 8 countries in the SSA met the criteria of having adequate comprehensive MTCT data for at least two points in the last ten years.

**Results:** There was an increase in knowledge among women from 32.2% to 63.3% ( $p= 0.1746$ ) and men from 28.2% to 55.8% ( $p=0.1757$ ). Malawian women had the highest knowledge increase difference (37.1% to 82.9%), with Malawian men also recording the highest increase difference (29.2% to 71.1%). Uganda women had the lowest increase difference (52.2% to 71%) while Ugandan men also recorded the lowest difference

(43.7% to 60.4%). Ghana and Nigeria had less than 50% of the men and women population having comprehensive MTCT knowledge. Women had more knowledge than their men counterparts but there was no significant difference in knowledge difference over the two periods. More urban residents had MTCT knowledge than the rural residents but there was no significant differences in knowledge increase among the two populations over the two periods.

**Conclusions and recommendations:** There was a significant increase in MTCT knowledge among men and women in SSA in the last ten years. There was no significant gender or residential difference. This shows various awareness programmes in SSA countries had impact. However, some countries are still lagging behind with less than 50% of the population having a comprehensive MTCT knowledge. There is still need to improve and re-strategize on the present awareness measures in countries with low to moderate level of MTCT knowledge.

PRESENTING AUTHOR'S NAME	AHO Komivi Mawusi
PRESENTING AUTHOR'S COMPANY	Centre de recherches et d'informations pour la santé au Togo (CRIPS-TOGO)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Connaissances, Attitudes Et Pratiques Des Jeunes Extrascolaires En Milieu Rural De La Préfecture De L'AVE (au Togo) En Matière De Protection Contre Les IST Et Le VIH/SIDA.

## ABSTRACT

**Contexte:** Les comportements à risque, le manque d'information et de sensibilisation constituent des facteurs qui augmentent l'exposition des jeunes en milieu rural aux IST/VIH/SIDA. L'objectif général de ce travail était de faire une analyse descriptive des connaissances, attitudes et pratiques des jeunes extrascolaires en milieu rural de la préfecture de l'AVE en matière de protection contre les IST et le VIH/SIDA.

**Méthodes:** Il s'agit d'une étude descriptive transversale, étendue du 13 au 24 août 2012, portant sur 160 jeunes extra scolaires en groupes organisés (apprentis couturiers/couturières; coiffeuses/coiffeurs; groupement agricole; conducteur de taxi moto) et dont l'âge se situe entre 14 et 35ans. Les paramètres épidémiologiques, facteurs favorisant la transmission, moyens de prévention des IST/VIH/SIDA et pratiques des jeunes ont été analysés.

**Résultats:** L'âge des enquêtés, variait entre 14 et 35 ans avec une moyenne d'âge de 24,37 ans. La tranche d'âge de 14 à 24 ans a représenté 61,25% de l'échantillon. 47,5% étaient mariés et 45% étaient célibataires. L'âge moyen du premier rapport sexuel pour les jeunes qui l'ont eu était de  $17 \pm 2,8$  ans avec des extrêmes de 10 et 27 ans Par rapport aux facteurs favorisant la transmission du VIH/SIDA, 55,6% ont répondu que le VIH se transmet par les rapports sexuels et pour 50,6% c'est par les rapports sexuels non protégés. 43,7% pensent que la piqûre de moustique est une voie de transmission du VIH/SIDA et pour 23,8% des jeunes, on peut

être contaminé en dormant dans le même lit avec une personne séropositive. Pour notre échantillon, les moyens importants de prévention du VIH étaient: l'utilisation du préservatif (81,90%); éviter les objets tranchants souillés de sang (75,0 %). Concernant les connaissances des jeunes sur les IST, les plaies et les boutons sur le sexe sont les manifestations les plus connues par eux (60,0%) suivi des démangeaisons (40%) et des douleurs en urinant (40%). En matière de traitement des cas d'IST moins de 50% des jeunes ont recours à des formations sanitaires et 31% ont recours à la médecine traditionnelle. L'étude a montré que 54,4% des jeunes n'ont pas fait le test de dépistage et comme raisons évoquées: peur (39%); refus (36%) bonne santé (30%). 55% des jeunes ont déclaré avoir eu des rapports sexuels avec un partenaire occasionnel les 12 derniers mois (31,20% ont refusé de répondre à cette question). 61,2 % des jeunes ont déclaré n'avoir pas utilisé systématiquement les préservatifs lors de leur dernier rapport sexuel. Les raisons évoquées pour la non utilisation des préservatifs étaient: partenaire régulier (20%); n'aime pas le préservatif (14,4%); refus du partenaire (10,6%). 61,2% pensent que le préservatif peut disparaître dans le corps d'une femme.

**Conclusion:** De ce travail nous tirons les Conclusions suivantes: connaissance erronée de certains jeunes sur les voies de transmission du VIH/SIDA. Faible taux d'utilisation des préservatif; Peur évoquée par certains jeunes comme raison de ne pas faire le test de dépistage.

PRESENTING AUTHOR'S NAME	AJAKAYE Joseph
PRESENTING AUTHOR'S COMPANY	International Labour Organization
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Reducing HIV Vulnerability Through Economic Empowerment Along Transport Corridors In Southern Africa

## ABSTRACT

**Issues:** The transport sector in Southern Africa has been identified as a high HIV-prevalence sector. In addition, mobility has been identified as a significant driver of the epidemic in the region (IOM, 2010). Many truck drivers spend protracted periods of time away from their families and communities. During this time, they have multiple sexual partners, facilitated by their continuous interactions within the communities through which they travel. High rates of unemployment, low income and social conditions make women and men along these corridors more vulnerable to HIV because of inability to negotiate safe sex, need to provide for the livelihoods of children and family, lack of choice, International Labour Organisation (ILO) is addressing this link between mobility, economic inequalities, social conditions and high HIV prevalence along the transport corridors. Interventions aimed at economically empowering at-risk target populations have been implemented and analysed to assess the impact of these programmes in reducing their HIV risk.

**Description:** The programme is being implemented by the ILO in: Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe. Data is being collected quarterly, including beneficiaries reached and assisted with business skills training, access to start-up funding, and access to HIV prevention services. Interviews with beneficiaries and site visits form part of the programme. In-depth data on outcomes and indicators are being collected in the form of an anonymous survey administered to beneficiaries at the start of the project and during two follow-ups. The questionnaire survey collects information on beneficiaries' socio-economic status and reported sexual behaviour. Initial follow-up

data has been collected in three countries thus far. Paired sample t-tests were carried out where means could be calculated and t-tests were conducted to assess the difference between the follow up data against the baseline data in Malawi, Tanzania and Zimbabwe.

**Lessons learnt:** Some of the lessons that can be drawn thus far in Tanzania, Malawi and Zimbabwe are that there is an association between the socio-economic status of women and men along the corridors and their HIV vulnerability. An overall increase in net income has been reported by beneficiaries following economic empowerment. The average net income reported increased by USD 25. This is significant given the low incomes generally reported in the informal sector ( $p=0.032$ ). For the same beneficiaries, there was a significant decrease of 9% among women reporting concurrent sexual partners ( $Z=-5.00$ ) and a 14% decrease in women reporting having sex for money at last sex ( $Z=-5.78$ ). There was also a significant decrease in women engaging in transactional sex (less 27%).

**Next steps:** \*More research is needed to clarify and assess the links between business support and economic empowerment and HIV prevention, as well as behaviour change. \*Grassroots community and business groups are efficient vehicles for improving economic security and encouraging business development for their members. \*Women engaged in transactional sex are not necessarily commercial sex workers, but mothers, girls or small business traders that try to complement income with sex. This distinction is important to design effective interventions that meet the needs of the target groups.

PRESENTING AUTHOR'S NAME	AKLESSA Geremew
PRESENTING AUTHOR'S COMPANY	Comunita Volontari per il Mondo (CVM)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Housemaids: Most At Risk Groups

## ABSTRACT

**Background:** Female servants are a constant presence throughout the Ethiopian history. In 19<sup>th</sup> Century it was common to have male or female slaves serving in the households. Whereas the name "slave" is no longer used, the condition of several girls in Ethiopia persist in being the same. Being employed as a domestic worker means today the only alternative to prostitution for girls without options. Housemaids carry out their "duties" in private homes, hidden from view in order to elude public supervision and control. This makes them particularly vulnerable to exploitation, physical, emotional and sexual abuse. Their vulnerability to HIV AIDS is particularly high, and only recently they have been recognized as Most at Risk Groups. However, nor datas neither studies are available. This research aimed at exploring the economic and social conditions of the housemaids as a base for further studies.

**Methods:** A sample of 495 housemaids (10% of the total) belonging to the 22 Associations of West Amhara, all established by WCYA with the facilitation of CVM, has been selected by using a proportional stratified sampling technique. The methodology used is mixed, combining qualitative and quantitative datas. In order to explore the situation also of housemaids non belonging to associations, and being impossible to know the exact number in the area to build a sample, a qualitative methodology has been applied.

**Results:** 46.2% are still children ranging between 11 and 20 years old and 46.2% have been working as housemaids for 6-10 years; 61.5% comes from rural areas, whereas 36.5% are from urban areas. The 50% of Housemaids come from low family income, mainly generated by agricultural activities. The main reasons of domestic work are orphanage (23%), family conflict (14%), educational failure and

early marriage as well. The salary may not exist or in any case be insufficient to live a normal life and to be independent. Most of the housemaids have the intention to move out or within the country. Housemaid associations play a triple role: awareness raising training on HIV/AIDS, educational material support and facilitation of contractual agreement. The study findings revealed that the major challenges of the housemaids to access education are low wages, burden of work, time constraints, educational fees. It demonstrated that formal brokers are not common. The result of this study also pointed out that there are three types of housemaids, namely, full-time housemaids, part-time housemaids and housemaids living with relatives. Housemaids working part time are better paid and can access education and have time for study.

**Recommendations:** \* Governmental and non-governmental organizations (GO-NGOs) should establish a system to improve the access of orphaned girls to education \* Organizations working on family arbitration and reconciliation should give due attention to resolve family conflicts ahead of causing family dispute and divorce. \* GO, higher learning institutions, religious institutions should educate the society to reverse early marriage practices \* The work with GO should be strengthened, in order to help housemaids raise their awareness about HIV/AIDS and the importance of having contract agreements \* Strong institutional income generating mechanisms should be created for housemaids \* Associations should work further on formalizing contract agreements and scaling up educational support \* Concerned organizations should work to strengthen the works of legal brokers \* Public discussion forums should be conducted to raise the awareness on the overall situation of housemaids



PRESENTING AUTHOR'S NAME	ANGIRA Frank
PRESENTING AUTHOR'S COMPANY	KEMRI/CDC Research & Public Health Collaboration
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Attitudes Toward Family Planning Among HIV-Positive Pregnant Women Enrolled In A Prevention Of Mother-to-Child Transmission Study In Kisumu, Kenya

## ABSTRACT

**Background:** Preventing unintended pregnancies among HIV-positive women through family planning (FP) reduces pregnancy-related morbidity and mortality and decreases the number of pediatric HIV infections as well as the number of orphans. Family planning has also proven to be a cost-effective way to prevent mother-to-child HIV transmission. A key element of a comprehensive HIV prevention agenda, aimed at avoiding unintended pregnancies and reducing the incidence of HIV-infected children, is recognizing the attitudes towards FP among HIV-positive women and their spouse or partner. The Kisumu Breastfeeding Study (KiBS) was a phase II open-label one-arm PMTCT clinical trial conducted in Western Kenya, designed to assess the safety and effectiveness of maternal triple-antiretroviral (ARV) prophylaxis in the late antenatal period through 6 months postpartum. In this analysis, we present data on attitudes toward FP among HIV-infected pregnant women enrolled in the KiBS study regarding their current preferences and future intentions to use FP.

**Methods:** Baseline data were collected at enrollment on 522 HIV-positive pregnant women using structured and semi-structured questionnaires. The data collected included: baseline social and demographic characteristics, whether the current pregnancy was planned and/or desired, prior knowledge and use of FP, future FP preferences, and the perception of their spouses' or partners' acceptance of FP. Descriptive statistics were used to describe baseline maternal characteristics and preferred FP methods. Fisher's exact test was used for two-by-two tables and permutation tests for larger tables to test for associations between demographic variables and the intention to use FP methods.

**Results:** There were 448 (87%) participants who indicated they intended to use FP. Of the current pregnancies, 59% were unintended. Factors significantly associated with increased intention to use FP in the future were: marital status ( $p=0.04$ ), specifically, being married or single vs. divorced, separated or widowed ( $p=0.02$ ), having talked to their spouse or partner about FP ( $p<0.001$ ), perceived spouse or partner approval of FP use ( $p<0.001$ ), previous use of a FP method ( $p=0.006$ ), attitude toward the current pregnancy ( $p=0.02$ ), disclosure of a previous diagnosis of sexually transmitted infections to the spouse or partner ( $p=0.03$ ) and ethnic group ( $p=0.03$ ). Only 8% of the participants indicated condoms as a preferred FP method.

**Conclusion:** There is a significant gap between the intention to use FP and its implementation, as reflected by the high rate of unintended pregnancies. Support and approval by the spouse or partner are key elements to the HIV-positive woman's intention to use FP. In resource limited settings, FP and counseling services should be offered to both members of a couple to increase FP use, especially in the setting of a high number of unplanned pregnancies among HIV-positive women. Condom use should be promoted not only for HIV/STI prevention, but also as a dual use contraceptive method among HIV-positive women. Integration of individual and couple FP services into routine HIV care, treatment and support services is needed in order to decrease the number of unintended pregnancies and prevent mother-to-child transmission of new HIV infections.

PRESENTING AUTHOR'S NAME	ANZURUNI MBUTO Raphael
PRESENTING AUTHOR'S COMPANY	Tous contre le sida
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Contribution Des Parents À L'usage Du Préservatif Par Les Adolescents À Kinshasa, République Démocratique Du Congo

## ABSTRACT

**Enjeux:** Il n'est pas facile de dire aux enfants d'utiliser le préservatif en vue de se protéger contre le VIH dans une société où parler du sexe aux enfants est tabou. Les associations qui conseillent l'usage du préservatif sont souvent accusées d'incitation à la sexualité or nous avons constaté au cours d'une enquête que plusieurs adolescents se livrent précocement aux rapports sexuels non protégés et cela à l'insu de leurs parents. Des cas de grossesses et d'infection à VIH relevés l'ont si bien témoigné. Après avoir travaillé précédemment avec les grands-parents, nous avons cette fois-ci décidé de tenter une nouvelle expérience en travaillant directement avec les parents volontaires dans la sensibilisation de leurs enfants à l'usage du préservatif. L'objectif consistait en une incitation des adolescents à l'usage du préservatif.

**Description:** L'activité avait eu lieu à Kinshasa en 2012. Elle avait pour cibles, les parents et leurs enfants en âge d'adolescence. 100 parents avaient été sélectionnés dans une commune de la ville en vue de suivre une formation sur l'usage du préservatif. Ils avaient le devoir de transmettre ce message à leurs enfants adolescents et d'observer leur réaction. 350 adolescents étaient concernés. Après apprentissage de l'usage correct du préservatif, ces adolescents étaient alors encouragés

à retirer à volonté les préservatifs exposés dans un coin de la maison et cela à l'insu du monde. 2000 préservatifs étaient disponibles. 208 adolescents sur 350, soit 59,4% ont reconnu avoir utilisé le préservatif lors de leurs rapports sexuels au courant de l'année. 142 adolescents sur 350, soit 40,6% quant à eux n'ont pas connu de rapports sexuels. 1.164 préservatifs sur 2.000, soit 58,2% ont été utilisés. 41,8% de préservatifs n'ont pas été utilisés.

**Leçons apprises:** L'implication des parents a été bien reçue par leurs enfants. La majorité des adolescents a utilisé le préservatif au cours des rapports sexuels. Et la majorité des préservatifs a été utilisée au cours desdits rapports.

**Prochaines étapes:** Après sa réussite dans une commune de la ville, cette expérience devra s'étendre à d'autres communes ainsi qu'à d'autres villes. Les autres parents devraient encourager leurs enfants non chastes à toujours faire usage du préservatif.

PRESENTING AUTHOR'S NAME	ARMSTRONG Alice
PRESENTING AUTHOR'S COMPANY	CHIVA South Africa
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### The Values And Preference Of Pregnant Women Living With HIV - The Acceptability Of Option B+

## ABSTRACT

**Background:** As part of the WHO development of the 2013 Consolidated Guidelines on The Use of Antiretroviral Drugs for Treating and Preventing HIV Infection, the values and preferences of key stakeholders, including end users, of potential guideline Recommendations was sought. To facilitate this, consultations with pregnant women living with HIV were undertaken.

**Method:** Four workshops, based on participatory learning and action approaches, were conducted in KwaZulu-Natal and Gauteng, South Africa. The workshops specifically assessed a) the challenging and supportive factors for taking ART during pregnancy and engaging in care, b) suggested strategies to improve adherence and retention in care, c) perceived preferences and acceptability of starting lifelong ART during pregnancy (Option B+). Participants were invited to attend the workshops by local community organisations from rural and urban areas. Using qualitative content analysis, transcriptions of voice recordings and field notes were analysed, and key themes identified.

**Results:** In total 46 pregnant women or recent mothers (child <1 year) living with HIV participated; 59% were 25-34 years old, 46% had tested HIV+ for the first time during this pregnancy, 59% were on ART for PMTCT, and 63% started ART during this pregnancy. Challenging factors for initiating ART identified by participants included: processing the shock of their diagnosis, difficulty disclosing, lack of support, limited understanding of ART, misconceptions of ART effects on their unborn baby,

confusion regarding feeding options, health service challenges, and concerns of side effects. Participants acknowledged that accepting their status, receiving support through clinic and support groups, an increased understanding of ART, experiencing health improvement, and having a baby free of HIV as supportive factors. Suggested strategies were diagnosis prior to pregnancy, support groups, increased provision of information, greater access to services, less frequent appointments, the option to choose their clinics, more training of healthcare workers, private counseling areas, and family clinics. Views towards Option B+ were similarly divided. Reasons for Option B+ included: health benefits for mothers, increased likelihood of having an HIV-negative baby, simplified ART, and encouragement of ongoing engagement in care. Views against Option B+ included: increased strain on government funding and clinics, too much to deal with at once, adherence issues, side effects, and anxiety of taking lifetime ART. Participants recommended that information on each option and time to decide should be given and that the decision should be theirs, otherwise pressure to choose Option B+ could result in defaulting. Being counseled by HIV-positive women/mothers and attending a one-stop family clinic would also increase acceptability.

**Conclusion:** Development of Option B+ Recommendations should consider challenging and supportive factors to enhance pregnant women living with HIV to engage in care, and community acceptability of Option B+.

PRESENTING AUTHOR'S NAME	ARMSTRONG Jean
PRESENTING AUTHOR'S COMPANY	HIVSA
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Teenagers Talk Love And Sex On Hi4LIFE Mobile Phone Chat Room: How Disempowered Relationships May Be Spreading HIV Among Adolescents

## ABSTRACT

**Issues:** In order to examine why condom negotiation may or may not take place, the ways in which sexual relationships are conducted should be analysed, so as to understand the greater social dynamics at work in this area. However, access to naturally occurring interactions is difficult to find: one method is to look at discussions about relationships that take place.

**Description:** HIVSA runs the Mxit-based mobile health information service, hi4LIFE, in which users can participate in discussion forums with their peers, asking questions publicly and receiving public replies. By qualitatively analysing the conversations that took place on the Love & Relationships forum, we gained knowledge and access to the ways in which the users (mostly females aged 16-25) were conducting their relationships, and the problems they experience.

**Lessons learnt:** The participants in this forum appear to be largely disempowered young people: disempowered because of being in relationships that are betraying them, without being able to demand or negotiate better treatment from the start. The overall impression is of (predominantly) girls who 'fall in love', and are lied to and cheated on and come to the forum in search of 'what to do' or for support. Even though they may appear to 'know' that they 'should' leave their partner, love is of paramount importance. Thus the prospect of losing love is the key way in which relationships appear to be negotiated: so long as the user is still in love

with the other party, she will fight to preserve what they have. Such preservation may take the form of considering returning to a previous (usually bad) relationship, or trying to find ways to mitigate the betrayal of, for example, finding out that a partner is in other relationships. These do not seem to be the kinds of relationships that can be trivialised by the label 'teenage romance': rather, they are complex, loving, painful, and, crucially, very often composed of highly unequal power relations between the partners. Nevertheless, the value of the support they receive from each other on this forum appears to be a tremendous source of encouragement and positivity.

**Next steps:** The empowerment of girls may be the greatest barrier to successful condom negotiation in relationships. This is shown by the ways in which sex becomes a tool to maintain relationships in which the boy partner is losing interest/cheating, and so he has the power to refuse condom use by the threat of leaving. HIVSA's development of a new Mxit platform, aimed specifically at the empowerment of teenage girls, will engage with these needs and provide a space for these girls to continue to connect with and support each other, while they also gather enhanced encouragement from the service itself. This is a crucial new development if the spread of HIV among the youth is to be reduced, as the current climate of disempowered relationships is clearly failing in this regard.

PRESENTING AUTHOR'S NAME	ASUQUO Eme Olukemi
PRESENTING AUTHOR'S COMPANY	University of Port Harcourt
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Getting Tested For HIV – Student's Views In Rivers State, Nigeria

## ABSTRACT

**Background:** The HIV prevalence rate in Rivers State, Nigeria is 6%, and is higher than the country's average of 3.6%. Routine HIV testing is one of the most important strategies recommended for reducing the spread of HIV, and it is the first step to seeking proper care and treatment. It has been reported that people who know their HIV status are far less likely to have unprotected sex than those who do not. Early diagnosis of the infection enables people to start treatment early and to reduce the spread of infection. This study was carried out to determine the level of HIV testing and attitude to HIV/AIDS prevention and control among youths in Rivers State, Nigeria.

**Methodology:** A descriptive cross sectional study was carried out among 230 students, aged 16 to 35 years, from the Rivers State College of Health Sciences and Technology (RSCHST), Rivers State, Nigeria. Five schools were randomly selected out of the nine schools in RSCHST (population – 2,000). Semi-structured questionnaires were self-administered to the students. Data was analyzed using SPSS.

**Results:** Of the respondents, 41.6% were males and 43.5% females with mean age of 25.5 years. A small number of respondents (3.9%) said they had no knowledge of HIV/AIDS. On whether it was important to test HIV, 87.7% respondents agreed to this and knew where to go for testing. However, only 42.4% of them claimed they had gone for HIV testing before the date of the survey. Respondents said they carried out tests at Government Health Centers, 53.5%; at private hospitals 27.3%;

designated voluntary counseling and testing (VCT) centers, 11.1% and at HIV conference centres, 8.1%. On what influenced respondents to go for testing, 47.5% said, to know their status; 15.3% on doctor's recommendation; 8.0% following ill health; 6.6%, as a requirement for blood donation; 5.8%, to allay fear and anxiety and 16.8%, requirement for marriage. For not wanting to go for HIV test, 36.8%, refused to disclose their reason; 20.5% believed they were immune to infection; 17.9% were afraid to learn to know their status; 11.1% claimed ignorance of where to go for testing; 6.3% could not pay for testing; 5.3% worried on confidentiality issue if found positive; and 2.1% said since there was no advantage in knowing their status since the disease has no cure.

**Conclusions:** There is a high level of HIV awareness campaign in the Nigeria but there are still people who claim to know nothing about the disease and a significant number who are unwilling to go for testing. With this study there is reason to suggest that enlightenment campaigns should increase, especially among the young people who are the most vulnerable to being infected and spreading the disease.

PRESENTING AUTHOR'S NAME	AVERY Lisa
PRESENTING AUTHOR'S COMPANY	University of Manitoba
SESSION TYPE	Oral
SESSION TITLE	MOADS18 - Born HIV Free Getting PMTCT to Work

## ABSTRACT TITLE

### Preventing Mother To Child Transmission Of HIV In Kenya: Challenges To Implementing National Guidelines

## ABSTRACT

**Background:** In 2012, Kenya published updated guidelines for the prevention of mother to child transmission of HIV (PMTCT). These guidelines are based on the four-pronged approach relying more heavily on pharmaceutical prophylaxis for mother and child promoted by the WHO in 2010. Recommendations include initiation of short-course antiretroviral (ARV) regimens- if not eligible for lifelong antiretroviral therapy (ART) - at 14 weeks gestation. Women should also receive ARVs to provide to the newborn. A minimum of four antenatal care (ANC) visits are recommended, and disclosure to partners to encourage male involvement in counselling. Additionally, all HIV positive women presenting for ANC should be screened for opportunistic infections, including tuberculosis (TB).

Although these guidelines are based on current evidence -as reflected in the WHO guidelines-and have the potential to reduce transmission to less than 5%, challenges remain. Data gathered from a study on the use of mobile technology (mHealth) in PMTCT programs in Kenya illustrate some of the gaps and challenges to guideline implementation.

**Methods:** HIV-positive, pregnant women were recruited from two maternity hospitals in Nairobi, Kenya. The results presented here are based on survey data collected at baseline and routine follow up (48 hours) from 505 women participating in a mHealth and PMTCT study. Data collected included socioeconomic characteristics, history of current and previous pregnancies, knowledge of PMTCT, TB screening and treatment and the use of Nevirapine. Chi-square tests and multivariable logistic regression were used to assess statistically significant

associations between TB screening and variables of interest.

**Results:** Preliminary analysis of our data suggests that the majority of women present between 21 and 28 weeks (51.7%) with only 11.7% presenting before 20 weeks. Three quarters of the women (74.5%) had disclosed to their partners. Half the women (56.7%) attended four or more ANC visits. More than two thirds of women (71%) reported receiving Nevirapine during labour while 91.9% reported that their infants had received Nevirapine after birth. Screening for TB was low (10.3%) with no significant difference between hospitals or between groups based on socio-demographic status, number of ANC visits or gestational age at first presentation.

**Conclusions and Recommendations:** The low percentage of women who present prior to 20 weeks and who attend four or more ANC visits suggest that there are barriers to initiating ART at 14 weeks with appropriate follow up. This barrier increases the number of women (70% in our sample) that have to receive Nevirapine during labour and delivery. Although disclosure in our sample was higher than expected, a quarter of women in our study had not disclosed or refused to reply to this question, which reduces the possible participation of male partners. Despite high TB rates in Kenya and its co-morbidity with HIV, few women were screened. The lack of significant difference in screening rates between the hospitals, based on socio-demographic characteristics and ANC attendance, seems to suggest that sub-optimal TB screening in pregnant women is a systemic issue.

PRESENTING AUTHOR'S NAME	AWI Ayodele
PRESENTING AUTHOR'S COMPANY	Kids & Teens Resource Centre
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Sexual Risk Behaviours, Condom Use And Sexually Transmitted Infections Treatment Seeking Behaviours Among Male And Female Tertiary Institution Students In Nigeria.

## ABSTRACT

**Background:** Studies show that male and female students in the tertiary institutions constitute significant most-at-risk population sub-groups. However, few interventions have been implemented to reduce HIV and sexually transmitted infections (STI) risk behaviors among these sub-groups. We conducted a formative assessment to inform the design of a behavior change intervention targeting male and female students in tertiary institutions in Nigeria.

**Objective:** To assess knowledge of HIV/AIDS and attitudes towards HIV protective behaviors; sexual risk behaviors, condom use and STI treatment seeking behaviors among male and female students in tertiary institutions in Nigeria.

**Methods:** This cross-sectional study was conducted at 10 tertiary institutions in Nigeria. Participants were identified through local contact persons and information was captured through a structured questionnaire. 235 male and 250 female students were interviewed. Data were collected and analyzed on sexual behaviors, condom use, and treatment of STIs. We compared sexual risk behaviors, condom use and STI treatment seeking behaviors between male and female students.

**Results:** Knowledge of HIV/AIDS in general and HIV-risk and protective behaviors in particular was almost universal among the male and female students. However, 10% of female students and 5% of male students believed that one can tell who has HIV by looking at them. As regards sexual

risk behaviors, female students reported a mean number of 2 partners in the past 30 days while male students reported a mean number of 8 partners. Only 21% of female and 35% of male students reported using condoms consistently in the past month. Condom use differed by partner type, with greater use among casual partners and lower use among those in relationships. More than half of female students and 45% of male students reported that they have suffered from STIs in the past year. Of these, <40% sought treatment from a government or private clinic. Of those who sought treatment, nearly half later of male students and 83% of female students sought treatment a week or later following recognition of symptoms.

**Conclusion and recommendation:** These findings suggest that male and female students engage in high-risk sexual behaviors characterized by multiple sexual partnerships, low consistent condom use and delayed treatment-seeking behaviors. These findings suggest a need for target-specific behavior change communication interventions aimed at reducing sexual risk behaviors, increase condom use and promote a sense of prompt and proper STI treatment among female and male students in tertiary institutions in Nigeria.

PRESENTING AUTHOR'S NAME	AWOYOKUN Awotunde
PRESENTING AUTHOR'S COMPANY	Glimmer of Hope Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Using Social Media In Information, Education And Communication Of SRHR/HIV Issues To Nigerian Youth: The "Glimmer Of Hope Foundation" Experience.

## ABSTRACT

**Issues:** According to the National Response to Young People's Sexual and Reproductive Health in Nigeria assessment show that young people still lack appropriate knowledge sexuality which is part of the education they need to grow up healthily and reduce their vulnerability to sexual exploitation and abuse, as well as teenage pregnancy, unsafe abortion, HIV/AIDS and other Sexually Transmitted Infections (STI). This paper aims to describe the use of social media as a tool for creating behaviour change in adolescent sexual reproductive health issues among young people in Nigeria.

**Programme description:** The Glimmer of Hope Foundation (GLOHF), which is a youth-led non governmental organization pioneered the use of social media (twitter, facebook) in disseminating information to young people regarding sexual and reproductive health. The organization, for over a year conducts a weekly integrated social media focused discussion on a particular topic which revolves round HIV/ STIs prevention, testing, care, treatment, contact tracing and referrals to facilities for interventions depending on location of the person. Discussions are conducted in the simple and clear language which everyone can relate to. We also create platforms where young ones can ask personal question which offer confidentiality away from the public. We reach out weekly to about 2000 young people directly (facebook and twitter) and over 10,000 indirectly through retweeting and page sharing.

**Lessons learnt:** Lessons learnt include social media is a very good and cost effective way of educating young ones. Facebook is the most visited website in Nigeria while twitter is the 8th most visited website. With age group 18-35 years being the most active age group on these sites. In a survey of 100 of our followers, 28.57% are below 17 years, 18-20 years constitute 7.14%, 21-29 years make up 35.71% while the 30-39 age group make up 28.57%. 53.86% of our followers had low knowledge about their sexual reproductive health. 64% of followers held beliefs that were dangerous to their sexual and reproductive health. 60% against 40% find it difficult discussing their sexual reproductive health with someone even their doctors, blaming cultural and religious stigmatization. All of the respondents feel the GLOHF's social media discussion bridges this gap. 80% against 20% feel the discussions are simple enough to relate to. In other to consolidate the gains of dispelling some myths and educating others, 92.23% will recommend GLOHF's weekly social media discussion to friends, 42.34% to colleagues, 63.43% to siblings and 12% to parents.

**Next steps:** The use of social media in educating young people about HIV and other STIs have proved invaluable and should be capitalized on. Other youth-led organizations should also emulate this as myths and unsafe sexual practices have cultural differences Development of focused group discussion will prove invaluable.



PRESENTING AUTHOR'S NAME	AYIFAH Emmanuel
PRESENTING AUTHOR'S COMPANY	iLiNS Project, University of Ghana
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Assessing HIV/AIDS Knowledge And Willingness-to-Pay For Preventing Mother-To-Child Transmission In Ghana

## ABSTRACT

**Background:** There have been concerns in recent times about the increased funding gap in HIV/AIDS prevention activities in Ghana and other sub-Saharan African countries. According to the UNAIDS (2010) total global funding for HIV and AIDS flattened in 2009; creating a funding gap of US\$7.7 billion in 2009, compared to US\$6.5 billion in 2008. By 2010, funding from donor governments had dropped 10 percent, raising concerns about the future of the fight against HIV and AIDS. There have therefore been serious concerns about the sustainability of the current funding modalities in resource limited countries. It is therefore crucial for countries to begin looking at alternative means of financing HIV/AIDS activities such as prevention of mother-to-child transmission (PMTCT). Mother-to-child transmission (MTCT) of HIV accounts for over 90 percent of HIV Infections among young children. It is in the light of this that this study sought to assess the willingness-to-pay to prevent mother to child transmission of HIV/AIDS in Ghana.

**Methods:** A total of 300 pregnant women attending antenatal care in three hospitals in Ghana were interviewed after they verbally consented to participate in the study. The study used the open ended bid elicitation format in a Contingent Valuation Study to assess willingness to pay to for PMTCT, as well as, MTCT of HIV/AIDS related knowledge. Relevant determinants of WTP was evaluated based on the HIV status of respondents (positive, negative and status unknown) using OLS regressions.

**Results:** Out of the total 300 respondents HIV positive, HIV negative and HIV status unknown respondents constituted 75 (25%), 163 (54.3%) and 62 (20.7%) respectively. Whereas nearly all respondents know about MTCT (HIV positive= 100%, HIV negative= 99.39% and HIV status unknown= 98.39%) the same cannot be said of PMTCT (92%=HIV positive, 85.89%=HIV negative and 43.555=HIV status unknown). WTP for PMTCT ranged between GHS 0.50 - 20 (\$0.26-\$10.52). On the average HIV positive, HIV negative and HIV status unknown respondents were WTP GHS 4.3 (\$2.26), GHS 4.5 (\$2.37) and GHS 3.2 (\$1.68) respectively. Factors affecting WTP include income, level of education, age and knowledge of PMTCT.

**Conclusions and recommendations:** It is worth concluding from the results of our study that fund raising schemes at the health facility level are likely to accrue some benefits, as indicated by pregnant women's willingness to pay to contribute to sustaining PMTCT of HIV/AIDS interventions in Ghana. This could therefore serve as an extremely valuable source of funding for PMTCT of HIV/AIDS.

PRESENTING AUTHOR'S NAME	AZONDEKON Alain
PRESENTING AUTHOR'S COMPANY	Hôpital d'Instruction des Armées Cotonou
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Les Complications Métaboliques Du Traitement Antirétroviral (ARV) Au Long Cours Chez L'enfant: Le Cas Du Bénin

## ABSTRACT

**Introduction:** Le traitement ARV a été rendu disponible au Bénin en Février 2002 grâce à l'initiative du gouvernement et des partenaires techniques et déjà plus de 3.000 enfants ont été mis sous traitement. L'objectif de cette étude est d'évaluer la toxicité métabolique au long cours du traitement ARV chez les enfants.

**Méthodes:** Une étude transversale et comparative a été menée comme suit: Tous les enfants sous traitement ARV depuis 2002 à 2013, prospectivement suivis à l'Unité de Prise en charge de l'enfant Exposé ou Infecté par le VIH (UPEIV)/ Hôpital d'Instruction des Armées de Cotonou et ayant au moins 4 ans de traitement ont subi un bilan métabolique dans la période de Février 2012 à Janvier 2013. Le contrôle métabolique était composé de la mesure de la glycémie à jeun, du bilan lipidique (Cholestérol total, HDL Cholestérol, LDL cholestérol, et Triglycérides). Ces examens complémentaires ont été complétés un bilan rénal (créatinine et urée) et hépatique (transaminases: ASAT et ALAT). Un groupe contrôle d'enfants de la même tranche d'âge suivis dans le Service de pédiatrie a subi les mêmes investigations, compléter par la réalisation du test de dépistage du VIH. L'unité d'éthique a veillé à l'obtention du consentement libre et éclairé des parents et des enfants s'ils étaient capables de comprendre le processus. Aussi un counseling a été fait pour les parents et enfants du groupe contrôle. Les indicateurs métaboliques ont été comparés entre les groupes en utilisant le test de  $\chi^2$ , le test T ou le test de Mann Whitney.

**Résultats:** Au total, 286 enfants ont été recrutés, et donc 143 dans chaque groupe. Le sexe féminin

(46%), âge médian 10 ans (5 à 21 ans), le poids médian 25kg (11 à 68kg). Les 143 enfants infectés recrutés représentaient 72% des enfants supposés avoir eu au moins 4 ans de traitement ARV. La durée du traitement ARV médian 7ans (4 à 11 ans) et 17% étaient sur protocole de deuxième ligne. Les deux groupes étaient comparables sur le plan de l'âge, du sexe, du poids et des habitudes alimentaires. Sur le plan métabolique, il n'y a pas de différence statistiquement significative entre les deux groupes pour la glycémie (moyenne 0,90g/l pour les enfants infectés vs 0,86 pour les enfants du groupe contrôle,  $p>0,05$ ), pour la créatininémie ( $p>0,05$ , Mann Whitney) mais par contre le taux d'urée et les transaminases sont plus élevés que dans le groupe contrôle ( $p>0,05$ ). L'hypercholestérolémie est plus élevée dans le groupe des enfants infectés (13,5% vs 2,1%); Le HDL cholestérol est plus bas chez les enfants infectés. Quand aux Triglycérides, ils sont plus élevés dans le groupe des enfants infectés. Les enfants infectés sous Inhibiteurs de protéases (IP) ont des valeurs métaboliques (glycémie, cholestérol total et LDL cholestérol, triglycérides) plus élevées que ceux qui n'ont jamais reçu des IP dans une marginalité statistique significative. La durée du traitement ARV ne semble pas influencer sur les paramètres métaboliques étudiés.

**Conclusion:** Le traitement antirétroviral est assez bien toléré sur le long terme chez l'enfant mais une tendance à l'élévation des paramètres métaboliques est retrouvée dans le groupe des enfants sous IP. Une surveillance des paramètres dans un plus long terme et surtout le suivi des enfants sur le plan cardiovasculaire reste le défi dans la survie des enfants sous traitement ARV au long cours.

PRESENTING AUTHOR'S NAME	BABIRYE Joyce
PRESENTING AUTHOR'S COMPANY	The AIDS Support Organisation (TASO)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Moving Towards Zero New Infections. The Reality Of Early Infant Identification, Diagnosis And Linkage At TASO Mbale

## ABSTRACT

**Issue:** Interventions for Prevention of Mother-to-Child Transmission of HIV (PMTCT) and Early Infant diagnosis (EID) are established in many places. However challenges have been noticed regarding early identification, diagnosis and linkage of HIV exposed infants to care. This resulted into quick infant health deterioration, prolonged denial and neglect by care takers hence contributing to 50% of untreated HIV-infected babies dying before their 2nd birthday. To bridge this, TASO Mbale shares her experience.

**Description:** An EID Care point was established and integrated into the routine adult & mother child health (MCH) clinics at TASO Mbale following training. A focal person was identified to spearhead PMTCT/EID activities. Routine pregnancy tests are done for all HIV+ women in child bearing age both at facility and communities upon obstetric history. The pregnant are enrolled into care at the MCH Clinic and given follow-up appointments. After birth, exposed infants are initiated on cotrimaxazole prophylaxis and tested for HIV using DNA/PCR as per guidelines. The HIV+ infants are initiated on ART immediately while the negatives are discharged upon confirmation at 18 months. Proactive postnatal follow-up (F/U) is done through phone calls, physical appointments and home visits by linkage officers and trained community volunteers. Lessons learnt 387 exposed infants were identified (October 2011 to May 2013). The DNA/PCR results showed that, 96.9 % ( 375) of infants were HIV Negative while 3.1 % ( 12) were Positive. 75.2% had their 1st DNA/PCR done by 2 months, at an average

age of 7 weeks. Of the 12 positives, 2 went through a full PMTCT program and tested within 2 months of birth while 10 were referred late to the clinic at an average age of 10 months. 2 started cotrimaxazole prophylaxis by 2 months, 2 commenced later while 6 did not have any intervention prior to reporting to TASO. However, all the positive infants were commenced on HAART immediately. A lesson learnt from these results showed that having an EID care point with a focal person, training of personnales both at facility and communities, with proactive F/U measures increases the opportunity for virtual elimination of HIV among infants.

**Recommendation:** Early identification, diagnosis and linkage of infant requires proactive, innovative mother- baby pair F/U measures both at facility and community to achieve virtual elimination of HIV towards zero new infections.

PRESENTING AUTHOR'S NAME	BAIKETSI Margaret
PRESENTING AUTHOR'S COMPANY	Tertiary Education Council
SESSION TYPE	Oral (SPC NADS)
SESSION TITLE	

## ABSTRACT TITLE

"AIDS Is Gone. That's What They Think." College And University Youth In Botswana Share Their Thoughts On HIV, Risk, Behaviours, Needs And Interventions.

## ABSTRACT

**Background:** Botswana's HIV prevalence is 17.6% among the general population and the incidence rate is 2.9%. In 2009, Botswana's Tertiary Education Council, recognizing that HIV interventions for College/University (tertiary) students were few/fragmented, conducted a study to understand student behaviors, needs and current gaps in services. Born in the 1990s, this generation of youth is the first of its kind – a generation who has grown up with HIV – infected, heavily affected and message-fatigued.

**Methods:** Between 2009 – 2010, TEC conducted a study of 10% of tertiary students using self-administered surveys (N=4312). Classes were randomly selected from 32 institutions and surveys were augmented by 28 post-survey FGDs. Participation was voluntary, anonymous and counseling was offered. Survey questions were qualitative and quantitative.

**Results:** 57.0% of participants were female and 63.0% were aged 20-24. HIV knowledge was high (over 90% responded correctly to 9/11 knowledge questions) but satisfaction with current HIV interventions was low (44.9%) and 38.5% said condoms are never available on campus. 82.5% were sexually active and 45.0% had already engaged in unprotected sex. 53.9% knew their HIV status and 49.4% knew their partner's status. 33.7% reported that they were engaging in MCP. Key findings from the FGDs include: a) campuses are sexualized spaces b) students are involved in transactional relationships c) students do not perceive themselves to be at risk for HIV and d) campus interventions few and irrelevant.

**Conclusions:** Irrespective of increased knowledge and impact from AIDS deaths within their families while they were young children, the sexual practices that gave rise to our current HIV epidemic in Botswana persist among tertiary youth. The study raises serious reservations about the assumption that youth are making behavior changes. It also exposes gaps in service provision and questions the strength and relevance of current interventions to youth in a country with a staggering incidence rate.

PRESENTING AUTHOR'S NAME	BAKKABULINDI Pamela
PRESENTING AUTHOR'S COMPANY	Infectious Diseases Institute
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Predictors Of Lost To Follow-up In A Prevention Of Mother-To-Child Transmission (PMTCT) Program In Mulago National Referral Hospital, Uganda.

## ABSTRACT

**Background:** Adequate follow up of HIV infected pregnant women is crucial for achieving zero Mother to Child HIV Transmission (MTCT) transmission. Loss to follow up remains a major challenge in many PMTCT programs. Through telephone calls and home visits, a system was set up in Mulago National Referral Hospital, to track lost to follow-up clients. We reviewed predictors of loss to follow-up among the clients who did not return to the clinic.

**Methods:** The Mulago PMTCT program started in 2006. By December 2012, the program had enrolled over 9,000 HIV positive pregnant women including their spouses. Out of the 1,668 clients enrolled between January 2009-2011, 315 (18.9%) were lost-to-follow up. 160 (51%) of these were randomly selected and patients' file were reviewed. The retrieved data for variables such as demographics, HIV stage, CD4 count, ART treatment, reasons for lost to follow-up, was analysed and summarized.

**Results:** Of the 160 lost to follow-up PMTCT clients selected, 49 (30.6%) were on HAART and 111 (69.4%) on Zidovudine prophylaxis. 149 (93.1%) were pregnant, of whom 137 (91.9%) were in the third trimester. 157 (98.1%) were in WHO stage 1 or 2. 128 (80%) of the clients had attended less than three antenatal care visits. 132 (82.5%) had a phone access and for 19 (14.4%) of these the mobile belonged to their spouse. The majority of clients 103 (64.4%) were staying more than 10km away from the hospital. 88 (55%) had primary education and 30 (18.8%) only were employed, earning less than \$25/month. 67 (41.9%) had not

disclosed their status to a next of kin. 100 (62.5%) clients were telephoned, but most phones 60 (60%) were off; 24 (24%) promised to come back, and for 16 (16%) the telephone numbers were wrong. 13 (8%) clients were home visited of whom 8 (61.5%) had relocated; 2 (15.4%) had died; 2 (15.4%) denied their HIV status and 1 (0.6%) had self-referred to another treatment centre.

**Conclusion:** Living long distances from the hospital, low education levels, unemployment, non-disclosure of HIV status, home relocations and lack of reliable phone contact were major predictors of loss to follow-up. Periodic updates of home addresses and telephone contacts including those of at least two next of kin may improve follow up. Phone text message to remind clients about clinic visits could be helpful. Periodic home visits remain useful. Early and consistent tracking of missed appointments is crucial. More PMTCT centres are needed to avoid long distances.

PRESENTING AUTHOR'S NAME	BAMISAYE Folasade
PRESENTING AUTHOR'S COMPANY	Kids & Teens Resource Centre
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Sexual Behavior, Knowledge And Attitude Of Young Adolescent In Ibadan, Oyo State.

## ABSTRACT

**Background:** Information Health information on adolescents, by contrast is not widely available in many developing countries apart from indicators on sexual and reproductive health collects by major international health surveys, particularly in the context of HIV/AIDS. Adolescents are a key target group for HIV and pregnancy prevention efforts, yet very little is known about the youngest adolescent: those under age 15. A new survey data from 12-14 years old in Nigeria are used to describe their sexual activity, knowledge about HIV/STIs and pregnancy prevention including sex education in schools.

**Data and Methods:** The study use data from nationally- representative house-hold based survey from the National Bureau of Statistics (NBS) on 12-19 years old. A first stage systematic selection of enumeration areas was made from a household. All 12-19 years old de facto resident in each sampled household were eligible for inclusion in the survey. Once the parent or caretaker gave consent, separate informed consent was then sought from the eligible under-age adolescent. This study analyzes data for infrequently studied group of very young adolescent aged 12-14. Interviews were completed with 2500 respondent which falls within the age range of 12-14 years old in 5 Local Government Area (LGA) of the State namely; Egbeda, Lagelu, Akinyele, Afijio and Ibadan North-East Local Government.

**Research Objective are:** \* To investigate adolescent sexual behavior. \* To examine adolescent knowledge on STIs and HIV/AIDS. \* To find out adolescent attitude towards sexual activities. \* To examine knowledge of sexual and reproductive health among adolescent.

**Results:** The result shows that very young adolescents are already sexually active and as such some believe their close friends are sexually active. They have high level of awareness but little in-depth knowledge about pregnancy and HIV prevention. Multiple information sources are used and also preferred by very young adolescents. Given their needs for HIV/STIs and pregnancy prevention information that is specific and practical. School based sex education is particularly promising avenue for reaching adolescent under age 15.

**Conclusion:** It was discovered that the major reasons that many young adolescents have not received sex education, is not offered in their schools to this end there is a great need for development of programs and approaches tailored to reach adolescents, given the high rate of schools drop-out in many countries in Africa.

PRESENTING AUTHOR'S NAME	BASTARD Mathieu
PRESENTING AUTHOR'S COMPANY	Epicentre
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Paediatric Access And Continuity Of HIV Care Before The Start Of Antiretroviral Therapy In Sub-Saharan Africa

## ABSTRACT

**Background:** The number of HIV-infected children starting antiretroviral treatment (ART) has increased in resource-limited settings and similar outcomes to those described in high-income countries may be achieved. However, many losses are experienced before ART initiation and gaining understanding of this period is needed to improve patient outcomes. This study describes delays to enrol in HIV care, pre-ART follow-up and predictors of mortality and lost to follow-up (LFU) before ART initiation.

**Methods:** We conducted a retrospective cohort study among HIV-infected paediatric patients (5-14 years old) not yet started on ART, enrolled in four HIV Sub-Saharan African programmes. Patient follow-up started at programme enrolment and ended at the earliest of death, transfer-out, ART initiation or last visit. Risk factors were investigated during the periods 0-6 and 6-60 months, using Weibull regression and Cox proportional-hazards models, as appropriate.

**Results:** A total of 2244 patients (52.8% girls) were enrolled in care, a median of 2 days [IQR 0-8] after HIV diagnosis. Baseline median CD4 count was 409 cells/ $\mu$ L [IQR 203-478], 55.6% had a recorded CD4 measurement within one month of enrollment. Forty-three percent of children were in clinical stage 3 or 4. ART eligibility status was determined for 1736 patients, 71% required ART, and 76.2% of them initiated therapy. However, 14.3% and 59.4% of the 293 eligible patients not started on ART died and were LFU, respectively. Median pre-ART follow-up was 4.4 months [IQR 1.3-20] and was shorter for ART eligible patients.

Mortality rates were 6.2/100 person-years (95% CI 4.6-8.3) in the 0-6 and 1.3/100 person-years (95% CI 0.91-2.0) in the 6-60 month periods. LFU rates were 37.4/100 (95% CI 33.0-42.4) and 8.3/100 person-years (95% CI 7.1-9.8), respectively. Regardless of study period, advanced HIV disease at presentation (low BMI, stage 3 or 4, low CD4, or recorded tuberculosis diagnosis) was associated with increased risk of mortality and LFU.

**Conclusions:** Late presentation and delays in initiating ART in eligible children were responsible for a large proportion of patient losses during pre-ART follow-up. Interventions are needed to test children at an earlier stage, ensure adequate linkage to HIV care and to timely initiate therapy.

PRESENTING AUTHOR'S NAME	BAYSAH Maima
PRESENTING AUTHOR'S COMPANY	Redemption Hospital
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Partial Success Of Targeted Interventions To Reduce Loss To Follow-up In An Urban HIV Clinic, At The Redemption Hospital, Monrovia, Liberia.

## ABSTRACT

**Background:** Long-term follow-up with regular appointments is an important component of HIV care. We previously showed that the rate of loss to follow-up (LTFU) in our clinic was 15% in 2008-2010, and identified factors significantly associated with the risk of LTFU (Sieh C. et al., ICASA 2011, Ethiopia). With the support of the Ministry of Health and other non-governmental partners, including ESTHER, we implemented a package of interventions targeting modifiable risk factors to reduce LTFU, including reinforcement of the system for patients tracing in case of LTFU (outreach team, improvement in the accuracy of contact information), and targeted support for patients at risk of LTFU due to transportation issues, including temporary transportation fees until patients recover sufficient health to resume work. We aimed to evaluate the impact of these interventions.

**Methods:** All HIV-infected patients followed at least once at the Redemption HIV clinic between July 2012 and May 2013 were enrolled. A standardized questionnaire was used by healthcare workers to collect socio-demographic, clinical, and biological data. In addition, three physician assistants collected data on causes of LTFU through phone contact and/or home visit. Adherence to medical care was traced during the period under consideration and LTFU was defined as the absence of any visit to the clinic during more than 90 days.

**Results:** Overall, 2,256 patients were followed at least once in the Redemption HIV clinic during the study period. Of them, 1,375 (61%) were prescribed a combination of antiretroviral treatment (cART), including 177 (13%) children (64 below 5 years, and 113 aged 5-14 years), 86 (6%) pregnant women, 780 (57%) non-pregnant adult females, and 332 (24%) adult males. During the study period, 229 patients (10%) were LTFU. Our outreach team attempted to trace all these patients, and 115 returned in regular care (50% of total number of patients LTFU). Among these, cART was initiated in 43 patients who had reached national criteria for cART initiation. During the study period, 349 patients (15% of the cohort) benefited from transportation fees. These were either: i) patients identified as 'at risk of being LTFU' according to our previous study; ii) patients who returned in care after being LTFU; and/or iii) patients who were discharged still very ill after being admitted at the hospital.

**Conclusion:** The Redemption hospital HIV clinic is the point of care for HIV-infected patients mostly living in poor areas, in and around Monrovia. Retention in care is a major challenge in these settings. After 2 years of targeted interventions, including transportation fees for selected patients, and improvement in the tracing system, the one-year rate of patients LTFU is still high (10%). Further improvements are needed, along with formal prospective evaluation of the relative impact of these different strategies.



PRESENTING AUTHOR'S NAME	BEN FARHAT Jihane
PRESENTING AUTHOR'S COMPANY	Epicentre MSF
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Does Mortality, Program Attrition And First-line Failure In HIV-infected Children Treated With Antiretroviral Therapy Differ By Age At Therapy Start?

## ABSTRACT

**Background:** The provision of pediatric HIV care in resource-limited settings has expanded significantly over the last decade. However, diagnosing infection, and starting and ensuring continuity of antiretroviral therapy (ART) in children remain challenging in Africa. We investigated differences in two-year treatment outcomes between children who initiated ART at diverse ages.

**Methods:** We conducted a retrospective cohort analysis among HIV-infected children (<15 years old) receiving ART in four sub-Saharan African HIV programs between December 2001 and December 2010. We described patient characteristics, and compared rates of mortality, attrition and first-line failure in three age groups: <2, 2-4 and 5-14 years, two years after ART start. Differences in outcomes by age group were investigated using multivariable Cox proportional-hazards models or Poisson regression, as appropriate.

**Results:** A total of 3949 HIV-infected children were included in the analysis: 22.7% aged <2 years, 32.2% aged 2-4, and 45.1% aged 5-14 years old. Forty-nine percent of patients were females. At ART initiation, 16% had a recorded diagnosis of tuberculosis, 44.3% were underweight and 61% were in clinical stage 3 or 4. Although rates of mortality and attrition were higher in the youngest age group (12.0 compared to 2.9 and 4.8 per 100 person-year in 2-4 and 5-14 year old children, respectively, for mortality; and 22.8 compared to 8.7 and 9.3 per 100 person-year, respectively, for attrition), no age-differences were observed in outcomes after adjusting for patient baseline

characteristics (aHR=1.08, 95% CI 0.80-1.44; and aHR=1.20, 95% CI 0.97-1.48, respectively, compared to those aged 5-14 years). Failure rates were also similar regardless of patient age at ART initiation (7.1, 9.2 and 9.3 per 100 person-year, respectively; aHR=0.91, 95% CI 0.67-1.25 and 1.01, 95% CI 0.83-1.23, respectively, compared to 5-14 year children).

**Conclusions and recommendations:** Children initiated ART at an advanced stage of HIV disease and relatively high mortality, attrition and treatment failure were observed. Interventions including reinforcement of both, prevention-of-mother-to-child-transmission programs, and of their linkage to HIV care services for early treatment initiation are urgently needed in Africa.

PRESENTING AUTHOR'S NAME	BEN FARHAT Jihane
PRESENTING AUTHOR'S COMPANY	Epicentre MSF
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Pediatric HIV Care In Sub-Saharan Africa: Clinical Presentation And 2-year Outcomes Stratified By Age Group

## ABSTRACT

**Background:** Data on long-term outcomes of HIV infected children are limited in many countries of sub-Saharan Africa. This study aims at describing the clinical characteristics and studying the risk factors associated with 2-year mortality and attrition among pediatric patients stratified by age group.

**Methods:** Longitudinal analysis of data from patients enrolled in HIV care in 4 African HIV programs between April 2001 and December 2010. Two-year mortality and program attrition (death and lost to follow-up composite endpoint) rates per 1000 person-years stratified by age group (<2, 2-4 and 5-15 years) were calculated. Associations between outcomes and age and other individual-level factors were studied using multiple Cox proportional hazards (mortality) and Poisson (attrition) regression models. Sensitivity analyses, including complete case data and competing risk analyses were also done.

**Results:** A total of 6261 patients contributed 9500 person-years; 27.1% were aged <2 years, 30.1% were 2-4, and 42.8% were 5-14 years old. Fifty-one percent were females. At program entry 45.3% were underweight and 12.6% were in clinical stage 4. The highest mortality and attrition rates (98.85 and 244.00 per 1000 person-years), and relative ratios (adjusted hazard ratio [aHR]=1.92, 95% CI 1.56-2.37; and incidence ratio [aIR]=2.10, 95% CI 1.86-2.37, respectively, compared to the 5-14 year group) were observed amongst the youngest children. Increased mortality and attrition were also associated with advanced clinical stage, underweight and diagnosis of tuberculosis at

program entry. Outcome rates were highest during the first 6 months of antiretroviral treatment (ART) use (aHR=5.55, 95% CI 4.50-6.84; and aIR=2.43, 95% CI 2.16-2.74, respectively, compared to the pre-ART period).

**Conclusions and recommendations:** These results highlight the need to increase early access of children to HIV care and ART and suggest that the systematic initiation of ART among children of < 5 years might be an effective and pragmatic strategy to improve patient outcomes. Adapted education and support for children and their families would also be important.

PRESENTING AUTHOR'S NAME	BESSENAAR Tshegofatso
PRESENTING AUTHOR'S COMPANY	Ibis Reproductive Health
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Using Participatory Research Methods To Explore What Young People, Parents And Community Members Think About Sexual And Reproductive Health

## ABSTRACT

**Background:** Access to sexual and reproductive health and rights (SRHR) and HIV information and services remains a challenge for young women in South Africa. As a result of barriers to access to these services, unplanned pregnancy and HIV infection among young women are key health and social issues in the country. The related contributing factors - which include gender based violence - are complex and reflect challenges both supporting young people's access to information and services, as well as creating a platform where young people, parents and community members can discuss these issues and identify ways to improve access to high-quality information and services. This analysis explores young women's SRHR and HIV knowledge and experience with services from the perspective of young women who experience pregnancy at an early age.

**Methods:** Ibis Reproductive Health conducted research on young women's SRHR knowledge and experience with services in Soweto and N'wamitwa. Data was collected from teenagers aged 15-17 and young women aged 18-24. Two main data collection Methods were used: participatory assessments (PA) and in-depth interviews (IDIs). Through the participatory Methods we also aimed to elicit suggestions for local action to address SRHR and HIV issues including teenage pregnancy, access to contraception and gender based violence. IDIs were conducted with young women aged 18-24. The aim of the in-depth interviews was to collect additional information on circumstances

and experiences of individual's with regard to SRHR and HIV issues including teenage pregnancy, family planning and unsafe sex. A semi-structured, standardized questionnaire was used as a guide for these interviews.

**Results:** Young people participating in the research agreed with the statement that 'Condoms should be available to youth of any age' but a significant number of young women reported they were sexually active and rarely used condoms. Approximately a quarter of teenagers aged 15-17 years said that contraception is not easy to get from their local clinics. Young people reported sexual debut as early as 14 years old. The majority of them reported their first time accessing HIV or/and SRHR services, such as HIV testing or/and accessing contraceptives, was during pre and post natal visits to their local clinics. Young women did not report HIV, sexual and reproductive health, teenage pregnancy, and gender based violence as barriers in achieving their desire for better life. Interviewers probed for more information about the impact of these issues. When asked about key issues that impacted their well-being, young women listed things like a good job, a stable family with a mother, father and their children and material possessions such as cars and branded clothes, but young women often did not connect these issues to access to SRH or HIV information and services, despite high HIV prevalence and frequent teen/unintended pregnancy in their communities.

## (CONTINUED)

Community stakeholders and parents/guardian of young women shared frustrations and challenges they are faced with in their homes regarding teen pregnancy, HIV and violence. They blamed high rates of teenage pregnancy and HIV amongst adolescents on the introduction of child support grants and lack of discipline. One parent expressed frustration with lack of discipline amongst young people in as follows: “it’s good to know that you are not alone with a problem of undisciplined child’, this session was more like counseling’, it’s good to get away from home and relieve stress’; we are so tired of our children’.

**Conclusion:** Participatory research Methods are powerful tools for exploring experiences and behaviours of individuals or groups of people. Although there is an awareness of risk of pregnancy and HIV among young women; more information is needed regarding how they internalize these risks and their perceived importance given the impact of both HIV and unintended pregnancy on young women’s ability to take advantage of educational and other opportunities.

PRESENTING AUTHOR'S NAME	BESSENAAR Tshegofatso
PRESENTING AUTHOR'S COMPANY	Ibis Reproductive Health
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Research And Collaborative Action To Improve Young People's Sexual And Reproductive Health In South Africa: The National Teenage Pregnancy Partnership

## ABSTRACT

**Issues:** Although South Africa's total fertility rate of 2.8 children per woman is estimated to be one of the lowest in sub-Saharan Africa, teenage pregnancy is still a common occurrence. Several studies have attempted to estimate the rate of teenage pregnancy and changes over time; they have measured different indicators and report inconsistent findings on chronological trends. Recognizing the multi-sectoral approach needed to address teen pregnancy, a national teenage pregnancy partnership (NTPP) was formed to bring together national expertise from government, civil society and academic sectors to share strategies, catalyze new approaches, specifically address the lack of consistent data and conflicting results and attempt to change the discourse in the media. There is a need to take an integrated approach and address teenage pregnancy within a broader sexual and reproductive health and rights (SRHR) lens including recognizing high risk of HIV infection among young people.

**Description:** The NTPP is a coalition of diverse stakeholders interested in advancing sexual reproductive health and rights, especially for girls, adolescents and young women. After two years of ground work the NTPP was launched and consists of 16 member organizations from around the country. A statistics working group was formed to review data on teenage pregnancy studies, compile a review of existing research, and offer Recommendations to improve data collection and

measurement of teenage pregnancy to ensure that progress can be correctly and efficiently assessed. Based on a review of these studies and other research findings and a scan of ongoing activities focused on teen pregnancy, the NTPP prioritized development of a national campaign on teenage pregnancy. The campaign targets government, policy makers and media stakeholders. A national campaign has been developed to address teenage pregnancy and SRHR, including HIV among adolescents; the campaign advocates for a strong partnership between government, policy makers and civil society to support young people and promote access to information and services to protect their reproductive health. A key goal of the campaign is to change the discourse around teenage pregnancy, moving from a "shaming and blaming" framework to a more positive, rights-based approach that emphasizes the need for access to contraception, SRHR and HIV services. Teenage pregnancy is an indicator of unprotected sex, and therefore high rates of teenage pregnancy reflect the high-risk nature of sexual encounters among teenage girls. The campaign will also highlight the connection between teenage pregnancy and HIV infection in adolescents, and the need to integrate information and services. The statistics working group is engaging with the existing data and we will share their Recommendations and policy priorities to improve data collection and measurement of teenage pregnancy and contributing factors.

## (CONTINUED)

**Lessons learned:** A multi-sectoral approach is needed to address HIV, teen pregnancy and other SRHR issues. Convening key stakeholders focused on young women's reproductive health can identify valuable opportunities for collaboration and advocacy. The teen pregnancy campaign raises awareness among government and the media and hopefully strengthens ongoing community and local interventions to improve access to high quality SRHR and HIV services for young women.

**Next steps:** The next step is to scale up the campaign and build on work to date to reach the broader community, while sustaining work with key policymakers. Additional material will be developed and the campaign will be moved to other parts of the country. We will continue evaluation and research especially looking at the impact of the campaign, its success and challenges. In addition we will explore opportunities to expand its reach by identifying gaps in this campaign and similar campaign in the country.

PRESENTING AUTHOR'S NAME	BETIKU Omobamidele
PRESENTING AUTHOR'S COMPANY	DEPARTMENT OF FAMILY MEDICINE
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Family Function And Parental Characteristics As Determinants Of Sexual Decision Making Among In-School Youths In South West, Nigeria

## ABSTRACT

**Background:** Patterns of behaviour are formed and become established during adolescence which is considered a transition period between childhood and adulthood. Studies indicate that a wide array of factors may influence adolescent sexual decision making like cultural, biological, emotional and environmental factors. Recent theories have emphasized the importance of parental role. Consequently, an understanding of the impact of family and parental influence on adolescent sexual decision making may be one of the first steps towards creating solutions for this problem. There is paucity of published literature on parental influence of sexual behavior of in-school students in developing countries including Nigeria. This study was designed to ascertain the role of family function and parental influence on sexual behaviour of young persons in secondary school in a sub-urban area of South West Nigeria.

**Methodology:** A descriptive cross-sectional analytical study was conducted among both junior and senior secondary school students using semi-structured interviewer-administered questionnaire. Information was obtained on the sexual behavior, parental monitoring and supervision, parent-child communication and parent disapproval of sex. Family function was also assessed using family APGAR standardized instrument. Data were analyzed using SPSS version 17. Association was established using Chi-square for qualitative variables and t-test for quantitative as appropriate at 5% level of significance.

**Results:** A total of 827 students comprising of 28.1% of junior and 71.9% of senior students were recruited. Mean age of respondents was  $14.8 \pm 2.2$ . Female to male ratio was 1.2:1. Above half (58.9%) were from polygamous family setting. Majority, 75.6% lived with their family. Only 5.9% were from dysfunctional families. About one-tenth (9.1%) had ever had sexual intercourse among whom 36% had multiple sexual partners. Recent sexual engagement in the last one month was reported by 48.6% among whom 21.2% did not use condom. The mean score for parental monitoring, father-child communication, mother-child communication and parental disapproval of sex were  $10.4 \pm 2.2$ ,  $9.3 \pm 2.3$ ,  $9.8 \pm 2.4$  and  $10.4 \pm 2.3$  respectively. There was a significant association between parental monitoring ( $t=3.9$ ,  $p \leq 0.001$ ), mother-child communication ( $t=3.03$ ,  $p=0.003$ ) and parental disapproval of sex ( $t=5$ ,  $p \leq 0.001$ ); and sexual experience.

**Conclusions and recommendations:** This study depicted that in-school students engage in risky sexual behavior. It also showed that the place of parental influence plays a vital role in the sexual behavior of young persons. Advocacy and health education intervention is needed among parents regarding their vital role in adolescents or in-school sexual behavior. This may enhance parents assume their roles in child monitoring, communication and disapproval of sex which may further reduce the current level of risky sexual behavior among this group.

PRESENTING AUTHOR'S NAME	BIBAZE Assumpta
PRESENTING AUTHOR'S COMPANY	World Vision Uganda
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Breaking Barriers To Utilization Of EMTCT Services Through Formation Of Family Support Groups In Rakai, Kalungu And Mpigi Districts In Uganda.

## ABSTRACT

**Issues:** The national HIV prevalence in Uganda is 7.3% with the majority of infections occurring in women (8.3% Uganda AIDS Indicators Survey 2011). 130,000 infections occurred in 2011 and of these almost 20% were attributed to Mother To Child Transmission. Only 40% of pregnant women in Uganda complete the four recommended antenatal visits compared to 94% that attend the first visits. 59% delivery under skilled birth attendant and 57% deliver in a health facility. There are constraints to linking HIV exposed babies, their mothers and fathers into care.

**Description:** World Vision Uganda implemented a 3 year project (2011-2013) in 16 health facilities in 3 rural districts of Uganda. The project targeted HIV positive women of reproductive age, their exposed babies and partners to increase access to and utilization of elimination of mother to child transmission of HIV services. The project built the capacity of health workers in EMTCT services through training and mentorships and provision of psychosocial support to families infected with HIV through formation of family support groups at 16 health facilities. A FSG is composed of HIV positive women that are utilizing both antenatal and postnatal services with their partners and exposed babies. They are encouraged to attend monthly meetings until the child turns 18 months. The meetings are facilitated by a health worker who is supported by 2 peer educators to provide health education on various topics on EMTCT. To

encourage attendance, other services such as ANC, Anti-retroviral initiation and refills, DNA PCR testing for the exposed babies is provided on the same day. Ongoing counseling and follow up of mothers is done through home visits to those who get challenges. Male sensitization meetings on maternal and child health issues were held at village level to increase male involvement.

**Lessons learned:** Formation of FSGs at EMTCT facilities promotes uptake of services, provides an avenue for effective follow up of HIV positive mothers, HIV exposed infants and promotes male involvement. Data collected in 2010 and 2011-2012 (January-December) showed an increment in the number of HIV positive pregnant women offered HIV counseling and testing from 8712 to 201991, pregnant mothers testing HIV positive during the first ANC visit increased from 810 to 1755, those completing four recommended ANC visits increased from 325 (40%) to 1198 (68%), deliveries at the health facility increased from 224 (28%) 1009 (57%). The number of men that attended at least one ANC with their partners increased from 156 (19.2%) to 678 (38 %), number of HIV positive mothers utilizing modern family planning Methods increased from 30 in 2010 to 57. DNA PCR tests done increased from 360 to 1362 and 114 to 349 for first and second DNA PCR respectively.

**Next steps:** The districts have planned to scale up FSGs to all EMTCT accredited facilities.



PRESENTING AUTHOR'S NAME	BITSINDOU Parfait Richard
PRESENTING AUTHOR'S COMPANY	Croix-rouge française
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Impact Des Protocoles ARV De 2e Ligne Associant La Didanosine (DDI) Et/ou Le Lopinavir/Ritonavir (LPV/r) Sur L'observance Des Enfants Suivis Au Centre De Traitement Ambulatoire (CTA) De Brazzaville

## ABSTRACT

**Contexte:** Créé en 1994 sous l'initiative de l'Organisation Panafricaine de Lutte contre le Sida (OPALS) en partenariat avec la Croix-rouge française, le CTA de Brazzaville est une structure de prise charge globale des personnes vivant avec le VIH dont les enfants. La gratuité des ARV à partir de 2008 et leur disponibilité a permis de réduire la morbi-mortalité des enfants infectés par le VIH suivis au CTA de Brazzaville. Cependant, certains enfants sous protocole de 2e ligne comprenant la Didanosine (DDI) et/ou le Lopinavir/Ritonavir (LPV/r) ont des problèmes d'observance dont les causes pourraient être attribuées aux formes galéniques et la grosseur des comprimés et à toutes les approches thérapeutiques inhérentes à leur état clinique.

**Méthodes:** Une étude prospective sur l'évaluation du taux d'observance thérapeutique a été menée sur 161 enfants sous traitement ARV (TARV) dont 17 sous TAR de 2e ligne au 30 avril 2013. Cette évaluation a concerné les enfants sous protocole ARV comprenant le DDI, 25 mg à raison de 5 comprimés deux fois par jour à jeun et/ou le LPV/r 2 comprimés de 200+50 mg deux fois par jour en fonction de leur poids et leur âge.

**Résultats:** Sur 161 enfants sous TAR durant la période de l'étude, 17 d'entre eux sont en échec thérapeutique de 1ère ligne et mis sous protocole ARV de 2e ligne associant le DDI et/ou le LPV/r dont 3 en échec de 2e ligne, conservant les mêmes molécules faute des TAR de 3e ligne. Après évaluation de l'observance sur la base de l'échelle de Paterson pendant les multiples entretiens

psychologiques, associés à un questionnaire, il s'est dégagé que les enfants sous ces protocoles ne sont pas observant au traitement à cause du nombre élevé, de la grosseur des comprimés, des malaises gastriques entraînés par le DDI en comprimé pris à jeun, des nausées et un mauvais arrière goût mal supporté par les 17 enfants inclus dans cette étude. Les 3 enfants VIH+ en échec de TAR de 2e ligne ont été co-infectés par la tuberculose dont le nombre et la grosseur des comprimés distribués au centre antituberculeux et pris à jeun a constitué davantage un obstacle à une bonne adhérence à l'ensemble des traitements.

**Conclusions et recommandations:** Les protocoles de 2e ligne comprenant le DDI et/ou le LPV/r chez les enfants en échec de première ligne diminuent l'observance thérapeutique à cause du nombre élevé et surtout de la grosseur des comprimés. L'adhérence devient de plus en plus médiocre en cas de co-infection VIH/tuberculose.

PRESENTING AUTHOR'S NAME	BITSINDOU Parfait Richard
PRESENTING AUTHOR'S COMPANY	Croix-rouge française
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Stratégie Préparatoire De Révélation Du Diagnostic Et D'aide À L'observance Aux Enfants Infectés Par Le VIH Suivis Au Centre De Traitement Ambulatoire (CTA) De Brazzaville (République Du Congo)

## ABSTRACT

**Contexte:** En 1994, la Croix-rouge française a ouvert un CTA à Brazzaville, un hôpital de jour spécialisé à la prise en charge des personnes infectées par le VIH. Dans ce contexte marqué par l'absence des stratégies pour parler vrai avec les enfants séropositifs, l'équipe a développé une stratégie innovante de prise en charge psychologique et d'aide à l'observance des enfants VIH+, un procédé qui permet: \* d'aborder la question du VIH/Sida avec les enfants non informé de leur statut \* de définir quand et comment révéler le diagnostic aux enfants. \* de mettre en place avec les enfants eux-mêmes des stratégies d'adhérence au traitement ARV. \* Créer des groupes d'auto-soutiens entre enfants séropositifs.

**Méthode:** Depuis 2006, des groupes de parole sont organisés pour les enfants séropositifs de 5 à 19 ans. Ceux-ci sont repartis en trois groupes de 7 à 8 personnes à savoir, un groupe de 5 à 9 ans, un de 10 à 13 ans et troisième de 14 à 19 ans. Ces enfants sont amenés à échanger au travers quatre dessins conçus pour la circonstance pendant 90 minutes. Un psychologue appuyé d'un conseiller psychologique animent chaque groupe. Au cours de ces séances, les enfants sont invités à faire parler ces dessins suivant les consignes proches de

celles utilisées dans le TAT (test d'aperception des thèmes) de Murray pour susciter les réactions dans le groupe. Dès lors, les thèmes sont évoqués sur le vécu de la maladie, le traitement, la scolarité, le climat familial, la relation soignants-soignés, le silence des soignants au sujet de leur statut, etc. L'animateur gère l'interaction, suscite les débats, et synthétise les interventions en corrigeant les fausses croyances sur les sujets évoqués.

**Résultats:** Cette vité permet de parler du VIH/Sida aux enfants et d'envisager les stratégies révélation de leur diagnostic, d'améliorer leur relation soignants-enfants VIH+, leur observance thérapeutique, leur qualité de vie et les aide à faire face à la stigmatisation. Elle permet en même temps de les rendre autonome vis-à-vis de leur traitement. A ce jour 212 enfants sont informés de leur statut sur 315 par cette stratégie en 7 ans.

**Conclusions et recommandations:** Ce procédé facilite la révélation du diagnostic aux enfants, améliore leur observance et la qualité de leur prise en charge médicale. Il pourrait être utilisé par le personnel soignant en charge des enfants VIH+ ne disposant pas de matériel spécifique pour parler vrai avec eux.

PRESENTING AUTHOR'S NAME	BITSINDOU Parfait Richard
PRESENTING AUTHOR'S COMPANY	Croix-rouge française
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Les Secrets De L'élimination De La Transmission Mère-Enfant (eTME) Du VIH En République Du Congo Expérience Du Centre De Traitement Ambulatoire (CTA) De Brazzaville, Croix-rouge Française

## ABSTRACT

**Contexte:** Ce travail mené au CTA de Brazzaville a pour objectif d'établir un rapport entre la réduction considérable du taux de transmission du VIH de la mère à l'enfant et l'organisation du circuit de prise en charge des femmes suivies en PTME.

**Méthodes:** En 2006, les activités de prévention de la transmission mère-enfant du VIH (PTME) ont été mises en place au CTA de Brazzaville comme version améliorée de la PTME nationale peu efficace faute du personnel formé et d'approche stratégique efficace pour faire face aux nombreux goulots d'étranglement constatés. A cet effet, une équipe a été constituée de: une gynécologue, deux médecins spécialistes en VIH, un pédiatre, un psychologue, deux sages-femmes, une biologiste, deux assistantes sociales conseillères thérapeutiques, une pharmacienne et deux paires éducatrices. Le dépouillement des dossiers des patientes, les entretiens semi-directifs et un questionnaire avec les anciennes et nouvelles patientes enceintes séropositives suivies au CTA de Brazzaville nous ont permis de recueillir les données, quel que soit leur terme de grossesse. Les patientes ayant manifesté un fort désir de procréation ont bénéficié au moins de deux consultations du couple par les membres de l'équipe avant d'obtenir l'accord de procréer.

**Résultats:** Sur 630 patientes séropositives ayant manifesté le désir de procréation entre 2006 et mai 2013, 323 ont reçu un avis favorable sur 425 grossesses enregistrées conformément à leur charge virale. 327 accouchements ont été effectués sous protocole ARV administrés au nouveau-né, 129 allaitements exclusifs protégés 198 allaitements au substitut et aucun cas d'allaitement mixte n'a été signalé. Tous les enfants ont bénéficié de 2 PCR dont une PCR1 positive. 301 sérologies rétrovirales ont été réalisées entre 12 et 18 mois pour zéro résultats positif et 12 décès d'enfants ont été enregistrés pour diarrhée, tous sous allaitement au substitut du lait et un perdu de vue retrouvé et dépisté négatif à 15 mois.

**Conclusion et recommandations:** La prise en charge pluridisciplinaire de la femme séropositive exprimant un profond désir d'enfant augmente considérablement la chance d'élimination de la transmission mère-enfant du VIH. Il est important que ce modèle soit une référence pour les pays à ressources limitées.

PRESENTING AUTHOR'S NAME	BLATOME Tetouyaba
PRESENTING AUTHOR'S COMPANY	CHU Sylvanus Olympio
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Première Experience Du Projet De L'élimination De La Transmission Mère-enfant Du VIH-1 Dans Trois Centres Au Togo: Chu Sylvanus Olympio, Chr Atakpame, Et Chu Kara\*

## ABSTRACT

**Contexte:** Le dépistage du VIH et les traitements antirétroviraux sont gratuits au Togo depuis 2008. Mais peu de centres sont organisés pour prendre en charge la femme enceinte et le suivi de son enfant.

**Objectif:** Décrire l'efficacité virologique, à mi-parcours, de la prévention de la transmission mère-enfant du VIH dans 3 centres au Togo.

**Patients et méthode:** Etude opérationnelle basée sur les recommandations de l'OMS de 2009. Après counseling collectif et/ou individuel réalisé à la CPN, les femmes enceintes sont informées du projet. Toute femme enceinte VIH connue ou dépistée positive au VIH-1 ou au VIH1+2, quelque soit le terme de la grossesse et son évolutivité, consultante ou hospitalisée dans une des trois maternités désignées et acceptant d'accoucher à la maternité l'étude est proposée. Un consentement éclairé est recueilli et signé (pour les mineures, celui des parents est recueilli) Une femme incluse bénéficie d'un bilan à l'inclusion et à la 32ème semaine d'aménorrhée (NFS, ASAT-ALAT, CD4 et Charge Virale). Le traitement prévu chez la femme enceinte est: trithérapie de 1ère ligne dès 14 semaines et quelque soit le nombre de CD4, trithérapie sans Efavirenz au 1er trimestre si le taux de CD4 < 350 poursuite du traitement chez la femme déjà traitée.

**Résultats:** 406 femmes enceintes VIH+ ont été incluses dans les 3 centres, 405 VIH-1 et 1 VIH1+2. 47% de patientes sont dépistées à maternité, l'âge moyen des patientes est de 30 ans (18 à 41 ans). 42% des femmes ont été incluses au 2ème trimestre. 93% des patientes étaient sous option B, la combinaison la plus utilisée est AZT + 3TC + EFV. 12,56% sont perdues de vue à ce jour. A l'inclusion Moyenne des CD4: 374 (9 et 1237 cel/ml) 163 femmes ont eu une mesure de la charge virale, 61 (37,4%) patientes étaient indétectables et 102 (62,6%) étaient détectables. La charge virale moyenne était de 43 231 copies/ml (40 à 1 031 022 copies). à la 32ème semaine moyenne des CD4: 400 (185 et 70). 70 femmes ont eu une mesure de la charge virale, 45 (64%) patientes étaient indétectables et 25 (35,7%) étaient détectables avec une moyenne de 161 130 cop/ml (43 et 2 379 372 copies)

**Conclusion:** La prévention de la transmission mère-enfant du VIH au Togo est réalisable dans les maternités, en effet 2/3 des femmes selon notre étude accouchent avec une charge virale indétectable. Les difficultés rencontrées sont: la rupture fréquente des réactifs de CD4, de charge virale; le non respect des rendez-vous, les perdues de vue.

\*Projet soutenu par ESTHER

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SESSION TYPE	Oral
SESSION TITLE	MOADS22 - Biomedical Options for HIV Prevention: Views, Practices and Successes

## ABSTRACT TITLE

Test VIH Supposé Vs Test Proposé Pour Les Femmes Enceintes Fréquentant La Consultation Prénatale (CPN); Un Moyen D'améliorer La PTME Au TCHAD. Etude Comparant Les Régions Du TCHAD A Blondin Dlop

## ABSTRACT

**Introduction:** Le Tchad est un pays d'Afrique où le taux de PTME est l'un des plus bas. Selon ONUSIDA il ne dépasserait pas 7%. Parmi les raisons explicatives, on note le faible taux de dépistage du VIH chez les femmes enceintes (FE) lors des CPN. Il existe 2 stratégies de dépistage au Tchad l'une basée sur la proposition du test et l'autre sur le test supposé. Cette étude compare les 2 méthodes.

**Méthodologie:** Un groupe de FE (15-49ans) de régions différentes le Mayo-Kebi ouest (MKO) pour l'une et le Mandoul (MDL) pour l'autre sont étudiées; les populations sont sociologiquement comparables: chrétiennes (92%) dans le bras MKO versus (89%) dans le bras MDL; de vie modeste (78%) moins de 1 dollar/jour dans le bras MKO versus 69% dans le bras MDL; faible niveau d'instruction dans les deux bras. Dans la population MKO 18000 (FE) ont fréquenté la CPN sur l'année 2010; le test y est proposé quasi systématiquement aux femmes vues; il peut être soit accepté soit refusé. Dans la population MDL (1680 FE) la simple fréquentation de la CPN suppose que la cliente bénéficiera d'un dépistage du VIH la liste des tests et examens biologiques obligatoire est affichée: il s'agit d'un test VIH supposé.

**Résultats:** Sur les 18000 femmes du bras MKO (test proposé) seules 1200 l'ont accepté VIH soit 6%. 118 FE sur 1200 sont VIH soit 9.80%. Dans le bras MDL 1680 FE ont été reçues en CPN et 1670 ont été testées soit un taux d'acceptation de 99.4%; 78 résultats sont positifs soit 4,7% de positivité du VIH.

**Conclusion:** À population comparables 2 stratégies l'une, le test proposé et l'autre supposée montre la séroprévalence plus élevée dans le bras 1 que dans celui supposé cette étude prouve que la systématisation du test pourrait constituer un moyen d'améliorer les résultats de la PTME au Tchad;

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SESSION TYPE	Oral
SESSION TITLE	SUADS 6 - Women and Children First - Reverting New Infections Among Children and Keeping Mothers Alive

## ABSTRACT TITLE

Adherence And Successfulness Of Antiretroviral Prophylaxis To Breastfed Infants - Medication Return And Success In Administration: Sub-study Of The ANRS12174 Trial In South Africa

## ABSTRACT

**Background:** Following World Health Organisation (WHO) guidelines of 2010, several countries implemented the so-called Option A where breastfed children receive antiretroviral pre-exposure prophylaxis (PrEP). In the ANRS12174 trial (NCT00640263) infants were assigned randomly to receive daily PrEP with either lopinavir/ritonavir or lamivudine. Administering medicines to infants during several months brings challenges for the caregiver. Few data is available on adherence and measures of a successful administration of antiretroviral prophylaxis to HIV uninfected infants. This sub-study in South Africa collected information on the infant's daily response to PrEP administration. The study aimed to provide rates for adherence by medication return (MR) and successful administration of PrEP by caregiver's self-report at different infant ages.

**Methods:** This sub-study addressed the dynamic cohort of infants enrolled in the ongoing ANRS12174 trial at the South African trial site in East London. In the main trial MR adherence was measured monthly from remaining solution in returned medication bottles and calculated as percentage of expected use. Adherence was categorised as underuse (<85%), optimal use (85 to 130%) and overuse (>130% of the expected use). In a self-administered questionnaire breastfeeding mothers were asked to report five scenarios of drug administration to their infant: 'swallowed well', 'refused', 'spitted', 'vomited' or 'not taken'. This pictogram-based log-sheet was filled daily at home

for a period of one month at child's age of one, three and six months. The proportion of observations exclusively reported as 'swallowed well' were calculated and dichotomised as  $\geq 85\%$  or  $< 85\%$  as cut-off for success. This preliminary cross-sectional analysis was still blinded for the two study drugs.

**Results:** Medication return and questionnaires were collected from 90 infants. Optimal use from returned medication was found in 53% of the infants at one month, 67% at three months and 69% at six months of age. At one month of age underuse of medication was found in 15% of the infants while in 32% there was an overuse of medication. At three and six months of age underuse was observed in 21% of the infants, overuse in at least 10%. Successful administration of the medicine was self-reported by caregiver's at one month in 67%, at three months in 59%, and at six months in 74% of the infants. In the group with optimal medication use the administration of the medicine was unsuccessful in 40% and 43% of the infants at one and three months, respectively, and in 15% of the infants at six months.

**Conclusions and recommendations:** Both medication return and questionnaire indicate sub-optimal adherence in a significant proportion of infants. However, apparently optimal medication use does not equal successful administration of medicine to an infant. Infants receiving PrEP need to be followed up on adherence to ensure medication use and a successful administration.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

L'impact De La Référence Précoce Du Patient Sur Son Itinéraire Thérapeutique: La Situation Chez L'enfant Dans Un Pays à Ressources Limitées

## ABSTRACT

**Objet de l'étude:** Après le diagnostic de l'infection VIH chez l'enfant dans un centre de santé, le défi reste la référence de l'enfant vers un site de prise en charge pédiatrique de l'infection VIH. La trajectoire de l'enfant entre la référence et sa présentation dans le centre spécialisé est souvent un défi du fait des difficultés organisationnelles, des problèmes financiers, des difficultés socio-culturelles et psychologiques de la famille ou de l'enfant et la méconnaissance de l'inconnu. Nous décrivons ici l'expérience de l'itinéraire thérapeutique (IT) des enfants admis dans un site pédiatrique, provenant des centres de santé de sa zone géographique immédiate.

**Méthodes:** Un réseau a été mis en place en 2007 entre 10 des centres référant des enfants infectés au VIH et l'Unité de Prise en charge de l'enfant Exposé ou Infecté au VIH (UPEIV – Centre d'Excellence) de l'Hôpital d'Instruction des Armées de Cotonou, dans le but d'organiser la référence des enfants dépistés positifs, de promouvoir le dépistage des enfants souffrant de morbidités récurrentes dans ces centres et d'accélérer l'accès aux soins des cas positifs, étant donné la lourde mortalité précoce (23%) des enfants l'admission dans la période 2003-2006. L'IT des enfants provenant des centres du réseau (Groupe A) a été comparé celui des enfants provenant des centres non membres du réseau (Groupe B). L'IT est simple (enfant se présentant sans détour par un autre centre de soins) ou complexe (si l'enfant est passé par au moins un autre centre de soins traditionnels, moderne ou de traitement non standard).

**Résultats:** obtenus De la période de 2007 2012, 303 enfants sont admis, Groupe A (59%). Les enfants provenant des centres en réseau ont un délai moyen de présentation plus court (15jrs vs 3 mois,  $p=0.00$  Mann Whitney), un tableau clinique moins sévère (43% en stade 2 vs 13%). Il n'y a pas de différence en ce qui concerne l'âge. La mortalité précoce est plus faible dans le groupe réseau (3% vs 17%,  $p=0.00$ ). L'IT est plus simple dans le Groupe A (92% vs 17%,  $p=0.00$ ). Les autres points de passage intermédiaires sont les soins domicile (30%), la fréquentation d'un guérisseur traditionnel (31%), la consultation dans un autre centre afin de faire d'autres soins (23%) et l'essai d'autres soins non standards notamment des compléments alimentaires (16%).

**Conclusion:** Des initiatives originales doivent être menées afin de réduire la trajectoire de soins entre la référence des enfants dans les centres de santé périphériques et leur présentation dans les sites pédiatriques où des soins spécifiques leur seront donnés; aussi il faut que les agents de santé soient capables la prise en charge des infections opportunistes, l'éducation thérapeutique et l'organisation de leur référence.

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SESSION TYPE	Oral
SESSION TITLE	MOADS19 - Children and Adolescents

## ABSTRACT TITLE

Prospective Study Assessing Neurodevelopmental Benefits Of Anti-Retroviral Therapy In Ugandan Children 0-6 years Of Age With HIV

## ABSTRACT

**Background:** Neurodevelopmental disabilities are an important but largely unaddressed problem among children in low-income countries, but in the developed world, HIV has emerged as a leading cause of neurologic impairment. ARTs are becoming increasingly available in resource-poor settings, although little is known about the impact of initiation and duration of antiretroviral therapy (ART) on neurodevelopment in young children.

**Methods:** Mothers enrolled in the Rakai Community Cohort Study (RCCS) as well as the nevirapine (NVP) Prevention of Mother to Child HIV Transmission (PMTCT) studies were enrolled in this study. Additional HIV-positive mothers and their children were recruited from ART clinics in Rakai, Uganda. The Mullen Scales of Early Learning test was used to assess gross motor, visual reception, fine motor, receptive and expressive Language scores among children aged 0 to 6 years. Early Language Composite (ELC) scores were constructed by summing the cognitive T-scores of the four distinct scales (visual reception, fine motor, receptive language and expressive language), which were converted into a standard score using a conversion table provided by the Mullen Learning test. All Mullen cognitive scores were age standardized using a modified Mullen age-standardization based on the normal distribution of standardized neuro-developmental scores for the HIV-negative children controlling for age. Predicted Z-scores were estimated by age for the HIV positive children. A 15% cut-off of each age standardized z-score was used to create a dichotomous disability score for each of the five Mullen cognitive assessments. Anthropometric measurements were done for all children and weight and height for age Z-scores

were calculated. Generalized linear models were fitted to estimate prevalence rate ratios (PRR) of disability by HIV status, and ART use.

**Results:** 329 mothers and children were stratified by the mother and child HIV status (A. MHIV-/CHIV-, B. MHIV+/CHIV-, and MHIV+/CHIV+). Compared to children in group A, HIV+ children were more likely to have global deficits in all measures of neurodevelopment except for gross motor skills, and children in group B had increased impairment in visual reception skills (adj. PRR=2.86, CI: 1.23, 6.65). Of the 116 HIV+ children, 44% had initiated ART. After controlling for duration of ART use, late age at ART initiation (> 60 months) was associated with significantly higher rates of disability in all measures of neurodevelopment, except for gross and fine motor skills. When assessing the impact of duration on ART on neurodevelopment outcomes, compared to HIV+ children who were on ARTs for 0-23 months, children on ARTs for longer than 24 months had significantly improved neurologic scores on fine motor (adj. PRR=0.15, CI: 0.01-0.5), receptive language (adj. PRR=0.38, CI: 0.2, 0.8), expressive language (adj. PRR=0.09, CI: 0.01, 0.3) and ELC scores (adj. PRR=0.45, CI: 0.1, 0.15).

**Conclusions:** Compared to the HIV-reference group, there were global deficits in neurodevelopment among HIV+ children, especially with late initiation of ART, whereas children affected with HIV had significant impairment in visual reception scores. Longer duration of ARTs was associated with improvement in many neurologic outcomes assessed. Early diagnosis and treatment of HIV+ children is a priority to minimize neurodevelopmental impairment.



PRESENTING AUTHOR'S NAME	BUSANG Lesego
PRESENTING AUTHOR'S COMPANY	African Comprehensive HIV/AIDS Partnership (ACHAP)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Co-Creation Model Design To Draw Out Cultural Insights With At-Risk Populations To Support Development Of A New HIV Prevention Campaign Targeting Young, At-Risk Females In Botswana

## ABSTRACT

**Background:** African Comprehensive HIV/AIDS Partnership (ACHAP) and Idea Couture designed a new HIV prevention campaign targeting young at-risk females in Botswana. This abstract describes the communications design process, research Methods used to gather input from young women, resulting insights and proposed messaging strategy with prototypes.

**Methods:** Using a proprietary "Co-Creation" model, six (6) focus groups with at-risk populations and prevention stakeholders were held in and around Gaborone. At-risk groups were sexually active and inactive young women, ages 15-19; adult females, 19-29; older males as sex partners, 30+; young adult female sex workers. Stakeholder groups included: policy makers, administrators and tribal leaders active in prevention. Co-Creation discussions targeted three objectives, to: (1) better understand HIV transmission in Botswana; (2) uncover the meanings surrounding previous HIV prevention messaging and communications and (3) investigate best-channels for effective and sustainable HIV messaging and communications where risk elimination of HIV becomes the new "cool".

**Results:** Key insights exposed complex, real-life sexual contexts and situations, highlighting needs surrounding intimate relationships, sexual health knowledge, transactional sex, coercive sex and rape and need for contemporary messaging acknowledging such complexity. The "Circle" campaign was developed in three stages to encompass shifting cultural values regarding sex

and sexuality while also remaining sensitive to prevailing values beliefs and practices: (1) define and establish a connection; (2) foster broad-based community interaction and dialogue; (3) fully socialize through storytelling. The result was a comprehensive messaging platform strategy designed to increase awareness, education, procurement and sustained condom use.

**Conclusions & Recommendations:** HIV transmission in and around Gaborone is a complex behavioral issue that is shaped by shifting cultural values and beliefs surrounding sex and sexuality. Response must acknowledge such shifts in order to affect real change to risk behaviors. There is an opportunity for condoms to be repositioned as a desirable mode of prevention and protection. Communicating importance of testing and the options available for those already infected with HIV/AIDS in a relevant and meaningful way will build awareness and influence change in perception and ultimately inspire changes in behavior. A continued and evolving prevention communications practice rooted in contemporary Botswana culture should become a critical component of prevention community discourse and strategy.

PRESENTING AUTHOR'S NAME	BYGRAVE Helen
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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Implementation Of Prevention Of Mother To Child Transmission (PMTCT) Option A In An Urban Slum In Nairobi Kenya: Maternal And Infant Outcomes

## ABSTRACT

**Background:** The WHO 2013 guidelines recommend triple antiretroviral therapy (ART) for PMTCT regardless of CD4. Most countries in Africa, including Kenya have implemented Option A according to the WHO 2010 guidelines but little documentation of retention or infant outcomes exists. We present maternal retention and infant transmission rates for a PMTCT programme in Kibera, Kenya. PMTCT is provided in a fully integrated one stop service within a primary care clinic.

**Methods:** Maternal and infant outcome data were collected prospectively. All mothers and infants enrolled in the PMTCT programme between 01/01/2010-30/06/2011 were included in the analysis. Loss to follow up was defined as being without treatment for 3 months or more. In utero transmission was defined by the PCR result performed up to 10 weeks post delivery and final outcome defined by the rapid test result at 24 months and at least 6 weeks post breast feeding.

**Results:** 754 women were included in the analysis 26% of whom were already on ART. 25% were initiated on triple therapy. Maternal retention in care was 86%, 83%, 81% and 78% at 3,6,12 and 18 months respectively. Higher rates of retention were seen for those patients already on or initiated on ART compared to those started on AZT (94% versus 89% at 6 months and 86% versus 73% at 18 months). Of the 754 women enrolled 543 (72%) delivered within the program resulting in 548 live births. 505 (92%) infants remained in care at 10 weeks with 59% receiving a PCR, 98% of which

were negative. A further 182 (36%) received a PCR after 10 weeks. 70% of infants who tested negative at 10 weeks were retested at 24 months. Of these babies a further 3% became HIV positive.

**Conclusions:** Maternal Loss to follow up was highest during the first three months. Higher retention rates for those on ART may reflect the structured counselling and defaulter tracing given to those on ART. Ensuring infants return at 6 weeks for PCR testing and for retesting after cessation of breast feeding remains a challenge. For those infants remaining within the program transmission rates were very low. The move to triple therapy for all may enhance retention rates if accompanied by adequate counselling but retention still remains the major challenge to PMTCT implementation. Strengthening counselling for PMTCT and ensuring facility and community based peer support is essential.

PRESENTING AUTHOR'S NAME	CARTER Rosalind J
PRESENTING AUTHOR'S COMPANY	IATT Secretariat
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Rapid Adoption Of Universal ART For Pregnant And Breastfeeding Women Living With HIV Among The 22 Global Plan Priority Countries

## ABSTRACT

**Background:** In 2012 WHO issued a programmatic update and in 2013 new consolidated antiretroviral therapy (ART) guidelines recommending that pregnant and breastfeeding women with HIV initiate ART regardless of CD4 cell count or WHO clinical stage. In adopting guidelines for local context, each country would then decide whether women should stop after the MTCT risk period (Option B) or continue lifelong ART (Option B+).

**Methods:** Prior to the official launch of the 2013 WHO ART guidelines, we queried UN focal points of the 22 Global Plan priority countries to report current national PMTCT regimens, and any changes in regimen policies since the 2010 WHO ART guidelines. Countries reporting policy changes were asked to describe whether the new PMTCT regimens had been implemented.

**Results:** As of June, 2013, 19 (86%) of the 22 countries have adopted policies to initiate ART in all pregnant and breastfeeding women, including 12 (55%) of 22 which have national guidelines recommending ART for life (Option B+) and 7 (32%) which have national guidelines supporting initiation of ART for all pregnant and breastfeeding women through the end of MTCT risk period (Option B). ART for life has been implemented nationally in 3 countries (Malawi, Uganda and Lesotho), and in select regions and facilities in Mozambique, Angola and Ethiopia. Implementation plans are in development in the remaining 6 countries. Among countries with Option B policies, 4 (57%) had adopted this regimen after the 2010 WHO ART guidelines. South Africa, Ghana and India

revised their national guidelines from the previously recommended Option A to Option B in the past year. Among the 3 countries that have not yet moved to ART initiation for all pregnant and breastfeeding women with HIV, Nigeria continues a national policy that includes Option A and Option B in different regions or at different levels of the health system. Swaziland continues a national policy of Option A, but is pilot testing Option B+ in select regions to determine feasibility and acceptability, and Kenya is engaged in high level discussions to adopt Option B+, but currently supports both Options A and B.

**Conclusions:** Countries have rapidly adopted ART for pregnant women, anticipating the 2013 WHO Recommendations for treatment of pregnant and breastfeeding women. ART costing exercises and the simplified approach of one pill/once per day may have facilitated adoption of new national policies. Prior to roll out of the 2013 WHO guidelines, the estimated coverage of ART for eligible pregnant women with CD4<350 or WHO 3/4 for 21 priority countries was 59%. With widespread adoption of lifelong ART, regardless of CD4 cell count, we can expect to see dramatic improvement in ART coverage for pregnant and breastfeeding women, leading to further improvement in maternal health and reductions in new pediatric infections, helping to keep the ambitious 2015 EMTCT goals within reach. Implementation of the new regimens will require planning and careful monitoring, especially of retention of women starting ART during pregnancy and breast-feeding, acceptability of this approach and early evidence of impact.

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SESSION TYPE	Oral
SESSION TITLE	SUADS06 - Women and Children First - Reverting New Infections Among Children and Keeping Mothers Alive

## ABSTRACT TITLE

### Exploring Women And Health Care Workers Experiences In The Context Of PMTCT Option B Plus In Malawi

## ABSTRACT

**Background:** Since mid-2011, the Malawi Ministry of Health has embarked on a 'test and treat' approach to prevent mother-to-child transmission of HIV (PMTCT), known as 'Option B+'. The program offers all HIV-infected pregnant and breastfeeding women lifelong antiretroviral treatment (ART) regardless of CD4 count or clinical stage. One of the potential threats to the implementation of this program is the suboptimal uptake of ART and retention in care.

**Methods:** We conducted a cross-sectional qualitative study to explore perspectives surrounding the initial roll out of 'Option B+' as well as patients and healthcare workers (HCWs) perspectives on current integrated PMTCT/ART care. Semi structured, in-depth interviews and focus group discussions were conducted with HCWs (n=48) and pregnant or breastfeeding women currently enrolled in 'Option B+' (n=24). Study participants were selected purposively across six health facilities in the three main regional health zones in Malawi (Central west, South east, and South west). Data were analysed using a qualitative thematic coding framework.

**Results:** As pregnant and lactating women embark on lifelong ART, confidentiality and privacy remain major concerns in the context of accessing PMTCT services within health facilities. Patients and HCWs cite lack of male involvement in PMTCT care as a barrier to access and retention. Study participants expressed concerns at the rapidity of the process for same day test and treat, which makes it difficult for patients to fully comprehend a positive diagnosis before starting ART. Some of the reasons

contributing to inadequate follow up include lack of support from family members, fear for breach of confidentiality, feeling discouraged at the prospect of lifelong ART, and lack of partner involvement. In addition, disclosure remains limited and a difficult process within families and more particularly within couples. Several patients expressed fear of rejection from their partner. Being enrolled in lifelong ART under the new 'Option B+' care was also perceived as an opportunity to have more children and plan future pregnancies.

**Conclusions:** As 'Option B+' continues to be rolled out across Malawi and in several other sub-Saharan African countries, new interventions to support women for continuous care must be implemented. These include interventions that focus on providing appropriate time and support for patients to accept a positive HIV diagnosis before starting ART treatment, engaging male partners and families into PMTCT care, and addressing the need for peer-support and confidentiality expressed by women who are already accessing PMTCT care. These results will inform a large trial (PURE) funded by the WHO aiming at improving uptake and retention into PMTCT care, and that compares novel interventions involving expert

PRESENTING AUTHOR'S NAME	CHASTE Karangwa
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SESSION TYPE	Oral
SESSION TITLE	WEADS36 - Rapid Diagnosis and Point of Care Testing

## ABSTRACT TITLE

Evolution Of PCR/DBS Testing In Prevention Of Mother-to-child HIV Transmission Program In Rwanda – January 2007-December 2012

## ABSTRACT

**Background:** In Rwanda, the Prevention of Mother-to-child HIV Transmission program (PMTCT) is a high priority. PCR capabilities have been extended throughout the country. In 2011, the Government of Rwanda launched a national campaign to eliminate HIV mother-to-child transmission and aims to go below 2% by 2015. Our evaluation aims to assess the geographic coverage and the number of infants reached by PCR testing over the last five years.

**Methods:** Analysis was based on monthly reported facility-level data on HIV testing among exposed infants in the national PMTCT program from January 2007 to December 2012.

**Results:** The integration of the PCR testing program into existing PMTCT program was done gradually; the number of PCR/DBS test sites increased from three in 2007 to 475 sites in 2012 covering 100% of PMTCT sites. Overall, 54,792 children were expected to be tested using PCR, and 47,002 (86.6%) were tested in five years. From 2007 to 2012, PCR tests were 4162, 5213, 11854, 12659, 13024, 13904 and for exposed infants were 5258, 6386, 13268, 14250, 15065, 15493 with positivity rate among infants tested of 6%, 3%, 2%, 5% and 2.2% at six weeks, and 10%, 7%, 3.7%, 2.7, 2% and 1.7%,1% at 18 months respectively.

**Conclusions and recommendations:** These results demonstrate successful integration of PCR testing in the PMTCT program, as indicated by increases of sites doing PCR, with the implementation of more effective efforts for PMTCT, the positivity rates of infants declined over years.

PRESENTING AUTHOR'S NAME	CHASTE Karangwa
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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Family Involvement In PMTCT Program: Rwanda Data- January 2005-December 2012

## ABSTRACT

**Background:** In Rwanda, the Prevention of Mother to Child Transmission HIV program (PMTCT) is a high priority. Now over 94% of total public health facilities are covered in the country. The success of PMTCT program in Rwanda result to Political commitment, involvement of stakeholders and the whole community and now it aims to go below 2% of HIV transmission from mother to child as EMTCT goal by 2015.

**Methods:** We analyzed routinely reported facility-level data on HIV testing among pregnant women, their partners and children in national PMTCT program from January 2005 to December 2012.

**Results:** Overall, 2,277,106 women received ANC services; of these, 2196591 (96.4%) accepted HIV testing. This percentage increased from 89% in 2005 to 98.4% in December 2012. Of women tested, 99.3 % received their results. HIV prevalence among pregnant women tested decreased over years from 4.8% in 2005 to 1.4% in 2012 Of male partners, 1,619,798 were tested for HIV, this number increased from 58,758 (33%) in 2005, to 267,899 (84.5%) in December 2012. HIV prevalence among male partners tested decreased from 5.4% in January 2005 to 1.4% in December 2012. Of Infants tested, this number increased from 1479 in 2005 to 7760 in 2012 and the prevalence decreased from 11% to 2% respectively.

**Conclusions and recommendations:** These results demonstrate successful scale-up of the national PMTCT program in Rwanda, There is an increase in HIV testing and a decline in HIV prevalence among pregnant women, partners and their children, indicating successful HIV prevention efforts.

PRESENTING AUTHOR'S NAME	CHINAKA Eugenia
PRESENTING AUTHOR'S COMPANY	EGPAF- Zimbabwe
SESSION TYPE	Oral
SESSION TITLE	MOADS11 - Innovation and Technology

## ABSTRACT TITLE

Use Of 3G Enabled Tablet Computers For Remote Data Collection And Reporting: Enhancing Supportive Supervision Of Maternal And Child Health Facilities Offering PMTCT Services In Zimbabwe

## ABSTRACT

**Background:** Experienced PMTCT nurses working for the Ministry of Health and Child Welfare (MOHCW) District Health Team (DHT) visit maternal and child health facilities in Zimbabwe at least once per quarter. District Focal Persons (DFP) complete paper-based reporting tools at quarterly visits with up-to-date PMTCT indicators to report to the MOHCW on PMTCT service delivery at site level. The DFP share the findings from site visits in weekly summary email to their supervisors, the DFP co-ordinators. This paper-based system is slow and delays assessment, which poses a challenge to the MOHCW, and limits the DFP co-ordinator support (only the MOHCW, not co-ordinators, has access to completed forms). In 2012, the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) piloted the use of the Samsung Galaxy 10.1 tablet using 3G internet connectivity, among DFP to improve data collection at site visits and speed up DFP/PMTCT reporting to MOHCW.

**Methods:** An electronic version of the DFP paper-reporting tool was developed using a commercially available application, Canvas. Site visit forms were loaded by EGPAF staff on the tablets. In July 2012, EGPAF provided training on tablet use to four DFPs and two DFP co-ordinators from Manicaland Province, a largely rural, EGPAF-supported province in eastern Zimbabwe. EGPAF funded this activity. The cost associated included data bundles to upload the site forms (US\$120 for the quarter), the once off cost of Canvas (US\$600), electronic programming (US\$50) and the six tablets (US \$3900).

**Lessons learnt:** Despite no previous experience using tablets, DFPs were able to use the electronic tool with minimal supervision/support following the training. Between July and September 2012, DFPs completed and submitted (via 3G) 47 electronic reports. Once submitted, reports were automatically emailed to DFP co-ordinators and the MOHCW. The co-ordinators found that through more comprehensive electronic reporting, they were able to provide direct support to the DFPs. Time between electronic report submission and feedback to DFP and District Nursing Officers from DFP co-ordinators and MOHCW staff decreased from two weeks (the average with the paper-based system) to two days. Two of the four DFPs experienced poor 3G connectivity in some locations, which delayed report submission by up to a week. Overall, all DFPs and DFP co-ordinators reported being satisfied with the tablets and regarded them as less cumbersome and more efficient than the paper-based tool.

**Recommendations:** This experience has demonstrated the potential feasibility of introducing tablets to support district-level supervision and reporting to the MOHCW. Support to DFP' grew as DFP co-ordinators could identify gaps and suggest solutions towards improved support at sites. Issues such as limited 3G coverage will need to be considered prior to rollout in additional districts.

PRESENTING AUTHOR'S NAME	CHIRDAN Olubunmi
PRESENTING AUTHOR'S COMPANY	University of Jos
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Situational Analysis Of Orphans And Vulnerable Children (OVC) In Three Rural Communities Of Plateau State

## ABSTRACT

**Background:** The number of children made vulnerable by the HIV and AIDS epidemic in Nigeria has been on the rise in spite of efforts aimed at combating the disease. These children are more prone to ill health than children in more secure circumstances, have less access to health care and missed meals more frequently, and are more likely to skip school, or not go to school at all. This study was carried out to obtain baseline information on the specific needs of OVC in three LGAs in North-Central Nigeria as a basis for provision of relief services in line with the National Plan of Action for OVC Care in Nigeria.

**Methods:** A cross-sectional survey of OVC recruited via a multistage sampling technique was carried out in three LGAs of Plateau State, Nigeria. The Child Status Index (CSI) tool was used to obtain information from the respondents and/or their caregivers. Data collected was analyzed using EPI Info version 3.5.4 software.

**Results:** A total of 825 OVC ages ranging from 0–17 years and mean age of  $9.8 \pm 4.5$  years were studied. There were 432 males (52.4%) and 393 females (47.6%). Majority of them 535 (64.8%) lived in households headed by women out of which 415 (77.6%) were widows. Six hundred and one (72.8%) household heads were farmers. Paternal orphans made up 59.8% of the respondents and 100 (12.1%) children had lost both parents. One hundred and seventy-five (21.2%) of the children (54.9% were boys and 45.1% girls) had never been to school while 55 (6.6%) of them were presently

out of school. 453 (55.0%) had minimal health problems. Majority of them 497 (60.3%) lived in dilapidated shelter and 27 (3.3%) were living on the street. Prevalence of abuse/exploitation was 17.7% and 550 (66.7%) experienced household food insecurity. Four hundred and seventy-eight (57.9%) OVC lived in households with no source of income. Vulnerability of the children was assessed using a Vulnerability Index (VI) scoring which ranged from 1-21, with 1-9 being vulnerable, 10-14 more vulnerable, and 15-21 being most vulnerable. Three hundred and sixty-eight children (44.7%) had a VI score of 10-14 and 285 (34.5%) were assessed to be most vulnerable with a VI score of 15-21. HIV prevalence was 1.1% among the respondents. However, 712 (86.4%) of them did not know their HIV status. Sex was not statistically significantly associated with VI score ( $p = 0.6962$ ), nutritional status ( $p = 0.9667$ ), educational status ( $p = 0.5298$ ) or health status ( $p = 0.2284$ ).

**Conclusion and Recommendations** This survey revealed the numerous challenges facing OVC in areas of education, shelter, health, protection and nutrition. Findings also showed that most of the OVC are cared for by mainly widowed subsistent farmers. Efforts to care, support and protect vulnerable children should not only focus on their immediate survival needs such as food, education, water, shelter and clothing, but also on long-term developmental needs that reduce children's vulnerability such as life skills, child protection, vocational training, food security and household economic strengthening.



PRESENTING AUTHOR'S NAME	CHIWAULA Levison
PRESENTING AUTHOR'S COMPANY	University of Malawi
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Socioeconomic Disparities In PMTCT Access And Health Outcomes In The Context Of Option B Plus In Malawi

## ABSTRACT

**Background:** Malawi is a low-income country with high HIV-prevalence amongst adults (13% for women and 8% for men). Since the mid-2011, the country has embarked on a test-and-treat approach to prevent mother to child transmission of HIV (PMTCT) known as 'Option B+'. We assess socioeconomic differences in health access and outcomes of women accessing PMTCT care in Malawi in the context of Option B+.

**Methods:** We conducted a survey in six purposively selected health facilities across three health zones (Central-West, South-East and South-West) where 93 women were interviewed. An asset index related to health services access (time and cost indicators) and health outcomes (EQ5D-Health Related Quality of Life) was used to assess household socioeconomic status. Based on the value of the asset index, the sample was divided into two quintiles (poorest and better off) and health access and outcomes were estimated for the two groups.

**Results:** We found that 82% of the women were lactating, while 18% were pregnant. The average age of the women was 28 years and 11% were teenage mothers (below 20 years). Women chose a given health facility because of distance, attention given by health care workers, and availability of drugs. About 87% of the poorest women walked to the health facility compared to 74% of the better off. On average, the poorest women travelled for 71 minutes, waited for treatment for 82 minutes, and received treatment for 55 minutes. For the better

off, average travel time was 52 minutes, waiting time was 67 minutes, while treatment time was 41 minutes. Total time of accessing care (travel, waiting and treatment) was 280 minutes for the poorest women and 213 minutes for the better off. Average transport cost for the poorest women was MK21 (~USD\$0.06) and that for the better off was MK180 (~\$0.52) per visit. Poorest women spent MK35 (~\$0.10) on food per visit while the better off women spent K13 (~\$0.04) on food per visit. Average value of travel time for the poorest women was MK82 (~\$0.24) per visit while for the better off was MK105 (~0.30). Total cost (time and cash) of accessing PMTCT care per visit for the poorest women was K128 (~\$0.37) per visit and MK211 (~\$0.61) for the better off. Out of pocket expenditure for accessing care represented 57% of the daily income for both poorest and better off women. About 53% of the poorest women reported no problem in the five health domains of the EQ5D questionnaire, compared to 50% of the better off women. The average VAS score for poorest women was 83 and 84 for those better off, showing that the health states of the two socioeconomic groups are not significantly different.

**Conclusions:** Disparities in access to PMTCT care are observed between the poorest patients and those better off. Although Option B+ is made available free-of-charge for patients, women spend considerable time and resources on food and transport to access care. This may be a barrier to PMTCT care in a resource-limited setting.

PRESENTING AUTHOR'S NAME	CICCIÒ Luigi
PRESENTING AUTHOR'S COMPANY	MSH, STAR-E
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Low Uptake And Knowledge Of PMTCT Services Are A Risk For The Roll Out Of Option B+ In Uganda: Experiences From 73 Districts In Uganda

## ABSTRACT

**Background:** Over 90% of paediatric HIV infections in Uganda are due to MTCT. All pregnant mothers attending ANC are counseled for comprehensive PMTCT services. The Uganda Ministry of Health is providing antiretroviral therapy (ART) for life for the mother irrespective of her clinical stage or CD4 count (Option B+). The success of this intervention is dependent on maternal knowledge and adherence to the PMTCT interventions prescribed

**Methods:** 73 districts in Uganda carried out surveys in 2012 to assess the level of knowledge and the uptake of PMTCT interventions amongst mothers with children aged 0-11 months using Lot Quality Assurance Sampling method. Mothers children of 0-11 months were randomly selected and interviewed on knowledge of occurrence of MTCT, its prevention and adherence practices that promote PMTCT. The practices tracked included HIV testing, attending 4 ANC visits, delivery in a health facility and exclusive breast feeding during the first 6 months. Data from 12 districts of Eastern Uganda were analysed to see if information given during counseling at ANC translated into knowledge and practices that promote PMTCT

**Results:** The results showed high levels of counseling uptake during ANC (75%) and high knowledge of where to obtain PMTCT services (80%). Only 17% of mothers knew all 3 ways in which MTCT occurs and 45% of the mothers mentioned at least 2 correct actions they could take to prevent MTCT. Further analysis into the specifics of what the mothers knew revealed that i) On modes of MTCT, 31% mentioned during pregnancy, 61.4% mentioned during delivery and 51.3% during breast feeding; ii) On knowledge of correct actions to take to prevent MTCT, 13.3% mentioned attending ANC, 15.4% mentioned the mother using ARV's, 12.3% mentioned treating the baby with ARVs and 59.3% delivery in a health facility. In practice 41.9% attended 4ANC Visits, 53% of the mothers delivered in a health facility and 44.5% reported exclusively breastfeeding in the first 6 months. Few mothers could mention the role of ARVs in prevention of MTCT, yet this knowledge among mothers is an important backbone of the option B+ intervention.

**Conclusion:** Our study shows that knowledge about MTCT among mothers and attendance of ANC are low for attainment of the targets to eliminate HIV infections among children and keeping their mothers alive. Uganda will only be able to reach the targets if the PMTCT programs use appropriate and effective Methods of educating mothers on PMTCT.

PRESENTING AUTHOR'S NAME	CISSE Yaya
PRESENTING AUTHOR'S COMPANY	Institut National of Public Health
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Evaluation Of Access To Post-partum Services For Children Exposed To HIV In Mali: Encouraging Results That Have To Be Expanded

## ABSTRACT

**Issues:** Elimination of Mother to Child HIV transmission has been declared a priority of the new UNAIDS strategy to fight the HIV epidemic. In this regard, early ART dispensation to new-born children and early PCR tests to assess their HIV status are essential. In a low resource and conflict afflicted setting as Mali, providing access for these two services to new-born children can be challenging. We evaluate the coverage of both post-partum ART and Early Infant Diagnosis (EID) in five regions of Mali.

**Description:** In Mali, the national protocol for clinical follow-up of a child exposed to HIV recommends a first PCR at six weeks and a second PCR one month after. For breastfed children, the second PCR is made two months after weaning. EID is made with Dried Blood Spots (DBS) samples, transported to Bamako by public transportation, and analysed at the National Institute for Public Health Research (INRSP) on M200rt/Abbott and Roche Diagnostics. The results are transferred under closed envelopes following the same procedure. We analyse data from the national PMTCT program reports and the INRSP DBS database to evaluate the access to post-partum ART and EID in the regions of Bamako, Kayes, Koulikoro, Ségou and Sikasso during year 2012. Our analysis is limited to children born in the first three quarters of 2012 in order to be able to evaluate access to EID after 4 weeks.

**Lessons:** During the three first quarters of 2012, 593 children born from HIV positive mothers were recorded in the health facilities of the five regions. At the end of 2012, 419 children (71%) born in the first three quarters of 2012 had had access to ART at birth and to an EID. 278 children (47 %) had had an EID in their first two months of life. In addition, of the 339 children from HIV positive mothers born in the first semester of the year, 272 (80 %) had received ART at birth and had had a PCR in their first six months of life. Access to EID in the two first months of life varied from 9% (IC95: 3%-20%) in Koulikoro to 60% in Bamako (IC95: 55%-65%). Mean time between blood collection and result was 15 days [IQR: 7 – 17] but was 11 days in Bamako [IQR: 6 – 14], and 28 days [IQR: 14 – 35] outside Bamako.

**Next steps:** These results are very encouraging, as they show that access to PCR diagnostic is possible and rapid in most of the regions of Mali. Efforts still have to be made in order to improve access to EID outside of Bamako. Furthermore, after the war that has affected the north of the country in the past months, expanding access to post-partum care for HIV exposed children is a challenge that has to be addressed by the Malian health authorities.

PRESENTING AUTHOR'S NAME	CLUVER Lucie
PRESENTING AUTHOR'S COMPANY	University of Cape Town/Oxford University
SESSION TYPE	Oral (SPC NADS)
SESSION TITLE	

## ABSTRACT TITLE

HIV Prevention For Highest-risk Youth In Sub-Saharan Africa: Can Social Protection Prevent Inter-generational Risks Of Infection?

## ABSTRACT

**Background:** Systematic reviews have identified that children whose parents are AIDS-affected or who are AIDS-orphaned are at increased risk of contracting HIV as adolescents (Operario et al. 2011; Cluver et al 2011). This puts an estimated 70 million children in sub-Saharan Africa at extremely high risk, and demands immediate identification of causal factors and potential solutions to prevent familial cycles of infection.

**Methods:** 6000 adolescents (10-17 years) (56% female) were interviewed from 2009-2012 using stratified random sampling in six sites within three South African provinces, with one-year longitudinal follow-up in two provinces (97% retention rate). Structural equation modeling, moderated mediation models, and propensity score matching on the longitudinal data were used to identify pathways from parental AIDS to adolescent HIV-infection risks, and to examine potential protective impacts of South African social grants and free schooling.

**Results:** AIDS-orphanhood and parental AIDS-illness lead to adolescent HIV risk (early debut, multiple partners, unprotected sex, transactional sex and older sexual partners) via increased risk of extreme poverty, stigma, child abuse and psychological disorder. AIDS-affected adolescent girls were at higher risk of abuse, and when abused, had more psychological disorder, linked with HIV risk behavior (OR3.7 for physical abuse; OR4.3 for emotional abuse; OR18.3 for sexual

abuse). Importantly, propensity score matching analyses showed that South African state social protection provision reduced key HIV risks for adolescent girls, with both prevalence and incidence of transactional sex and older sexual partners reduced by receipt of child-focused state grants (transactional sex prevalence OR.43 CI.19-.91; incidence OR.44 CI.20-.98; older partner prevalence OR 40 CI.16-.93; incidence OR.29 CI.10-.85) and by free schooling (transactional sex prevalence OR.31 CI.13-.76; incidence OR.37 CI.15-.91; older partner prevalence OR.40 CI.16-.98; incidence ns). Social grants and free education did not reduce male risk behavior. Casual sex risk was not reduced for either gender. Child-focused grants reduced school non-enrolment – an established risk for HIV infection - by at least half for boys and girls, with maximized impact for orphaned females (13.5% reduced to 2.5% non-enrolment OR.53; CI.33-.88).

**Conclusions and recommendations:** Parental AIDS increases economic, social and psychological problems that in turn raise adolescent HIV risks. State-provided child-focused social protection programmes of cash transfers and free education can reduce HIV risks, particularly for adolescent girls, and raise school enrolment, a key protective factor against HIV acquisition. Social protection is an essential element of the HIV response to a high-risk group.

PRESENTING AUTHOR'S NAME	COCKCROFT Anne
PRESENTING AUTHOR'S COMPANY	CIET Trust
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Binge Drinking And HIV Status Among Youth Aged 15-29 years In Botswana, Namibia And Swaziland

## ABSTRACT

**Background:** Heavy drinking is common in countries of southern Africa and is related to high mortality from road traffic accidents. Studies have reported alcohol consumption to be associated with risky sexual behaviour and an increased risk of HIV infection, although causality is disputed. We examined alcohol consumption and HIV status among young people in three countries of southern Africa.

**Methods:** In 2012, trained field teams interviewed and took finger prick blood samples to create dried blood spots (DBS) from young men and women aged 15-29 years in households in a stratified random sample of 77 communities in Botswana, Namibia and Swaziland. The questionnaire included information about alcohol consumption and sexual behaviour; HIV status was established by anonymous testing of the DBS. We classified binge drinking as more than 8 units of alcohol in a session for men or 6 units for women.

**Results:** The survey collected information and DBS from 2682 young men and 4994 young women. Binge drinking was common: Botswana 42% of men and 25% of women; Namibia 34% of men and 20% of women; Swaziland 30% of men and 9% of women. Beer, cider, and traditional beer were the most popular drinks. About a quarter of men and one in ten women reported having sex when

drunk, with 39% of these reporting an episode of inebriated sex within the last month and 60% within the last six months. Among binge drinkers, 37% of women and 53% of men reported having sex when drunk. Among both men and women, binge drinking was associated with having more than one partner in the last one month. Women who admitted to binge drinking were more likely to report intimate partner violence in the last 12 months. HIV infection rates were: Botswana 4.7% males and 17.8% females; Namibia 4.0% males and 8.2% females; Swaziland 9.0% males and 26.0% females. Bivariate analysis, allowing for country, revealed an association between binge drinking and HIV status among both men (Odds Ratio (OR) 1.90, 95% Confidence Interval (CI) 1.29-2.80) and women (OR 1.40, 95% CI 1.11-1.79). In multivariate analysis including socio-economic and sexual behaviour variables, men were more likely to be HIV infected if they were married or co-habiting, older than 19 years, or binge drinkers. But among women the association between binge drinking and HIV status was explained when age was taken into account.

**Conclusions and recommendations:** Binge drinking is common and is associated risky sexual behaviour and HIV infection in these countries. HIV prevention programmes should include efforts to reduce binge drinking.

PRESENTING AUTHOR'S NAME	COLOMBINI Manuela
PRESENTING AUTHOR'S COMPANY	London School of Hygiene and Tropical Medicine
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Experiences And Consequences Of Stigma Among Women Living With HIV: A Qualitative Study Of SRH Clients In Kenya

## ABSTRACT

**Background:** Researchers have widely documented the pervasiveness of HIV stigma and discrimination, and its impact on people living with HIV and their families; fewer studies have examined how stigma creates a barrier to accessing HIV treatment, care and support services and fewer still have explored how stigma affects health-outcome choices for women living with HIV (WLHIV). This study explores the experiences of stigma of WLHIV who attend family planning and post-natal services and how stigma affects their health-related decision making.

**Methods:** In-depth interviews were conducted with 48 women living with HIV attending SRH services in two districts in Kenya between January and March 2011. Data were coded using Nvivo 8 and analysed using a thematic analysis.

**Results:** The majority of women in our study reported experiencing perceived stigma, while only a few reported enacted stigma. Stigma – or fear of stigma – was experienced in the community, among family members and at health facilities. At the community level the dominant fear was of being gossiped about and isolated or generally 'treated badly' though few reported actual enacted experiences of this. In relation to sexual partners no physical/sexual abuse was reported, but psychological problems were prevalent with male partners reportedly uncooperative, and many women fearing desertion following disclosure of their positive status to partners. The consequence

of this was a desire among many women to hide their status from family and friends for fear of being discriminated against and to follow HIV treatment in secret. Nevertheless, the majority of study participants also revealed a powerful drive to maintain their ARV drug regimens despite fear of stigma, in order to survive to look after their children. At the facility level, experiences of perceived stigma seemed to be exacerbated by providers' advice to stop breastfeeding at 6 months, exposing them to further potential discrimination by neighbours and families. Fear of involuntary disclosure by providers was also high. Our findings suggest a preference for separate HIV services by some clients because of better confidentiality and reduced opportunities for involuntary disclosure that could lead to stigma. Importantly, the findings suggest a link between HIV support groups and high self-worth, likely to result in better health-seeking behaviour and treatment adherence.

**Conclusions:** The findings highlight that perceived stigma from community and family members is widespread and can be reinforced by health providers' actions and facility layout (contributing to enacted stigma). Consequently women in our sample reported limited disclosure of their status. However, the motivation to stay healthy and look after the children overrides any fears of stigma related to drug adherence in our client-based sample. Promotion of HIV support and counseling that enhance self-worth among clients living with HIV could result in better health outcomes.

PRESENTING AUTHOR'S NAME	COLVIN Christopher
PRESENTING AUTHOR'S COMPANY	Centre for Infectious Disease Epidemiology and Research School of Public Health and Family Medicine, UCT
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### A Systematic Review Of Health System Barriers To And Enablers Of ART For Pregnant And Postpartum Women With HIV

## ABSTRACT

**Background:** Despite global progress in reducing maternal mortality, maternal mortality related to HIV remains persistently high and has even reversed improvements in maternal survival in some locales. Lifelong anti-retroviral therapy (ART) appears to be the best way to reduce the excess risk of mortality among HIV+ pregnant women. However, the rates of initiation, retention in care, and long-term adherence to ART remain troublingly low. This systematic review gathered evidence on health system factors affecting initiation, adherence and retention to ART among pregnant and postpartum women living with HIV. It also reviewed evidence on interventions aimed at addressing the health system barriers to maternal ART.

**Methods:** The Pubmed and Social Science Citation Index databases were searched using variations of three key search terms: population of interest (pregnant women living with HIV); intervention of interest (ART); and outcomes of interest (initiation, adherence, and retention). Quantitative and qualitative studies published since 2008 that were written in English and which reported empirical research relevant to the review question were included. A four-stage narrative synthesis design was used to analyze the findings.

**Results:** Forty-two studies were included and reviewed. The findings were divided into five descriptive themes: 1) models of care, 2) service delivery, 3) resource constraints and governance challenges, 4) patient-health system engagement,

and 5) maternal ART interventions. Key challenges identified within existing models of care include: low prioritization of maternal ART and pervasive dropout along the maternal ART cascade. Service delivery factors that were identified as common barriers include: poor communication and coordination, poor quality of clinical practices, and gaps in training and supervision. A range of factors relating to resource constraints and to governance challenges affect uptake, adherence and retention to maternal ART. In addition, complexities in the patient-provider relationship and in clients' engagement with the health system also contribute to reduced uptake, adherence and retention in care. The few studies that assessed maternal ART interventions demonstrated the importance of providing multi-pronged and multi-levelled interventions throughout the maternal ART cascade and within the broader health system to support maternal ART initiation, adherence and retention.

**Conclusions:** There has been a lack of focus on the particular experiences, needs and vulnerabilities of HIV+ pregnant and postpartum women. Health systems need to pay more focused attention to aiding these women in effectively moving through and between ANC and HIV care. Supporting HIV+ pregnant women along the maternal ART cascade will require systemic interventions at several points along the cascade. A number of critical research gaps and priorities that merit attention in future research have been identified.

PRESENTING AUTHOR'S NAME	COSTENARO Paola
PRESENTING AUTHOR'S COMPANY	Padua University
SESSION TYPE	Oral
SESSION TITLE	MOADS19 - Children and Adolescents

## ABSTRACT TITLE

### Operational Challenges Of Isoniazid Preventive Therapy Following WHO 2011 Recommendations For Children Living With HIV/AIDS: The Case Of Uganda

## ABSTRACT

**Background:** Intensified tuberculosis case finding (ICF) and isoniazid-preventive-therapy (IPT) are strongly recommended by WHO for HIV-infected children. Observational findings are needed to inform the feasibility of the WHO 2011 clinical algorithm.

**Methods:** HIV-infected children attending Nsambya Home Care (NHC) of St. Raphael of St. Francis Nsambya Hospital (Uganda) have been screened for TB following WHO Recommendations since January 2011. Data were collected on TB contact history, past TB episodes, clinical signs (current cough, fever, failure to thrive) and IPT initiation and follow-up (clinical and laboratory monitoring, adherence). A six-month course of IPT was started after ruling out TB. Factors associated with time to IPT initiation were investigated by multivariate Cox proportional hazard regression (Stata 12). An operational survey was conducted among healthcare workers (HCWs) in May 2013, to investigate reasons of delay of IPT initiation.

**Results:** Among 898 (F 458, M 440) HIV-infected children, 528 (58,8%; F 279, M 249) with a median age of 10.72 (IQR 8.23) were screened for TB from January 2011 to February 2013. Active TB was found in 26/528 (4.9%) children. Among the remaining 502, 38 (7.6%) were lost to follow-up and censored in analysis, 279 (55.6%) children started IPT, 138/279 (49.46%) before median time of 141 days (IQR 206) and 141/279 (50.54%) later. Most (83.2%) children starting IPT were on antiretroviral treatment (ARV). Early IPT initiators had significantly higher CD4 percent (median

25.8% versus 21%,  $p=0.01$ ) and haemoglobin (Hb) level (median Hb 11.45 versus 10.7,  $p=0.01$ ) at TB screening. In multivariable analysis, among the 502 screened for TB, time to IPT initiation was independently associated with cough (HR:0.55  $p$ -value  $<0.01$ , 95% CI: 0.36-0.86) at the time of TB screening. Liver toxicity (AST/ALT greater than 5-fold) was found in 21.5 events per 1,000 person-years exposure to IPT (3/279 cases). In the survey, HCWs reported poor adherence to ARV, LTFU and pills burden as three main reasons to delay IPT.

**Conclusion:** ICF/IPT implementation is feasible in resource-constrained settings, however considerable delays in IPT initiation may occur. Cough at TB screening may lead to a more rapid assessment for TB to an earlier IPT initiation. The safety of Isoniazid in ARV-experienced children provides additional reasons to implement IPT in this population.



PRESENTING AUTHOR'S NAME	COUDERC Mathilde
PRESENTING AUTHOR'S COMPANY	IRD (UMI233 TransVIHMI)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Le Devenir Des Participants De La Cohorte ANRS 1215: Impact De La Réintroduction Du Paiement Par Les Patients Des Frais De Santé Sur Leur Accès Aux Soins (Projet DECVISEN, Sénégal)

## ABSTRACT

**Contexte:** La cohorte ANRS1215 a pris fin en Juin 2010 après 11 ans de suivi. Son arrêt a coïncidé avec le retour au paiement direct par les patients des soins de santé jusqu'alors pris en charge. Cette situation «d'après-essai» est peu traitée dans la littérature et les études qui s'intéressent à la situation des ex-participants à une étude clinique sont rares. Dans ce contexte, il est essentiel de: 1) reconstituer l'historique de la prise en charge des patients depuis l'arrêt de l'étude; 2) décrire et analyser les conséquences de cet arrêt sur la qualité de leur suivi clinique, biologique et thérapeutique.

**Méthode:** Les données ont été recueillies dans le cadre du projet DECVISEN (Sénégal, 2012) financé par le Fonds Mondial (GFATM) et le CNLS. Il s'agit d'une approche qualitative basée sur des entretiens semi-directifs menés avec 34 ex-participants de la cohorte ANRS1215.

**Résultats:** Depuis l'arrêt de l'étude ANRS1215, 13 patients ne sont pas venus à certaines consultations et ont manqué plusieurs examens biologiques. 1/3 n'ont pas effectué la totalité de leurs bilans biologiques, majoritairement à cause de difficultés financières pour en assumer le coût mais aussi par nécessité de privilégier d'autres dépenses (scolarité des enfants, alimentation). La moitié des patients ne consultent plus en dehors des rendez vous trimestriels: incapacité d'«acheter» les ordonnances ni d'assumer les frais de transport;

honte de solliciter l'entourage pour un soutien économique. Ces freins à la consultation ont pour conséquences une prise en charge tardive de certaines affections et une diversification des recours thérapeutiques qui peuvent devenir problématiques dans le cas de pathologies qui doivent être traitées rapidement. Des données biomédicales confirment que des patients dont l'état immuno-virologique s'est dégradé n'ont pu être pris en charge de manière adaptée par défaut d'accès économique aux soins.

**Conclusion et recommandations:** Le retour au paiement direct des soins de santé a conduit à une réduction de l'utilisation des services et à un suivi de moins bonne qualité des PvVIH. Si le respect du suivi demeure une priorité pour ces patients, elle est quotidiennement entravée par leur situation de «vulnérabilité économique». Nos constats viennent appuyer la nécessité de mettre en place une politique d'exemption des paiements des soins de santé, mesure déjà énoncée par l'OMS en 2005 et dont la faisabilité au Sénégal a fait l'objet de nombreux travaux.

PRESENTING AUTHOR'S NAME	DAGNRA Anoumou
PRESENTING AUTHOR'S COMPANY	Laboratoire BIOLIM, FMMP/UL
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Fort Taux De Résistance Aux Antirétroviraux Chez Les Patients Infectés Par Le VIH Et Sous Traitement Antirétroviral De Première Ligne À 12 Et 24 Mois À Lomé, Togo.

## ABSTRACT

**Contexte:** La charge virale (CV) est le meilleur paramètre de suivi de l'efficacité du traitement antirétroviral (ARV). Cependant cet examen n'est pas disponible en routine en Afrique subsaharienne compte tenu de son coût.

**Objectifs:** Déterminer le taux d'échec virologique chez les patients sous traitement antirétroviral et identifier les mutations de résistance conférant la résistance aux ARV.

**Méthode:** Cette étude transversale a été réalisée à Lomé chez les patients sous traitement ARV de première ligne à 12 (M12) et 24 (M24) mois respectivement. Une charge virale (CV) a été réalisée chez chaque patient en utilisant la méthode EasyQ HIV 2.0 (BIOMERIEUX). Un génotypage avec séquençage du gène POL, suivi de recherche des mutations associées à la résistance aux ARV a été réalisé sur les échantillons ayant une CV > 1000 copies/ml. Résultats Un total de 642 patients répartis en 327 de M12 et 315 de M24 ont été inclus dans l'étude. Ces patients étaient composés majoritairement de femmes, 73,1% à M12 et 70,5% à M24 avec un âge médian compris entre 37-38 ans. La valeur médiane de lymphocytes TCD4 à l'initiation du traitement ARV était de 138 cellules/ $\mu$ l à M12 et 129 cellules/ $\mu$ l à M24. Le taux d'échec virologique était de 17,7% à M12 et 26% à M24. L'échec virologique était dû à des mutations conférant la résistance aux ARV dans 81,8% à M12 et 97,5% à M24. Les mutations de résistance les plus fréquentes étaient M184V, K103N et Y181C. Des mutations conférant la résistances aux ARV de deuxième intention comme l'abacavir, didanosine,

tenofovir, étravirine et rilpivirine ont été retrouvées chez plusieurs patients en échec virologique. Le taux des mutations de résistance aux inhibiteurs des protéases était faible (6,6%).

**Conclusion:** Vu le taux d'échec virologique élevée chez les patients dans cette étude, il est nécessaire de renforcer l'éducation thérapeutique et d'introduire la charge virale comme outil de surveillance du traitement ARV Mots clés: antirétroviraux, résistance, charge virale, Togo

PRESENTING AUTHOR'S NAME	DE WALQUE Damien
PRESENTING AUTHOR'S COMPANY	The World Bank
SESSION TYPE	Oral
SESSION TITLE	TUADS27 - Shaping and Influencing Behaviour

## ABSTRACT TITLE

Evaluating The Impact Of Short Term Financial Incentives In The Form Of Lotteries On HIV And STI Incidence Among Youth In Lesotho: A Randomized Trial

## ABSTRACT

**Background:** Conditional cash transfers and other financial incentives are tested as an HIV/STI prevention strategy to incentivise safe sex. Previous studies have suggested that conditional cash transfers might be effective in incentivising safe sex and reducing STI prevalence (de Walque et al. 2012). This study tests the hypothesis that a system of rapid feedback and positive reinforcement using a lottery scheme as a primary incentive to reduce risky sexual behaviour can be used to promote safer sexual activity and reduce HIV incidence among youth in Lesotho.

**Methods:** The study involved an unblinded, individually randomized and controlled trial with 3426 participants, males and females 18-32 years old drawn from 29 villages in Lesotho. The intervention linked the receipt of lottery tickets to negative results for rapid tests for curable STIs: syphilis and *Trichomonas vaginalis*. The study objective was to test the efficacy of the lottery incentive scheme in reducing HIV incidence. Participants were randomly assigned to either a control arm (n=1347) or one of two intervention arms eligible to receive lottery tickets: high (n=1116) or low (n=963) value lottery (1,000 or 500 South African Rands). All arms received STI testing, counselling, and STI treatment every four months during two years. All participants were tested for HIV at baseline and after 16, 20 and 24 months. Village level lotteries were organized every four months in which STI negative individuals from the intervention arms were eligible to participate and during which four lottery winners (two males, two females) were drawn. The primary study outcome is HIV incidence.

**Results:** After two years of intervention, HIV incidence was significantly lower among study participants eligible for the lotteries (OR 0.75, 95% CI 0.58 – 0.97), especially among women (OR 0.67, 95% CI 0.52 – 0.86), and in the group eligible for the high prize lotteries (1000 Rands) (OR 0.69, 95% CI 0.50 – 0.98). Those results are stronger among young women aged 18-24. Further results indicate a significant reduction in HIV and STI prevalence and significant changes in self-reported sexual behaviours (increased abstinence and decrease in the perception that sexual partners are likely to be HIV positive among women, decrease in the number of sexual partners among men and in extra-marital-sex among married men. No harm reported.

**Conclusions and recommendations:** The results indicate that short-term financial incentives to engage in safe sex can lead to a measurable decline in HIV incidence. However, it would be advisable to replicate and potentially scale-up such an intervention in other settings. A lottery design is cheaper to scale-up than cash transfers as a form of financial incentive for safe sex (less cash to disburse, no need to test everybody).

PRESENTING AUTHOR'S NAME	DIGOLO- NYAGAH Lina
PRESENTING AUTHOR'S COMPANY	LVCT Care And Treatment
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Utilizing The Community Based Health Strategy To Achieve Effective Referrals From HIV Testing And Counselling To Care & Treatment

## ABSTRACT

**Introduction:** The global initiative 'Treatment 2.0' calls for expanding the evidence base of optimal HIV service delivery models to maximize HIV case detection and retention in care. Kenya's National AIDS Strategic Plan III identifies the need to ensure those tested are entered into care, yet linking and ensuring referral uptake by individuals testing for HIV into appropriate prevention, care and treatment has been described as the biggest challenge for the HIV response. This places a priority on the need for functional mechanisms between HIV testing and post-test services particularly care and treatment. To address this challenge, LVCT has implemented the Huduma Tosha, an effective linkage model which uses community Health workers and mobile phone follow-up to link clients who screen HIV positive to care and treatment clinic intervention.

**Description:** Huduma Tosha effective linkage model was implemented in four LVCT static HIV testing and counseling (HTC) and two homes based testing and counselling (HBTC) sites in 2 provinces in Kenya. Community health workers (CHWs) living with HIV were identified from the surrounding communities and taken through a three day training in HIV, effective linkages and supported disclosure and attached to work at the HTC and HBTC sites. All clients who tested HIV positive and consented were appropriately linked by VCT counsellors to the CHWs who physically escorted them to the nearest HIV clinics. Clients who declined CHW linkage were followed up by CHWs using telephone calls within 48 hours post-test. LVCT follow-up registers were used by HTC service providers at the site to record

the contact details of the clients to enable the CHWs follow-up and to indicate whether the client had been effectively linked to post-test services within 1, 2 and 3 months. VCT counsellors conducted monthly visits to the referral health facilities to confirm that the clients had been enrolled to care. We defined effective linkage as uptake of HIV care services within 3 months of referral. Review data collected from the referral register in the period October 2011 to March 2013 was undertaken to assess the uptake of care service by HIV positive clients referred through the Huduma Tosha model.

**Results:** During this period a total of 37562 (63% female) clients were tested from static sites (28,149 (75%) and HBTC (9,413 (25%). Of the 1270 (3.4%) who were found to be HIV positive, 1060 (83.5%) were escorted physically to the care clinic by CHWs whereas 210 (16.5%) declined escort and were followed up through telephone calls. The overall effective linkage to care and treatment through both strategies was 85.3 % ( 85.7 and 79.8 through static sites and HBTC respectively).

**Conclusion:** LVCT's Huduma Tosha model demonstrates high uptake and a promising approach for achieving high HIV testing uptake and successful linkages to HIV care in a high HIV prevalence, resource-constrained setting.

PRESENTING AUTHOR'S NAME	DOURAI DI Moulay Ahmed
PRESENTING AUTHOR'S COMPANY	l'Association Marocaine de Lutte contre le Sida (ALCS)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Des Actions De Veille Et De Plaidoyer De La Réaction À L'action Expérience D'une ONG  
2010- Mai 2013

## ABSTRACT

**Introduction:** L'ALCS a travaillé sur la mise en œuvre des directives internationales sur le VIH/sida et les droits humains.

**Méthodologie:** Afin de modifier les attitudes, les pratiques, les politiques et les lois, d'améliorer la situation des personnes affectées par le VIH, l'ALCS a mis en place une démarche qui vise à mobiliser l'action communautaire. Dès la remontée d'une information sur une violation de droits, nous élaborons un cadre pour une campagne de plaidoyer, en plusieurs étapes: analyse et documentation de l'enjeu ou le problème à aborder, élaboration des objectifs spécifiques pour la campagne de plaidoyer, identification des buts, des ressources et des alliés, et mise en place d'un plan d'action et de veille.

**Résultats:** En janvier 2010, plaidoyer pour l'intégration de la prévention de la transmission verticale (articles de presse et interview suite à la publication du rapport «Mères Enfants parent pauvre de la prévention»). En avril 2010, action de l'ALCS avec les centrales syndicales, association de patronat pour l'appropriation de la Recommandation 200 de l'OIT (déclaration, meeting tripartite campagne médiatique). En octobre 2010, dans le cadre d'une campagne internationale sur la reconstitution du fonds du FMLSTP, une action de plaidoyer avec 4 associations de droits humains thématiques et de PVVIH, sur l'accès au traitement et la baisse du coût des ARV de 2<sup>ème</sup> et 3<sup>ème</sup> ligne et pour la gratuité des soins des PVVIH (articles de presse, conférence de presse et pétition). En mai 2011, action contre une nouvelle loi qui

oblige le personnel de maison à faire le test du VIH avant l'embauche. En juin 2011 participation à la mobilisation d'activistes de 35 pays pour la Taxe «Robin des Bois». En octobre 2011, avec 2 associations thématiques en RDR, 5 grandes associations de défense de droits humains et le Conseil National de Droits Humains, une campagne de plaidoyer pour nouvelle approche des usages de drogues fondée sur la santé et les droits humains. En 2011, une campagne de dé stigmatisation «Si j'étais séropositif» avec des vedettes du cinéma, de télévision et la chanson. Le dernier trimestre 2012, action urgente contre une campagne de sérophobie qui vise des professionnelles de sexe, suivi de deux actions de mobilisation contre la violence à l'égard de ces femmes. En mars 2013, action urgente pour un appel à l'arrêt immédiat des rafles, particulièrement celles menées à proximité des centres sociaux destinés aux migrants.

PRESENTING AUTHOR'S NAME	DRABO Mahamadou
PRESENTING AUTHOR'S COMPANY	ONG Walé
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Profil Épidémiologique Des Femmes Enceintes Infectées Par Le VIH Sous Traitement Antirétroviral (ARV) Au Centre De Traitement Ambulatoire (CTA)

## ABSTRACT

**Contexte:** La trithérapie antirétrovirale améliore de façon significative la qualité de vie des patients vivant avec le VIH, ce qui suscite le désir de procréation. Ce désir pose d'une part un risque de contamination du partenaire et de l'enfant si la charge virale n'est pas indétectable, et d'autre part toute l'importance de la procréation en Afrique de l'Ouest.

**Objectif:** Déterminer les aspects sociodémographiques, cliniques, biologiques et thérapeutiques

**Méthodes:** Etude rétrospective; portée sur les femmes enceintes sous traitement antirétroviral ayant un dossier médical complet au CTA de Mai 2006 à Avril 2010. Les données ont été analysées par le logiciel Epi-info.

**Résultats:** 480 femmes ont été initiées au traitement antirétroviral au CTA avec 59 cas de grossesse soit une fréquence de 12,3%. L'âge médian était de 30 ans, les ménagères représentaient 81,4% des cas, elles étaient toutes analphabètes. 67,8% étaient mariées et 50,8% ne partageaient pas le statut sérologique avec le partenaire sexuel. 88,1% n'avaient pas discuté le désir de grossesse avec un agent de santé du CTA. 91,8% étaient infectées par le VIH-1. Au début 62% étaient au stade clinique III de l'OMS, 59,5% avaient un taux de CD4 inférieur 200/mm<sup>3</sup> et 89,8% ont été mises sous l'association d4Tou AZT+3TC+NVP 78% avaient plus de 6 mois de traitement antirétroviral avant la grossesse. Au troisième trimestre de la grossesse 40,7% avaient un

taux de CD4 supérieur 500/mm<sup>3</sup> et 30,5% avaient un taux de CD4 compris entre 350-500/mm<sup>3</sup>. La charge virale a été indétectable dans 74,6% des cas au troisième trimestre de la grossesse et non faite dans 20,3% des cas 91,5% étaient observantes aux traitements antirétroviraux. Dans 93,2% des cas l'accouchement s'est déroulé par la voie basse 81% des accouchements ont eu lieu dans un centre de santé et 19% à domicile 91,5% des grossesses étaient arrivées à terme tous vivants; 5,1% de mort-né et 3,4% d'avortement spontané. 53,7% des enfants étaient sous allaitement artificiel. 74,1% des nouveaux nés ont reçu la prophylaxie de la transmission mère enfant 94,4% des enfants ont été négatif aux différents tests de dépistage du VIH (PCR avant 18 mois, sérologie VIH à 18 mois) et 5,6% sont décédés avant le PCR-1 (avant 6 semaines de vie).

**Conclusion:** La trithérapie antirétrovirale chez la femme enceinte infectée par le VIH a permis de réduire de façon significative la transmission mère enfant du VIH dans notre cohorte.

PRESENTING AUTHOR'S NAME	DRAECABO Charles
PRESENTING AUTHOR'S COMPANY	UNESCO
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Multi-sectoral Efforts To Ensure Comprehensive SRH And Rights Education Are Essential For Healthier Choices Of Young People In East & Southern Africa!

## ABSTRACT

**Issues:** Recent data shows the SRH status of youth requires different disciplines across sectors joining forces to meet the sexual health needs of children and youth from puberty to adulthood. Comprehensive sexuality education for youth has shown to be effective. Yet only 34% of youth in the region have comprehensive HIV prevention knowledge. While strong programmes exist, this know-how is not widely applied. Youth serving partners must provide a quality response to HIV risk by providing timely and correct age- and culturally-appropriate information, building of life skills and providing access to SRH services.

**Description:** STOP AIDS NOW! and UNESCO supports and facilitates strategies for civil society organisations (CSOs) to enhance evidence and rights based, sexuality education and HIV prevention for youth. Methodologies in training and guidance have been positively evaluated and currently CSOs in 8 countries are participating with expansion to 150 CSOs by 2015. Core to the capacity building program is applying behaviour science, and evidence derived from the best evidence from Douglas Kirby alongside UNESCO's technical tools on sexuality education and curriculum review (2009 and 2012). UNESCO in parallel is working closely with governments in Uganda and Zimbabwe, among other countries, to improve access for adolescents to sexuality education in a coordinated way by facilitating formal linkages between schools and communities to transition children and young people to SRH and HIV programs. Uganda has scaled up access to life skills-based sexuality education for HIV prevention in upper primary levels of the education sector, by 2015 the revised age-appropriate content will be

scaled up in secondary levels reaching an estimated 3 million learners across the country. While Zimbabwe's political and economic environment has challenged education sector efforts to scale up quality comprehensive sexuality education within schools CSOs, such as SafAIDS, are continuing efforts to ensure coverage at community level and through extra-curricular activities.

**Lessons learned:** Lack of integration of SRH and HIV, information, skills and services into youth programs, opposing views by gatekeepers and donor unique interests hinder youth's access to cohesive programs. A sustainable investment is in government and community systems, with clear mandates within Ministries of Education, Health and Youth, and civil society can build an effective response and capacity for comprehensive sexuality education in and out of school. Consultation to improve coordination and collaboration is critical. Social taboos and poor attitudes of teachers, leaders and service providers to discuss sexuality remain an issue requiring high level support and public debate on rights. Uganda and Zimbabwe exemplify partnerships for youth demonstrating how multi-sectoral support leads to improved access to SRH and HIV prevention for large numbers of young people.

**Next steps:** STOP AIDS NOW! will scale up and improve efficiency to assist civil society to work towards evidence and rights bases sexuality education and HIV prevention interventions for youth. UNESCO will continue to support MOE and efforts, among 21 countries in East and Southern Africa to scale up sexuality education and link to SRH services.

PRESENTING AUTHOR'S NAME	DUBE Freeman
PRESENTING AUTHOR'S COMPANY	National AIDS COuncil
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Factors Contributing To Male Partner Involvement In The PMTCT Program In Mashonaland Central

## ABSTRACT

**Background:** Male involvement is an important recommendation in the implementation of the PMTCT program. It is measured by the number of male partners undertaking the HIV test in antenatal care (ANC) settings. In an effort of trying to improve participation of men in PMTCT programming, the province conducted an operational study which was focusing on the factors which contribute to male involvement participation in PMTCT programmes. Statement of the problem Since the inception of the PMTCT program In Mashonaland Central, there has been low male partner involvement. On average, 8.7% of women going for antenatal care were accompanied by their male partners. Since 2010 the average number of men participating in PMTCT was averaging 8.79%. A trend analysis of data on HIV testing from 2010 showed an increasing trend over time and a stagnant trend over time in men. The gap between females being tested versus men being tested was growing. There was no sign of male motivation in this program. There was also no explanation regarding the fluctuation in the number of females tested at ANC. At the same time statistics on the positivity of infants for the period 2010 to 2011 hovered above 15% with a marginal decrease of 3%. While female involvement in PMTCT was on the increase, the number of infections among children was also increasing and the male involvement continued dwindling. If this trend is to go unchecked, it will result in failure to achieve Zero New infections target as enshrined in the national response.

**Objectives of the Study:** \* To assess the level of male participation in the PMTCT program in Mashonaland Central province \* To assess the demographic characteristics that are associated with male participation in PMTCT services in Mashonaland Central \* To determine health-service/ programmatic factors that affect male involvement in PMTCT in Mashonaland Central \* To determine the effect of knowledge on male involvement in PMTCT programmes \* To determine socio - cultural factors that are associated with male partner involvement in PMTCT in Mashonaland.

**Central Methodology:** A descriptive cross sectional study of men and women was conducted in 4 randomly selected districts in Mash Central. The selection of the four districts was done through stratification based on their geographical status so as to ensure representation of all sectors and characteristics. An interviewer administered questionnaire was used for data collection. Focus group discussions were also used for married men and women separately who are within the child bearing age.



**(CONTINUED)**

**Study Findings:**\* Educational level is associated with men's attendance at ANC (p-value =0.031), with 83% of males who were involved in PMTCT having attended secondary and tertiary level of education \* 60.8% of men involved in PMTCT said ANC facilities are conducive for men (Odds Ratio=1.47). 74.5% of those men who were involved in PMTCT indicated that MTCT of HIV is possible, hence knowledge of MTCT of HIV is high, p-value =0.04 and Risk Ratio=1.11. \* 71.1% of men involved in PMTCT said avoiding breastfeeding reduces MTCT of HIV and 68.8% of those not involved in PMTCT alluded to the same. \* 52.8% of men involved in PMTCT and 62.6% of men not involved in ANC indicated that women can be tested at ANC without seeking permission from their husbands (Risk Ratio=2.15). \* 73.5 of men involved in PMTCT agreed that condoms can reduce Mother to Child Transmission of HIV, p-value = 0.001 \* 89.7% of men involved in PMTCT will attend ANC together with their wives if invited by health workers to attend. \* 42.5% of men not involved in PMTCT did not discuss with their wives about HIV testing during pregnancy while 88.8% of those men involved in PMTCT had discussed about HIV testing during pregnancy. This signifies that discussing with partner about HIV testing in pregnancy is associated with men's participation in PMTCT (p-value = 0.032).

**Conclusion:**\* Socio-cultural factors were found having a moderate influence on men's involvement in PMTCT from the findings. \* Programmatic factors had a moderate association with men's involvement. \* The demographic characteristics such as age and level of education were positively associated with an increase in the level of male involvement in the PMTCT programme. \* The duration of the relationship with the female partner was negatively associated with the level of men involvement. \* Knowledge of risk of PMTCT contributes men's involvement in PMTCT.

**Recommendations:** Based on the above findings, the following Recommendations have been made for improving men's involvement in PMTCT. \* Advocacy through IEC material targeting men in a bid to encourage them to feel that they are also a key in the success of the virtual elimination of vertical transmission. \* To increase men's knowledge and awareness about PMTCT, information about the programme should be given to all men and in particular to those in relationships with women in reproductive age. This information could be provided through couple counselling or campaigns to sensitise men to the issue and this should be done on a daily basis. \* Sensitization messages should be formulated and disseminated through health education on reproductive health and PMTCT through mass media and other forms of information dissemination. \* ANC facilities should be made friendlier to men and service providers should ensure that all efforts are made to involve men from the beginning in every PMTCT intervention. \* Health care workers should encourage individuals and communities leaders to build upon the traditional value of financial responsibility, expanding on male's involvement to include supportive and social roles in obstetric care, PMTCT and HIV testing. \* Health care workers to maintain privacy and confidentiality.

PRESENTING AUTHOR'S NAME	DUVALL Sandra
PRESENTING AUTHOR'S COMPANY	Futures Group
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Staying Undercover: Closing Consent And Confidentiality Policy Gaps To Increase HIV Testing And Counseling (HTC) Uptake Among Sex Workers (SW) And Men Who Have Sex With Men (MSM) In Burkina Faso

## ABSTRACT

**Issues:** In Burkina Faso, overall HIV rates have decreased to 1%, while rates remain high among sex workers (SW), at 16.5%, and men who have sex with men, estimated at 19% in Ouagadougou. Facilitating access to HIV Testing and Counseling (HTC) and ensuring consent and confidentiality are crucial to reaching SW and MSM. Confidentiality is of particular concern to SW and MSM due to stigma and discrimination. Increasing access to HTC and other HIV services for these populations is essential to addressing the epidemic there.

**Description:** As part of an in-depth analysis of the legal, regulatory, and policy environment for key populations, a Health Policy Project field team collected and analyzed 102 source documents in 2012 with USAID/PEPFAR funding. The team used a data collection tool based on international human rights frameworks and best practices. It conducted 17 semi-structured interviews with government officials and community-based organizations (CBOs) to assess policy dissemination and implementation.

**Lessons learned:** Although consent, confidentiality and HTC policies in Burkina Faso generally follow international standards, policy gaps and lack of implementation exist. Consent is not required for HIV testing for health screenings in ill patients or from SW in HIV interventions. HTC is not guaranteed for youth without parental consent due to contradictions between age of consent laws,

HTC guidelines, and implementation, impeding access for young SW and MSM. Key informants reported incidents of provider-initiated HIV testing without consent. Results of mandatory medical tests for SW are disclosed to authorities without consent; breeches in adults' confidentiality by providers occur. Policy requires mandatory disclosure of a minor's HIV test results to parents, posing constraints for young MSM and SW to access services. Current HTC policies do not prioritize SW or MSM for free HTC, which is only offered to SW and MSM in a few CBOs.

**Next steps:** Burkina Faso's strong commitment to the AIDS response would benefit from improved policies and implementation. Key populations should be engaged in developing suitable HTC guidelines. To protect human rights and increase HTC uptake, confidentiality must be guaranteed. Providers authorized to conduct HIV testing should undergo HTC and confidentiality training. Policy should be revised to harmonize age of consent to concur with the HTC Reference Manual. Policy implementation mechanisms should be developed.

PRESENTING AUTHOR'S NAME	ENGELSMANN Barbara
PRESENTING AUTHOR'S COMPANY	Organisation for Public Health Interventions and Development (OPHID) Trust
SESSION TYPE	Oral
SESSION TITLE	TUADS27 - Shaping and Influencing Behaviour

## ABSTRACT TITLE

### Community-based Cadres - A Cornerstone For Postnatal PMTCT

## ABSTRACT

**Background:** Uptake of prevention of mother to child transmission (PMTCT) services post delivery remains suboptimal with many opportunities for PMTCT lost. With postnatal transmission accounting for around 45% of MTCT, and adherence to extended maternal and infant regimens being key to national elimination goals for paediatric HIV, more emphasis is required on community based interventions and working with community based cadres to encourage and direct healthcare seeking behaviour. The Organization of Public Health Interventions and Development (OPHID) Trust implemented a three-year EU funded program in three rural districts in Zimbabwe to train and mentor village health workers, existing voluntary community-based cadre, in postnatal PMTCT to bridge the gap between communities and formal health sector.

**Methods:** A descriptive cohort study following 704 lactating women and their babies for 1-12 months post-delivery monitored the effect of the intervention on service uptake, compared with a control group (739 women) of a non-intervention district at month 12. Socio-demographic characteristics and information on postnatal behaviour was collected using specifically developed questionnaires. Data was entered and analyzed using EPI-Info.

**Results:** At month 12, mothers in the intervention district were compared to the control group: \* More likely to still be breastfeeding at month 12. This difference was particularly pronounced for the group of HIV-positive mothers (89% versus 35%); \* More likely to be using a family planning method,

especially amongst those that did not know their HIV status (96% compared to 87%); \* At least three times more likely to be using condoms to prevent HIV infection or re-infection in the postnatal period (71% compared to 22%); \* Almost double as likely to have taken a HIV-test in the last three months following a negative HIV test result in the antenatal period (67.9% versus 36.2%). Almost all mothers, both in the cohort and control group, had been tested for HIV (95.8% and 93.9% respectively). A comparison of PMTCT service uptake of HIV-positive mothers in the intervention and control group at month 12 showed that mothers who had received the intervention were: \* 24% more likely to be registered with an OI/ART clinic; \* Almost twice as likely to be on CTX prophylaxis; \* 11% more likely to have HIV exposed babies on CTX; \* 13% more likely to have had HIV exposed babies tested for HIV.

**Conclusions:** These findings demonstrate that community-based cadres can play a vital role in changing the behaviour of women to prevent MTCT in the postnatal period compared to women who did not have this additional level of support in the community. VHWs live and work within their own communities, are known and trusted by the communities they work with and provide a semi-formal platform of regular interaction between the mother and other family members and peers. PMTCT programs must build on existing links between the formal medical system and the community to do justice to complex individual circumstances that drive healthcare seeking behaviour.

PRESENTING AUTHOR'S NAME	ENYAN Philip
PRESENTING AUTHOR'S COMPANY	Ghana National Ambulance Service
SESSION TYPE	Oral
SESSION TITLE	TUADS31 - Host and Virus Interactions in Transmission and Disease

## ABSTRACT TITLE

### Drug Resistance Among Women Attending Antenatal Clinic In Ghana

## ABSTRACT

**Background:** Initial evidence from resource-limited countries using the WHO HIV drug resistance (HIVDR) threshold suggests that transmission of drug-resistance strains is likely to be limited. However, as access to ART is expanded, increased emergence of HIVDR is feared a potential consequence. We performed a surveillance survey of transmitted HIVDR among recently infected persons in the geographic setting of Accra, Ghana.

**Methods:** As part of a cross-sectional survey, two large voluntary counselling and testing centres in Accra enrolled 50 newly HIV-diagnosed, antiretroviral drug-naive adults aged 18 to 25 years. Virus from plasma samples with >1,000 HIV RNA copies/mL (Roche Amplicor v1.5) was sequenced in the pol gene. Transmitted drug resistance-associated mutations (TDRM) were identified according to the WHO 2009 Surveillance DRM list, using Stanford CPR tool (v 5.0 beta). Phylogenetic relationships of the newly characterized viruses were estimated by comparison with HIV-1 reference sequences from the Los Alamos database, by using the ClustalW alignment program implemented.

**Results:** Subtypes were predominantly D (39/70, 55.7%), A (29/70, 41.4%), and C (2/70; 2, 9%). Seven nucleotide sequences harboured a major TDRM (3 NNRTI, 3 NRTI, and 1 PI-associated mutation); HIVDR point prevalence was 10.0% (95% CI 4.1% to 19.5%). The identified TDRM were D67G (1.3%), L210W (2.6%); G190A (1.3%); G190S (1.3%); K101E (1.3%), and N88D (1.3%) for PI.

**Conclusions:** In Accra, capital city of Ghana, we found a 5 to 15% rate of transmitted HIVDR, which according to the WHO threshold survey method falls into the moderate category. This is a considerable increase compared to the rate of <5% estimated in the 2006-7 survey among women attending an antenatal clinic in Mamobi. As ART programs expand throughout Africa, incident infections should be monitored for the presence of transmitted drug resistance to guide ART regimen policies.

PRESENTING AUTHOR'S NAME	ESEMERE Lilian
PRESENTING AUTHOR'S COMPANY	Family Health Options KENYA
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Taking Control: People Living With HIV (PLHIV) Accessing Sexual Reproductive Health And Rights (SRHR)

## ABSTRACT

**Issues:** In Kenya, young women are particularly vulnerable to HIV due to a myriad of factors such as institutionalized practice of female genital mutilation and persistent gender inequalities, limited economic opportunities, low levels of education, lack of awareness of youth friendly Sexual Reproductive Health and Rights (SRHR) and HIV services. There is therefore a large unmet need for youth friendly, integrated HIV and SRHR services for young people, particularly women living with HIV (WLHIV).

**Description:** To address this unmet need, Family Health Options of Kenya (FHOK) implemented an IPPF Japan Trust Fund project to create a conducive environment for young people (including young WLHIV) to access integrated SRHR and HIV information and services in Nakuru District in the Rift Valley provinces. This was achieved through a three dimensional approach that included policy, facility and community level interventions to address stigma and discrimination, gender inequality and lack of knowledge on positive prevention. At the policy level, representatives from the Ministry of Health, local administration, community gatekeepers and other stakeholders worked together to strengthen referral systems across various health facilities. At the facility level, integrated services were provided in a youth friendly environment and included screening and treatment for Sexually Transmitted Infections (STIs) and HIV, family planning services, treatment of opportunistic infections and

information on positive prevention. At the community level, trained peer educators provided weekly outreach sessions on STI and HIV prevention, family planning, nutrition literacy, HIV testing and adherence for PLHIV. Income generating activities (IGAs) for beneficiaries were also another important empowerment tool used.

**Lessons learned:** Integration of economic empowerment into HIV prevention programmes promoted positive health seeking behavior including adherence to ARVs by PLHIV. This enabled 5,000 beneficiaries to continue health seeking behavior thereby ensuring sustainable health outcomes. "Before I joined the project, I was so down. I could not afford food and money to go to hospital when sick. When I joined the project I got free medication and was taught how to make soap. I now I sell soap and don't worry very much because I can now afford medicine and food even when the project is over" (Beneficiary). Integration of SRH and HIV services contributed to reducing stigma and discrimination for young WLHIV. The number of services provided increased as a result integration from 1,000 to 3,000 clients seeking carrying forms of services. The peer educators included young women who are openly living with HIV which increased community ownership of the project and contributed towards reducing stigma and discrimination at both individual and community levels.

## (CONTINUED)

**Next steps:** To build on the success of integrated SRHR and HIV services with an economic empowerment model for young WLHIV, FHOK will continue to promote IGA for PLHIV, in particular through a community owned microfinance structure – a Savings And Credit Cooperative Society (SACCO). Through this structure registered support groups of PLHIV can access microfinance services. These groups can receive mentorship, training in entrepreneurship, management of group savings and loan disbursement from larger umbrella SACCOs. The economic empowerment also supports access to and adherence to the SRH and HIV treatment, care and support services they require.

PRESENTING AUTHOR'S NAME	FAJOLA Akinwumi
PRESENTING AUTHOR'S COMPANY	Shell Nigeria
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

HIV Sero Discordance Among Couples; Prevalence Among Pregnant Women And Their Partners Attending A Routine PMTCT Service In A Primary Health Care Facility In Portharcourt, Nigeria.

## ABSTRACT

**Background:** In Africa, even though HIV transmission occurs largely among high risk groups like CSW's, many new cases are seen among married/cohabiting couples. Screening of pregnant women for HIV is an index of community seroprevalence, and testing of both partners plays a role in HIV prevention and transmission. Traditionally it is believed that men are the major source of infection to their partners. The study looks at sero discordance and the role of support groups among couples. All seropositive women were encouraged to bring their partners for screening.

**Methods:** Using the opt out technique, all pregnant women attending the antenatal clinic of Shell supported Obio Cottage hospital were offered HCT. Partners accompanying the pregnant women (in the PMTCT program) were encouraged to participate in group counseling (including testing. Other relevant data of HIV positive pregnant women and their partners HIV status were obtained from the PMTCT-HCT and the PMTCT-Partner register respectively

**Results:** During a period of 2.5 years at Obio facility (2011- half year 2013) a total of 8,393 women were offered PMTCT services with 8118 (97%) tested. 275 (3.3%) women were HIV positive. 134/275 (49%) husbands were tested. Only 40 (30.7%) men were positive versus 94 (69.5%) sero negative i.e. sero-discordant from their partners. Majority had been in the relationship for over 3 years. A higher percentage of the women were positive (discordant positive) versus their male

partners. Only 2 couples in discordant relationships got separated due to partner status, 7/94 (7.4%) of discordant males use condoms with their partners while 24/40 (60%) of the concordant positive male partners use condoms with partners. 31/275 (11.2%) of the women did not reveal their HIV status to their husbands. Reasons such as "no time" and "I will come later" were given by men who failed to accompany their partners for testing. More of the concordant males than discordant male partners participated in PMTCT support group activities.

**Conclusions:** HIV discordant couples where the husbands are negative exist in Nigerian communities. Results throw up questions about sero discordance among partners. Counseling and coping strategies such as formation of support groups have greatly increased awareness, reduced stigma, and strengthened otherwise fractured relationships. Many discordant negative males have shown support to their positive female partners due to support group counseling. In spite of discordance, the couples live together. Some women still do not reveal their HIV status to their partners possibly due to cultural/stigma issues and 'fear of the unknown'. Repeated couple counseling is essential for providing psychosocial support to couples in discordant relationships.

PRESENTING AUTHOR'S NAME	FATOKI Olawumi
PRESENTING AUTHOR'S COMPANY	Positive Action for Treatment Access
SESSION TYPE	Oral
SESSION TITLE	MOADS14 - Opportunities in Working with Vulnerable Youth

## ABSTRACT TITLE

Is The Reproductive Health Need Of Adolescents Living With HIV Different From That Of Their HIV Negative Peers?

## ABSTRACT

**Background:** The peculiar needs of adolescents living with HIV continue to resonate in the everyday lives of those who live, work and manage this sub-population of adolescents. Therefore, it is apparent that there is a need to generate information that will help with the development of evidence-based response to the peculiar needs of adolescents living with HIV in Nigeria, especially with respect to their sexual and reproductive needs. This study is the first in a series that specifically identifies if the knowledge about and use of contraceptives of ALHIV differ from their HIV negative peers.

**Method:** The study recruited a nationally representative sample of 1574 adolescents 10 to 19 years old from 12 states in Nigeria. This included 749 adolescents living with HIV (ALHIV) and 825 adolescents who were HIV negative/untested. Data was collected using a face-to-face structured questionnaire. The questions collected details on the socio-demographic profile of the study participants, and assessed their reproductive health needs using questions adopted from the NARHS 2007 study questionnaire. Data analysis was a comparative analysis of study outcomes between adolescents living with HIV and those who were HIV negative. The dependent variables were reproductive health variables (contraception, condom use) while the independent variable was the HIV status.

**Results:** Only 48.5% of sexually active adolescents were using contraceptives. There was no significant difference in the number of ALHIV and negative adolescents (i) using contraceptives (27.2% vs 29.0%,  $p=0.73$ ); (ii) using condom every time with spouse ( $p=0.76$ ), boy/girlfriend ( $p=0.25$ ) and casual partners ( $p=1.00$ ); and (iii) who could discuss contraceptive with spouse ( $p=1.00$ ), boy/girlfriend ( $p=0.99$ ) and casual sex partners (0.17). However, the probability of using condoms was higher for adolescents who were HIV negative when compared with ALHIV. Adolescents who were HIV negative were also more likely to have good knowledge of contraceptives when compared with ALHIV. There were also various socio-demographic variables identified that reduced the probability of ALHIV using condoms when compared with their HIV negative peers.

**Conclusion:** The result of this cross-sectional study suggests that ALHIV were at increased risk of poorer reproductive health when compared to their HIV negative peers.



PRESENTING AUTHOR'S NAME	FATTI Geoffrey
PRESENTING AUTHOR'S COMPANY	Kheth'Impilo
SESSION TYPE	Oral
SESSION TITLE	MOADS18 - Born HIV Free Getting PMTCT to Work

## ABSTRACT TITLE

Site-Related Heterogeneity In Prevention Of Mother-To-Child Transmission Of HIV Program Outcomes And Factors Associated With Vertical Transmission: An Analysis In Seven High HIV Prevalence Districts In South Africa.

## ABSTRACT

**Background:** Although outcomes of prevention of mother-to-child transmission (PMTCT) of HIV programs in sub-Saharan African countries have improved in recent years, considerable variation in outcomes between different facilities are apparent. Missed opportunities for interventions by healthcare workers to prevent transmission still occur. The aim of this study was to describe heterogeneity in PMTCT outcomes between individual facilities in South Africa, and to investigate site-related health systems factors associated with transmission.

**Methods:** A cross-sectional study utilising routine clinical data from maternal and child health facilities in seven high HIV-prevalence districts from three provinces (Eastern Cape, KwaZulu-Natal and Mpumalanga) was performed. All public facilities in these districts supported by Kheth'Impilo, a nongovernmental organisation, were included. All pregnant women (and their infants) presenting at antenatal facilities between October 2012 and March 2013 were included. Clinical data aggregated at facility level as part of the District Health Information system were analysed. The primary outcome was the site proportion of positive HIV polymerase chain reaction tests (PCR positivity) in infants at 6 weeks after birth, used as a measure of HIV transmission. Associations between PMTCT process indicators and PCR positivity were analysed using maximum-likelihood logit regression for grouped data.

**Results:** 21,475 pregnant women who presented at 124 facilities were included. 8077 women were HIV positive with a median site HIV prevalence of 34.6% (IQR: 26.3%-44.6%). 6891 infants received

a 6-week PCR test, with the estimated median site uptake of PCR testing in HIV-exposed infants being 90.8% (IQR: 60.0%-100.0%). 114 (1.7%) PCR tests were positive; the median site PCR positivity was 0% (IQR: 0%-2.1%). PCR positivity was > 5% at 13 (10.7%) sites. 282 (1.6%) eligible pregnant women did not receive an initial HIV test, with 14.5% sites recording >10% eligible women not receiving an initial HIV test. 226 (3.5%) eligible HIV-positive women did not receive a CD4 cell test, with 28.7% sites recording >10% eligible women not receiving a CD4 cell test. Sites at which >1% of eligible women did not receive an HIV test had a greater than two-fold higher PCR positivity compared to sites at which <1% eligible women did not receive a HIV test; OR 2.17 (95% CI: 1.42-3.31; P=0.004). A 10% decrease in site CD4 cell test uptake was associated with a 19% increase in PCR positivity, OR 1.19 (95% CI: 1.08-1.31; P=0.001). In addition, 10% decreases in HIV and CD4 cell testing were associated with 19% and 15% increases in 18 month infant HIV test positivity; OR 1.19 (95% CI: 1.03-1.37; P=0.021) and OR 1.15 (95% CI: 1.01-1.31; P=0.033), respectively.

**Conclusions:** Vertical HIV transmission at most facilities in these high HIV-prevalence districts was low, and overall HIV and CD4 cell testing uptake was good. However, HIV transmission at a small proportion of facilities remained elevated. Facility-level decreased HIV and CD4 cell test uptake were strongly associated with HIV transmission. Identifying sites with poorer outcomes and measures to address barriers to site uptake of HIV and CD4 cell testing are likely to improve overall PMTCT program performance.

PRESENTING AUTHOR'S NAME	FATTI Geoffrey
PRESENTING AUTHOR'S COMPANY	Kheth'Impilo
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Improved Prevention Of Mother-to-Child Transmission Of HIV Outcomes At Facilities With Clinical Nurse Mentoring In South Africa.

## ABSTRACT

**Background:** To improve outcomes of prevention of mother-to-child transmission of HIV (PMTCT) programs in low-income settings, improvement in the efficiency, competence and responsiveness of health personnel are required. This study evaluated the effectiveness of clinical mentoring for maternal and child health (MCH) nurses in facilities in seven high HIV prevalence districts in South Africa.

**Methods:** Quality nurse mentors (QNM) are nurses who strengthen MCH services by building staff capacity and clinical management skills through ongoing mentoring and support of nurses, and ensure the proper application of national PMTCT guidelines amongst others. A cross-sectional study using routine clinical data was performed at public, nurse-led MCH services comparing PMTCT outcomes between QNM and non-QNM supported facilities. All pregnant women (and their infants) presenting at facilities between October 2012 and March 2013 were included. Clinical data aggregated at facility level as part of the District Health Information System were analysed. Outcomes were analysed using maximum-likelihood logit regression for grouped data, controlling for available site-related confounders.

**Results:** Participants included 12,943 (60.3%) pregnant women at 53 QNM supported facilities, and 8514 (39.7%) women at 71 non-QNM supported facilities. Lack of initial HIV testing in eligible pregnant women was 1.4% vs.3.8% at QNM and non-QNM supported sites, respectively; adjusted odds ratio (aOR) 0.32 (95% CI: 0.26-0.40; P<0.0001). Lack of CD4 cell testing in eligible women was 6.5% vs.7.4% at QNM and non-QNM supported sites, respectively; aOR 0.86 (95% CI: 0.71-1.04; P=0.13). Six-week infant HIV DNA polymerase chain reaction test positivity was 1.3% vs.2.1% at QNM and non-QNM supported sites, respectively; aOR 0.65 (95% CI: 0.43-0.90; P=0.024). Estimated lack of 18-month infant HIV testing uptake was 41.3% vs.72.8% at QNM and non-QNM supported sites, respectively; a OR 0.23 (95% CI: 0.21-0.26; P<0.0001). 18-month infant HIV test positivity was 0.9% vs.2.2% at QNM and non-QNM supported sites, respectively; aOR 0.42 (95% CI: 0.24-0.74; P=0.003). Estimated lack of cotrimoxazole uptake in HIV-exposed infants was 20.3% vs.25.0% at QNM and non-QNM supported sites, respectively; aOR 0.61 (95% CI: 0.54-0.68; P<0.0001).

**Conclusions:** PMTCT outcomes were better at QNM supported facilities. Further expansion of clinical mentoring for PMTCT nurses in low-income settings should be considered.

PRESENTING AUTHOR'S NAME	FERNANDO Shamiso
PRESENTING AUTHOR'S COMPANY	Centre for Sexual Health & HIV/AIDS Research Zimbabwe
SESSION TYPE	Oral (SPC NADS)
SESSION TITLE	

## ABSTRACT TITLE

Parental Reasons For Non-adoption Of Early Infant Male Circumcision For HIV Prevention: Qualitative Findings From Harare, Zimbabwe

## ABSTRACT

**Background:** Early infant male circumcision (EIMC) is easier, safer and cheaper than adult MC [1]. Further, EIMC may more effectively prevent HIV acquisition as the procedure is carried out before the individual becomes sexually active, negating the risk associated with acquisition or transmission of HIV during the healing period [2]. However, EIMC acceptability will affect uptake, roll-out and subsequent effectiveness in preventing HIV. It is therefore crucial to identify and address parental concerns that may act as barriers for EIMC for HIV prevention. Addressing the barriers will likely improve uptake and maximize the intervention's benefits.

**Methods:** This qualitative study was ancillary to a trial that assessed the feasibility, safety, acceptability and cost of rolling out EIMC using devices in Zimbabwe. Parents of babies born at a Harare clinic were invited to participate. Between January and May 2013, nine in-depth interviews (IDIs) and four focus group discussions (FGDs) were held with parents who had either adopted EIMC for HIV prevention (n=2 IDIs and 2 FGDs with mothers; n=2 IDIs and 2 FGDs with fathers) or had declined to circumcise their newborn sons (n=3 IDIs and 2 FGDs with mothers; n=2 IDIs and 2 FGDs with fathers). In addition, short telephone surveys were conducted with a random sample of parents who had scheduled to bring their sons for EIMC but defaulted (n=95). This was in order to assess reasons for not bringing the infant for EIMC; short statements were handwritten. IDIs and FGDs were audio recorded. All data were transcribed, translated into English and coded using NVivo 10. Codes were grouped into themes and sub-themes using thematic analysis.

**Results:** Parental reasons for non-adoption of EIMC include fear of harm including death, fear of excessive bleeding, pain and penile injury; the newborn's penis was deemed 'too' fragile for the procedure. There were also strong concerns around the discarded foreskin with some parents fearing that it would be used for harmful traditional or Satanic rituals. Myths about MC in general (e.g. that it is a ploy to reduce the number of children that a man can procreate) also played a significant role. Some parents noted that MC in general and EIMC specifically, had never been practised in their clan and it was therefore not supposed to start with their newborn sons. A few parents stated that the baby should decide for himself when older. Several mothers who had delivered through caesarean section mentioned that they were still preoccupied with nursing their own wound and would therefore not be able to nurse an additional wound (from EIMC).

**Conclusions and recommendations:** The qualitative study enabled us to identify key barriers to EIMC uptake. Findings were used to derive Recommendations which will inform the design of a demand-generation intervention for EIMC. Although barriers to EIMC are to some degree context specific, some of those identified in this study may apply in other settings across the region; they need to be addressed if uptake of EIMC for HIV prevention is to be widely adopted.

PRESENTING AUTHOR'S NAME	FERREIRA Leopoldina
PRESENTING AUTHOR'S COMPANY	Mozambique Ministry of Health
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Incorporating Health Indicators Into Cross-sector Policies To Increase Country Ownership Of And Accountability For A National HIV/AIDS Response: Increasing Coverage Of ART And PMTCT In Mozambique

## ABSTRACT

**Issues:** Addressing HIV/AIDS can be more than one sector can bear, given the financial, human resource, logistics and information resources required to combat the epidemic. Moreover, the involvement of non-health sectors and the commitment of the government overall play an instrumental role in the effectiveness and sustainability of national HIV response. In order to accelerate national response and increase country ownership and mutual accountability, countries should incorporate HIV/AIDS goals and indicators into policies of non-health sectors and the government overall.

**Description:** Over the past thirteen years, Mozambique made significant strides toward a government-wide response to HIV, incorporating HIV objectives and performance indicators into multiple health and non-health policies. The government included HIV-related goals and indicators in its Five-Year Plans and the Assessment Frameworks for the National Action Plans for the Reduction of Poverty and the Health Sector. The government developed National Multi-sectorial Strategic Plans for HIV and supported national proposals for AIDS assistance to international donors like the Global Fund. As a result of these nationally-led actions to prioritize a cross-sector response to HIV/AIDS, progress in HIV care and treatment and PMTCT were consistently monitored from 2005 to 2012. Indicators of AIDS response (adapted from the Paris Declaration on Aid Effectiveness, 2005, the Accra Agenda for

Action, 2008, and USAID, 2010) were analyzed to describe political and institutional ownership, national capability and mutual accountability in Mozambique.

**Lessons learned:** HIV/AIDS indicators not only assessed performance of the sector but also drew government attention to the processes of planning and resource allocation. Ultimately, this shifted the epidemic response away from a vertical approach. The sector-wide approach (SWAp) to funding and planning enabled a more coordinated and cost-effective national response to HIV/AIDS. Most importantly, country ownership for AIDS response expressed through cross-sector policy and HIV indicators resulted in a dramatic increase of coverage for PMTCT and ART services. Over a period of seven years (2005 to 2012), Mozambique increased the numbers of: - Health facilities offering PMTCT services, from 96 to 1,223; - HIV-positive pregnant women receiving PMTCT, from 8,244 to 85,587; - Children receiving pediatric ART, from 1,686 to 25,891; and - Adults with advanced HIV infection receiving ARV according to national protocols, from 15,900 to 282,687. In addition to progress in service delivery, the country observed the use of monitoring data by country institutions to modify programs. Mozambique received additional donor funding and then used that funding in a more coordinated way. Also, the country benefited from improved capacity for M&E through an integrated HMIS.

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**Next steps:** Today Mozambique continues to embrace cross-sector response due to recent successes. In the current GRM Five-Year Plan, HIV is considered a cross-cutting area with specific objectives in each sector, translating into health-related, annual operational priorities at the central, provincial and district levels. The Acceleration Plan for HIV Elimination, currently under finalization, will be integrated into the five-year National Strategic Plan of the Health Sector. Following the positive outcomes as a result of national leadership and policy for the HIV/AIDS response, the Mozambican health community is now advocating for a similar approach in maternal and newborn child health (MNCH). MNCH in Mozambique demonstrated little progress in reducing mortality rates over the past decade.

PRESENTING AUTHOR'S NAME	FODJO Yetgang Airy Barrière
PRESENTING AUTHOR'S COMPANY	université de yaoundé 1, cameroun, centre de biotechnologie
SESSION TYPE	Oral
SESSION TITLE	SUADS 3 - Co-Infections and Emerging Pathogens

## ABSTRACT TITLE

Malaria/HIV Co-infection And Pregnancy: Malaria Antigen Recognition

## ABSTRACT

**Background:** Malaria and HIV infection are serious public health problems in sub-Saharan Africa. The risk of transmission of both malaria and HIV may increase due to co-infection. In pregnancy, the risk is even higher, and may cause severe adverse peri-natal outcomes. However, the molecular interactions between malaria and HIV are still poorly understood. This study investigates the influence of malaria/HIV co-infection on malaria antigen recognition during pregnancy.

**Methods:** Sixty pregnant women (15 co-infected with malaria/HIV, 15 infected with malaria only, 15 infected with HIV only and 15 negative for both infections) were recruited after obtaining their full consent. Plasmodium parasite species were confirmed by the Polymerase Chain Reaction (PCR). *P. falciparum* parasites isolated from placental biopsies were sonicated to release parasites proteins. The total protein was quantified by Bradford and resolved by SDS-PAGE. The resolved proteins bands were immunoblotted on nitrocellulose membrane and probed with individual patient's antiserum, then detected using goat antihuman (Alkaline phosphatase labelled) IgG antibody. Antigen recognition profiles between the four groups of women were compared.

**Results:** 21 antigenic protein bands were detected in the group infected with malaria only. Five of these with molecular weights (Kda) 169; 147; 74; 56; 16 were not found in women co-infected with malaria and HIV, while only ten identical bands were detected in women negative for both infections and HIV only. The presence of some bands in women positive for malaria only, but not in the co-infected group suggests the likelihood of HIV to exacerbate the outcome of malaria in co-infected individuals. Presumably, this could be due to antibodies of both infections competing for the same epitope on *P. falciparum* or inhibition of malaria antibody production due to prior binding of HIV antibody. The plethora of parasite protein antigens is likely to enhance the parasites' ability to evade immune recognition and hinder the development of a plausible malaria vaccine.

**Conclusion:** Health policies towards vaccine and/or drug development for malaria must consider the uniqueness of co-infected persons as the efficiency is likely to be reduced in this group.

PRESENTING AUTHOR'S NAME	FOLAYAN Abodunde O.
PRESENTING AUTHOR'S COMPANY	OROL YOUTH EMPOWERMENT INITIATIVE
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Infant Feeding Methods Practiced Among HIV-POSITIVE Young Mothers In Ekona (CAMEROON) And Gishiri (NIGERIA) Rural Community

## ABSTRACT

**Background:** In sub-Saharan Africa, over 1,000 newborns are infected with HIV every day, despite available medical interventions. Pediatric HIV is a large contributor to the high rates, the largest in the world, of infant and child mortality in this region. Prevention of mother-to-child transmission of HIV (PMTCT) can dramatically reduce the risk of infection for the infant during pregnancy, childbirth, and breastfeeding. Throughout most urban areas of Africa, free medications are readily available. However, approximately 50% of HIV-positive pregnant women in sub-Saharan Africa are not accessing or adhering to the necessary medications to prevent mother-to-child transmission. Mother-to-child Transmission (MTCT) rates for HIV are estimated at 25- 45% in the primarily breastfed population of Sub-Saharan Africa. Vertical transmission is (MTCT) accounts for most cases of HIV/AIDS in Pediatric. Prevention of Mother-to-child Transmission (PMTCT) is thus of great importance. Affordable, appropriate, and sustainable infant feeding method are crucial in HIV exposed infants. There is still a high rate of new HIV positive cases in infants in rural community. This was realized during out reach programs and based on a past study on the prevalence of HIV/ Aids in EKONA and GISHIRI in Infants 0-5. The study carried out in two rural areas: Ekona village of the South west region of Cameroon and Gishiri Village of North central in Nigeria. These rural areas have a agricultural subsistence population. The study was aimed at determining the proportion of young HIV positive mothers aged (14-30) mothers practicing the various feeding method and determine the various

factors influencing these Methods and determine the relationship between these factor and the chosen feeding method. Hypotheses Majority of Young HIV positive mothers of the rural community practice feeding Options which exposes their infants to HIV/ Aids infection.

**Methods:** A cross sectional observational study was carried out in these rural areas from July 22 to August 23 2012 using structured questionnaires administered to one hundred HIV positive mothers of Age 14-30 In these rural areas who attended Infant welfare clinics (IWC) in the Health centers. These clinics are run by Midwives and nurses who have been officially or informally trained on PMTCT. Some questioners where administered at HIV/AIDS clinic sessions at the health centers. An infant weighing scale and structured questioners where the main instruments used -

**Results:** In Ekona (Cameroon) and Gishiri (Nigeria) respectively 60.5% & 70% of the women where married, 60.3% & 68% are unemployed and practice farming.40.2% & 31% attended secondary school and 33% & 31% earn between 20 to 50USD per month as salary. Disclosure of status to partner had an average rate of 80% and ironically only 43.5% disclosed their status to their family member. Majority of the mothers gave birth through Virginal delivery (95%) and 5% underwent caesarean delivery. In Ekona (Cameroon) 1.5% of the women did not attend ANC at all and 60% took ARV during Pregnancy. 10% of the women where counseled by trained health care professionals on various feeding Methods during ANC and IWC.

**(CONTINUED)**

Of these 80% were told to use Exclusive Breast feeding (EBF) and 10.5% were told to choose their own method, 5.2% were told to practice replacement feeding (RF) and 5.3% gave no response. In a similar study carried out in Gishiri Nigeria, the results were not so different 2.5% of the women did not attend ANC at all and 60% have access to ARV during Pregnancy. 11% of the women were counseled by trained health care professionals on various feeding Methods during ANC and IWC. Of these 90% were told to use Exclusive Breast feeding (EBF) and 10% were told to choose their own method, 5% were told to practice replacement feeding (RF) and 5% gave no response. Most Mothers personally made a choice on the feeding method 70.6%, 20.4% followed the advice of the health care provider and 10% made their choices based on fear of stigmatization and influence from family members. Majority of these Young mothers practiced Mixed feeding MF (70%) due to ignorance, fear of stigmatization, Busy schedules, family influence and personal choice.

**Conclusions:** The choice of a breast milk alternative is influenced by many factors, among them knowledge of MTCT, wealth, cultural attitudes (stigmatization) and information attained from health facilities. Whilst wet-nursing may be a practicable infant feeding alternative at family level among the non-tested mothers, it was not for these HIV positive mothers. There is still a high rate of MF practiced in some rural areas in sub-Saharan Africa. A lot needs to be done to improve on this as this puts the infants at risk of contracting the HIV virus. Stigmatization is still a very big problem. Available health professionals are either not well trained and to carry out the task on educating these mothers on the risk associated with their actions.

**Recommendations:** We recommend that all Community Base Organisations (CBOs) and Non-Governmental Organisations (NGOs) should include programs on Infant feeding options for HIV positive mothers in their work most especially in the rural areas of the Sub-Saharan Africa. Small initiative groups should be created with these mothers so that they can encourage each other and support themselves. Training HIV positive mothers on the infant feeding Methods to act as trainers. Improving sensitization in rural areas as pre HIV/aid to decrease stigmatizations.



PRESENTING AUTHOR'S NAME	FOUELIFACK Ymele Florent
PRESENTING AUTHOR'S COMPANY	Hôpital Central de Yaoundé
SESSION TYPE	Oral
SESSION TITLE	TUADS28 - HIV Co-morbidities

## ABSTRACT TITLE

Caesarean Section Among Women Infected With HIV: Materno-fetal Outcome Jeanne Hortense Fouedjio, Fouelifack Ymele Florent, Bongoe Adamo

## ABSTRACT

**Background:** HIV infection is a common disease in the world, particularly in Africa. In order to evaluate the materno-fetal outcomes in HIV-infected women undergoing caesarean section, we conducted a cohort study at the Obstetrics and Gynaecology Unit of Yaoundé Central Hospital from March to July 2012.

**Methods:** We included 194 women who delivered by caesarean section. Sampling was consecutive. Sixty-five were HIV-positive and 129 were HIV-negative. Patients were followed up postoperatively at day 5, day 8 and day 12 during the appointment for the dressings of the wound.

**Results:** The average age was 30.31 years (range: 18-45 years) in the HIV-positive group and 28.47 years (range: 11-44 years) in the HIV negative group, with no significant difference ( $p = 0.061$ ). The maternal morbidity rate was 27.69% in the HIV positive group against 26.36% in the HIV negative group, without significant difference. Maternal infectious complications were greater in HIV-positive patients: 12 (18.46%) than in HIV negative patients: 18 (13.95%) with no significant difference ( $P = 0.412$ ). Endometritis was more common eight (12.30%) in the group of patients with HIV against eight (6.20%) in the group of HIV-negative patients with no significant difference ( $P = 0.144$ ) CI: 0.471 (0.168 to 1.319). In the group of patients with HIV, endometritis was significantly higher when the CD4 count  $<350/\text{mm}^3$  compared with those with a CD4 count  $\geq 350/\text{mm}^3$  ( $P = 0.032$ ). Moreover, there was no association between neonatal mortality or morbidity and HIV infection.

**Conclusion:** Materno-fetal morbidity and mortality were not statistically different in the two groups, HIV or non-HIV infected. However, we should take special precautions because the drop in CD4 counts under  $350/\text{mm}^3$  increases the rate of postoperative endometritis.

PRESENTING AUTHOR'S NAME	GANA Catherine
PRESENTING AUTHOR'S COMPANY	Family Health International (FHI36 )
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Experiences Of Caregivers Of Vulnerable Children In Nigeria

## ABSTRACT

**Background:** Support for caregivers of orphans and vulnerable children (VC) have largely been a neglected aspect in VC care and support programs. Nigeria with its large population of orphans and vulnerable children, 17.5 million as at 2008, has a large number of caregivers needing support to provide adequate care for their children/ward. Unfortunately, not much is known about experiences of these caregivers in providing care for VC in Nigeria. The Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project is a 5-year PEPFAR funded comprehensive HIV prevention, care and treatment project in Nigeria. SIDHAS works through stakeholders to provide basic essential services for VC in 15 states across the country. This study explored the experiences of caregivers of VC enrolled in the SIDHAS program to determine what caregivers perceived as barriers to caring for VC.

**Methods:** From June to December 2012, we conducted 161 semi-structured interviews and 8 focus group discussions (FGDs) with primary caregivers of VC in four project implementation sites in Cross River state and Federal Capital Territory (FCT). A convenience sampling approach was adopted to recruit participants in the selected communities. Interview transcripts and notes from the FGDs were analysed using a thematic approach.

**Results:** Of the 161 caregivers interviewed, most were female (90%), and more than 80% of all participants were aged 50 or below. 57% of caregivers were widowed and have completed only primary school (42%). Environmental condition, safety and low economic status were challenges expressed by caregivers. 85.7% of them reported earning less than 10,000 naira (64.1 dollars)

a month, while only 3 percent thought they had enough resources to take care of their children. One caregiver said "I am always worried. . . . about the effect of lifestyle of the inhabitants especially girls and some bad boys. . . on my children". On how they have been able to provide care for the children, another caregiver said "my neighbor use (sic) to assist me with money and food. . . . to take care of the children". On perceived level of self-sufficiency, only 3% of the 161 caregivers said they can take care of their children. Unemployed caregivers experience difficulty in caring for their own children and those they fostered. . A caregiver in the urban area said ". . . . . we cannot afford school fees here, so we have to send them back to the village and the little money that my husband can afford. . . even our children, they are not getting good education, sometimes they send the children back home because of school fees" When material supports are available from Government, civil society organisations and relations, they experience long waiting time, lack of transportation and insufficient items.

**Conclusion and Recommendation:** The challenges reported show that caregivers need specific support particularly for income generation as a more sustainable approach to care for VC. The vulnerabilities VC face should also be addressed as part of comprehensive programming.

PRESENTING AUTHOR'S NAME	GILBERT-Nandra Ulrike
PRESENTING AUTHOR'S COMPANY	UNICEF
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Ensuring Services For HIV Positive Women And Children During The 2013 Elections In Kenya: Lessons And Recommendations

## ABSTRACT

**Issue:** In Kenya, about 87,000 HIV-positive women give birth every year, and 10,300 of their babies are born with HIV. Effective and inexpensive medical interventions can prevent transmission of HIV to babies and protect mothers' health at any time, including in times of emergency or natural disaster. In January 2013, Mothers2Mothers (m2m) Kenya and UNICEF worked together to develop a proactive plan to support clients during the general elections, in the event that service disruptions occurred. Contingency plans, in line with government plans, were designed to provide support in March and April at 30 sites in the country where the Kenya Mother Mentor Programme is implemented.

**Description:** Ahead of the general election date, a list of preparedness services was generated that would be provided at all 30 sites to the Mother Mentors. Guidance was communicated to the Mentor Mother teams through regional meetings at each of the 30 health facilities and included the following expanded activities: \* Educating HIV-positive clients to collect a 3-month buffer supply of ARVs for themselves and prophylaxis for their babies \* Calling all clients whose appointment dates are due during the post-election period to come to the health facility in advance for care and to collect their drug supply \* Allocating Mentor Mothers to the already formed response teams at the health facilities to provide education and psychosocial support \* Sensitizing clients on services disruption and tips to prepare \* Educating clients on where to seek health care in case of injuries or other illness in the event that access to their regular facility was blocked \* Ensuring that all clients attending their clinics had the Mentor Mother Team Leader's site phone number for easy communication

**Lessons learned:** \* Despite the absence of displacement and post-election violence, other PMTCT service providers closed their services for 2 weeks during the election period; however, Mentor Mothers were able to work throughout the period alongside MOH staff \* The pro-active approach ensured that, a total of 1,774 new HIV-positive pregnant and post-natal clients across the 30 health care facilities were enrolled and a total of 236 support group sessions for MCH and PMTCT clients were completed. \* Successful provision of 3 month drug supplies to 100 % of HIV-positive clients is possible \* Strengthened systems for referrals and linkages of clients were essential \* Mentor Mothers played the role of peace ambassadors by promoting peace and unity among clients and their neighbors, and promoted adherence to care and uptake of services throughout the post-election period.

**Recommendations:** Contingency planning, including for PMTCT services does not need to be a time consuming and cost intensive exercise, rather existing partnerships can rapidly be mobilized. Timely planning and preparations ensured that all 30 sites were fully functional and nearly 2000 HIV positive women received services which they otherwise may have not. Promoting resilience and emergency preparedness should be undertaken as part of routine programme planning, including for PMTCT programmes, and are cost effective and efficient.

PRESENTING AUTHOR'S NAME	GILL Michelle
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Health Workers' Perspectives On The Acceptability, Feasibility, And Health Services Utilization Following The Introduction Of The Mother-Baby Pack For PMTCT In Lesotho

## ABSTRACT

**Background:** The Mother-Baby Pack (MBP) was a mechanism for delivering prepackaged prevention of mother-to-child HIV transmission (PMTCT) and safe motherhood medicines to all pregnant women from 14-weeks' gestation (or thereafter) through 6-weeks postpartum. The MBP was designed to simplify access to medicines among pregnant women and supply chain management and minimize treatment interruption due to stock-outs. In Lesotho, three types of MBP were dispensed at women's first antenatal visit beginning in January 2011: packs for HIV-negative women, HIV-positive women receiving PMTCT prophylaxis, and HIV-positive women receiving ART. MBP were aligned with the World Health Organization's previous PMTCT guidelines from 2010, known as "Option A." An evaluation was conducted to assess health care workers' (HCW) perceptions of the pack's acceptability and feasibility and its influence on women's utilization of maternal and child health (MCH) services.

**Methods:** Between December 2012 and February 2013, trained study staff conducted semi-structured interviews with 71 HCW in MCH clinics at 31 randomly selected study sites. HCW were interviewed on the acceptability of the pack's design and contents, and feasibility of counseling provision, drug logistics, clinic flow and general workload. Women's service utilization was defined by antenatal and postnatal clinic attendance and facility delivery. Interviews were conducted in English and Sesotho after informed consent was obtained. Interviews were audiotaped, transcribed and translated into English. Transcripts were coded, data were analyzed using MAXqda (V10) and main themes identified. Ethical approval was obtained in Lesotho and the U. S.

**Results:** Overall, the MBP design and contents were found acceptable to HCW. However, they acknowledged that some women found the pack to be conspicuous and too large to transport to and from the health facility as instructed. HCW reported mixed feelings on MBP feasibility. Pre-packaged drugs eased HCW workload and MBP stock-outs were reported as minimal. Some HCW reported that it made counseling more intensive and time-consuming at the initial antenatal visit, when the pack was typically dispensed, but acknowledged that the counseling included critical information. The majority of HCW did not think MBP had a significant influence on women's attendance at antenatal, delivery and postnatal services. However, they reported that some women, particularly early in pregnancy, may have been reluctant to attend antenatal services because carrying the pack in the community identified them as pregnant.

**Conclusions and recommendations:** A drug delivery mechanism providing pre-packaged medicine to women in pregnancy and early postpartum was assessed to be acceptable and feasible to HCW. Use of a MBP was not felt to negatively influence women's service utilization. Use of MBP can successfully be integrated into PMTCT programs, however, there needs to be careful consideration of the effect of MBP use on staff time and patient flow and improving the MBP design and size.

PRESENTING AUTHOR'S NAME	GONZALEZ-PEREZ Juan
PRESENTING AUTHOR'S COMPANY	AIDS Healthcare Foundation
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Predictors Of Linkage To Care In A Test And Treat Model In Uganda

## ABSTRACT

**Background:** The importance of linkage to HIV care and treatment services after HTC is increasingly recognized. Available evidence indicates that significant attrition occurs in this stage of the pre-ART cascade of interventions. Data is however limited, especially from community based models of HTC delivery. We present here results on linkage to care from the Test and Treat (T&T) project in Masaka (Uganda).

**Methods:** All individuals testing positive between January 2012 and March 2013 through the different HTC approaches used in the T&T project were included. Linkage to care was defined as patient registered for HIV care and treatment in any facility of the area within 6 weeks after testing. Binomial regression models were used to identify testing strategies and socio-demographic factors associated with linkage to care.

**Results:** 10,592 persons tested positive and 3,197 (30.2%) were enrolled into care during the study period. Median age was 29 years and 61% were women. Median CD4 was 341 cells/  $\mu$ L. There was no difference in linkage to care between men (31%) and women (29.6%). Age group 15-19 years (OR 0.39) and work as a fisherman (OR 0.43) were identified as demographic factors associated with worse linkage to care. Regarding testing models, health facility-based HTC had significantly better outcomes in linkage to care (OR 3.53) than community-based testing whereas provider-initiated (OR 0.42) and testing in antenatal care (OR 0.39) were associated with lower enrolments rates than standalone VCT. Couples that were counseled together were more likely to be linked to care

(OR 2.04) than clients receiving any other type of counseling. Linkage was also better among those tested for the first time and in more recent calendar period.

**Conclusions:** Linkage to care after testing positive remains a major challenge for HIV programs and the results that we present here are not an exception. Our study found that client-initiated facility-based testing is the model that achieved the best results in terms of linkage to care (overall 45.6% for this group). Immediate availability of services but also the fact that the process is initiated and driven by the client can explain the success of this model. Our results also indicate that specific needs of groups with very low enrolment rates (eg: adolescents) need to be addressed and new initiatives at community level have to be implemented to increase enrolment from outreach testing.

PRESENTING AUTHOR'S NAME	GOUMKWA Mafopa Nadege
PRESENTING AUTHOR'S COMPANY	
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

A cost-effective approach for early infant diagnosis of HIV in Cameroon, a low-income country with high viral diversity

## ABSTRACT

**Background:** Early infant diagnosis of HIV infection is a key component for the prevention and control of pediatric HIV/AIDS in low-income settings. An effective method, Roche Amplicor HIV-1 DNA, commonly used for HIV-1 early infant diagnosis in sub-Saharan Africa remains of high cost to national AIDS programs. Thus, evidences of a better affordable and reliable approach in a context of high HIV variability, like Cameroon (HIV-1 Groups M, N, O, P, and HIV-2), would be of great relevance for the management of infants exposed to HIV-infection in low- and middle-income countries.

**Methods:** A comparative study was conducted in 2010 at the Chantal BIYA International Reference Centre (CIRCB) for research on HIV/AIDS prevention and management in Yaounde, Cameroon. Using Abbott RealTime HIV-1 RNA (detecting HIV-1 groups MA-H, N, O) as reference tool, the performances of Roche Amplicor HIV-1 DNA, v1.5 (detecting HIV-1 group M) and PerkinElmer HIV-1 p24 ELISA (detecting HIV-1 group M and O) were evaluated on 112 children samples borned to HIV positive mothers. (We had 13 HIV-Positives and 99 HIV-negative with Abbott).

**Results:** Both Roche Amplicor and PerkinElmer p24 reported sensitivity and specificity of 100% and 100%, with positive and negative predictive values of 100% and 100%, respectively. Most importantly, Roche Amplicor (\$20/sample) and PerkinElmer p24 (\$12/sample) represented about 70% and only 40% the cost of Abbott (\$30/sample), respectively. Thus, PerkinElmer method is about twice affordable compared to Abbott and Roche.

**Conclusions:** PerkinElmer p24 is most cost-effective for HIV early infant diagnosis program in resource constrained settings. The high concordances with Abbott RealTime HIV-1 RNA support evidences of the widespread HIV-1 group M even in settings with high viral diversity. With its practicability in rural/ semi-urban settings and its capacity to detect both groups M and O of HIV-1, there is need to further evaluate this ELISA approach toward its implementation in low- and middle-income countries.

PRESENTING AUTHOR'S NAME	GOURLAY Annabelle
PRESENTING AUTHOR'S COMPANY	London School of Hygiene and Tropical Medicine
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Knowledge Of Vertical Transmission Of HIV In The Context Of Prevention Of Mother-to-child Transmission Of HIV Services In Rural Tanzania: A Mixed Methods Approach

## ABSTRACT

**Background:** Poor knowledge of vertical HIV transmission was reported in Kisesa, rural Tanzania prior to decentralisation of prevention of mother-to-child transmission (PMTCT) services in 2009, which may explain low uptake of PMTCT services reported in the region. This study examines trends over time in knowledge of HIV transmission and explores current misconceptions around mother-to-child transmission in the same setting.

**Methods:** Three community-level HIV serological surveys were conducted in 2003-4 (sero4), 2006-7 (sero5), and 2010 (sero6) among a population of approximately 30,000. Consenting participants gave blood for HIV research tests and were offered HIV voluntary counselling and testing. Structured questionnaires collected information on socio-demographic characteristics, child-bearing, and HIV knowledge. Trends in HIV transmission knowledge were described by socio-demographic characteristics, using chi-square tests to compare proportions. Participatory group discussions were conducted in 2012 with 3 male and 3 female groups of 8-12 randomly selected participants, with female groups "seeded" with 1-5 purposively selected HIV-positive women. Discussions were recorded, transcribed, translated into English, and analysed thematically using NVIVO9.

**Results:** Knowledge of vertical HIV transmission changed little over time, with 6.3% of participants in sero4 reporting this mode of transmission without prompting (n=8936), 7.2% in sero5 (n=8705), and 5.2% in sero6 (n=8003). Other modes of

transmission including sharing personal items, body incisions, unsterile injections and sex without a condom were more commonly stated than vertical transmission. Knowledge differed by sex: higher in men than women in sero5 (13% vs 3.0%,  $p<0.001$ ) and lower in men in sero6 (2.3% vs 7%,  $p<0.001$ ). HIV-positive and HIV-negative women had similar knowledge (all rounds  $p>0.2$ ), and under 10% of HIV-positive women aged 15-49 mentioned vertical transmission (sero4 7.7% (n=272); sero5 3.6% (n=304); sero6 9.2% (n=316)). Knowledge increased with more education (all rounds  $p<0.001$ ), area of residence (all rounds  $p<0.001$ , with generally greater knowledge in roadside compared to rural villages), and among women with births since 2009 ( $p=0.01$  sero6). Group discussions revealed misconceptions and confusion about the timing of vertical transmission. Participants disagreed over the possibility of HIV transmission during pregnancy, with debates about whether the mother and baby's blood mixed. Several participants thought babies were infected in the womb during sexual intercourse with an HIV-infected man. A few who agreed that pre-partum transmission could occur suggested the need for counselling about antiretroviral drugs during pregnancy. Delivery was the most commonly mentioned time for transmission and was best understood (e.g. due to lesions during the process), though cutting the umbilical cord was often thought to convey the greatest risk. Unsterile razor blades used during or after delivery, and breastfeeding (through biting by the infant, or HIV in mother's milk) were frequently cited.

## (CONTINUED)

### **Conclusions and recommendations:**

Knowledge of vertical HIV transmission remains disturbingly low in this setting, despite decentralisation of PMTCT services including opt-out HIV testing in antenatal clinics from early 2009. Provider-led and community-based education regarding mother-to-child transmission, particularly among women of child-bearing age is urgently needed. Misunderstandings and disbelief of HIV transmission during pregnancy have potential implications for pre-partum drug adherence and clinic attendance by HIV-positive pregnant women.



PRESENTING AUTHOR'S NAME	GUPTA Neil
PRESENTING AUTHOR'S COMPANY	Division of Global Health Equity, Department of Medicine, Brigham & Women's Hospital
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

An Analysis Of Mother-to-Child HIV Transmissions Under The "B+" Option: Implications For Elimination Of Mother-to-Child Transmission (EMTCT) Policy In Rural Rwanda

## ABSTRACT

**Background:** In November 2010, Rwanda adopted Option B-plus [lifelong antiretroviral therapy (ART) for pregnant women with HIV] for prevention of mother-to-child transmission (PMTCT) of HIV. From July 2011 to June 2012, the Rwanda national PMTCT program reported a cumulative 18-month transmission rate of 3.6%. An in-depth analysis was conducted to inform policy-makers how remaining transmissions could be averted under the national Elimination of Mother to Child Transmission (EMTCT) program.

**Methods:** The HIV-Exposed Infant and Pediatric ART registers were reviewed at 37 rural Rwandan health facilities for all infants born and enrolled in care from November 1, 2010, to September 30, 2012. For all infants with recorded positive DBS testing or positive HIV antibody testing, the infant and mother charts were reviewed.

**Results:** During the study period, 1217 infants were born and registered in HIV-exposed infant or pediatric HIV services in the selected health facilities. Twenty-two infants (1.8%) were documented as HIV positive with maternal data available for 21 of these infants. Four mothers (4/21, 19%) had received ART triple therapy for >90 days, 5 (5/21, 23.8%) had received ART <90 days, and 12 (12/21, 57.1%) had received no PMTCT care. Two of the four mothers who received ART for >90 days had documented poor adherence. Four of the twelve mothers who did not receive PMTCT care had previously documented HIV infection but were lost from care, and eight mothers were diagnosed with

HIV well after delivery by provider-initiated testing and counseling (PITC) services. Twelve HIV-infected infants (12/22, 54.5%) were diagnosed with HIV by early infant diagnostic testing. Nine infants (9/22, 40.9%) were diagnosed well after delivery by PITC services, and none of these children had previously received ART for PMTCT. Twenty-one (21/22, 95.5%) of the infants had documented link to HIV care and treatment and initiation on ART.

**Conclusions:** The majority of infants identified in this study were born to mothers that did not receive PMTCT care, had defaulted or were non-adherent with care, or received inadequate duration of ART due to late presentation to PMTCT care or delayed HIV diagnosis. These findings suggest the need to reinforce early enrollment of women in antenatal care, strengthen voluntary counseling and testing services for women of childbearing age, and improve retention in care for women living with HIV in order to achieve absolute EMTCT of HIV in rural resource-limited settings.

PRESENTING AUTHOR'S NAME	GYAPONG Reginald
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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Maternal And Foetal Outcomes Of Gestational Highly Active Antiretroviral (HAART) Therapy - A Ghanaian Cohort Study.

## ABSTRACT

**Background:** Data on maternal and foetal outcomes associated with gestational HAART in the Ghanaian context are scanty. Our objective was to investigate whether gestational HAART exposure is associated with low birth weight (LBW; <2.5kg), preterm birth (PTB; gestational age <37 weeks), stillbirth (SB), gestational diabetes (GD; plasma glucose concentration  $\geq$  200 mg/dL [11.1 mmol/L]; requiring intervention such as medication), and maternal anaemia (MA; haemoglobin less than 11g/dL at any time during pregnancy) in a population of Ghanaian women with advanced HIV infection.

**Methods:** A retrospective cohort study was performed at the Agona Swedru Municipal Hospital (ASMH), on women with CD4 cell counts  $\leq$ 350 cells/mm<sup>3</sup>, who attended antenatal antiretroviral clinic at the hospital between March 2011 and October 2012. Women who had multiple pregnancies, had commenced HAART prior to first visit to ASMH or were aged below 18 years were excluded. Distribution of different HAART regimens (Protease inhibitor-based [PI], Nevirapine-based [NVP] and Efavirenz-based [EFV]) and duration (<28 weeks or  $\geq$ 28 weeks) were determined. Relative risks (RR) of foetal (LBW, PTB and SB) and maternal outcomes (GD and MA) were calculated as ratios of risk in exposed to unexposed groups, with 95% confidence intervals (CI). Statistical significance was set at p-value  $\leq$ 0.05.

**Results:** The cohort comprised of 138 women, 60 of whom received HAART and 78 without HAART exposure. Within the exposed group, 58% (35/60) received HAART before the 28th week of gestation (early HAART) whilst 42% (25/60) received HAART after the 28th gestational week (late HAART). Overall, 45% (27/60) were on PI-based, 37% (22/60) on NVP-based and 18% (11/60) on EFV-based regimens. Among infants born to HAART-exposed women, 20% (12/60) were of low birth weight (LBW) compared to 22% (17/78) unexposed group (RR=0.91765, 95% CI 0.48-1.77, p=0.7975). HAART-exposed fetuses had an increased risk of preterm birth (12% [7/60] versus 1% [1/78], RR=9.1, 95% CI 1.15-71.98, p=0.0097). Stillbirth was not influenced by HAART (7% [4/60] versus 5% [4/78], RR=1.3, CI 0.34-4.99, p=0.7014). A higher risk of maternal anaemia was observed in the unexposed group, albeit of no statistical significance (46% [28/60] and 57% [44/78], RR=0.82, 95% CI 0.59-1.15, p=0.0011). Incidence of gestational diabetes was independent of exposure to HAART (5% [3/60] and 1% [1/78], RR=3.9, CI 0.42-36.56, p=0.1969).

**Conclusion:** In this cohort of immunocompromised women, HAART exposure was associated with preterm birth, but neither with low birth weight nor stillbirth. The development of diabetes and anaemia was independent of antiretroviral exposure. These findings provide reassurance that the risks for adverse pregnancy outcomes attributable to HAART are relatively small and likely to be outweighed by its protection against maternal and infant morbidity and mortality.

PRESENTING AUTHOR'S NAME	HALIMANI Lucas
PRESENTING AUTHOR'S COMPANY	UNESCO
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Delivering Sexual And Reproductive Health Information To Young People In Zimbabwe Via Text Messaging

## ABSTRACT

**Issues:** In Zimbabwe, awareness about HIV and AIDS is near universal, with ninety-nine per cent of women and men aged 15 to 49 having heard of AIDS. However, young people aged 15 to 24 generally have lower levels of knowledge with fifty-two per cent of young women and 47 per cent of young men having comprehensive knowledge of HIV and AIDS. Given the high prevalence of sexually transmitted infections including HIV, unintended pregnancies, unsafe abortions and gender-based violence affecting young people, this project sought to improve young people's access to sexual and reproductive health information and services through short message service (SMS) or text messaging. The reach of mobile phones and the social web has revolutionized the ways in which people access, share and interact with information today. Zimbabwe has a mobile phone penetration of 83.3% with close to 10 million mobile phone subscribers. There is a ubiquitous use of mobile phones in sending and receiving text messages among young people. This paper presents the programmatic experience of using SMS to communicate sexual and reproductive health information with young people in Zimbabwe.

**Description:** In 2013, UNESCO partnered with a local NGO, Students and Youth Working on Reproductive Health Action Team (SAYWHAT) to pilot a project on the use of SMS to enhance access to sexual and reproductive health information and services for students in higher and tertiary education institutions. Students were engaged from the onset in project design, implementation and monitoring, including identification of key SRH issues for discussion. Key messages were identified and

developed by young people using best practice for health communication; the International Technical Guidance on Sexuality Education and technical assistance from SAYWHAT. Key messages were developed around Relationships; Values, Attitudes and Skills; Sexual and Reproductive Health.

**Lessons learnt:** Understanding, Recognizing and Reducing the risk of STIs, including HIV, How to convince a partner to use a condom, Saying No to sex, How to use a male condom, alcohol and substance abuse were the main topics identified for discussion via the SMS platform. Students further identified male and female condoms and family planning contraceptives as the key SRH commodities to be made readily accessible to students. Young people are willing to talk about sensitive issues and offer key insights that influence intervention development. During the message development workshop, it was clear that young people know the best language to use in mobilising and influencing behavioural change amongst their peers. Mobile phones, in particular SMS, offer an exciting opportunity to engage with a huge number of young people on sexual and reproductive health matters at low cost.

**Next steps:** Although more lessons are still to be documented, the potential to deliver accurate and comprehensive information and improve access to youth-friendly services via text messaging in low resource settings is encouraging. Partnerships established at the onset of the project will need to be sustained for scale-up, knowledge and skill transfer to the local NGO. For ownership, Ministry of Health and youth-focused SRH partners should lead implementation of the initiative.

PRESENTING AUTHOR'S NAME	HAMBARUKIZE Simon
PRESENTING AUTHOR'S COMPANY	SWAA/Sénégal
SESSION TYPE	Oral
SESSION TITLE	MOADS18 - Born HIV Free Getting PMTCT to Work

## ABSTRACT TITLE

### Tableau Lumière – Outil Communautaire De Suivi De La Femme Enceinte Et Du Couple Mère Enfant

## ABSTRACT

**Enjeux:** Le tableau lumière est un outil innové par la SWAA/Sénégal pour améliorer le suivi des femmes enceintes et du couple mère enfant sans distinctions de leur statut sérologique. Au Sénégal, quelques gaps persistent dans ce domaine: un faible taux de consultation post natale 40%, les gaps entre les femmes enceintes séropositives attendues et celles qui sont sous prophylaxie (41% de couverture en 2009), un écart entre les mères séropositives et les enfants sous prophylaxie (59% des enfants nés de mères séropositives ne sont pas suivis – DLSI 2010), la prophylaxie incomplète chez ces femmes enceintes (20% en 2009), faible taux de prise de cotrimoxazole (61,8% des femmes séropositives)

**Description:** Le tableau lumière comporte 12 pochettes correspondant aux 12 mois de l'année et une treizième pochette qui représente la poche à problèmes. Le Tableau Lumière est accompagné des fiches d'identification du couple mère enfant. Dans chaque pochette se placent les dites fiches d'identification selon les mois des prochains rendez-vous aux services de CPN, CPoN, PEV ou Survie de l'enfant. A la fin du mois donné, les fiches de ceux qui ne sont pas venus au rendez vous se placent dans la poche à problèmes. Avant la date du rendez vous l'agent communautaire qui s'occupe du tableau lumière dans le service de CPN envoie un sms à l'acteur communautaire du quartier ou village de la femme enceinte ou de la mère en lui indiquant les rendez vous prévus de sa zone d'intervention. L'objectif sous entendu du «tableau lumière» est de traquer les femmes enceintes pour le respect des 4 CPN, rappeler aux mères leurs rendez –vous

CPoN, PEV et pesée pondérale des enfants pour diminuer les gaps ci hauts cités. Le Tableau lumière est en phase pilote dans toute la région de Sédhiou (44 structures de santé) depuis février 2012. Une évaluation de l'outil a été réalisée en janvier 2013 par un consultant indépendant et sa plus forte recommandation était de passer à l'échelle son utilisation dans toutes les structures de santé.

**Leçons apprises:** Le tableau lumière déclenche le fonctionnement d'un système de suivi et d'alerte efficace pour les consultations pré/post natales, PEV et survie de l'enfant de 0 à deux ans. Il facilite la recherche active des perdus de vue dans toutes les activités de Santé de la Reproduction.

**Prochaines étapes:** La SWAA/Sénégal a programmé son passage à l'échelle dans quatre autres régions du Sénégal.

PRESENTING AUTHOR'S NAME	HARTMAN A. Frederick
PRESENTING AUTHOR'S COMPANY	Management Sciences for Health
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Test And Treat Is Feasible For Resource Poor Countries In Africa

## ABSTRACT

**Issues:** The debate on PMTCT option B+ raises the question of why, in resource-poor countries, we treat all HIV+ pregnant women with ART, yet only provide ART to other HIV patients if their CD4+ count is less than 350. From a human rights perspective, all HIV patients should receive the gold standard of care. However, from a financial and logistical point of view, resource-poor countries might not be able to afford this strategy.

**Description:** We examined the feasibility of 'test and treat' of all HIV+ individuals in Ethiopia, a resource-poor country with an estimated HIV prevalence of 1.5% (1.9% for women, 1.0% for men). Using current data on the volume of HIV patients, the distribution of CD4 counts, and the costs of ARVs and CD4 testing, we calculated the increase in the number of patients put on ART and the decrease in the number of CD4 tests that would result if "test and treat" is adopted.

**Lessons learned:** Switching to 'test and treat' of all HIV+ individuals in Ethiopia will increase ART patient load by 29%. Under the current policy, routine CD4 testing is required for all HIV patients, every 6 months (i.e. twice a year). This "routine" testing would cost \$14,110,848 annually. Since 76% of HIV+ patients need ART by current guidelines (CD4 < 350), the annual cost for ARVs is \$86,556,552. Together, the current policy costs \$100,667,400. If CD4 testing is eliminated as a requirement to put patients on ART (and subsequently limited to those with ARV resistance or other complications) the total annual cost to put all HIV+ patients in Ethiopia on ART would be \$113,890,200. Adopting 'test and treat,' and

eliminating the current requirement for initial CD4 testing, and limiting routine CD4 testing for stable patients, would result in an immediate extra cost of \$13,222,800 per year, i.e. a 13% increase over the costs associated with the current policy. This additional cost is not significant, especially considering that 'test and treat' would both improve the quality of and extend the life of current HIV patients. Many new infections will be prevented and, thus, reduce future health care costs as fewer patients will be infected (treatment as prevention)

**Next steps:** Implementing "test and treat" in Ethiopia is the most cost-effective and ethical approach. "Test and treat" has already been adopted as standard practice in Europe and the USA; this approach is a reasonable next step for resource poor countries like Ethiopia, and Africa need not lag behind.

PRESENTING AUTHOR'S NAME	HATAU Israel
PRESENTING AUTHOR'S COMPANY	Wollo University
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Assessment Of Factors Associated With Women's Informed Choice For HIV Testing Under Opt-out Approach Among Antenatal Attendees In Ghimbi Town, Western Ethiopia.

## ABSTRACT

**Background:** Routine antenatal HIV testing is promoted as an effort to reduce Mother to child transmission of HIV with the assumption that women can make informed choice for the test. There are concerns that clients are coerced at the point of testing particularly in resource-poor countries and refusal of the test (opt-out) could be difficult for some women given the substantial social status that health providers hold in many societies. However, there is limited documentation about women's ability to make informed choice for HIV testing. Thus, the aim of the study was to assess women's ability to make informed choice for HIV testing and associated factors under opt-out approach among pregnant women attending antenatal care at government health institutions in Ghimbi town, Western Ethiopia.

**Methodology:** Health institution based cross-sectional study was conducted among 252 pregnant women attending antenatal care (ANC) and known to be tested for HIV (opted-in) at government health facilities in Ghimbi Town from March 15 to May 9, 2013. Pregnant women were interviewed after giving blood for HIV testing but before accepting test result using pretested structured interviewer administered questionnaire. Descriptive statistics and multiple logistic regressions were carried out. Qualitative method was used to explore women's experience on HIV testing and counseling with focus on consent for HIV testing to clarify the results of quantitative analysis.

**Results:** Of the women included in the study, only 59.9% of them described their acceptance of HIV testing as their own personal decision and 53.2% felt that they could not able to decline/ refuse HIV testing. When adjusted for other factors; being asked consent (OR = 12.18, 95% CI: 6.12, 24.24), knowing that antenatal HIV testing is offered for the purpose of PMTCT (OR=3.46, 95% CI: 1.52, 7.86), urban residence (OR=2.44, 95% CI: 1.25, 4.76), and knowing that antenatal HIV testing is optional (OR=2.90, 95% CI: 1.22, 6.87) were associated with the perceived ability do decline HIV testing/ make informed choice to decline HIV testing.

**Conclusion and recommendation:** It is difficult for women to make informed choice to decline HIV testing under routine antenatal HIV testing and women are tested without knowing the purpose of antenatal HIV testing. Based on this finding, to protect the autonomy of women and to ensure fully informed consent for HIV testing, the minimum components of counseling should be provided, women should be asked if agreed to be tested and explained that they have a choice to accept or decline the test.

PRESENTING AUTHOR'S NAME	HATCHER Abigail
PRESENTING AUTHOR'S COMPANY	Wits University and University California, San Francisco
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Patient And Provider Perspectives On Addressing Intimate Partner Violence In Johannesburg Antenatal Clinics

## ABSTRACT

**Background:** Intimate partner violence (IPV) during pregnancy is associated with detrimental outcomes to mothers and infants including miscarriage, premature labour, infant morbidity and mortality. IPV in a woman's lifetime is also associated with increased risk of incident HIV infection. Although programmes to address IPV in pregnancy exist in other settings, few are found in South Africa, where 20-35% of pregnant women report experiencing violence. The antenatal setting may be a promising location to strengthen health systems around IPV, but only if providers and patients are supportive of addressing IPV in this setting.

**Methods:** In preparation for designing an intervention to address IPV in pregnancy, we conducted formative research in three Johannesburg antenatal clinics. We held focus group discussions with pregnant women (n=13) alongside qualitative interviews with health care providers (n=10), district health managers (n=10), and pregnant abused women (n=5). Data were analysed using a team approach to grounded coding in Nvivo10.

**Results:** Both providers and patients were largely supportive of strategies to address IPV in antenatal care, alongside ongoing PMTCT programming. We found that antenatal providers are alert to physical wounds or severe outcomes (eg. fetal death) from IPV, but miss other subtle cues, such as mental health outcomes (anxiety, depression, post-traumatic stress), HIV-related complications (poor ART adherence), or sexual assault (forced

sex without a condom). Providers described seeing physical, sexual, and psychological IPV in their day-to-day work in the antenatal setting. Yet, they were uncertain how to respond to IPV, and noted few existing tools or training. Although many IPV-related organizations exist outside the clinic, providers were often unaware of these services and referral networks were weak or nonexistent. Pregnant women themselves described IPV in terms of physical (beating, kicking, stabbing, hitting with an object, strangling), sexual (forced sex, forced sex without a condom, coerced prostitution), and psychological (yelling, insulting, belittling, neglect, controlling behaviours, threats) typologies. Although they expressed interest in speaking about IPV, pregnant women did not view the antenatal clinic as a resource for dealing with violence. Both providers and pregnant women were unaware of many of the pregnancy risks associated with the mental health and physiologic impacts of IPV in pregnancy, particularly for pregnant women living with or at-risk of acquiring HIV.

**Conclusion:** Pregnant women in Johannesburg experience high rates of violence, but have little access to IPV-related services through the health system. Providers in this setting are receptive to addressing IPV in their patients, and require tools for inquiring about and responding to violence. Introducing basic IPV training to the antenatal clinics may enhance the health system around both PMTCT and patient wellbeing, resulting in improved health outcomes for women and children.

PRESENTING AUTHOR'S NAME	HATCHER Abigail
PRESENTING AUTHOR'S COMPANY	
SESSION TYPE	Oral (SPC NADS)
SESSION TITLE	

## ABSTRACT TITLE

### How Community-based Testing May Fail To Link Young Men To HIV Care

## ABSTRACT

Although community-based HIV testing models may be a novel opportunity to test young persons, it is uncertain how well they link newly-diagnosed individuals to care and treatment. Drawing upon a prospective, mixed-Methods: study in Kenya, this presentation explores linkage to care among young men. The study enrolled 483 HIV+ persons who were newly-diagnosed and followed 10- months later to obtain self-reported data on linkage, healthcare beliefs and utilization, and social predictors (stigma, social support, disclosure). Of the entire cohort, 14 (3%) were young males between the ages of 18 and 29. This group was unlikely to link to care (14.0% vs.83.3%), an association that was sustained when controlling for socio-demographics (AOR 0.25, 95% CI 0.11-0.58).

One predictor of positive linkage outcomes was receiving a home visit by a peer-health counselor (AOR 2.34, 95% CI 1.33-4.14), suggesting that a "navigator" approach may be appropriate for linking young men to care. Potential mediators (substance use, disclosure, social support, health visits) attenuated the association between young men and linkage, but none to a significant level. Qualitative data supported the complexities of status disclosure for men, particularly partner disclosure. Although community-based testing strategies may be an effective way to diagnose young people, young men are at increased risk of non-linkage following diagnosis and should be targeted in future interventions.



PRESENTING AUTHOR'S NAME	HATTAS Yumnah
PRESENTING AUTHOR'S COMPANY	Save the Children International
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Improved Access To Comprehensive Sexuality Information And Education For Children In Sub-Saharan Africa

## ABSTRACT

**Issues:** In Africa, the majority of HIV transmission occurs through sexual activity. Children and young people remain disproportionately represented in new HIV infections, with 890000 new infections reported in 2009 amongst young people. Recent reports indicate that the number of children newly infected with HIV in sub-Saharan Africa decreased by 24% between 2009 and 2011 (UNAIDS, 2012). Despite this, lack of Sexual Reproductive Health Rights (SRHR) initiatives focused on children and young people put them at greater risk of making ill informed decisions. Responding to this hiatus, Save the Children is embarking on a project to increase children's knowledge regarding sexuality to assist them with informed decision making and opinion forming regarding their sexuality.

**Description:** The overall aim of the 3 year project is to reach 340 000 children under 18 years who have improved knowledge of SRH and safer sexual practices, in 12 countries across 3 African regions. The objectives are: 1) improving the capacity of partner organisations providing comprehensive sexuality education and information (CSE/I) for children, and 2) advocating for children's early access to CSE/I. The expected outputs are training of 105 trainers, 12 master trainers and 12 mentors; continued mentoring and learner support for trainers; improved coordination between faith-based bodies, civil society and governments; SRHR education component of Southern Africa Development Community (SADC) Orphans and Vulnerable Children and Youth (OV CY) minimum

package of services rolled out to 4 countries; production and distribution of training materials, monitoring and evaluation (M&E) tools; prioritisation of children's early access to CSE/I and SRHR by Economic Community of West African States (ECOWAS).

**Lessons learned:** Comprehensive sexuality education and information provides a platform for children and adults in dialogue that challenge and change harmful perceptions regarding sexuality and gender roles and provides accurate information on SRH and services. The engagement of adults is imperative due to their presence and influence as parents, professionals (including service providers) as well as custodians of the "mores of society". It is essential to address children directly to ensure they receive consistent and accurate information from various sources. The earlier children are reached with messaging which is age appropriate and complements their maturity and sexual experience, the more likely it is that they are able to make informed choices regarding sexuality and sexual practice. Qualitative and quantitative data sourced from training interventions with child participants indicate that the information shared with them regarding their sexuality have influenced their thoughts and has directly shaped their decision making processes in taking informed decisions. Further data analysis indicates the prioritising of sexuality education at school level aimed at the appropriate age levels.

## (CONTINUED)

**Next steps:** To analyse, interpret and implement the preliminary data sourced from the completed trainings to inform the remainder of the programme. In 2015, to assess change in communities exposed to programme interventions since inception of the programme and utilise evidence to inform further evidenced based programming in this field. A country level network was established supporting country level advocacy strategies which anticipate formation of a regional level advocacy strategy.

PRESENTING AUTHOR'S NAME	HAYASHI Chika
PRESENTING AUTHOR'S COMPANY	World Health Organization
SESSION TYPE	Oral
SESSION TITLE	SUADS 6 - Women and Children First - Reverting New Infections Among Children and Keeping Mothers Alive

## ABSTRACT TITLE

### Rapid Changes In PMTCT ARV Regimens In The 21 Global Plan Priority Countries In Sub-Saharan Africa Between 2007-2012

## ABSTRACT

**Background:** Antiretroviral drugs (ARVs) recommended for PMTCT have changed steadily with WHO updating guidelines in 2006, 2010, releasing a programmatic update in 2012, and the most recent guideline in 2013. While most countries update their national ARV policies based on international guidelines, new ARV guidelines are adapted and implemented at different paces by countries.

**Methods:** National HIV/PMTCT program data from 2007-2012 reported by the 21 African Global Plan countries through a joint United Nations global reporting process were reviewed. These countries account for nearly 90% of the pregnant women living with HIV and for a similar percentage of children living with HIV. Coverage and regimen distribution of PMTCT ARVs were examined over time in more detail from 2009 (baseline year of the Global Plan) through 2012 (latest annual national data available) for each country, and compared with the corresponding WHO guidelines at each point in time.

**Results:** Overall, in the 21 Global Plan countries, PMTCT ARV coverage increased from 26% [23-30%] in 2007 to 65% [57-74%] in 2012. The distribution of ARV regimens has evolved from a largely single-dose nevirapine (sd-NVP) regimen in 2009 (31% sd-NVP, 54% more efficacious prophylaxis, 15% ART), to a more efficacious regimen provided routinely in 2011 (17% sd-NVP, 46% more efficacious prophylaxis, 37% ART), and more women starting lifelong ART in 2012 (4% sd-NVP, 54% more efficacious prophylaxis, 41% ART, 1% other). Differences were observed among

countries with Francophone West African countries with generally lower prevalence providing triple ARV prophylaxis (Option B) earlier. Sd-NVP has been phased out, with a large reduction in the proportion of HIV+ pregnant women receiving only single-dose nevirapine from 50% in 2007, to only 4% in 2012 in the 21 countries, and an especially dramatic decline in the Democratic Republic of the Congo from 100% to 9%. By 2009, in Ghana, Botswana, South Africa, Swaziland, Lesotho, Zambia, and Zimbabwe, more than 50% of women receiving ARVs for PMTCT received AZT prophylaxis or ART, indicating adoption of the 2006 WHO PMTCT guidelines. In 2011, 83% of women receiving ARVs were reported to be receiving a regimen in line with WHO's 2010 guidelines, and this proportion increased to 95% by 2012, when countries could be expected to be fully implementing the WHO 2010 guidelines.

**Conclusions:** The high burden priority countries have made substantial progress in updating their PMTCT guidelines and implementing more efficacious PMTCT regimens in line with changing global guidance. The ability to report on disaggregated ARV regimens has improved in recent years. Countries can review trends of what they have actually implemented to understand and help plan future rollout. Recommendations for and provision of more efficacious regimens should lead to better impact. With the new 2013 guidelines (June 2013) recommending initiating ART in all pregnant and breastfeeding women (Option B and B+), it is critical to focus on adherence and ARV coverage throughout the MTCT risk period, which have not been routinely monitored or reported.

PRESENTING AUTHOR'S NAME	HAYASHI Chika
PRESENTING AUTHOR'S COMPANY	World Health Organization
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### What PMTCT ARV Regimen Did Women Receive In The 21 Global Plan Priority Countries Between 2009-2012?

## ABSTRACT

**Background:** Antiretroviral drugs (ARVs) recommended for PMTCT have evolved over the years with updated guidelines from WHO in 2006, 2010, 2012, and 2013. While many countries update their national ARV policies based on international guidelines, new ARV guidelines are adapted and implemented at different paces by countries.

**Methods:** National HIV/PMTCT programme data from 2007-2012 reported by the 21 African Global Plan countries through a joint United Nations global reporting process were reviewed. These countries account for nearly 90% of the pregnant women living with HIV and for a similar percentage of the children living with HIV. Coverage and regimen distribution of PMTCT ARV provided were examined overtime in more detail from 2009 (baseline year of the Global Plan) until 2012 (latest annual national data available) for each country, and also compared against the latest WHO guidelines at each timepoint.

**Results:** Overall in the 21 Global Plan countries, PMTCT ARV coverage has increased from 26% [23-30%] in 2009 to 65%[57-74%] in 2012. The distribution of ARV regimen women received has evolved from a largely single-dose nevirapine regimen in 2009 (31% sd-NVP, 54% more efficacious prophylaxis, 15% ART), to more efficacious regimen routinely provided in 2011 (17% sd-NVP, 46% more efficacious prophylaxis, 37% ART), and more women starting lifelong ART in 2012 (4% sd-NVP, 54% more efficacious prophylaxis, 41% ART, 1% other). Differences

were observed among countries with Francophone countries providing triple ARV prophylaxis early on. Single-dose nevirapine was phased out with a large reduction in the proportion of HIV+ pregnant women receiving only single-dose nevirapine from 50% in 2007 to only 4% in 2012 in the 21 countries, with a dramatic decline in the Democratic Republic of the Congo from 100% to 9%. By 2009, in Ghana, Botswana, South Africa, Swaziland, Lesotho, Zambia, and Zimbabwe, over 50% of women receiving ARVs for PMTCT received AZT or ART (new recommendation within 2006 guidelines). In 2011, 83% of women receiving ARVs were reported to be receiving regimen in line with WHO's 2010 guidelines, and this proportion increased to 95% by 2012, when countries can be considered to be fully implementing the WHO 2010 guidelines.

**Conclusions:** International guidelines are implemented at different paces but most countries have made substantial efforts and progress. The ability to report on disaggregated ARV regimen has increased over the years. Countries can review their trend patterns to actually implement new regimens in the past to understand and help plan future roll-out.

**Recommendations:** Provision of more efficacious regimen should lead to better impact. With 2013 guidelines recommending ART to all pregnant and breastfeeding women, it is critical to focus on retention on and adherence to ARVs which have not been monitored routinely to date for all pregnant women.

PRESENTING AUTHOR'S NAME	HELLAR Augustino
PRESENTING AUTHOR'S COMPANY	Jhpiego Tanzania
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Sexual Prevention And Adolescents Attending Voluntary Medical Male Circumcision (VMMC) Services In Tanzania: A Golden Opportunity To Offer Adolescent-Targeted Services

## ABSTRACT

**Background:** Fourteen countries in Eastern and Southern Africa are scaling up VMMC services among men aiming to prevent new HIV infections. In Tanzania, over 400000 men have been circumcised since 2009. USAID's flagship Maternal and Child Health Integrated Program (MCHIP) support the Ministry of Health and Social Welfare (MOHSW) to implement VMMC in Iringa, Tabora and Njombe regions where almost 80% of clients are aged 10-19 years. The 2011/12 Tanzania HIV/Malaria Indicator Survey estimates 18.7 years as the median age at sexual debut for men. Thus VMMC is an opportunity to reach adolescents with counselling to mitigate risky sexual behaviours. The analysis reviews self-reported sexual behaviours and HIV prevalence among adolescents attending VMMC services in the three regions of Tanzania.

**Methods:** MCHIP maintains a client-level database and periodically conducts secondary data analysis. The database was reviewed for the January 2011-December 2012 period. Frequencies were performed on self-reported questions including sexual behaviours for three months prior to circumcision and HIV status.

**Results:** Of the 118977 records found in the database during the review period, 39256 (33%) were aged 15-19. 37802 adolescents responded when asked whether they are sexually active and 5466 (15%) reported being sexually active. Of those reporting to have ever had sex, 812 clients (15%) reported having had more than one sexual partner and 176 clients (3%) exchanged money for sex. 1446 (27%) reported having unprotected sex with a regular partner while 422 (8%) reported having unprotected sex with a non-regular partner in the three months before circumcision. The median number of sexual partners among 15-19 aged clients who reported to be sexually active was one, HIV prevalence was 0.51% and STI prevalence 0.40%.

**Conclusion and recommendations:** Although the review shows lower reports of sexual behaviour among adolescent males than national estimates, unprotected sex, sex in exchange for money and multiple sexual partners were reported. Self-reported sexual behaviours have limitations, but it is clear that reaching young people with sexual prevention counselling as part of VMMC services is a great opportunity. The low HIV prevalence even in high prevalence regions of Tanzania means that providing proper counselling services may have an impact in reducing the risk of HIV infection. VMMC program rollout should develop appropriate messaging for adolescents to maximize the HIV prevention.

PRESENTING AUTHOR'S NAME	HINSON Fidélia
PRESENTING AUTHOR'S COMPANY	hôpital d'instruction des armées
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Désir de procréation chez les femmes HIV+ A Cotonou, Bénin

## ABSTRACT

**Objectif:** Evaluer l'importance du désir de procréation chez les femmes HIV+ dans un site de PEC adulte à Cotonou.

**Méthode:** Une enquête prospective et descriptive auprès des femmes HIV+ spécifiquement suivies sur le site de l'Hôpital d'Instruction des Armées à Cotonou, a été réalisée durant 6 mois en 2012. Un questionnaire préétabli a été administré aux femmes HIV+. Les principales questions étaient: Combien d'enfants désirez-vous ? Que représente pour vous un enfant ? Que voulez vous faire de cet enfant? Les données ont été analysées avec épi info version 2002. Le consentement libre et éclairé des femmes a été demandé avant le début de l'enquête.

**Résultats:** Sur 124 femmes enquêtées, 61,3% désiraient avoir d'enfants et la moyenne d'enfants désirés était de 02. leur moyenne d'âge était de 30ans. 73,4% étaient instruites. 60,5% ne calculaient pas leur période de fécondité avant le rapport sexuel. La moyenne des rapports sexuels par mois était de 01. Sur les 61,3% qui désiraient avoir un enfant, 85,7% avaient déjà 6 ans de mariage avant la découverte de la séropositivité au VIH. La moyenne de grossesses avant l'enquête était de 02 et la moyenne d'enfants vivants lors de l'enquête était de 01. 75% d'elles ont connus au moins un avortement ou une fausse couche. Le pourcentage de désir d'enfant était passé à 72,72% lors de la montée du taux de lymphocytes CD4 à plus de 200 cell/ul. 45,2% étaient harcelées par leur belle famille à cause de leur stérilité. 100% des femmes pensaient que l'enfant est la relève des parents, maintient la vie des foyers et donne la joie aux couples: une forte représentation sociale.

89% veulent inscrire leur enfant à l'école, l'aimer, l'éduquer et l'aider à devenir un cadre ou à être indépendant.

**Conclusion:** Le désir de procréation reste une nécessité pour les femmes enquêtées. En plus du VIH, la difficulté à avoir un enfant constituait un problème psychologique supplémentaire pour ces femmes.

PRESENTING AUTHOR'S NAME	HOFFMANN Christopher
PRESENTING AUTHOR'S COMPANY	Johns Hopkins University
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Risk Of Peri-partum Hepatitis B Transmission In HIV-HBV Co-infected Women

## ABSTRACT

**Background:** Globally, hepatitis B virus infection is the leading cause of liver-related mortality. Newborn vaccination, maternal antiviral therapy, and administering hepatitis B immune globulin shortly after birth can greatly reduce the risk of perinatal infection. Completion of a vaccination series reduces early childhood transmission and transmission later in life. Studies performed prior to the emergence of HIV in Africa suggested that the majority of transmission occurred after the peri-partum period but the first years of life. Thus policy in most of Africa is to start HBV vaccination series at 6 weeks of life. However, little data are available describing HBV transmission in the era of HIV, hampering formulation of evidence-based policies for the current situation. We describe maternal chronic hepatitis B prevalence and timing of infant infection during the first year of life within a cohort of HIV-infected women.

**Methods:** We recruited and prospectively followed pregnant HIV-infected women and their infants from prenatal clinics in an urban area of South Africa. Hepatitis B surface antigen (HBsAg), anti-hepatitis B surface antibodies, and HBV DNA were assessed in all women. Hepatitis B testing also was performed at 6 and 52 weeks for all infants born to mothers with either positive surface antigen or detectable HBV DNA. Infants with testing positive at 6 weeks had additional testing of stored blood from the 3<sup>rd</sup> day of life.

**Results:** We enrolled 167 women with a median age of 29 years and median CD4 count of 348 cells/mm<sup>3</sup>. Twelve had a positive HBsAg (7.2%) of which six were positive for 'e' antigen. The median HBV DNA level for these women was 3339 IU/mL (interquartile range: 160, 45,033). An additional three women had detectable HBV DNA without positive HBsAg. One peri-partum transmission of HBV occurred with detectable HBV DNA at 3 days (489 IU) with a negative HBsAg followed by high HBV DNA (6.7 x10<sup>6</sup> IU/mL) and positive HBsAg at 6 weeks and 52 weeks. No clear post-partum transmission events occurred (all other infants were HBsAg negative at 52 weeks). However 2 infants had low-level HBV DNA at 12 months (2363 and 3440 IU/mL) but negative assays at 6 weeks. None of the infants were HIV-infected. All infants received routine HBV vaccination per South African policy with doses delivered at 6, 10, and 14 weeks of life.

**Conclusions:** Our findings highlight the risk of peri-partum HBV transmission among HIV-HBV co-infected women to their babies in this setting. Approaches to reducing HBV transmission, including adding a birth dose of HBV vaccination, should be considered to reduce peri-partum HBV transmission.

PRESENTING AUTHOR'S NAME	IBETO Mary
PRESENTING AUTHOR'S COMPANY	Médecins Sans Frontières
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Closing The Gaps - Steps Towards Elimination Of Mother To Child Transmission Of HIV

## ABSTRACT

**Background:** The SAPMTCTE study in 2010 followed 10,820 South African infants, 31.4% of whom were exposed to HIV. The transmission rate of HIV from mother to child (MTCT) was 3.5% (range 2-6%), a significant decline from 18% in 2000. In Khayelitsha, 6 week HIV testing PCR positivity was 2.5% in 2010. Study objectives were to establish the cause (s) of transmission for infected infants at Khayelitsha's Site B Community Health Centre from January 2012 to April 2013, in order to identify obstacles to elimination of mother to child transmission.

**Methods:** Médecins Sans Frontières, partnered with the Western Cape Department of Health, reviewed case histories of all PCR positive infants from the exposed infant register. Antenatal and PMTCT history, delivery information, and feeding options were obtained from antenatal clinic registers and clinical files. Where possible, the mother was interviewed to provide additional information. Data was summarized using descriptive statistics.

**Results:** 926/1158 (80.0%) of exposed infants had PCR results, with 15/926 (1.6%) PCR positive. Median maternal age was 27 (IQR: 23-31); median parity was 2 (IQR: 1-3); and median gestational age at antenatal presentation was 21.5 weeks (IQR: 17.5-30.5). Baseline CD4 count was <350 in 46.7% of women, with a median 377 (IQR 219-446). 5/15 received ART (all started after 20 weeks gestation and none on ART for > 6 weeks pre-delivery); 5/15 received AZT (median duration 20 weeks); and 5/15 received no prophylaxis (2 defaulted ART prior to onset of pregnancy but verbally reported being on ART at booking, 1

presented in labour, 1 tested negative in pregnancy then positive in labour, 1 did not receive prophylaxis despite booking at 6 weeks gestation). Viral loads were not monitored for women on antenatal ART. 9/15 (60%) mothers required hospital care at delivery, with 6/9 requiring caesarean section. The median infant birth weight was 3.0 kg (IQR: 2.6-3.5kg). All received nevirapine post exposure prophylaxis. 2/15 were clinically unwell at birth, suggesting early transmission. 14/15 (86.7%) were breastfed; 10/15 (66.7%) were recorded as "exclusively breastfed." Median time between delivery and PCR results was 6.6 weeks (IQR: 6.1-7.3).

**Conclusions:** Risk factors for transmission included late presentation for antenatal care; short duration or no antenatal PMTCT therapy; complicated delivery; and breastfeeding (+/- mixed feeding) in high risk patients. Women with these risk factors should be urgently identified as high risk for transmission and provided additional adherence support and tailored infant feeding advice. Community awareness of the importance of early antenatal booking should be intensified. Viral load monitoring of pregnant women on ART for >1 month during pregnancy is essential, and infant feeding choice should take into account a women's actual or likely viral load at delivery.



PRESENTING AUTHOR'S NAME	IDELE Priscilla
PRESENTING AUTHOR'S COMPANY	UNICEF
SESSION TYPE	Oral
SESSION TITLE	MOADS19 - Children and Adolescents

## ABSTRACT TITLE

### Honey We Forgot The Children: Inequities In Care And Treatment For HIV-exposed And HIV-infected Children In Sub-Saharan Africa

## ABSTRACT

**Background:** In 2011, an estimated 3.3 million children under age 15 were living with HIV, 330,000 children were newly infected with HIV, and over 90% were in sub-Saharan Africa. Remarkable progress has been made in scaling up HIV care and treatment for women and children through the launch of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive, but children are lagging behind in most countries. This paper presents the progress made in providing care and treatment for HIV-exposed and HIV-infected children in the 21 Global Plan priority countries in sub-Saharan Africa towards global and national targets for 2015, outlines remaining gaps, and proposes a way forward for accelerating efforts to achieving the targets.

**Methods:** National HIV programme data collected from the 21 Global Plan countries through a joint United Nations progress tracking process were reviewed. These countries account for nearly 90% of the pregnant women living with HIV and for a similar percentage of the children living with HIV. Trend data illustrate the pace of progress towards the targets and remaining gaps.

**Results:** Substantial progress has been made in providing more effective medicines to prevent mother to child transmission of HIV in the 21 Global Plan priority countries- 34% in 2009 to 65% in 2012. Globally, 54% fewer children <15 years were infected with HIV in 2012 than in 2001, with an accelerated pace of reduction between 2009 and 2012 than in previous years. In the

21 Global Plan countries, new HIV infections in children reduced by 38% from 340,000 in 2009 to 210,000 in 2012. The coverage of HIV care and treatment interventions for infants and children is improving but remains unacceptably low. In 2012, 33% of children aged <15 years in need of antiretroviral treatment (ART) were getting it, much lower than the 68% coverage among adults. In the priority countries, only Botswana and Namibia have achieved universal access for paediatric ART (with at least 80% of the children eligible for ART receiving it). Early infant diagnosis (EID) of HIV ranges from 3% to 39% in 16 Global Plan priority countries; only Namibia, Swaziland and South Africa had coverage of 70% or more in 2012, while coverage was 6% or lower in five priority countries. In ten highly impacted HIV countries in sub-Saharan Africa, HIV attributable deaths among children < 5 years remain significantly high – ranging from 10 % in Zambia to 28% in South Africa in 2010.

**Conclusions:** While much progress has been made, these gains are insufficient and far from comprehensive enough to address the care and treatment needs for HIV-exposed and HIV-infected children. The Global Plan has spurred access to ARVs and ART for pregnant and breastfeeding women for PMTCT and for women's own health resulting in a reduction in new child infections. However, children have been left behind for many of the HIV care and treatment services. Clearly, the global partners and countries need to accelerate efforts to address this inequity.

PRESENTING AUTHOR'S NAME	IMOISILI Adesua
PRESENTING AUTHOR'S COMPANY	Campus Health and Rights Initiative
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Rural-Urban Differentials In High Risk Sexual Behavior Amongst A Nationally Representative Sample Of Never Married Nigerian Youth

## ABSTRACT

**Background:** In Nigeria, the youth bear the highest burden of adverse sexual and reproductive health outcomes including STIs and HIV/AIDS. While the effects of social and biological factors have been documented, there is need for further exploration on the role of the environment on the sexual behavior of youth in Nigeria. Sexual behavior of adolescents is important not only because of the possible reproductive outcomes but also because risky sexual behaviors, such as unprotected sex and low and inconsistent use of a condom during sexual intercourse, have been associated with HIV infection. 1 Adolescents bear an increased risk of exposure to infection with sexually transmitted diseases (STDs). 2 It is estimated that half of all HIV infections occur among people younger than 25. 3 As a result, the sexual behavior of youths and the consequences of this behavior are a major public health concern.

**Methods:** The study was cross sectional in design, involving data from the 2008 National AIDS and Reproductive Health Survey (NARHS). Frequency distributions were generated, bivariate and multivariate analysis were conducted to determine associations between type of location i.e. rural or urban and selected indices of high risk sexual behavior amongst never married youth. High risk sexual behavior included multiple sexual partnering and those who did not use a condom at last sexual intercourse within the last three months. Type of location or environment was classified as a rural or urban household.

**Results:** Males comprised 62.2%; mean age of respondents was 18.7 years, S.D = 2.79. Urban youth accounted for 38.2% and at least a fifth of respondents had received primary school education. About a third of respondents had initiated sex, 35% of them before age fifteen. About 32% of sexually active youth engaged in multiple sexual partnering and nearly half (48%) reported not using a condom at last sexual exposure. Overall, the prevalence of high risk sexual behavior was 54%. On bivariate analysis, there were statistically significant differences between urban and rural youth and sexual exposure ( $p < 0.01$ ), early age at sexual initiation ( $p < 0.05$ ), multiple sexual partnering ( $p < 0.001$ ) and unprotected sex at last exposure ( $p < 0.001$ ). At multivariate analysis, the association between rural-urban location and high risk sexual behavior remained statistically significant ( $p < 0.036$ , O.R=1.42, C.I= 1.26 - 1.63).

**Conclusion:** There is a need to implement sexual reproductive health progra.

PRESENTING AUTHOR'S NAME	IRO-NSI Bose
PRESENTING AUTHOR'S COMPANY	Women's Rights and Health Project
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Targeting Males For PMTCT Through Football: The Women's Rights and Health Project's Strengthening Local Responses To HIV/AIDS And Reproductive Health Challenges, Nigeria Experience.

## ABSTRACT

**Issues:** Prevention of Mother to Child Transmission represents a unique opportunity to reverse the HIV/AIDS Epidemic. Current data indicates that 90% of HIV infections among children occur through mother-to-child transmission. Comprehensive evidence-based PMTCT interventions can reduce the risk of mother-to-child transmission of HIV infection to less than 2%. But progress in scaling-up the effective PMTCT programmes is lagging far behind especially in Sub-Saharan Africa due in part to lack of effective programmes to engage men.

**Description:** Women's Rights and Health Project with the support of the ViiV HealthCare's Postive Action for Children's Fund, implemented a 12-month PMTCT mobilisation intervention targeting community men. The intervention created massive awareness on PMTCT and HIV/AIDS prevention, provided free on-site HIV screening to community members, especially men and referred couples for PMTCT services. Utilising Football Tournaments, men and women were targeted with PMTCT, HIV/AIDS and Family Planning Services.

**Lessons learned:** The intervention successfully trained 80 educators (45 female and 35 Male) from 10 football clubs. The trained educators disseminated 3800 fliers, distributed 3095 condoms (1020 female and 2075 male) and sensitised 4533 (1903 females and 2630 males) community members. The intervention confirmed the efficacy of sports based approaches for mobilising communities and increasing uptake and recorded a 13.6% increase in uptake of PMTCT services among pregnant women in Oredo Local

Government Area of Edo State and produced a 10% (2,630 males) increase in male involvement in PMTCT and Antenatal services. The intervention also advanced primary prevention targets by sensitising 11,468 community members on PMTCT, HIV/AIDS Prevention and Family Planning Services. The intervention also recorded an increase in couple attendance (890 couples) attended ANC within the project's 12 month life span. Evidence from the intervention also reaffirmed the negative role of gender and power disparities in hindering the attainment of key development goals related to reproductive health and rights in Sub-Saharan Africa. From the intervention 36% of female beneficiaries reported that they were permitted by their spouse to utilise HCT services, while 64% reported that they could not access HCT/PMTCT services without their husband's explicit permission.

**Next steps:** These outcomes clearly make a strong case for the sustained implementation of innovative strategies to engage men in rural communities and for rights focused intervention to attain the ultimate goal of improved sexual and reproductive rights in Africa.

PRESENTING AUTHOR'S NAME	ISIRAMEN Victoria
PRESENTING AUTHOR'S COMPANY	UNICEF
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Use Of Sports As Entry Point For Uptake Of Combination HIV Prevention Interventions Amongst Young

## ABSTRACT

**Issue:** To achieve behaviour change amongst young people it is important to reach them with the same message, en masse, via various channels. Combination prevention uses a mix of biomedical, behavioural, and structural interventions, and targets the prevention needs of different populations based upon epidemiologic and demographic data. With a young people population of about 50 million aged 10-24 years, programmers need to explore traditional and non-traditional opportunities to reach the universal coverage targets in Nigeria. The National Sports Festival in Nigeria presents such an opportunity. It is a biannual event, brings young about 20,000 young people from all parts of the country over a period of two weeks. This intervention demonstrated that sport is an effective platform and entry point for the uptake of HIV prevention services amongst young people; mobilisation of partnerships is key for provision of combination prevention interventions at scale.

**Description:** Over a period of two years, the National Sports Commission was mobilised to understand its role in HIV preventions through awareness creation, institutional capacity building. A two year operational plan and facilitators guide/manual on HIV prevention interventions through sports was developed. One key activity identified within the operational plan is the use of major national sporting events to roll out combination prevention campaigns. The December 2012 National sports festival was identified as an opportunity. About ten prevention stakeholders within the HIV national response were mobilised by UNICEF. Planning meetings over a period of six weeks identified appropriate biomedical,

structural and behavioural interventions for the sport community. Stakeholders committed to the various components including provision of trained counsellors, tents, peer educators, male and female condoms, testing kits, referral forms etc. Targets set were: \* At least 5000 persons reached with HIV prevention messages/ education \* At least 2000 persons reached with HIV counselling and testing \* At least 100, 000 condoms (100,000 male and 50,000 female) distributed. Activities included awareness building sessions, peer education, condom demonstration and distribution, group/individual HIV counselling, HIV testing and referral.

**Result and Lessons learnt:** Results far surpassed planned outputs. 9,252 accessed HIV counselling, out of which 9,179 persons were tested. 28,000 male condoms and 43,000 female condoms were distributed. Over 10,000 people were reached with HIV prevention messages. Prevention stakeholders readily bought into the intervention because it is a low hanging fruit and effective way of achieving results. Additional information on HIV knowledge/ risk perception, gender analysis of client tested being analysed.

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**Next steps:** The potential of sports as an entry point for scaling up evidence based HIV interventions amongst young people and the general population needs to be fully harnessed. With the recently launched President's emergency response plan which aims testing 20,000,000 Nigerians over the next two years, the sports platform is a ready platform for creating demand reaching the targets. In addition to obtaining data for programming, this type of intervention and engagement with the sporting community provides opportunities of working with successful sports men and women as role models and agents of change.

PRESENTING AUTHOR'S NAME	ISIRAMEN Victoria
PRESENTING AUTHOR'S COMPANY	UNICEF
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### HIV In Emergency - Integration Of HIV Into Community Management Of Acute Malnutrition Intervention Sites

## ABSTRACT

**Issue:** The Sahel belt covering eight states in Northern Nigeria is prone to food insecurity, droughts and nutrition crises. UNICEF Nutrition section has been providing Community Management of Acute Malnutrition (CMAM) support as part of routine programming in the last 3-4 years. Annual CMAM admissions have increased steadily from 18,118 in 2010 to 59,093 by July 2012 and from 15 sites in 2009, to 216 sites in 2012. The prevalence of Global Acute Malnutrition (GAM) in Kebbi was reported at 15.4 in July 2010. Global acute malnutrition beyond 15% is regarded as emergency situation. A multisectoral approach to the nutritional emergency was thus launched by UNICEF Nigeria. There is a clear link between severe acute malnutrition in children and HIV. In children, HIV is frequently linked to growth failure. One large European study found that children with HIV were on average around 7 kg (15 lbs) lighter and 7.5 cm (3 inches) shorter than uninfected children at ten years old. 2 February 2013 data from CMAM sites in Katsina state show up 5% HIV prevalence amongst Severe Acute Malnutrition (SAM) cases tested for HIV. The CMAM sites thus provide an excellent entry point for the provision of HIV testing to the infant/parent pair and initiation of treatment as the need arises.

**Description:** In order to integrate HIV services in nutrition intervention and to consider nutrition center as a new entry point to test children and their parents, UNICEF in Nigeria has promoted interventions to:

- \* Promote access to comprehensive HIV prevention, HIV testing, treatment and care services to adults, especially mothers, and children around sites \*
- Integrate essential HIV prevention services in all CMAM sites and referral for those requiring more

complex services, \* Support the sites located in Local Government Areas with HIV prevalence above the national average (4.1%) to progressively build up capacity for comprehensive HIV services. \* Mobilize USG, UN and other partners provide key/complimentary components of HIV services \* Establish the prevalence of HIV in SAM cases

**Results and learnt:** \* 85% of the CMAM Out Patient Sites (OTPs) are integrating HIV prevention education and counseling in their services. \* 50-80% of the CMAM OTPs referred complicated cases to secondary level of health care (PMTCT -55% and HCT 48%). \* However feedback was poor, only 6% returned with a feedback note from the secondary referral service-point for follow up. \* Up to 90% of the OTPs in some states (Kano) had adequate quantities of Rapid Test kits for HCT, varying number of sites had adequate supplies of condoms and rapid test kits \* Health Care Workers in 77% of the sites debriefed supervisors and peers on their return from the training, \* 26% of the Out Patient sites wrote report of the training, and 8% of these reports were sighted by the visiting monitoring team.

**Next steps:** As a whole, intervention in CMAM sites is an opportunity to tell the story of a comprehensive HIV response. The scale of the problem is huge and multi-sectoral, a massive collective action is required from all stakeholders to make impact.

PRESENTING AUTHOR'S NAME	ISRAEL-BALLARD Kiersten
PRESENTING AUTHOR'S COMPANY	PATH
SESSION TYPE	Oral
SESSION TITLE	MOADS13 - Who is "The Other"? Prevention Programmes for Specific Groups

## ABSTRACT TITLE

Providing Safe Donor Human Milk For HIV Infected Or Exposed Vulnerable Infants

## ABSTRACT

**Background:** Breast milk is the optimal source of nutrition and immunologic protection for infants and is critical for vulnerable low birth-weight/premature infants, especially those who are born to HIV infected mothers or orphaned by AIDS. When a mother's own breast milk is unavailable, vulnerable infants should be provided with the next best option - donated pasteurized breast milk. Acceptability of human milk banks (HMBs) within a community and verifying safety are key factors to ensuring sustainability. Pasteurization of breast milk ensures destruction of bacteria and viruses while retaining protective factors, such as vitamins, proteins and antibodies. Flash-heat pasteurization, a low-cost simple method was previously designed for HIV infected mothers to treat their own breast milk. Recently Flash-heat has also been used to treat donor milk in a neonatal intensive care unit HMB in Durban, South Africa. The original Flash-heat design lacked capability to accurately monitor and validate milk temperatures reached, preventing HMB scale-up. FoneAstra, a smart phone mobile pasteurization monitor, tracks and archives pasteurization temperatures, provides audio-visual cues based on milk's temperature to guide the user performing pasteurization, prints a pasteurization report and tracking labels using a Bluetooth-enabled printer, and uploads data to a server for archival and remote review by supervisors. The goal of this project was to assess acceptability of community-based HMBs and to evaluate the use of FoneAstra as a safe, low-cost HMB safety management system for resource-poor settings.

**Methods:** To assess acceptability, interviews were conducted with mothers before and after

participating in a community breastfeeding training program that included HMB education. To evaluate the safety of FoneAstra, bacterial growth was compared in pre- and post-pasteurized donor breast milk samples. Pre-pasteurization samples were compared to post-pasteurization samples: 1) using Flash-heat with FoneAstra; and 2) using Flash-heat without FoneAstra. Samples were cultured on routine agar for bacterial growth in a microbiology laboratory. Isolated bacteria were further identified and enumerated.

**Results:** Forty women were interviewed; 22 completed the post-training assessment to date. Preliminary results suggest that community education is critical in order to increase awareness. 300 breast milk samples were analysed. Bacterial growth was found in 86 of the 100 pre-pasteurized samples and 1 of the 100 post-pasteurized samples flash-heated without FoneAstra. None of the samples pasteurized using FoneAstra showed bacterial growth.

**Conclusion:** Training and community awareness programs are needed to ensure acceptance of HMBs and donor breast milk for feeding vulnerable infants. Both pasteurization Methods were safe and effective. FoneAstra offers additional benefits of temperature monitoring and data tracking and can be used as a quality assurance tool for standardising the pasteurisation process. This simple and low-cost technology could make wide-scale implementation of HMBs feasible. Increasing access to donor breast milk for vulnerable infants could have a significant impact on the health and survival of infants in South Africa.

PRESENTING AUTHOR'S NAME	JAYAKODY Menaka
PRESENTING AUTHOR'S COMPANY	Networking HIV/AIDS Community of South Africa
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Community Systems Strengthening For Orphans And Vulnerable Children Through NACOSA's OVC Programme From 2010-2013: Programming Lessons For Service Delivery

## ABSTRACT

**Issues:** Programming for orphans and vulnerable children in the South African context poses a challenge for community based organisations in resource limited areas. The quality of the service that is offered requires prioritisation of services with an emphasis on the quality of services. The training of personnel, the sustainability of the organisation, models of care and tools for interventions need greater access.

**Description:** The Networking HIV/AIDS Community of South Africa, a NPO in South Africa, is a Principal Recipient for the Global Fund to Fight AIDS TB and Malaria Round 9 Grant programme Phase 1 from 2010-2013. The programme funded 47 community based organisations, over a period of 3 years in the areas of nutritional support, psychosocial support and material support. Funding was provided for organisational support of the community based organisation, stipends for child and youth care workers and supervisory personnel. Technical support and capacity building through training and mentoring was provided to the organisational management team and accredited skills training to the care workers of the organisations. A Rapid Services Quality Assessment (RSQA) was conducted to inform future programming of the project. The RSQA highlighted areas of programming to consider and Recommendations. In addition to the RSQA, meetings were held with key stakeholders and selected sub recipients. Information was also gathered from programming interventions - quarterly sub recipient meetings, training feedback, provincial team feedback and mentoring visits.

**Lessons learnt:** Organisations provided all three services of nutritional support, psychosocial support and material support with more frequent nutritional support services. A wide range of services for psychosocial support were offered. Very few organisations provided clinical nutritional support and lacked systems to track the effectiveness of their nutrition programmes. The nutrition programme for phase II was subsequently reprogrammed with an emphasis on providing emergency nutritional support with a strategy for tracking nutritional changes. Organisations experienced difficulty in assessing changes in the welfare of OVC. Tools for assessing emotional and physical health and tracking the progress of individual children need to be improved. Issues such as attachment of care workers to clients and exit strategies needed to be addressed. OVC Programmes Quality Assurance and Standard Operating Procedures guidelines were found to be useful. The majority of the services targeted the child. In reprogramming emphasis placed on the household and community context, with targets attached ensures a contextual approach. The support systems for Child Care workers needed more structure and capacity gaps in specific child care skills were identified for care workers. Accredited training is recommended.



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**Next steps:** The implications of these results for future programming and the linkage to community systems will be elaborated. It is recommended that care workers become part of a social development/health system. The training provided needs to be accredited training enabling them to continue on a career path and provide quality services. Standardized tools must be available to community based organisations for assessment and support of children, households and communities. Tracking of progress, programme adaptation and quality management tools as well as Standard operating procedures need to be shared widely with relevant training and mentoring support. Models of care must focus on providing support to the child, the household and the community expanding the community systems approach and linking existing interventions of social protection to the household level support to children, their families and communities.

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SESSION TYPE	Oral
SESSION TITLE	MOADS19 - Children and Adolescents

## ABSTRACT TITLE

Effect Of Age At Antiretroviral Treatment Initiation On Growth Reconstitution Within The First 24 months Among HIV-infected Children In The leDEA West African Paediatric Cohort

## ABSTRACT

**Background:** Growth response to ART can be influenced by several factors that are not properly identified. We described the prevalence of malnutrition among HIV-infected children enrolled in the leDEA West African paediatric cohort (pWADA), and we analysed the effect of age at ART initiation on catch-up growth after 24 months on ART among those who were malnourished at initiation.

**Methods:** All HIV-infected children <10 years enrolled in pWADA, incident for ART initiation were included. Malnutrition was defined by a Z-score <-2 SD, according to three anthropometric indicators: Weight-for-age (WAZ) for underweight, Height-for-age (HAZ) for stunting, and Weight-for-Height/BMI-for-age (WHZ/BAZ) for wasting. 24-month Kaplan-Meier probabilities for catch-up growth (Z-score-2 SD) were compared according to age at ART initiation. Cox proportional hazards regression models determined associated factors with catch-up growth over 24 months.

**Results:** 2004 children were included between 2001 and 2012. The median age was four years of age and 46% were girls. At ART initiation, 51% were underweight, 48% were stunted and 33% were wasted. The 24-month probabilities for catch-up growth were 72% (95% confidence interval CI: 69;76), 57% (95% CI: 53;61), and 91% (95% CI: 89;94) for WAZ, HAZ, and WHZ, respectively. Adjusted for gender, CD4 count and malnutrition severity at ART initiation, ART regimen and country, the 24-month probability for catch-up growth was significantly higher in children <5 years

at ART initiation compared to children  $\geq 5$  years for WAZ (adjusted Hazard Ratio [aHR]: 1.93, 95% CI: 1.55;2.40, aHR: 2.14, 95% CI: 1.67;2.73, aHR: 1.48, 95% CI: 1.10;1.99, aHR: 1.45, 95% CI: 1.07;1.95 for children aged <2, 2, 3 and 4 years respectively); and for HAZ (aHR: 1.89, 95% CI: 1.46;2.44, aHR: 1.93, 95% CI: 1.48;2.53, aHR: 1.79, 95% CI: 1.34;2.40, aHR: 1.45, 95% CI: 1.05;2.01 for children aged <2, 2, 3 and 4 years respectively). There was no significant effect of age at ART initiation on catch-up growth for WHZ/BAZ (P = 0.118). Female gender and immunodeficiency were also associated with catch-up growth.

**Conclusions and recommendations:** ART initiation can reverse deficit in growth, especially in younger children. However, not all malnourished children experienced catch-up growth within the first two years of ART. Early ART initiation before growth failure and an adapted nutritional supplementation should be encouraged to optimise growth and clinical response to ART among HIV-infected children.

PRESENTING AUTHOR'S NAME	JUSTINIAN Kaijage
PRESENTING AUTHOR'S COMPANY	IntraHealth International/Tanzania
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Introducing Volunteer Para-Social Workers To Support And Refer Most Vulnerable Children In Tanzania

## ABSTRACT

**Issues:** The HIV/AIDS epidemic in Africa has had a major impact on social welfare services for years, resulting in an exponential increase in orphans and vulnerable children. According to UNICEF, by 2010 in sub-Saharan Africa an estimated 15.7 million children had lost at least one parent to HIV/AIDS. To address the need for village-level social welfare services, the USAID-funded Tanzania Human Resource Capacity Project, led by IntraHealth International, has worked with partner organizations and the Government of Tanzania since 2008 to develop and mainstream a new cadre of volunteer para-social workers (PSWs) into existing local government structures. Volunteer PSWs became the interim solution to fill the gap in community-level social welfare workers.

**Description:** PSWs identify most vulnerable children (MVC), and provide psychosocial support and referrals to facilities and networks offering comprehensive HIV/AIDS and other services including health, education, nutrition, legal/protection, shelter, and economic strengthening. Successful PSWs have the chance for a career path in social work. To date, 4461 PSWs have been trained and deployed in four regions; 645 of the most promising PSWs have been trained as PSW supervisors. The first batch of PSWs is now training to become Social Welfare Assistants (SWAs), the lowest cadre in the professional social welfare workforce. A PSW advocacy network, PASONET, has been formed to provide social and technical support to PSWs. In addition, District Advocacy Teams have been organized to advocate at the district level for more budgetary and resource support for PSWs and MVC.

**Lessons learned;** From 2009 to 2012, PSWs provided psychosocial support services to 35,948 MVC directly and linked them to essential social services. However, attrition of PSWs remains high (up to 40% in some areas) and retaining them requires creative solutions, since the government has ruled out cash stipends. Some districts have been providing other incentives such as linking PSWs with NGOs that are supporting MVC, training, and engaging PSWs in other village-level work. More advocacy is needed to ensure PSWs are fully utilized and engaged. More openings for SWAs need to be funded by the districts so that PSWs have a better chance of career advancement.

**Next steps:** Advocacy for more resources from the districts to support PSWs needs to continue. PSWs need to be incorporated into other MVC programs sponsored by international agencies. Production of SWAs and employment opportunities provided by districts need to increase. Creative mechanisms should be developed to motivate PSWs and maintain their services with limited local government budget and commitment. The way forward entails initiatives to address these challenges including building capacity of PASONET; further strengthening district advocacy teams; sustaining identified best practices; and documenting and disseminating program results and outcomes.

PRESENTING AUTHOR'S NAME	KADOKECH Sebs
PRESENTING AUTHOR'S COMPANY	Naguru Teenage Information and Health center (NTIH)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Scaling Up Youth Friendly SRH And HIV Integrated Information And Services In Public Health Facilities In Uganda; Lessons And Experiences

## ABSTRACT

Scaling up youth friendly SRH and HIV integrated information and services in public health facilities in Uganda; lessons and experiences.

**Background:** Uganda Ministry of Health has prioritized implementation of integrated sexual and reproductive health and HIV services through rolling out of policies and guidelines. The health sector strategic and investment plan targets 75% of facilities to be youth friendly by 2015. Though partnership with district health teams, Naguru Teenage Information and Health centre (NTIHC) scaled up implementation of youth friendly information and services (YFS) in 16 health facilities in 8 central regional districts of Uganda. The review of the project on strengthening youth friendly services assessed quality of care on key adolescent sexual and reproductive health (ASRH) indicators. The findings will guide future models that are less costly but at the same time able to meet the ASRH services needs of young people.

**Methodology:** A cross sectional study on the quality of ASRH services that employed both quantitative and qualitative. Methods of data collection was conducted in 22 health facilities. Client exit interviews, 30 clients per facility from the general outpatient and other clinics, selected consecutively using structured questionnaires, key informant interviews with health workers and focus group discussions with young people were conducted in the 22 health facilities. Quantitative data was analyzed using SPSS data and qualitative data was analysis using thematic analysis. Quality of care was measured using 6 indicators on counseling, STI/HIV prevention and clinical service skills.

**Results:** Of the 6 indicators, only one indicator on client receiving all the medicines prescribed scored above 50% (52.7%), discussed ways to prevent STI/HIV (47.3%), provider initiated HIV counseling and testing (42.4%), discussed ways to prevent unwanted pregnancy (37.6%), discussed how to choose a family planning method (33.7%) and discussed reproductive health goal (33.5%). In the stand alone youth friendly health facility of NTIHC, similar comparable study was done in 2006 and 2010. Significant change was observed on key indicators; discussed reproductive goal (52%, P-value 0.00), discussed ways to prevent STI/HIV (88.0%, P-value 0.00), discussed ways to prevent unwanted pregnancy (83.7%, P-value 0.00), discussed how to choose FP method (64.0%, P-value 0.00), got all medicines prescribed (93.6%, P-value 0.57).

**Conclusion:** Using existing infrastructure in resource constrained setting offers an option to MoH to scale up integrated youth friendly information and services. There is need to build capacity of health services providers in provision of integrated delivery of youth friendly ASRH information and services and logistical support. Standalone YFS health centres better demonstrate results of youth friendliness and should be supported in addition to the integrated models of provision of YFS.

PRESENTING AUTHOR'S NAME	KAFENGYE Manyire Israili
PRESENTING AUTHOR'S COMPANY	Giramatsiko Post Test Club
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Elimination Of Mother To Child Transmission (eMTCT) Programme That Gives Priority To The Pregnant Mother & At The Heart Of Women Living With HIV Yields Greater Results Towards The Achievement Of The Goal Of EMTCT By 2015

## ABSTRACT

**Issue:** While at the global and national level a commitment has been to eliminate mother to child transmission and keeping their mothers alive by 2015, this will only be realized if the needs of pregnant women are taken into consideration so that they are motivated to deliver from the health care facilities and an investment in women living with HIV at the grassroots is made in order for them to mobilise, sensitize, refer pregnant women for services and ensure follow up plans and activities in order to reduce loss to follow up. This has been demonstrated by Giramatsiko already.

**Description:** Giramatsiko Post Test Club, a Community Based Organisations of PLHIV, the 2011 Cordaid HIV/AIDS Award Winner and 2012 Red Ribbon Winner, founded in 2002 by 7 positive rural illiterate women has since grown to 490 members whereby 400 are women & has since 2012 implemented an eMTCT programme. The Organisation trained 16 peer educators (all HIV+) in eMTCT and human rights and their role is to mobilize, refer pregnant women for access to Antenatal Care (ANC) and eMTCT for those that test HIV+. Each Parish has two Peer Educators and the approach is door-to-door mobilization, education, escorting women to the health facility where in doubt that the person will not reach and continuous follow up and visits from the day of identification up to 6 months after delivery for those who will have been identified as HIV+. The uniqueness, niche and innovation of this project is that it's by women living

with HIV right from planning, implementation and M&E and it builds on the strength of partnership with health care workers and Community Leadership (Local Councils). Giramatsiko led in community mobilization, sensitization and referral and the health workers provided services. The primary beneficiaries were pregnant women in the district. One year and a half in the implementation of the Project, Giramatsiko has recorded 920 pregnant women being followed up with an average age of 26, recorded 106 referrals of pregnant positive women for PMTCT. Twenty Nine (29) babies have been referred for early Infant Diagnosis (EID) and date is being analyzed to assess the HIV status of the babies. 100 of the needy women were provided with mother kits.

**Lessons learnt:** We learnt that lack of mother Kits that each pregnant is expected to have before she can be delivered in the public health care facility is a hindrance to women to go to deliver in public health facilities, who instead go to Traditional Birth Attendants. All the 100 pregnant HIV+ women that received Mother Kits from Giramatsiko delivered from Public Health Facilities Partnerships with the community & health care providers increase service uptake. When empowered, placed at the centre of implementation, WLHIV are better mobilizers for Elimination of Mother to Child Transmission. Realization of EMTCT needs investment in free mother kits.

PRESENTING AUTHOR'S NAME	KAMAU Emily
PRESENTING AUTHOR'S COMPANY	University of Nairobi
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Effectiveness Of PMTCT At Naivasha District Hospital: Outcomes Of HIV Exposed Infants

## ABSTRACT

**Background:** In 2012, there were 330,000 incident paediatric HIV infections. Effective Prevention of Mother-to-Child Transmission (PMTCT) of HIV services has potential to eliminate paediatric HIV. The aim of this study was to evaluate at 18 months: HIV transmission rates, infant HIV free survival as a measure of effectiveness of PMTCT services at Naivasha District Hospital.

**Methodology:** This was a retrospective cohort study targeting mother-infant pairs seeking HIV care at the comprehensive care clinic. Consenting mothers completed a questionnaire that assessed socio-demographic characteristics and uptake of PMTCT interventions. Infant HIV status was obtained from records and HIV antibody testing at 18 months for previously untested infants. HIV transmission rates and mortality rates among HIV exposed infants were estimated. Kaplan Meier analysis was used to determine HIV free survival.

**Results:** One hundred and thirteen mother-infant pairs were enrolled, 99 (87.7%) mothers and 85 (92%) infants received antiretrovirals. Although, 79 (85.6%) infants were breastfed, only 63 (55.8%) were exclusively breastfed for six months. Most 100 (88.5%) infants had HIV deoxyribonucleic acid polymerase chain reaction testing at 6 weeks, 84 (80.8%) had follow up HIV antibody testing at 18 months. MTCT rate was 2.7% at 6 weeks and 4.4% between 6 weeks and 18 months. HIV-free survival at 18 months was 83.9%.

**Conclusion:** High rates of antiretroviral drug use and low rates of MTCT are reported at 6 weeks in this population. However, MTCT rate increases substantially after 6 weeks, indicating an urgent need for strategies to promote exclusive breastfeeding.

PRESENTING AUTHOR'S NAME	KAMAU Peter
PRESENTING AUTHOR'S COMPANY	International HIV/AIDS Alliance
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Supporting Multi-Country Community Based Approaches For PPTCT: The Alliance Experience In Africa

## ABSTRACT

**Issues:** Elimination of vertical transmission of HIV is a key global agenda towards an HIV free generation. Despite the decline in the number of new HIV infections, there were reported 330,000 new cases of HIV infection in children in 2011, where more than 90% of these infections were in Sub-Saharan Africa. In addition, 21 of the 22 global priority countries which are home to over 90% of all pregnant women living with HIV are in Sub Saharan Africa. In the effort to address this, the International HIV AIDS Alliance is supporting community based model projects for Prevention of Parent to Child Transmission (PPTCT) through the Africa Regional Programme (ARP) in four countries. The countries include Burundi, Nigeria, Côte d'Ivoire and South Africa with PPTCT services coverage of 12%, 22%, 54% and 88% respectively.

**Description:** With support from Swedish International Development Agency (Sida) through the ARP, the Alliance is supporting the PPTCT model projects to expand coverage of services, promote utilization through community-based approaches and advocate for quality and equity within PPTCT services. The project is working with 12 implementing partners recruited through the Alliance Linking Organisations (LOs) in the four countries. One of the key interventions includes qualitative community based start-up assessment and documentation. This was aimed at gathering qualitative information on community based barriers/challenges to access of PPTCT services, and retention along the PPTCT cascade in the project site in each of the countries. In addition, the

assessment involved analysis and triangulation of health system data to determine the gaps in uptake of PPTCT service within the cascade. Some of the major findings are related to family & traditional practices/customs were key in determining access to PPTCT services across all the countries. Low access and utilization of ANC services emerged as the key in the lack of uptake of PPTCT. Some of the other barriers included utilization of traditional birth attendant (TBAs) services, inaccessibility due to distance of health facilities, health service providers attitude and in particular stigma directed at women living with HIV. Based on the data analysis, the project adopted evidence based interventions that are relevant to the local context. This resulted in the development of a package that defines the approaches and interventions supported at the community level to increase access and utilization to PPTCT services. The project has trained community health workers for community mobilization, referrals and follow-up for greater uptake of services. The project continues to provide technical support to the LOs and implementing partners. This has seen more women accessing ANC, expansion in HIV Testing and Counselling (HTC) services targeting women and their partners, improved collaboration with TBAs, health service providers and communities for referral of services and feedback on the services. Further the project has supported development of PPTCT advocacy plans and engagement of policy makers at local and national level. The advocacy is informed by the community based assessment and interventions.

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**Lesson learnt:** Qualitative assessment is important in the identification of specific community barriers to access to PPTCT and the use of data for planning is a key step for the development of relevant community based PPTCT programmes. There is a need to contextualize and adapt the approaches of documented best practice to fit the context where the project is being implemented. Communities play a major role in increasing access to and retention in ANC services and other health services and for successful PPTCT country programmes, community based interventions need to be central to national strategies.

**Next steps:** The key Next steps will involve intensified community based interventions and advocacy based on the assessment findings. Key recommendation is the use of data for planning and advocacy for community interventions to increase access and retention for PPTCT services.



PRESENTING AUTHOR'S NAME	KAMNDAYA Mphatso
PRESENTING AUTHOR'S COMPANY	Wits School of Public Health
SESSION TYPE	Oral
SESSION TITLE	MOADS14 - Opportunities in Working with Vulnerable Youth

## ABSTRACT TITLE

Material Deprivation Effects On HIV-related Youth Sexual Risk-Taking In Blantyre Urban Informal Settlements, Malawi

## ABSTRACT

**Background:** Emerging urbanisation and HIV research in sub-Saharan Africa stresses that urban informal (slum) settlements are associated with increased vulnerability to HIV (Greif et al, 2011). Young people in these areas are a key target for interventions, in part due to sexual risk-taking (involvement in transactional sex and multiple sexual partnerships), which is linked to securing economic advantage (Burns & Snow 2012). Few studies have explored this linkage with multiple material deprivation measures. Unmet needs related to urban housing, food and medical care. The purpose of this study was to draw a comparison of material deprivation effects on youth sexual risk-taking by gender and school status in Blantyre urban informal settlements, Malawi.

**Methods:** Drawing from the social determinants of health conceptual framework of the Commission on Social Determinants of Health, we used cumulative ordinal logit models to analyse primary data from a cross-sectional household survey involving 557 males and 566 females aged 18-23 years in Mbayani and Mtopwa urban informal settlements in Blantyre city in the Southern region of Malawi. We collected data between February and June 2013 using a three-tiered sampling procedure, to select clusters, households and finally individuals within households in the two study sites. Youth sexual risk-taking was measured as multinomial ordered categorical variable from transactional sex and multiple sexual partnerships. The study protocol was approved by the Human Research Ethics Committee (Medical) of the University of the Witwatersrand (Protocol Number M120658) and National Health Sciences Research Committee in Malawi (Protocol Number 1078).

**Results:** Here we report findings from the preliminary analysis, which suggests that 50% of females and 33% of males reported high sexual risk-taking; 30.9% of males and 41.6% of females lived in food insecure households; 26.6% of males and 17.2% of females indicated not receiving needed medical care. Approximately 66.3% of males and 67% of females reported unmet housing needs. Results also suggest how gender and school status shape material deprivation experiences and sexual risk-taking differently for male and female.

**Conclusions and recommendations:** We wish to highlight the role of material deprivation on youth sexual risk-taking in urban informal settlements. We hope the findings will be useful for implementing programs and interventions designed to diminish HIV vulnerability for youth living in deprived areas.

PRESENTING AUTHOR'S NAME	KANIA Dramane
PRESENTING AUTHOR'S COMPANY	Centre Muraz
SESSION TYPE	Oral
SESSION TITLE	MOADS19 - Children and Adolescents

## ABSTRACT TITLE

Pediatric HIV-1 Early Diagnosis And Viral Load Measurement Using “Biocentric” RNA And DNA Assays On Dried Blood Spot In Burkina Faso.

## ABSTRACT

**Background:** PCR are required for early diagnosis of HIV infection in exposed newborn and for therapeutic monitoring of patients on highly active antiretroviral therapy (HAART). Conditions required for peripheral blood sampling and lack of laboratory equipments limit molecular analysis of HIV infection in sub-Saharan Africa. We evaluated HIV-1 RNA and DNA assessment on dried blood spot (as an alternative to venous blood collection) using commercial real-time Biocentric PCR assays in Burkina Faso.

**Methods:** Plasma and paired DBS samples were tested for HIV RNA in children born from HIV positive mothers (n=108) and in HIV-1-infected patients receiving HAART (50) using the Biocentric RNA assay. Furthermore, HIV DNA was quantified in peripheral blood mononuclear cells (PBMC) from patients on HAART and DBS samples from HIV-1-exposed infants with the Biocentric DNA assay. Plasma results were considered as the Gold Standard compared to DBS assessment.

**Results:** The mean age of HIV-exposed children was  $5.4 \pm 4.3$  months and the HIV prevalence among them was 5.6% (CI95%, 2.1-11.7). The RNA and DNA assays identified concordantly all the HIV-1 positive and negative children in DBS. From the 31 subjects with HIV-1 RNA detectable in plasma, 30 were tested in DBS and 27 (90%) were found positive. The mean difference of HIV-1 RNA values obtained in DBS and plasma was  $+0.13 \log_{10}/\text{ml}$ . A good correlation were observed between the DBS and plasma ( $R= 0.90$ ,  $p=\text{spearman}$ ). Bland and Altman comparison of HIV RNA quantification

on DBS versus plasma showed a proportional bias. HIV RNA were quantified in six out of ten DBS samples proceeded from patients with plasma HIV RNA undetectable on HAART suggesting a cross quantification of HIV DNA.

**Conclusions and recommendations:** Our finding demonstrates an excellent agreement between HIV molecular detection using DBS and plasma samples. Proviral DNA contained in PBMC can slightly increase HIV-1 RNA VL values obtained by Biocentric RNA assay if whole blood is spotted, suggesting a re-definition of treatment failure threshold when used for HAART monitoring. Moreover, RNA and DNA PCR assays on DBS are useful Methods for HIV diagnosis.

PRESENTING AUTHOR'S NAME	KANNIKE Sururat
PRESENTING AUTHOR'S COMPANY	Seme Border Committee Against HIV/AIDS
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Progress Towards Achieving Zero New HIV Infections By Pregnant Women Utilizing Traditional Birth Attendant Services

## ABSTRACT

**Background:** Prevention of HIV transmission from HIV infected women to their offspring's is one of the effective strategies for achieving zero new HIV infections. This study was carried out to determine prevalence of HIV and attitude towards status disclosure to spouse among pregnant women accessing ANC related services from traditional healers in an urban slum (Lagos Nigeria).

**Method:** An intervention study involving training of traditional healers in a particular community in Lagos on PMTCT and provision of free HCT services (using the national HCT guideline) at their clinics on antenatal clinic days for their clients. Total of 52 visits was conducted over a one year period, information was collected from the pregnant women using a semi structured pretested questionnaire after informed verbal consent was given. Data was analyzed using Epi Info version 3.4.

**Result:** A total of 2,315 women were counseled and tested, the mean age was 24 years + 9,57% of the women were primigravidas, 91% had not been screened in the past one year for HIV and among the 9% that had been screened before, only 6% collected their result and hence knew their status as at that time. Only 2% of the women knew their partners status, 71% of the women were willing to tell their partners to go for HIV screening, 28% of the women were willing to tell their partners their status if they test negative while 4% were willing to tell their partners if they test positive. Overall 7% of the women tested positive to HIV 1.

**Conclusion:** HIV prevalence among this group of pregnant women patronizing traditional healers was higher than the national average and as well as state average. Willingness to disclose status was also low, which could hinder access to necessary social care and support. It is necessary to conduct more studies to determine the reasons for high HIV prevalence among this group of women who might not otherwise have had access to HCT services, it is therefore important to establish linkages between community based organization, healthcare facilities and traditional healers.

PRESENTING AUTHOR'S NAME	KANON Souleymane
PRESENTING AUTHOR'S COMPANY	UNICEF
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Integrating HIV Testing Care And Treatment In The Management Of Severe Acute Malnutrition Among Children Seen At Nutrition Centres In The Sahel Nutrition Crisis Zones, Northern Cameroon

## ABSTRACT

**Background:** Cameroon is among the countries hit by the Sahel Nutrition crisis and is equally a generalized epidemic country for HIV with a national prevalence of 4.3%. The country is currently facing a nutrition emergency as part of the Sahel nutrition crisis also affecting other countries in the region. One of the reasons of failure in successfully managing severe malnutrition in children is failure to spot out some of the underlying causes such as HIV infection. In Cameroon, checking HIV is not routinely performed in malnutrition centers. From January 2013, the Ministry of Health and UNICEF piloted the introduction of HIV testing, and treatment in the package of services offered to malnourished children in six health districts of northern Cameroon.

**Methods:** A rapid assessment was conducted to have a picture of the situation at district level looking at human resource capacity, service delivery packages, supplies and commodities, referral systems. From the gaps identified, tailored interventions were implemented over six months.

**Results:** Preliminary findings indicate that Nutrition centers do not have the capacity to offer HIV care and do have frequent supply shortages. Referral systems are not working properly and malnutrition care packages do not incorporate HIV. There is no effective referral of HIV positive children to ensure they benefit from ARV treatment. Testing for parents of HIV positive children are not done systematically and community workers lack skills to include HIV in their routine work. Interventions supported by the project included addressing gaps mentioned

above. As a result, to date, all malnutrition centers in the project zone can now offer HIV counselling and testing, and children found positive are referred to ARV centers for treatment. Trained staffs are reaching out to parents for testing. After six months, we observe in the north region that 64.80% of malnourished children received in the nutrition centers were tested for HIV with 6.73% of them found to be positive. 25% of them were successfully referred to ART. Only 7.69% of their mothers and 3.84% of fathers accepted to be tested.

**Conclusion:** Our results so far show that HIV infection is one of the hidden faces of severe malnutrition in children below five years in the project zone and could lead to failures in the case management of severe malnutrition. In the project zone, nutrition centers do not integrate systematically HIV management in the package of services offered. Lessons so far from the project indicate that filling that gap is feasible and leads to better outcome of caring for malnourished children when HIV infection is associated. This requires a set of actions including, tailored capacity development, improved supply chain, effective referral system and regular supervision.

PRESENTING AUTHOR'S NAME	KASHEMWA MIGABO Givano
PRESENTING AUTHOR'S COMPANY	Global Strategies
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Option B+ Prevention Of Mother To Child Transmission Delivery In Rural Zimbabwe

## ABSTRACT

**Issues:** Prevention of Mother to Child Transmission (PMTCT) delivery in rural Zimbabwe presents unique situations that challenge the approach to prevention standards accepted everywhere. Rural PMTCT delivery is challenging as a limited staff of healthcare workers must cover wide geographic areas and many births occur at home. The Hwange District is located in western Zimbabwe and has a population density of only 2.3 inhabitants per square kilometer. In 2012, the observed HIV prevalence among pregnant women in a four-clinic catchment was 16% (83/511). Only 51% (265/511) of pregnant women delivered in a clinic. Of the women delivering at home, only 13% (32/246) presented to the clinic after delivery. Covering this population of 22,000 with PMTCT services, where pregnant women can be up to 40 kilometers away from clinic sites demands a strategy that minimizes algorithmic branch points requiring expert opinion and utilizes community health workers and other non-medical personnel to ensure adherence and referrals in the case of complications or illness.

**Description:** Zimbabwe Ministry of Health (MOH) adopted Option B+ guidelines which specify triple antiretroviral therapy (HAART) starting as soon as diagnosed, continued for life for HIV infected mothers and daily NVP or AZT for HIV exposed infants from birth through age 4–6 weeks regardless of infant feeding method. Voluntary counseling and testing (VCT), ART initiation and ART treatment are supervised by the primary health nurses that have received training and certification. Village community health workers (VCHWs) conduct home visits and are authorized to deliver ARV refills to pregnant women that are unable to make the long walk to a clinic.

**Lessons learned:** Option B+ presents many advantages in this rural context but challenges persist. This treatment approach simplifies the work of the primary nurses and supply chain management as it eliminates regimen changes as the pregnant women progress through the continuum of care. With VCHW supplying ARVs during home visits if needed, the ART for the mother continues uninterrupted. Timely delivery of HIV prophylaxis to HIV exposed infants remains unreliable. Accessing pediatric prophylactic medications is challenging in the immediate post-partum period. Explorations into authorization of VCHWs to administer HIV prophylaxis at home deliveries or cellphone-based solutions where VCHWs can consult with a clinic nurse should be explored. Additionally, it will be important to form relationships with village midwives to ensure coverage of PMTCT services.

**Next steps:** Rural delivery of PMTCT highlights the advantages of Option B+ that would be true anywhere. Supply chain management and ART administration is simplified. HIV positive mothers that deliver at home continue ART without interruption. Implementation of the new WHO 2013 guidelines that specify all HIV positive pregnant women should be initiated on ART, Option B+, will further reduce HIV transmission globally. With the mother on continuous treatment, consideration needs to be given as to the need for and duration of infant prophylaxis.

PRESENTING AUTHOR'S NAME	KASHEMWA, Givano
PRESENTING AUTHOR'S COMPANY	Global Strategies
SESSION TYPE	Oral
SESSION TITLE	MOADS21 - Is the Dipstick Just a Lipservice? HIV and AIDS Surveillance, Monitoring and Evaluation

## ABSTRACT TITLE

Two Birds With One Stone: Linking HIV Data Collection Systems With Quality Of Care Improvements In Real-Time In A Pediatric HIV And PMTCT Clinic In The Democratic Republic Of The Congo

## ABSTRACT

**Background:** A gap between data collection systems and active clinical cases misses an opportunity to improve the quality of HIV care in real-time. Data collection systems are over-burdened by numerous demographic and historical fields that make navigation in real-time tedious and inefficient for direct care providers. Creating a tool that highlights critical information pulled directly from the database in a clinician-friendly format has the potential to improve provider acceptance of such data systems while creating an incentive for providers to maintain high-quality data.

**Methods:** In a paediatric HIV and PMTCT clinic supported by Global Strategies at HEAL Africa Hospital in Goma, eastern Democratic Republic of the Congo (DRC), modifications were made to an EpiInfo database to give care providers access in the clinic to the following data points for patients: (1) Antiretroviral regimen and start date; (2) anti-tuberculosis treatment start date if applicable; (3) method of HIV diagnosis (4); graph showing height and weight growth curve and (5) graph showing CD4 count over time. In each graph, the antiretroviral start date is visualized as a vertical line overlying the corresponding time. This information was easily accessed by entering the patient identification number into the EpiInfo database, which displayed on a single page.

**Lessons learnt:** By highlighting critical information pulled directly from the EpiInfo database, providers received a snapshot of the patient's course to date during the patient's clinic visit. In cases where the clinical appearance of the patient

was reassuring and the graphs depicted a good response to therapy, clinic discussions could be targeted to disclosure and psychosocial care. When growth failure or other concerning features were immediately apparent, providers could quickly move to discussions about medication adherence and acute issues. Embedding clinical tools into data collection systems leads to (1) higher quality data; (2) increased understanding of the importance of data collection; and (3) improved patient care. This is demonstrated by the following quality improvements in the clinic: (1) reduction in the number of patients less than 18 months old without PCR; (2) earlier disclosure of paediatric patients; and (3) higher percentage of clinic visits during which in-depth adherence and psychosocial assessments were performed. In low resource settings, clinical tools linked to database systems can provide a framework for shifting from acute care needs to improved chronic care and prevention.

**Next steps:** Data collection system must be designed with the aim to improve patient care and provider efficiency simultaneously. Direct care providers in low resource settings must be active participants in the creation of data collection systems that they request for implementation. Additionally, many current data collection systems capture only basic quantitative portfolio data about the number of clinic visits and the number of patients on various antiretroviral regimens. More sophisticated systems that can guide and monitor clinical decision-making are more likely to lead to sustained improvements in health outcomes.

PRESENTING AUTHOR'S NAME	KASOZI DANIEL Evans
PRESENTING AUTHOR'S COMPANY	BAYLOR-UGANDA
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### A Preliminary Report Of HIV Seroreversion Among Children Who Received Early Infant Treatment At Baylor-Uganda

## ABSTRACT

**Introduction:** HIV sero-reversion is defined as a quantitative decrease in HIV-specific antibody to levels below measurable cutoffs for an assay. HIV sero-reversion has been reported among HIV-1 infected infants started on anti-retroviral therapy (ART) within the first months of life. Patients that sero-revert, however; retain a life-long reservoir of cells latently infected with HIV. Our objective was to determine the magnitude of HIV sero-reversion among infants attending the Baylor-Uganda run Post Natal Clinic (PNC) at Mulago National Referral Hospital.

**Methods:** We reviewed charts of HIV-1 positive children aged >18 months who had initial positive virologic tests at 6 weeks of age, received ART, and had repeat HIV-testing (antibody test) at 18 months or later. All the infants had had two positive DNA PCR tests at the time of initiation of ART and had been on ART for >12 months. HIV antibody tests were carried out using World Health Organization (WHO) recommended HIV 1/2 rapid tests (Determine, Stat pack and Unigold) run in series. We assessed and compared the results of HIV antibody tests conducted after ART initiation to the baseline virologic (DNA PCR) results conducted at 6 weeks of age. In addition, the most recent HIV viral loads (VL) were documented.

**Results:** Of 68 children that were re-tested at 18 months or later, 31 (45.6%) were male; median age at ART initiation was 3 months (IQR 2-5); and the median age at re-testing was 28 months (IQR: 20-37). The average duration on ART was 25 months (SD=8.7). Of the 68 children, 29 (42.6%) had a negative HIV antibody test. Twenty seven (93.1%) of the 29 had VL less than 50 copies/ml; the remainder had VL between 60-70 copies/ml. Viral suppression to <50cp/ml is associated with a negative antibody test at retesting ( $p=0.001$ ). Starting ART at or before 2 months of age was not associated with a negative antibody test result ( $p=0.062$ ); neither was there any association between the duration on ART (categorized as <24 months and >24 months) and re-testing results ( $p=0.193$ ).

**Conclusion:** HIV sero-reversion is common in children. This may potentially be mistaken as cure and may lead to discontinuation of therapy. To avoid this, health education of care givers is critical.

PRESENTING AUTHOR'S NAME	KENKEM Calorine
PRESENTING AUTHOR'S COMPANY	Communauté Camerounaise des femmes positives (CCaF+)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Formations Sanitaires Et Discrimination: Expériences De Stigmatisation Et Discrimination Vécues Par Les Femmes Séropositives Et Les Mères Vivant Avec Le VIH. Cas D'une Étude Communautaire -Cameroun

## ABSTRACT

**Contexte:** Une étude menée au Cameroun par la communauté camerounaise des femmes positives (CCaF+) en collaboration avec ITPC Central Africa (International Treatment Preparedness Coalition), en janvier 2013 visait à documenter les formes de discriminations vécues par les femmes enceintes séropositives et les mères vivant avec le VIH dans le cadre de l'exercice de leurs choix reproductifs et leurs accès au soins pré-nataux et santé de reproduction.

**Méthode:** Les histoires vécues par les femmes provenant de 4 régions du Cameroun ont été collectées à travers des interviews individuels réalisées entre Décembre 2012 et Janvier 2013. Il s'agissait uniquement des femmes vivant ouvertement avec le VIH, ayant été enceinte ou ayant éprouvé le désir de faire des enfants, ayant fait face à la stigmatisation et discrimination, qui ont accepté de partager leurs expériences. **Résultats:** Il ressort que Plusieurs attitudes et gestes au sein des formations sanitaires contribuent à renforcer la stigmatisation et la discrimination. On citera entre autre: \* Les attitudes discriminatoires du personnel médical qui se traduit par le mauvais accueil, la longue attente des patients, l'abstention de communiquer les informations sur le planning familial, refus de fournir les soins pendant l'accouchement, port de plusieurs gangs sur une main avant le service, violation de la confidentialité, insultes, blâmes, mauvais jugement. \* La présence des signes ou des codes spéciaux dans les carnets de consultation. \* L'exposition des affiches au sein

des formations sanitaires avec des messages non appropriés. (affiche d'une personne vivant avec le VIH dans un état de santé piteux). \* L'ajout de frais supplémentaires, non en vigueur au personnel médical ou para médical avant d'être servi.

**Conclusion:** Il faut dire que plus la stigmatisation résiste, moins les efforts fournis pour la prévention du VIH et la réduction de la pandémie sont visibles. Il est donc recommandé au gouvernement de s'assurer que les directives et les lois nationales protègent les droits des femmes vivant avec le VIH, y compris les droits sexuels et de reproduction. Si nous voulons atteindre l'objectif Zéro, il est important de fournir une formation adéquate au personnel de santé en ce qui concerne particulièrement les droits sexuels et de reproduction des personnes vivant avec le VIH.



PRESENTING AUTHOR'S NAME	KIBAARA Charles Karue
PRESENTING AUTHOR'S COMPANY	KEMRI-FACES
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Evaluating The Association Of Treatment Buddy (TBy) With Antiretroviral Therapy (ART) clinic Attendance Adherence In Kisumu, Kenya

## ABSTRACT

**Background:** HIV-infected patients on antiretroviral therapy (ART) who miss clinic appointments risk drug interruptions, poorer health outcomes and drug-resistance. Kenyan guidelines for ART encourage treatment buddy identification (TBy) to maximize patient adherence. This study examined if having a TBy reduces the risk of missed appointments (defined as  $\geq 1$  appointments missed by  $>3$  clinic days) within the first year on ART.

**Methods:** This was a retrospective cohort study of all HIV-infected adult patients initiating ART between August 1, 2007 and March 27, 2011 at four Family AIDS Care and Education Services (FACES)-supported health facilities in Kisumu, Kenya. Patient demographic and attendance encounter data were abstracted from electronic medical records and analyzed using bivariate logistic regression to assess whether patients with a TBy had better appointment adherence, and the Breslow-Day test to assess whether the effects of TBy on appointment adherence differed by gender.

**Results:** Among a cohort of 2,074 patients, 1,390 (67%) were female and 684 (33%) were male, of whom 1,211 (87.1%) women and 645 (94.3%) men had TBy. Patients with a TBy were older (mean age=33.8 vs. 31.2 years; OR=1.03 per year increase in age, 95% CI=1.02-1.05) and more likely to be married/partnered (58% vs. 38%; OR=2.07, 95% CI=1.49-2.89) compared to those without a TBy. Among women, proportion with any missed appointment during the past 12- months was lower for those with a TBy than those without (51% vs. 64%, OR=0.59, 95% CI=0.42 - 0.81), while in men proportion with a missed appointment did not differ by having a TBy (55.7% vs. 56.4%; OR=0.97, 95% CI=0.51-1.86). However, the Breslow-Day test detected only a slight trend towards differences by gender ( $p= 0.17$ ).

**Conclusion:** TBy may be more strongly associated with appointment adherence in females than in males. Further research is needed to elucidate the relationship between TBy, appointment adherence and gender.

PRESENTING AUTHOR'S NAME	KIDIA Khameer
PRESENTING AUTHOR'S COMPANY	Oxford
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

'How I Wish I'd Been Told': HIV-disclosure Preferences Among Positive Adolescents In Zimbabwe

## ABSTRACT

**Background:** Due to the scale up of antiretroviral therapy, perinatally infected babies are now living into their teenage years. Adolescents living with HIV/AIDS represent a novel challenge due to the unique sociocultural factors that affect this age group. Once children surpass the immediate threat of death, the issue of status disclosure arises. Little research has been conducted on the lived experiences of adolescents. Current guidelines emphasize the ongoing nature of disclosure but are limited to children under 12. This study aimed to outline patterns of HIV-status disclosure to Zimbabwean adolescents in order to understand how members of this demographic learn about their illness. We discuss current practices and incorporate adolescent preferences to develop a new model for understanding disclosure to older children.

**Methods:** In-depth interviews were conducted with 18 (8 male, 10 female) perinatally-infected adolescents aged 16-20 at a centralized HIV clinic in Harare, Zimbabwe. 2 focus groups were run with 15 (1 male, 14 female) healthcare workers in the same clinic. Purposive sampling was used to recruit participants and interview guides focused on current practices for healthcare workers and narratives of adolescent experiences. A coding frame was developed and major themes were extracted using grounded theory Methods.

**Results:** Whilst healthcare workers encourage caregivers to initiate disclosure in the home environment, adolescents prefer it to take place at the clinic in the presence of healthcare workers. This preference among adolescents serves to provide accurate information on HIV and increase the credibility of the test results and circumstances. Furthermore, at first, many adolescents did not fully grasp what it meant to be HIV-positive. These adolescents built knowledge of their illness through shared experiences and education at peer support groups at the clinic.

**Conclusions & Recommendations:** HIV disclosure practices should be reconsidered for adolescents as a unique population and a new model can be developed that hinges on the inherent social capital of HIV-positive youth. We argue that through shared experiences that reinforce HIV-related information, peer support networks assist the ongoing process of disclosure once it has been initiated. In our model, full disclosure is only achieved once an adolescent entirely understands the ramifications of being HIV-positive.

PRESENTING AUTHOR'S NAME	KILAMA Bonita
PRESENTING AUTHOR'S COMPANY	National AIDS Control Program
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Patient Level Findings: Better Treatment Outcomes But Low Coverage For Tanzanian Children After 7 years Of A National HIV Care And Treatment Program

## ABSTRACT

**Background:** As HIV treatment programs mature, it is important to assess improvements in enrolling HIV-infected children into care and starting ART earlier. Few sub-Saharan countries have used routinely-collected electronic data to report outcomes of children on antiretroviral therapy (ART). Tanzania launched the National HIV/AIDS Care and Treatment Plan in October 2003, with rapid ART expansion to over 900 government-approved care and treatment clinics (CTC) by 2011. UNAIDS estimates Tanzania to have >75% unmet ART provision for pediatrics. Our aim was to investigate trends and outcomes of children initiating ART using the national electronic routinely collected patient level information.

**Methods:** Patient level data from 348 CTC from 2004 through Dec 31st 2011 from 18 of 21 regions were used to analyze annual trends in coverage, survival and retention of children under 15 years of age initiating ART.

**Results:** A total of 26,527 patients aged <15 years were observed to initiate ART, 13,456 (50.7%) were females. The male to female ratio was similar across all calendar years. The overall age structure of those who started ART was similar for all years, with around 50% being aged between 6-14 years (49.7% males and 51.9% females) and around 9% were children under one year of age. The age pattern between the two sexes was similar at time of starting ART. Documentation of key ART initiation variables has improved: children with no documentation for weight fell from 12.5% in 2005 to 6.5%, and for WHO stage those without

documentation fell from 55% in 2005 to 3.2% in 2011. In each year, 50% of children started ART without baseline CD4 counts. In total 2,204 (8.3%) of children initiated on ART were documented to have died. Adjusted hazard rates (AHR) show lower mortality at younger age (<2 years) (AHR=0.88, 95% CI 0.77-1.06), and higher mortality for those initiating ART <10kgs (AHR=3.88, 95% CI 3.09-4.86), at WHO stage 4 (AHR=3.87, 95% CI 3.12-4.81), and CD4 count <50 cells/ml, (AHR=2.55, 95% CI 2.16 -3.01). More than 75% of children were on treatment 1 year after starting ART, and 61% after 4 years. However the estimated coverage showed 25% of children needing ART had received ART, compared to 69% of adults.

**Conclusions:** After seven years implementing pediatric ART in Tanzania the coverage is still low. However survival and retention of children on ART is as good or better than survival and retention of adults on ART.

PRESENTING AUTHOR'S NAME	KILONGI Eric
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Oral
SESSION TITLE	MOADS18 - Born HIV Free Getting PMTCT to Work

## ABSTRACT TITLE

Achieving Elimination Of Mother-to-child Transmission Of HIV Through Increased Access To Care And Antiretroviral Treatment Among HIV-positive Pregnant Women In Kenya

## ABSTRACT

**Background:** The Global plan to eliminate mother-to-child transmission of HIV (MTCT) and keep mothers alive called for a reduction in the MTCT to under 2% by 2015. It placed focus on 22 countries with highest HIV prevalence, including Kenya. In Kenya, the average national MTCT rate is 12%. To reach 2% MTCT or lower, Kenya needs to increase access to ART and retention among HIV-positive pregnant women. Ndhiwa District has one of the highest HIV prevalence rates in Kenya, at 14%. October-December 2010 district data indicated an MTCT rate of 11% at 6 weeks post-natal. Testing at 9 and 18 months was not documented. An estimated 39% of HIV-positive pregnant women were enrolled in care and 11% enrolled on ART. Ndhiwa was providing HIV care in five sites and ART in three of the 18 public health sites in the district.

**Methods:** The CDC-funded Pamoja Project, implemented by Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), began scaling-up HIV care and treatment services in Ndhiwa in 2010. Research conducted in 2009 by EGPAF in a neighbouring district indicated that integrating HIV services with maternal, neonatal and child health (MNCH) services helped increase access and uptake of prevention of mother-to-child HIV transmission and treatment services among HIV-positive pregnant women and HIV-exposed children. In 2010, EGPAF, with the Ministry of Health (MOH), implemented integration of HIV services within MNCH in all 18 public health sites. In 2010, didactic, offsite training was conducted, for all MNCH workers in 18 sites,

on integrated management of adult and adolescent HIV and AIDS in MNCH, and proper use of relevant data collection tools. EGPAF renovated all 18 facilities to provide additional space for consultation and worked with the national stores to provide drugs and commodities to the district hospital that would provide ART as needed, to lower-level facilities and mentor staff on their use.

**Lessons learned:** Since integration, the proportion of HIV-positive pregnant women receiving HIV care in the facilities increased from 74 out of 194 (39%) in December 2010, to 142 out of 142 (100%) by December 2012. The proportion of HIV-positive pregnant women on ART increased from 21 out of 194 (11%) in December 2010, to 142 out of 142 (100%) by December 2012. This led to an observed reduction in MTCT at six weeks from 11% to 3%.

**Recommendations:** Advocate for integration of care and ART services at all lower level health facilities in the country.

PRESENTING AUTHOR'S NAME	KINTU Michael
PRESENTING AUTHOR'S COMPANY	Wakiso Integrated Rural Development Association-STRIVE Project
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Assessment Of Provider's Perceptions In Delivering Community-level Integrated HIV And Sexual Reproductive Health (SRH) Services In Rural Wakiso District, Uganda: Results From The Positive Action For Children Fund (PACF) Supported STRIVE Project

## ABSTRACT

**Issue:** The integration of sexual and reproductive health (SRH) and HIV services is a policy priority, both globally and in sub-Saharan Africa. Recent rapid assessments examining SRH/HIV integration have focused primarily on the public clinical/facility needs and perceptions of both patients, and providers and on the policy and service-delivery environment in which these programs operate. However, evidence of community-level provider's perception is scanty. To fill this gap, we undertook both a quantitative and qualitative study to elicit the views of the community level providers for improving integrated SRH and HIV care in Uganda.

**Description:** This study was part of provider perceptive midterm review of integrated service delivery model in Rural Wakiso district, Uganda conducted in January 2013. Data was collected among 30-PACF project supported community nurse-midwives providers using a Rapid Assessment Tool for Sexual and Reproductive Health and HIV ( a generic guide, prepared and published by IPPF, WHO, UNFPA, WHO, GNP+, and ICW) and analyzed using STATA windows version.

**Lessons learnt:** All (100%) providers offer HIV-related services that include HIV testing, general information on HIV and condoms, while fewer provided HIV clinical or care services. Among the providers, 67 % said they provided information to most-at-risk populations. Psychosocial support was provided by 57% and positive prevention by around 10%. The assessment also gauged the level of provision of HIV-related services within specific types of SRH services. The most common entry point

was family planning (FP). All providers (100%) conduct HIV testing, offer general information and provide condoms; about two thirds (69%) provide PMTCT services (HIV counseling, and testing and ART therapy) All providers (100%) stated that they provide clients with access to HIV services within the same clinical environment on the same day. Referrals were more frequent for highly specialized SRH services such as MCH, GBV and post-abortion care. Two-thirds of SRH providers stated that they provided ongoing follow-up after referring clients to other services, conducted mainly during the next client appointment. All providers stated that the largest constraints to SRH and HIV integration are: lack of logistics for the provision of integrated services to address the high demand for integrated services; and lack of space for the provision of private and confidential services. But providers are enthusiastic about the positive impact integration brings. Over 87% believe it increases effectiveness, although it also increases workload, time per patient and logistics and material needs. Most providers also believe integration helps reduce stigma.

**Next steps:** Community providers identified actions needed at both policy and service-delivery levels to strengthen a community integrated approach to the provision of SRH and HIV services in Uganda. National policies shaping integrated HIV with SRH services within community contexts need to consider community provider capacity building, motivation, logistics, and financing of both basic equipment, and infrastructures for the provision of private and confidential services.

PRESENTING AUTHOR'S NAME	KITETELE NDOLUMINGU Faustin
PRESENTING AUTHOR'S COMPANY	Hôpital Pédiatrique De KALEMBELEMBE
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Etude Comparative Du Profil Epidémiologique, Clinique Et Evolutif Entre Les Enfants Infectés Versus Non Infectés Par Le VIH Soignés Pour La Tuberculose.

## ABSTRACT

**Objectif:** Comparer le profil épidémiologique, clinique et évolutif entre les enfants infectés et non infectés par le VIH soignés pour la tuberculose à l'Hôpital Pédiatrique de Kalembembe.

**Méthodes:** Etude rétrospective réalisée sur base du profil épidémiologique, clinique et évolutif de 154 enfants âgés entre 0,08 et 15 ans, infectés ou non par le VIH, suivis pour la tuberculose entre le 1<sup>er</sup> janvier 2008 et le 31 décembre 2012 à l'hôpital pédiatrique de Kalembembe, à Kinshasa, RD Congo. Le diagnostic et le traitement de la tuberculose ont été réalisés conformément aux recommandations nationales. Le diagnostic de l'infection à VIH a été posé à l'aide de tests rapides et par PCR.

**Résultats:** Sur 154 enfants mis sous traitement antituberculeux, 109 (70,8%) étaient âgés entre 0,08 - 5ans, 31 (20,1%) entre 6 - 10 ans et 14 (9,1%) entre 11 - 15 ans. Le sexe ratio était de 0,6 en faveur du sexe Masculin. La moyenne d'âge était de 3,7 ans et 49 (31,8%) avaient une sérologie positive et 63 n'avaient pas une sérologie documentée. L'âge moyen des 49 (53,8%) enfants infectés par le VIH et suivis pour la tuberculose était de 5,9 ans [0,08 - 15] avec un sex ratio de 1,3 en faveur du sexe féminin. Le poids moyen avant le début du traitement antituberculeux est passé de 17 kg [4,2 - 48] à 19,6 kg [7 - 53] à la fin du traitement. Il a été noté 3 (6,1%) cas de tuberculose pulmonaire à microscopie positive et 6 (12,2%) cas de tuberculose extra pulmonaire dont 3 (50%) cas de méningite, 1 cas de miliaires (16,7%) et 2 cas de tuberculose ganglionnaire (33,3%). A l'issue du

traitement, 4 (8,2%) cas de décès seront enregistrés. Par contre, l'âge moyen de 42 (46,2%) enfants non infectés par le VIH, suivis pour tuberculose, était de 3,4 ans [0,17-15 ans], le sex ratio de 1,5 en faveur des garçons. Le poids moyen avant le début du traitement était de 14,6 kg [3,3 - 51] et passera à 18 kg [4,5 - 61] à la fin du traitement antituberculeux. Il sera noté 7 (16,7%) cas de tuberculose extra pulmonaire dont 1 (14,3%) cas de tuberculose osseuse (Pott), 1 (14,3%) cas de miliaire tuberculeuse et 5 (71,4%) cas de tuberculose ganglionnaire. Aucune microscopie n'est rentrée positive et aucun décès n'a été enregistré à l'issue du traitement.

**Conclusion:** La présente étude montre que, ce sont les jeunes enfants qui payent le lourd tribut de la morbidité et de la mortalité liées au VIH et à la tuberculose. Mais aussi, si d'une manière générale les enfants répondent très bien au traitement antituberculeux, il faudra cependant noter que l'évolution clinique est beaucoup plus favorable avec une faible mortalité chez les enfants non infectés qu'infectés par le VIH. Ceci démontre aussi l'importance d'un diagnostic précoce de l'infection à VIH en cas de tuberculose et la recherche systématique de la tuberculose chez les patients infectés par le VIH afin de lutter contre la morbidité et la mortalité liées à ces deux pathologies.

PRESENTING AUTHOR'S NAME	KONOPKA Sarah
PRESENTING AUTHOR'S COMPANY	African Strategies for Health (ASH), Management Sciences for Health (MSH)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### A Systematic Review Of Demand-Side Factors Affecting ART Initiation And Adherence For Pregnant And Postpartum Women Living With HIV

## ABSTRACT

**Background:** Human Immunodeficiency Virus (HIV) infection contributes globally to a significant proportion of maternal deaths. In countries where the HIV prevalence is high, it can even be a leading cause of death in pregnant women. Antiretroviral therapy (ART) is a key intervention for reducing maternal mortality among HIV-infected women, but in many regions where ART is available, initiation, adherence, and retention-in-care remain problematically low. This systematic review assessed the literature to gather evidence on demand-side factors affecting the initiation of and adherence to ART in pregnant and postpartum women living with HIV.

**Method:** Peer-reviewed journal articles in PubMed and Social Sciences Citation Index (SSCI) databases were searched using variations of three terms: population of interest (pregnant women living with HIV); intervention of interest (ART); and outcomes of interest (initiation, adherence, and retention). Studies that reported empirical research, were published in English, and printed since 2008 were included. Studies were not included if they did not focus on HIV+ pregnant or postpartum women or did not identify barriers or enablers of ART initiation, adherence, or retention. Gray literature sources were also searched, e.g., conference abstracts and non-governmental organization (NGO) reports. No study was excluded on the basis of geographical area or methodology. Enablers and barriers to ART initiation and adherence were identified and organized thematically within a framework of individual, interpersonal, community, and structural categories. The validity of key findings was assessed

by considering the strength and generalizability of the evidence.

**Results:** Thirty-four studies were included in the review, and the findings were categorized using a levels framework: individual, interpersonal, community, and structural. The key individual-level barriers to adherence and retention discerned from the studies include: poor understanding of HIV, ART, and prevention of mother-to-child transmission, and difficulty consistently managing the logistics of adhering to ART (e.g., forgetting or misplacing medications). At the interpersonal level, improved adherence and retention were found to be associated with disclosure of HIV infection to a spouse and partner involvement in a woman's treatment. However, multiple studies also reported the converse, that women were reluctant to disclose their HIV status to their partners because they feared major negative consequences—including domestic violence and divorce. At the community level, stigma was a substantial barrier, either anticipated or directly experienced. The main structural barriers and enablers to initiation of ART and retention in care were related to health system use and engagement, such as health service access and health worker attitudes.

**Conclusions:** Demand-side enablers and barriers common to many people living with HIV may be intensified when a woman is pregnant or has recently given birth. Consideration of these factors is critical in the design of effective interventions that promote and support women as they make their way successfully through the maternal ART cascade.

PRESENTING AUTHOR'S NAME	KUDHLANDE Samuel S
PRESENTING AUTHOR'S COMPANY	Pact
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Measuring Outcomes Of Implementing Quality Service Standards For Orphans And Vulnerable Children (OVC) Programming In Swaziland

## ABSTRACT

**Background:** Ensuring the delivery of quality services is the cornerstone of an effective response to children affected by HIV/AIDS, and stakeholders are placing a greater emphasis on applying Orphaned and Vulnerable Children (OVC) quality service standards. Evidence is lacking, however, on the effect that implementing quality service standards has on child outcomes. OVC programming is vital in the Kingdom of Swaziland, the country with the highest national HIV prevalence in the world at 26% and 45% of the children are orphaned and affected by HIV/AIDS. In an effort to improve OVC service delivery, a comprehensive set of OVC Quality Service Standards (QSS) was developed in 2009.

**Methods:** A longitudinal cohort study was conducted among OVC beneficiaries to determine the effects of implementation of OVC standards on services delivered and child outcomes. Nine OVC implementing partners participated in the study. Prior to implementing OVC QSS, a survey tool, the Child Status Survey, was developed and NGOs collected baseline data from OVC beneficiaries (n=3,554) from April to May 2011. Technical assistance was provided to the participating NGOs to support the implementation of OVC QSS. Endline data was collected approximately 18 months later from the same cohort of participants surveyed at baseline (n=3,012).

**Results:** Of the 3,554 OVC that participated in the study, 50.7% were female and 49.3% were male. The average age of participants was 8.4 years old, and 39.5% were orphans. There was a 15% loss to follow-up rate at the endline survey. A comparison of baseline and endline indicators shows that there was an improvement in 20 out of the 27 indicators (representing 74%) that were captured. Thirty seven percent of the indicators increased by at least 5%, and 26% increased by at least 10%. Significant improvements were observed in the following areas: birth registration (+11.1%), cases of child abuse reported (+20.4%), sexual reproductive health education (+21.0%), and growth monitoring (+8.4%). Additionally OVC implementing partners have started using the OVC quality service standards to improve quality of services being provided to children.

**Conclusion:** Overall, indicators which showed significant improvements are those which service providers were able to implement over a short period of time. Indicators that did not significantly change may require longer term interventions. This study suggests that the implementation of quality service standards for OVC programming can improve service delivery in the short term and positively affect children's well-being.



PRESENTING AUTHOR'S NAME	KWENA Timothy
PRESENTING AUTHOR'S COMPANY	KEMRI-RCTP
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Perceived Feasibility And Necessary Attributes Of A Designated Time For Patient Appointment System In Reducing Waiting Time At HIV Care Clinics

## ABSTRACT

**Background:** Increasing number of clients enrolling into HIV care in sub-Saharan Africa requires streamlined and efficient systems to reduce clients' waiting time. We sought to establish the perceived feasibility of a designated time for patient appointment system (DTPAS) in reducing waiting time at Family AIDS and Education Services (FACES) HIV care clinic.

**Methods:** This was a qualitative study conducted with 5 staff and 15 patients through in-depth interviews at FACES HIV clinic in Kisumu, Kenya. Participants were conveniently sampled to represent various categories of staff and clients. Issues discussed included overall time spent and its impact on clients' daily schedules, enablers and barriers to arriving on time for appointment if booked for a specific time. Analysis of the transcripts followed grounded theory tenets that allow analytical themes to emerge from the voices of participants to define sub-themes during the process of transcripts reading, exploration and coding.

**Results:** It emerged that DTPAS is largely feasible provided that there is structured organization of the clinic, consultative scheduling of clients to incorporate their daily routines, adequate education and counseling to clients to reorient them with the DTPAS, sensitization/training of all cadres of staff and, clients appreciation the cost of wasted time at the clinic. Participants reported that structured organization of the clinic would ensure that files are retrieved in advance and booking of clients is evenly spread to make staff serve them on time. Since the clinic would continue enrolling new clients as well as responding to emergencies, participants expressed the need to have 'special emergency staff and rooms to handle emergencies without interfering with normal flow of booked clients. It also came out very clearly that for DTPAS to succeed; clients' daily survival activities such as employment need to be considered when booking appointments. Similarly, participants emphasized that a well-functioning DTPAS would alleviate the problem of defaulters by reducing waiting time.

**Conclusion:** DTPAS was reported to be feasible by both clients and staff provided that there is proper education/sensitization about the new system, structuring of the clinic organization and clients are involved in picking suitable time for them.

PRESENTING AUTHOR'S NAME	KYULU Teresia
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Addressing Unmet Need For Family Planning Among HIV-positive Women Of Reproductive Age In Three Districts In Nyanza Province, Kenya

## ABSTRACT

**Issues:** Provision of family planning (FP) to reduce the number of unintended pregnancies among HIV-positive women (and incidence of mother-to-child HIV transmission) is the second of UNICEF's four-pronged approach to prevent mother-to-child HIV transmission of HIV (PMTCT). The Kenya Demographic Health Survey of 2008, estimated that 60% of Kenya's HIV-positive population did not have access to FP services. There is a clear need to bolster access to FP services among people living with HIV in Kenya. The Maisha project began in 2011 in nine health facilities and scaled up to 30 by the end of 2012. The project is implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) through UNICEF funding. It aims to virtually eliminate pediatric HIV in supported districts of Nyanza Province, Kenya. At inception, the project noted an unmet need for FP. Health workers reported that approximately 50% of HIV-positive women presenting at antenatal clinic appointments in supported sites reported feeling unready/unprepared and ambivalent about their current pregnancy. FP was offered at these sites, however, it had been offered only through the maternal and child health department. To expand access to FP among HIV-positive clients, efforts to integrate FP in HIV clinics were launched by EGPAF, in collaboration with district health management teams (DHMT) and site staff, in the nine project-implementing sites in three districts in January 2012.

**Description:** From January through February 2012, several meetings to deliberate on integrating FP/HIV were held among staff at each of the nine sites, EGPAF and DHMT. At meetings, staff voiced concerns, including potential increase in

workload, a need for data recording instruments to incorporate FP commodities, and limited space in clinics to offer FP services. Site-specific activities were informed by these meetings and included on-site training and consistent mentorship by the district reproductive health coordinators (DHRC) on FP communications and dissemination, commodity stocking, with help from implementing partners and DHRC, and dissemination of FP registers to the HIV care clinic and training on their use by EGPAF and DHMT. Each facility was supported to address space limitations; some revised patient flow and adjusted spaces, others created more space by removing furniture and re-organizing rooms.

**Lessons learned:** Integration of FP and HIV was implemented in all nine pilot sites in March 2012, the health workers, who would meet with DHRC and Maisha staff regularly, had a positive attitude about the implementation; workload was not a reported impediment, and staff felt they were giving a complete package of services to HI-positive women. The intervention was scaled up to 30 sites by December 2012. As of December 2012, 12 sites assessed recorded a reduced number of pregnant HIV-positive women attending first ANC from 908 in January-July 2012 to 469 in August-December 2012.

**Next steps:** Integration of FP and HIV services can help reduce the number of unwanted/unplanned pregnancies among HIV-positive women. The success of this integration was due to collaboration among partners and health cadres, and early health care worker buy-in. EGPAF is currently working with the MOH on scaling up this integration model.

PRESENTING AUTHOR'S NAME	KYULU Teresia
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Tracking And Strengthening Retention Of HIV Exposed Infants (HEIs) In Care In Nyanza Province, Kenya

## ABSTRACT

**Issues:** Losses to follow up (LTFU) along the continuum of care are a prominent problem in HIV programs with estimates of prevention of mother to child of HIV (PMTCT) LTFU rates of 43%-75% in resource-limited settings. Despite high initial utilization of health services in Kenya (92% first antenatal care (ANC) attendance and 80% HIV testing rate at first ANC visit); retention in care is poor with service uptake reducing as you go further along the cascade of services (53% antenatal antiretroviral (ARV) prophylaxis uptake; 58% HIV virological testing of HIE's within 2 months; and 37% antiretroviral therapy (ART) coverage among children in need under 15). HIV is aggressive in infants with a 50% risk of death if not initiated on timely ART. Close monitoring of retention and active follow up of HEIs who are LTFU is critical to closing these huge gaps in access to prevention and treatment services. We assessed the impact of strengthening community facility linkages; combined with introducing a tool to record and report retention rates along the continuum of care by HEIs.

**Description:** Between 2011 and 2013, we introduced and scaled up health systems strengthening interventions in 30 health facilities that represent 88% of the estimated HIV positive pregnant women for Nyanza province. Interventions included the introduction of a tracking tool for HIV exposed infants; training and mentoring of Community Health Workers (CHWs) and Community Health Extension Workers (CHEWs); and formation of community facility linkage committees whose responsibility was to ensure routine monthly

household visits, defaulter tracing and regular reporting on community based activities. At inception there was no information on retention rates for HIV exposed infants in care under the MNCH clinics. At the end of the project we were able to document retention rates at 9 and 18 months of 69% and 48% respectively.

**Lessons learnt:** The use of a simple tool to document the retention rates of HIV exposed infants in care in the MNCH clinic presents an opportunity for facilities to continually assess the effectiveness of their interventions in retaining HEIs in care and to intervene in a timely fashion to trace defaulters and bring them back into care. Establishing an organized system of delivering and monitoring community based services through a community facility linkage committee enhances ownership and accountability among the community members; and provides a platform for regular review of performance. CHWs, CHEWs and communities play a very critical role in preventing defaulting and tracing infants who are lost to follow up along the continuum of care. The presence of a tool enhances the effectiveness of systems for retention in care.

**Next steps:** Scaling up the use of this HIV Exposed Infant tracking tool as well as the establishment of community facility linkages will aid Kenya increase infant HIV testing up to 18 months and pediatric treatment coverage in order to achieve elimination of mother to child transmission of HIV (eMTCT) and millennium development goal (MDG) 4, 5 and 6 targets.

PRESENTING AUTHOR'S NAME	KY-ZERBO Odette
PRESENTING AUTHOR'S COMPANY	PAMAC
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Evolution De La Stigmatisation Des PVVIH Au Burkina Faso: Quelle Ampleur ? Quelle Forme ?

## ABSTRACT

La stigmatisation des PVVIH a des effets contre productifs dans la lutte contre le VIH. Elle décourage la demande du test VIH, inhibe le partage du statut sérologique VIH+, et influence négativement l'observance aux traitements ARVs. En situation de forte stigmatisation, les PVVIH ont tendance à développer des sentiments qui vont les amener à se replier sur elles-mêmes et à s'isoler des autres. Cette auto stigmatisation peut les conduire vers des troubles dépressifs. Avec les efforts de mise à disposition des ARVs et de communication pour le changement de comportements en faveur des PVVIH, la stigmatisation change. Dans le cadre de l'étude MATCH (Multi-country African Study on Testing and Counselling for HIV) mise en œuvre au Kenya, au Malawi, en Ouganda et au Burkina Faso, l'évolution de la stigmatisation a été étudiée. Notre objectif est de décrire, sur la base d'une analyse quantitative, l'ampleur et les modalités de la stigmatisation des personnes testées séropositives au Burkina Faso. L'étude a eu lieu en milieu urbain (Ouagadougou) et en milieu rural (Dédougou) en 2008. De type transversal, elle a été conduite auprès des utilisateurs des sites autonomes de dépistage, des centres de santé et des associations de prise en charge des PVVIH. Un questionnaire semi structuré a permis de collecter les données auprès de personnes testées, séropositives et d'accord pour discuter avec les enquêteurs. Dans le questionnaire, 19 items classés en trois catégories ont été utilisés pour analyser l'auto stigmatisation, la stigmatisation dans les relations interpersonnelles et la stigmatisation dans les services de santé.

L'étude a reçu l'avis favorable du comité d'éthique pour la recherche en santé du Burkina Faso et du comité d'éthique de l'OMS/Genève. Les données ont été analysées sur SPSS 12. Au total 219 PVVIH, d'un âge moyen de 37,5 ans ont été interviewées (78,5% de femmes) et 48% d'entre elles vivent en couple. 39,7% des répondants n'ont pas reçu une éducation formelle. 87,6% ont partagé le résultat avec quelqu'un de l'entourage. Plus d'un tiers des PVVIH (34,5%) ont déclaré avoir été mal à l'aise à cause des paroles ou des faits des personnes de leur entourage. Les PVVIH de tous âges et des deux sexes subissent la stigmatisation dans les relations interpersonnelles (sans différence statistique entre catégories). Les PVVIH les plus scolarisées rapportent que le personnel de santé était mal à l'aise avec elles ( $p < 10^{-3}$ ). Par rapport à l'auto stigmatisation, les personnes vivant en couple vivent moins l'auto isolement ( $p = 0,01$ ). Toutes caractéristiques sociodémographiques réunies, les personnes testées en 2007 et 2008 ont vécu moins de situations de stigmatisation que celles testées avant cette période. Cependant, l'auto stigmatisation demeure toujours élevée dans ce groupe: 31% se sentent inutiles du fait de leur infection à VIH (35% avant 2007). En Conclusion, la stigmatisation touche autant les hommes que les femmes, indifféremment de leur âge au Burkina Faso. On note une tendance à la baisse de la perception des comportements négatifs de l'entourage à l'égard des PVVIH par elles-mêmes. Cependant, l'auto stigmatisation demeure élevée, nécessitant une réadaptation de la prise en charge psychosociale apportée aux PVVIH.

PRESENTING AUTHOR'S NAME	LAKONY Joe
PRESENTING AUTHOR'S COMPANY	War Child Holland
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Move Forward - Empowering Girls And Young Women In Sex Work In Northern Uganda

## ABSTRACT

**Issues:** Many girls and young women were orphaned, abducted or unable to complete school due to the war in northern Uganda. Having limited possibilities for income generation; many at a young age resorted to sex work to earn a living. Sex workers in northern Uganda are very vulnerable and marginalized; facing a lot of stigma, discrimination and violence from clients, service providers, authorities and family. Being a conservative society sexuality is hardly discussed; also sex work is illegal these factors contribute to the discrimination they face. Due to stigma they have limited access to health, legal and social services/information but are at high risks of contracting STDs.

**Description:** Move Forward project (Sept 2011 to Dec 2016): Implementation-War Child Holland, Funding-Stichting SOA AIDS.

**Objective:** Girls and young women involved in sex work in northern Uganda are (sexually) healthy, have their human rights fully respected and are in control of their livelihoods. Purpose: 1,035 girls and young women in Gulu, Amuru and Pader districts in northern Uganda are empowered with life skills, information and tools to make informed decisions; have better access to social and medical services and improved supportive and safe environment. Activities: \* Creative life skills: building resilience and improving coping skills of girls and young women in sex work to better deal with and stay safe in their daily lives; make informed decisions. \* Savings, business and vocational trainings. \* Resource centres for information, experience sharing, relaxation, referral, counselling. \* Community outreach and forums to improve understanding, support and respect for girls and young women in sex work. \* Awareness raising on relevant topics.

**Results:** Evaluation of pilot showed positive outcomes with girls and young women in sex work: increased self-esteem and confidence; more assertive in negotiating with clients; better able to make informed decisions, to take care of themselves and their children; more knowledge about family planning and HIV prevention; empowered to carry condoms and insist on clients using; better access to services and relations with service providers, authorities, families; more social support; improved opportunities for income generation. Key elements for success in addressing issues of girls and young women (14-24 years) in sex work: \* Participation of girls and young women in project design. Participation in design of life skills package not only ensured relevance of topics to create a comprehensive step by step package but also empowered the girls and young women. \* Life skills to empower and increase self-esteem combined with alternative income generating skills. \* Inclusion of key adults and stakeholders with forums to change attitudes and perceptions. Caregivers are engaged through life skills, savings and adult literacy training. Their involvement has been key in reintegrating the girls back into their communities. Stakeholders are engaged from the onset as well as regular service provider meetings, open days and follow-up meetings. This has ensured their support for the action as well as improved understanding of the girls needs and reduced stigma.

**Next steps:** Adapting approach to include South Sudan border; boys and young men in sex work.

PRESENTING AUTHOR'S NAME	LARBI Jacob Agudze
PRESENTING AUTHOR'S COMPANY	FHI360
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Capacity Strengthening Of SHARPER Implementing Partners To Mainstream And Integrate Sexual Gender Based Violence (SGBV) Issues Affecting Key Populations And PLHIV

## ABSTRACT

**Background:** The quality and focus of gender related activities undertaken by Partner NGOs working with Key Populations (MSM, FSW, Non-PPs) and PLHIV to address sexual and gender based violence (SGBV) issues has been weak, fragmented and not evidenced based. However, addressing SGBV issues faced by key populations is paramount to the reduction of HIV prevalence. Ensuring that implementing partners understand the issues of gender and are able to integrate and mainstream it, into their programmes in a systematic and sustainable approach through capacity building and strengthening is of crucial importance. The USAID SHARPER project facilitated the implementation of a comprehensive gender capacity building process for the Partner NGOs and provided technical support to ensure the integration of SGBV onto ongoing projects.

**Methods:** Thirty-three implementing partners integrated gender into SHARPER project activities. The process was underpinned by a review of literature, assessment of gender in HIV and AIDS interventions. The findings included weak or non-existence of in-house capacities with appropriate skills in gender and SGBV issues. A training curriculum development process, identification and selection of Gender Focal Person together with NGO partners and the training of 33 Gender Focal Persons on how to identify SGBV issues affecting key populations and PLHIV was employed. Gender Action Plans were developed to address these processes. An Organizational Development (OD) firm was deployed to support

IPs with organizational assessments, coaching and mentoring to ensure gender is captured in the overall vision and mission of the organizations and highlighted in Human Resources (HR) and governance policies.

**Results:** Currently all 33 SHARPER NGO Partners have integrated gender into their HIV and AIDS programs. Key staffs have been trained on how to identify SGBV issues affecting key populations and have designed and are implementing appropriate interventions captured in gender action plans. Additionally NGO Partners have mainstreamed gender as part of their institutional development within HR policies and governance systems addressing gender as a key focus area.

**Conclusion:** A comprehensive evidence based capacity building approach is essential for a sustainable implementation of gender and SGBV if it is integrated into the overall institutional capacity building process of partner NGOs.

PRESENTING AUTHOR'S NAME	LARMARANGE Joseph
PRESENTING AUTHOR'S COMPANY	IRD - Centre Population et Développement
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Acceptability And Uptake Of Repeat Home-based HIV Counselling And Testing In Rural South Africa. Preliminary Data Of The ANRS 12249 TasP Trial.

## ABSTRACT

**Background:** The ANRS 12249 Treatment as Prevention (TasP) trial is assessing whether HIV testing of all members of a community, followed by immediate ART initiation of all HIV-infected individuals, regardless of immunological or clinical staging, will prevent onward sexual transmission and reduce HIV incidence in the same population. The implementation of universal and repeat home-based HIV testing is not documented yet in a high HIV incidence and prevalence context.

**Methods:** A cluster-randomised trial is implemented using a phased-approach in the Hlabisa sub-district (KwaZulu Natal, South Africa) where more than 20% of adults are living with HIV. The trial started in March 2012; ten clusters are implemented in the first phase to assess the feasibility and acceptability of the two consecutive interventions (test then treat). The HIV testing strategy consists in a large range of community and clinic HIV testing options including the implementation of 6-monthly rounds of home-based HIV counselling and testing by dedicated counsellors. At each home visit, trial participants are administered individual questionnaires and offered a rapid HIV test.

**Results:** As of April 30, 2013, 6 907 eligible subjects (16 years or above) were registered in six clusters and 5 122 (74%) were contacted. HIV status of 3 923 (76.5% of those contacted) was ascertained, 3 256 accepting the rapid HIV test at home and 667 being already aware of their HIV-positive status. We will present updated data from the first four trial clusters, where all eligible members of the community will have been offered three rounds of home-based HIV testing within 18 months. Uptake of HIV testing at each round will be reported. Uptake of repeat HIV testing will be measured among those testing HIV-negative at first round and who accept repeat HIV testing at rounds 2 and 3. We will also describe the reasons for HIV test refusal. Finally, we will present participants' attitudes regarding repeat HIV testing, and changes between rounds 1 and 3.

**Conclusions:** Acceptance of regular and frequent HIV testing is key to the community-based efficacy of treatment as prevention initiatives in settings with very high incidence. Our data will provide first indications of whether repeat home-based HIV testing is acceptable and feasible in such a rural South African region.

PRESENTING AUTHOR'S NAME	LAWRENCE Estelle
PRESENTING AUTHOR'S COMPANY	University of the Western Cape and SA Department of Health
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

School-based ACTS Model Of HCT: Shift From Prevention To Care

## ABSTRACT

**Background:** Initially the purpose of HIV Counselling and Testing (HCT) was to both prevent HIV and to provide a gateway for access to care. However, in developing countries where HIV prevalence is high, there has been a shift in the emphasis from prevention to care. The aim is to test as many people in the population as possible in order to get those that test positive onto treatment. Because there are limited resources to provide the high quality counselling (which is more likely to result in positive behaviour change), the SA Department of Health has replaced the UNAIDS model of HCT with the ACTS (Advise, Consent, Test, Support) model. ACTS reduces the conventional UNAIDS 25 minute pre-test counselling session to 5 minutes. Similarly a mobile school-based HCT service provider has been providing HCT to students in secondary schools using the ACTS model. The objective of this study was to describe the content and quality of the HIV counselling provided by the mobile school-based HCT service provider.

**Methods:** Quantitative component: a survey (using a self-administered questionnaire) was done with 560 students from four secondary schools in Cape Town where HCT is provided. Qualitative component: interviews with six HCT service providers, and direct observation of 21 school-based HCT counselling sessions using a UNAIDS evaluation tool.

**Results:** In the survey students reported that pre-test counselling had covered most of the content recommended by UNAIDS, except for explaining the window period. Few learners reported that a positive prevention plan had been discussed during the post-test counselling. This corroborated the findings from the observation of the HCT counselling sessions that showed that post-test counselling was either absent or insufficient. Most learners, however, in this survey, felt that they had been given enough information and had found the counselling helpful. In the interviews counsellors complained that the ACTS model did not allow for adequate counselling.

**Conclusions:** With the ACTS model less attention is being placed on high quality counselling that may motivate students to adopt safe behaviour. Although the model includes a discussion of a prevention plan, in this study, service providers were observed to have omitted to incorporate this into the counselling session. Because most learners will test negative and therefore still be in the position to protect themselves and others, alternative ways of helping learners to develop individual plans for protecting themselves against acquiring HIV need to be put in place.



PRESENTING AUTHOR'S NAME	LEE Laura
PRESENTING AUTHOR'S COMPANY	University of British Columbia
SESSION TYPE	Oral
SESSION TITLE	MOADS14 - Opportunities in Working with Vulnerable Youth

## ABSTRACT TITLE

'Nimekula Shida Miaka Mingi' (I Have Eaten My Problems For Many years): Embodiment Of Suffering Of Youth-headed Households - Social Abandonment And Support Of Youth Affected By HIV

## ABSTRACT

**Background:** In sub-Saharan Africa, the dual impact of violent conflict and HIV, an "era of HIV/AIDS" has led to a growing number of households headed by young people. Youth-headed households (YHH) often deal with extreme economic deprivation, social and physical isolation and abuse, and face heightened sexual risk including vulnerability to contracting HIV. This study seeks to examine the perceptions and experiences of the suffering of YHH, ultimately developing policy and program responses that consider the social context of youth.

**Methods:** This qualitative study explores the lives of 49 youth (32 female, 17 male) aged 15 to 24 years who head households in Nakuru County, Kenya. Participatory workshops, discussion groups, interviews, and participant observation were carried out among the youth. Discussions and interviews were done with service providers, government workers, neighbours and family of youth in order to understand the youth's social context. Analysis was done using qualitative software, HyperResearch, whereby codes were developed from the data.

**Results:** The study revealed that YHH experience physical embodiment of suffering such as experiencing rape, abuse, HIV infection, early pregnancy, and forced early marriage. Social manifestations of youth's suffering include feelings of hopelessness, abandonment and loneliness, compounded by lack of social support and stigma. Young women are affected disproportionately; often resorting to transactional unprotected sexual relations to meet household needs. Youth expressed disheartenment that those who should be taking care of them - extended family, community leaders, government workers (legal, health) - were taking advantage of them and deepening rather than relieving their suffering. Yet, youth who experienced social support were encouraged and at times, were able to find positive means of survival and coping.

**Conclusions and recommendations:** When designing policies and approaches to protect, strengthen and support youth affected by HIV, such as YHH, intersectoral and collaborative efforts must be made. Youth's social context must be considered, including the impact of social support and abandonment on their well-being. Youth's access to 'youth-friendly' and particularly 'girl-friendly' health, social, psychosocial and legal services should be facilitated. Suggested interventions include implementation of socioeconomic strengthening, mentorship and strengthening of youth initiatives.

PRESENTING AUTHOR'S NAME	LEES James
PRESENTING AUTHOR'S COMPANY	University of the Western Cape
SESSION TYPE	Oral (SPC NADS)
SESSION TITLE	

## ABSTRACT TITLE

Walk In My Shoes: Revising HIV Education Through A One-week Experiential Assignment Of Living As A Person With HIV For Pre-service Education Students In A South African University

## ABSTRACT

Schools are important delivery sites for HIV programming. HIV education in South African schools, however, remains rooted in public health interventionism, not the rich history of education theory that understands behaviour as a product of long-term developmental and educational processes. Education theory understands the necessity of cognitive and affective engagement of subjects for successful learning. Yet the emotional charges of fear, shame, loss, death and threat remain part of the dominant model of HIV prevention, undermining affective engagement and “knowing” HIV. This research sought to develop an alternative approach to HIV education that allows university students to access the subject of HIV cognitively and affectively and to evaluate its impact. Two hundred education students enrolled in a one-semester module on HIV in 2013 at the University of the Western Cape, South Africa, were given an assignment to live as if they are HIV+ for one week. Students were required to consider their diet, exercise, stress, emotional well-being, alcohol and drug use and sexual practices. They were given packets of Smarties candies as substitute ARVs and invited to swallow them twice daily according to standard treatment protocol. Like HIV+ people receiving medications, they were required to identify an “ARV buddy” to support them throughout the week. Students submitted daily reflective journals and answered reflective questions about their experience. Sixty assignments were analysed with ATLAS. Forty students participated in four single and mixed-gender focus groups. One hundred additional pre-service education students who completed the assignment in 2012 were given

questionnaires about the impact of the assignment on their understanding of and ability to teach about HIV in their current teaching posts and any resulting personal behaviour changes. Results indicate the assignment allowed participating students to reframe their own understandings of HIV, to personalise the virus, find a new way to talk about HIV and take ownership of a response within their classrooms, communities, groups of friends and in their own lives. A strong theme in the assignments was the transformation of historical resistances to hearing and thinking about HIV. Surprising was the near complete majority of students who saw people with HIV in a new light, reporting a new-found respect for them that emerged from their own difficult struggles to live as a person with HIV. Many students reported they did not like living with HIV and medications at the centre of their daily lives and, as a result, reassessed and reformed their own risk-taking behaviours. This approach to HIV education has numerous applications within and beyond schools. It is a method to personalise HIV, inspire ownership and create new conversations. By reducing stigma and transforming attitudes toward people with HIV by experientially prompting an increase in empathetic understanding and response, it may have applicability with front-line health care workers whose own sensitivity toward people with HIV has recently been questioned. It may increase adherence by helping families discover how to support loved ones with HIV and be used as practice for HIV+ patients prior to beginning treatment with actual ARVs.

PRESENTING AUTHOR'S NAME	LELO Patricia
PRESENTING AUTHOR'S COMPANY	Hôpital pédiatrique de Kalembembe
SESSION TYPE	Oral
SESSION TITLE	MOADS14 - Opportunities in Working with Vulnerable Youth

## ABSTRACT TITLE

Prévalence De L'infection À VIH Chez Les Enfants Et Adolescents Victimes De Violences sexuelles, Suivis À L'hôpital Pédiatrique De Kalembembe, Kinshasa/ RDCongo.

## ABSTRACT

**Introduction:** La violence sexuelle est un problème majeur de santé publique dans le monde entier ainsi qu'une grave violation des droits humains fondamentaux. En RDC, les violences sexuelles faites aux femmes, aux jeunes et petites filles, et à la population en générale connaissent une ampleur persistante et inquiétante et cette recrudescence semble être plus complexe qu'initialement perçue. Au-delà du viol utilisé comme arme de guerre et principalement associé aux conflits et aux hommes en uniforme, l'on assiste ces dernières années à une recrudescence des cas de viol commis par des civils. Les enfants hors des zones de conflit deviennent de plus en plus des cibles privilégiés de viol dont les auteurs sont plutôt les proches de la famille. En plus d'autres conséquences, le viol expose au risque très élevé de propagation des maladies sexuellement transmissibles dont l'infection à VIH.

**Objectif:** Déterminer la prévalence de l'infection à VIH chez les enfants et adolescents victimes de violences sexuelles suivis à l'hôpital Pédiatrique de Kalembembe (HPKL) à Kinshasa, RD Congo.

**Méthodes:** Etude rétrospective portant sur la sérologie VIH/sida de 393 enfants et adolescents âgés entre 3 mois et 17 ans, victimes de violences sexuelles et pris en charge s entre le 1/11/2009 et le 31/05/2013 au sein de l'Hôpital Pédiatrique de Kalembembe.

**Résultats:** Le dépistage du VIH réalisé chez ces 393 victimes avait donné le résultat ci-après: \* 385/393 (97,9%) victimes de violences étaient de sexe féminin, l'âge moyen 11,9ans. \* 48/393 ont consulté dans les 72 heures après l'agression soit 12,2%; 45/48 (93,6%) ont bénéficié de Kit PEP. \* 3 /393 victimes qui se sont présentées dans 72 heures suivant le viol étaient positives soit une séroprévalence du VIH de 0,8% avant le viol. \* 5/393 victimes étaient positives dans les 3 mois qui suivaient le viol avec une séroprévalence du VIH de 1,3%, séroconversion précoce. \* 1/393 victime était positive 6 mois après le viol avec une séroprévalence de 0,3%, une séroconversion tardive. Toutes les victimes avec sérologie positive au VIH sont prises en charge.

**Conclusion:** La présente étude montre que les enfants et adolescents restent vulnérables, même dans les zones de non conflit, et sont exposés au VIH. L'auteur de viol est aussi exposé au risque de transmission des IST. Il serait très important de mener les campagnes de sensibilisation contre toutes les formes de violences, de renforcer la capacité de la population afin d'éviter les consultations tardives et ses conséquences, et d'appliquer des stratégies efficaces pour lutter contre ce fléau du temps moderne dans tous les milieux.

PRESENTING AUTHOR'S NAME	LEROY Valériane
PRESENTING AUTHOR'S COMPANY	Inserm U897
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Reasons For Hospitalisation In HIV-infected Children In The Pediatric leDEA West African Hospitals.

## ABSTRACT

**Introduction:** Current knowledge on morbidity and mortality in HIV-infected children comes from data collected in specific research programmes, which may offer a different standard of care than that offered in routine care. We described hospitalisation data from a large prospective observational cohort of HIV-infected children in West Africa.

**Methods:** We performed a six-month prospective multicentre survey from April to October 2010 in five HIV specialised paediatric hospital wards within the leDEA collaboration. Baseline and follow-up data during hospitalisation were recorded using a standardized clinical form, and extracted from hospitalisation files and local databases. Diagnoses were reviewed within each centre by event validation committees. HIV-related events were defined according to the WHO definitions.

**Results:** From April to October 2010, 155 HIV-infected children were hospitalised; the median age was 3 years. Of these children, 90 (58%) were confirmed for HIV-infection during their stay; 138 (89%) were already receiving cotrimoxazole prophylaxis and 62 children (40%) had initiated ART. The median length of stay was 13 days, (IQR: 7-23); 25 children (16%) died during hospitalisation and four (3%) were transferred out to another ward or hospital. The leading causes of hospitalisation were WHO stage 3 opportunistic infections (37%), non-AIDS defining events (28%), cachexia and other WHO stage 4 events (25%). Overall, 50% were related to an infectious disease. Indeed, the proportion of AIDS-defining causes of hospitalisation was lower in children who were both on ART and cotrimoxazole.

**Conclusions:** Overall, 62% of causes were AIDS-related, highlighting the advanced stage of HIV-disease in these children at the time of hospitalisation. Furthermore, we showed that among all the events, 50% were in relation with an infection, underlining a context of residual infectious morbidity, despite the cotrimoxazole prophylaxis and ART initiation. Overall, one hospitalization in three was caused by a non AIDS-related event; this proportion was higher in children on ART, reflecting a context of residual severe morbidity. Finally, HIV-related lethality is also high despite scaling-up access to ART in resource-limited settings.

PRESENTING AUTHOR'S NAME	LIOTTA Giuseppe
PRESENTING AUTHOR'S COMPANY	University of Tor Vergata, Biomedicine and Prevention Dept.
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### The Maputo Initiative For The Elimination Of Mother-To-Child Transmission Of HIV Infection: The Need For A Model

## ABSTRACT

**Issue:** The Maputo initiative is the result of a consensus workshop which gathered professionals involved in the field of Prevention of HIV Mother-To-Child Transmission (PMTCT) in Maputo to discuss the obstacles and potential solutions for the elimination of HIV vertical transmission in sub-Saharan Africa. The benefits of administering Highly Active Anti-Retroviral Therapy (HAART) to HIV positive pregnant women from pregnancy until the end of breastfeeding have been well documented. HAART is able to reduce vertical transmission to lower than 5% at 18-24 months of age, as well as Maternal Mortality and Infant Mortality in both HIV infected/exposed populations to levels similar to those of uninfected and unexposed individuals in Africa. The burning question for programs targeting elimination of Mother-To-Child HIV Transmission in developing countries is the retention of patients in care and patient adherence to the care protocol. Retention and adherence are not only a matter of drug or treatment regimens but also depend on the provision of a comprehensive model of care. .

**Description:** The drop-out from PMTCT programs before HAART initiation ranges from 33- 88% according to the literature while retention rates at 18-24 months are lower than 50%. Comprehensive strategies including peer-to-peer education, social support and laboratory monitoring are able to reduce initial refusals to less than 5% as well as attain overall retention rates approaching 90%.

**Lessons learned;** To increase retention and adherence the model of care through which HIV treatment and prevention of Vertical transmission are delivered must be updated. Elements to be included in the model are: a. Free-of-charge services. b. Secure supply chain for rapid test kits and ART in place. c. Implementation of the opt-out strategy for HIV counseling and testing d. A comprehensive holistic approach for the whole family driving Elimination of MTCT (EMTCT) efforts. e. Full integration of HIV-EMTCT and ART services within antenatal care services f. Strategies which enable mothers to easily access EMTCT (task shifting, mobile clinics for rural areas, for example). g. Community support for continued adherence to EMTCT programs through community Health Workers trained for this purpose. h. Availability of early infant diagnosis (EID) and reasonable turn-around times for results for HIV exposed infants. Availability of EID supports and encourages mothers with the knowledge that their infants are negative, or otherwise provides reassurance that early treatment to HIV infected babies is available. i. Nutritional assessment and assistance to mothers and infants. j. Timely supervision with quality assurance in order to assess the impact and quality of programs. In addition, implementation of IT technology to support care and guarantee timely tracing of Loss-to-Follow ups (if prior consent was obtained from patients) enhances retention.

**Next steps:** The development of a comprehensive model for enhanced retention in EMTCT programs in sub-Saharan African countries is needed to reach the target of 0 new infections. The Maputo initiative calls for a unified effort which enables the systematic inclusion of all the elements above into the model.

PRESENTING AUTHOR'S NAME	MABUZA Glenrose
PRESENTING AUTHOR'S COMPANY	HIVSA
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Providing Additional Peer Education And Support To Women Attending The Soweto PMTCT Program

## ABSTRACT

**Issues:** A significant number of young and older pregnant women attending antenatal clinics have low literacy skills and often lack the ability to understand basic information and services – information they need in order to make appropriate health decisions that motivate positive health-seeking behaviour. Health literacy is the provision of accurate health education and communication activities: it is about the science behind diseases and the treatment thereof, resulting in better health outcomes. There is a dire need for interventions to address health literacy skills on prevention of mother-to-child transmission of HIV (PMTCT). This would allow pregnant women to participate in, and adhere to PMTCT interventions. In Soweto, South Africa, within the HIVSA PMTCT Education Support program, as a case study, we found that many of the young and older women attending antenatal clinics did not fully understand instructions and information given to them by the health care providers.

**Description:** In 2009 HIVSA, a non-profit organisation involved in education, training and community health projects, established a PMTCT education support project amongst 17 antenatal and postnatal clinics in Soweto, Johannesburg – a high HIV prevalence setting with up to 30% of pregnant women HIV-infected. The project involves the placement of trained peer educators at health care facilities, and their role is to provide pregnant and postpartum women with accurate information on PMTCT. They conduct group and individual information-giving sessions using standardised information to ensure consistency of messaging, and they are mentored by a professional nurse.

**Lessons learnt:** The HIVSA peer educators have reached 37,151 pregnant women attending ANC first visits across the 17 clinics since 2011. They have made a significant contribution in increasing the demand for services by clients, and also increasing adherence to PMTCT interventions. One of the mothers said. . . . 'Bongiwe, I was doubting and always afraid that my baby will not grow well without mix feeding. Thank you very much, you are so patient and dedicated, always teaching/ explaining and ensuring that I understood that this was not good for my baby. Look, my baby tested HIV negative at 6 weeks and 6 months after stopping exclusive breastfeeding. . . . she has been saved'. Some of the key indicators the educators have positively impacted on are: \* Women opting in for HIV counselling and testing (HCT) and initiation of antiretroviral therapy (ART) \* The proportion of pregnant women bookings early, before 20 weeks of pregnancy \* Initiation of infant nevirapine (NVP) syrup for prophylaxis; HIV-infected mothers actually demand syrup before leaving the delivery ward or the clinic during post-natal follow-up. The HIVSA PMTCT Education Support Project has shown that health outcomes can be improved by providing accurate health information and engaging women in communication activities.

**Next steps:** To conduct a formal, quantitative evaluation of the project, and to replicate this successful model in other areas, including more health facilities in Soweto.

PRESENTING AUTHOR'S NAME	MACHAWIRA Patricia
PRESENTING AUTHOR'S COMPANY	UNESCO
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Securing High Level Commitment To Adolescents' And Young People's Needs And Rights In Eastern And Southern Africa

## ABSTRACT

**Issues:** High HIV prevalence and new infections among young people in East and Southern Africa (ESA) remain of significant concern in the global HIV response. Whilst HIV prevalence and incidence have declined in some high-burden countries over the past decade, these reductions remain insufficient and significant numbers of young people, predominantly young women, are still becoming newly infected. UNAIDS (2011) has identified thirty-eight priority countries globally which merit concerted efforts in addressing the HIV epidemic – of these, 16 countries are found in ESA. Of particular concern are the low HIV knowledge levels among young people which make them ill-equipped to make healthy and safe decisions with regards to their sexual health (SACMEQ 2010). Good quality, comprehensive sexuality education (CSE) contributes to building the critical skills and attitudes that combined with accurate knowledge, lead to the development of healthy behavior and addresses some of the driving forces behind poor sexual health such as gender inequality.

**Description:** UNESCO working with UNAIDS and other partners spearheaded an initiative to mobilize political support to ensure that all young people in ESA have access to high quality, comprehensive life skills-based HIV and sexuality education, and to appropriate youth-friendly health services across 21 countries in the ESA region. This initiative brings together Ministries of Health (MOH) and Education (MOE) to strengthen HIV prevention efforts and foster positive health outcomes for young people in the ESA region. A key outcome and advocacy tool is a high quality regional diagnostic report on the state of education and services in the ESA region which seeks to identify gaps/barriers, good

response examples and Recommendations around sexuality education and access to services.

**Lessons learnt:** Key messages from the diagnostic report include the urgent need for joint action between education and health recognising that more young people are sexually active under age 18 and need information and services. Interventions should begin early to reach adolescents and young people before most become sexually active, before the risk of HIV/STI transmission increases. It will be important to address the barriers to access to services, especially age of consent laws and policies and to strengthen and scale up sexuality education. Equally, countries will need to ensure that gender equality and rights are a key part of the response to ensure that girls stay in school and complete primary and secondary education. Key messages from the diagnostic report will inform a political commitment that guides actions in the region towards achieving expanded and improved HIV prevention and SRH through life skills-based sexuality and HIV education and youth-friendly services. The political commitment will be accompanied by key time-bound actions and a monitoring framework to be agreed to by the member states.

**Next steps:** MOH and MOE from 21 countries in the ESA region will come together during ICASA conference in a landmark occasion to agree on a commitment to addressing adolescents and Young people's needs and rights. The commitment will allow the key Ministries to jointly develop and deliver the information, education and services needed to reverse the HIV&AIDS epidemic, promote healthy lifestyles through comprehensive sexuality education as well as related SRH services.

PRESENTING AUTHOR'S NAME	MACHAWIRA Patricia
PRESENTING AUTHOR'S COMPANY	UNESCO
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### An Innovative And Participatory Approach To The Construction Of Core Indicators To Measure Education Sector Responses To HIV And AIDS In SADC Countries

## ABSTRACT

**Issues:** Education contributes to knowledge and personal skills essential for HIV prevention and thus protects individuals, communities and nations from the impact of AIDS. However, as resources for multi-sectoral responses to HIV become ever more limited, it becomes crucial that the education sector is able to show evidence of the impact of its responses. At country level the contribution of the education sector to national AIDS responses has often been poorly appreciated, as behavioural data are limited and difficult to measure. The education sector's ability to collect data and use evidence to improve its interventions is often hampered by a number of factors, including low awareness amongst education policy-makers and managers of the importance of monitoring and evaluating the sector's responses to the HIV epidemic. Improved access to process and outcome information can also help ministries of education and their partners to improve the quality and management of their HIV responses. In addition, it would help them advocate and mobilise resources for the sector's HIV responses.

**Description:** Supported by a regional partnership between UNESCO, UNICEF, SADC Secretariat and UNAIDS, 4 SADC countries (Namibia, South Africa, Tanzania and Zambia) completed a multi-year process for identification, field test and validation of a set of HIV-sensitive indicators for which data are or should be collected through the education sector. The process involved collecting data from a sample of 95 schools reaching the school principals and 4,635 learners, followed with rigorous data processing, analysis, interpretation and reporting.

The findings were then reviewed and validated by an international technical meeting involving all key partners concerned, which led to the finalization and endorsement by the UNAIDS Inter-Agency Task Team on Education in February 2013 of a set of 15 core indicators as recommended for measuring education sector's response to HIV worldwide, including specific indicators to measure the role of the education sector in mitigating the impact of HIV on learners and teachers living with HIV, a new indicator adapted from the SACMEQ HAKT to measure HIV knowledge amongst learners, and a series of indicators to measure the implementation and outcomes of sexuality education.

**Lessons learnt:** The new indicators are a big step forward and will have an impact on the quality of programming, monitoring and evaluation. Countries involved in the process benefited from strengthened linkages and partnerships across the sectors and across different sections within the ministry; improved capacity of the education sector, particularly the EMIS, to collect, process, analyse and interpret HIV-related data; the increased ability of the education sector to make a case for its role in the national AIDS response. At country level there has been considerable interest to take up the recommended indicators for measuring education sector responses to HIV and AIDS. Technical support was provided to facilitate country engagement with Education Monitoring Information Systems (EMIS) staff to review existing data collection tools and with a view to incorporating suggest indicators from the global M&E framework.



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**Next steps:** The indicators have already been presented to the ministries of education of 16 countries in Eastern and Southern African countries for consideration. UNESCO will work with partners to mobilize resources to support all UNAIDS priority countries to integrate the relevant indicators in EMIS.

PRESENTING AUTHOR'S NAME	MACHERE Thulane
PRESENTING AUTHOR'S COMPANY	HIVSA
SESSION TYPE	Oral
SESSION TITLE	SUADS1 - Innovative Communication Strategies

## ABSTRACT TITLE

Improving On Short Message Service (SMS) Systems: Using Reverse Billed Unstructured Supplementary Service Data (USSD) Services To Provide Pregnancy/PMTCT Information - A HIVSA/hi4LIFE Pilot Project

## ABSTRACT

**Issues:** Many interventions use SMS messages sent to pregnant women and new mothers, aiming to improve their knowledge and attitudes, either specifically focused on PMTCT, breastfeeding or more general advice. In 2012, HIVSA developed a mobile system, which sent SMSs to over 5000 registered pregnant women and new mothers attending antenatal services in Soweto, South Africa. HIVSA staff completed follow up calls with 200 users, which identified three issues: 1. Paper-based registration produced errors, which meant that some mothers did not receive the messages they signed up for. 2. The "one set of messages fits all" approach does not suit everyone, especially with regard to HIV messages. Women preferred 2-way interaction 3. Most women were not able, or willing, to pay for return messages.

**Description:** Based on this, HIVSA developed a new mobile phone based information system using a newly available reverse-billed USSD service. This system is familiar to most South African mobile phone users, as it is used to check airtime balances and access other mobile network operator services. This system resolved the problems identified with SMS, allowed for multiple registration options, and provided free-to-view messages on a pull basis (the user could decide on the information they viewed in a confidential manner). Women registered free of charge by dialling \*134\*4052# on their phones, and then selected how many months pregnant they were or how old their baby was. Using this information, the system created a mini portal of

information tailored to the woman's pregnancy stage/the age of the baby. During early 2013, 932 pregnant women and new mothers were registered on the system in Soweto with help from HIVSA Peer Educators. The portal is updated monthly and users are sent reminders that there is new information available for them to view free of charge. All registration details and user activity is recorded continuously and anonymously.

**Lessons learnt:** System analytics are providing information on the type of messages most likely viewed, the amount of interest in HIV messages and the response to update notifications. Early indications show a wide variation in usage levels and further show that the costs of running a Reverse Billed USSD are typically much less per person than the costs of an equivalent SMS system.

**Next steps:** This project will inform future research comparing different Methods providing information on mobile phones, including a formal comparison of the use of Reverse Billed USSD and SMS messaging systems against typical indicators.

PRESENTING AUTHOR'S NAME	MAGEZI Vhumani
PRESENTING AUTHOR'S COMPANY	FACT
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Retention And Reducing Loss To Follow Up Of Mother Infant Pairs Through Clinic Based Mother Support Groups In PMTCT Programmes: Reflections From Eliminating Paediatric Aids In Zimbabwe's (EPAZ) Cluster Randomised Controlled Trial (CRCT) Study On Accepta

## ABSTRACT

**Background:** Evidence from various country studies suggests the effective role played by Mother Support Groups (MSGs) in prevention of vertical HIV transmission. Studies and trials in Zimbabwe, South Africa, Ethiopia and Tanzania have confirmed the critical role of MSGs in promoting diagnosis, treatment and retention of mother infant pairs in ante and postnatal services. MSGs increase numbers of mothers taking up HIV tests, commencing treatment and extending similar support to infants. MSGs enhance comprehensive PMTCT services by addressing social norms and beliefs about HIV, stigma and other barriers that cause low uptake and retention. MSGs provide psychosocial support, improve ART adherence, increase facility-based deliveries and promote diagnosis, treatment and retention of pregnant HIV+ mothers and exposed infants in PMTCT and reduce loss to follow up. Despite the effectiveness of MSGs, there are some unclear issues that require clarity to inform effective MSGs design and determine their acceptability and adaptability at health centres and surrounding communities. Perceptions and experiences of key stakeholders regarding clinic-based MSGs and their relationship to community health structures should be determined.

**Methods:** A descriptive cross sectional study integrating qualitative and quantitative techniques was conducted to determine perceptions and experiences of key stakeholders regarding the acceptability and design of clinic-based MSGs and their relationship to community health structures.

Data was collected from twenty outreach and satellite clinics in five outreach sites of the EPAZ CRCT study in Makoni and Mutare, Zimbabwe. Study populations were: (1) HIV infected pregnant mothers attending ANC/PNC services in the month of data collection; (2) Nurses, primary care counselors and village health workers working at study clinics; and (3) Representatives of community organisations with health-related activities including traditional, religious and political leaders.

**Results:** Tentatively, MSGs based at health care facilities are a platform for HIV+ pregnant mothers and infant pairs and spouses to access wholesome PMTCT support and mentoring. MSGs were noted as guarantors of quality PMTCT access and overall retention in PMTCT. MSGs will significantly contribute to elimination of paediatric HIV. Additionally, MSGs have a huge opportunity to improve health outcomes of HIV+ mother and spouse. With more than 90% of HIV+ mothers respondents noting and accepting that MSGs offer opportunity for direct and systematic support from nurses and with more than 95% of nurse respondents acceding to potential for PMTCT support presented through MSG platform, it is fair to conclude that establishment of MSGs at health facilities brings significant improvements in PMTCT outcomes. MSGs offer a one stop shop to PMTCT needs of ante and postnatal HIV+ mothers.

## (CONTINUED)

**Conclusions and recommendations:** MSGs afford nurses and other health staff regular, direct and proximal contact with HIV+ pregnant mothers and infant pairs. Timely responses are a critical component of successful PMTCT. Locating MSGs at local clinics will significantly improve access and quality of PMTCT delivery. It is thus critical to roll out MSG based at health facilities. Nurses should come in to offer technical support. PMTCT responses should consider establishing MSG at health centres to provide one stop comprehensive PMTCT services.

PRESENTING AUTHOR'S NAME	MAHER Andrew
PRESENTING AUTHOR'S COMPANY	Centers for Disease Control and Prevention-Namibia
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Assessing The Utility Of PMTCT Program Data For Routine HIV Sentinel Surveillance Among Pregnant Women In Namibia

## ABSTRACT

**Background:** Prevention-of-mother-to-child-transmission (PMTCT) programs in Namibia have rapidly scaled-up since 2002 and have attained high coverage. In Namibia, as in most countries, standard PMTCT-program reporting tools include the same data required for routine HIV sentinel surveillance (HSS) among pregnant women receiving antenatal care. We assessed the utility of PMTCT program data for routine HSS among pregnant women receiving ANC in Namibia.

**Methods:** The 2012 Namibia HSS (NHSS) individual survey forms were modified to collect data on routine HIV testing and counseling (HTC) received through the PMTCT program, including PMTCT HTC results, from each NHSS participant. The 2012 NHSS was conducted from March to August 2012. HSS and PMTCT HTC HIV test results were compared for NHSS participants who received PMTCT HTC. NHSS and PMTCT HIV prevalence, positive percent agreement (PPA) and negative percent agreement (NPA) between NHSS and PMTCT HTC HIV test results, and selection bias, defined as the percent relative change from the total NHSS HIV prevalence (among participants who do and do not receive PMTCT HTC) to the observed NHSS HIV prevalence (among HSS participants who do receive PMTCT HTC), were calculated at the site-level. Pooled percentages, as well as the median and IQR, of the site-level percentages, were calculated at the national-level. Minimum acceptable assessment standards were set as follows: pooled PPA > 97.9, pooled NPA > 99.7, pooled PMTCT HTC uptake > 90%, and pooled selection-bias < +/- 10%. Assuming 99.5% net sensitivity and specificity of the PMTCT rapid testing serial algorithm, PPA

or NPA values below the assessment thresholds indicate error beyond what would be expected due to statistical error alone (i.e. human error).

**Results:** Overall, 7,996 pregnant women participated in the 2012 NHSS. Median site-level HIV prevalence from NHSS and PMTCT program data were 15.89% (IQR: 12.22 - 20.78) and 16.29% (IQR: 11.76- 20.88), respectively, with no statistically significant difference detected between the prevalence medians (Wilcoxon sign-test: 2-sided P = 1.0). Pooled PPA, NPA, PMTCT HTC uptake and selection-bias were 95.33% (95% CI: 94.86-95.8), 99.07 (95% CI: 98.86 -99.28), 99.01% (95% CI: 98.79-99.22), and 0.25% (95% CI: 0.14 - 0.35), respectively. Median site-level PPA, NPA, PMTCT HTC uptake, and selection-bias were 96.88% (IQR: 92.85-98.18), 99.12% (IQR: 98.65-100), 100% (IQR: 98.39-100), and 0% (IQR: 0-0.38), respectively.

**Conclusions:** High levels of agreement between NHSS and PMTCT program-based HIV test results, minimum selection bias, and excellent HTC availability and uptake through the PMTCT program at HSS sites support transition to a PMTCT program data-based system of HSS. Next steps will include an assessment of PMTCT data comparability at HSS sites before and after the survey period.

PRESENTING AUTHOR'S NAME	MAKANI Vimbainashe
PRESENTING AUTHOR'S COMPANY	Zimbabwe AIDS Prevention Project- University of Zimbabwe
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Community Mobilisation: A Model Of Creating Awareness In The Community And Generating Demand For PMTCT Interventions For Women And Their Families

## ABSTRACT

**Issues:** Community mobilisation is key to optimising maternal and child health and generating demand for Prevention of Mother to Child Transmission of HIV (PMTCT) interventions. Issues Gweru Municipality has not been conducting community mobilisation activities to create awareness and generate demand for PMTCT services since 2006 when they started implementing the PMTCT programme. With support from Elizabeth Glaser Paediatric AIDS Foundation, Zimbabwe AIDS Prevention Project conducted Community mobilisation activities were to create awareness and generate demand for PMTCT services from February to December 2012 in Gweru.

**Description:** Community mobilisation activities were conducted five days a week in and around Gweru City using a community mobilisation model. Drama performances were conducted at health facilities, national events, shopping centres, industries, colleges, churches, mines, construction sites and uniformed forces camps to sensitize community on PMTCT interventions and early booking. Pamphlets with PMTCT messages and condoms were distributed after drama performances.

**Lessons learnt:** A total of 276 drama performances were conducted, 15,370 women, 10,120 men, 3,985 children were reached, 22,924 condoms and 13,179 pamphlets were distributed from February-December 2012. When comparing 2011 and 2012 programme data, first ANC bookings increased from 3, 654 to 4, 491, women booked with pregnancies < 15 weeks were 237 from 83. Pregnant women initiated on Antiretroviral prophylaxis in 2011 and 2012 were 412 and 592 respectively. Women initiated on Antiretroviral Therapy were 145 and 209 in 2011 and 2013 respectively. Institutional deliveries increased from 4, 690 in 2011 to 5,948 in 2012. Infants initiated on Nevirapine prophylaxis were 1108 in 2012 from 635 in 2011. Infants < 1 year tested for DNA-PCR were 1,147 in 2012 from 765 in 2011. Male partners tested for HIV were 548 in 2012 from 275 in 2011. During the National immunisation campaign measles coverage increased from 96% in 2011 to 100% in 2012, Polio coverage increased from 91% to 99% from during same period.

**Next steps:** The community mobilisation model has proved to be effective in creating awareness in the community and generating demand for PMTCT interventions. Community mobilisation activities should continue in Gweru Municipality and Peri Urban resettlements The community mobilisation model should continue to be used during national events to create awareness and generate demand for PMTCT services.

PRESENTING AUTHOR'S NAME	MANGANYE Musa Rally
PRESENTING AUTHOR'S COMPANY	University of Limpopo (MEDUNSA Campus)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Efficacy Of A Social Cognitive Theory-based Intervention, To Reduce Alcohol-related HIV-risk Behaviour Among Young Adults In Mamelodi, Pretoria: A Randomised Controlled Trial

## ABSTRACT

**Background:** HIV prevalence in South Africa among youth aged 15-24 is the world's highest. A factor associated with the high-risk sexual behaviors that put young people at risk for HIV transmission, is alcohol misuse, and in South Africa this has been identified as one of the highest volumes of per capita. The development of effective HIV prevention programmes remains a top public health and policy priority in developing countries especially in South Africa where the development of an effective programme to reduce alcohol-related high-risk sexual behavior is still in its infancy. This research presents baseline results of the Randomised Controlled Trial. **OBJECTIVES** The study objective was: o To establish baseline alcohol consumption levels / alcohol-related levels of HIV-risk behaviours in a group of volunteers in Mamelodi young adults who are currently engaging in alcohol-related HIV-risk behaviours.

**Methods:** The study design for this community based intervention was a randomised controlled trial with data collected at baseline, at the delivery of CLEAR intervention, at 3 and 6 months follow up. At this stage, we present the results of baseline data.

**Results:** The baseline results when screening participant's eligibility indicate all 340 participants reported having had sex in the last 3 months of the study. Meanwhile 31% had sex with two partners and only 7% had sex with 3 partners. Condom use between always and sometimes was similar at 39% whereas those who reported no condom use were 21%. The alcohol use was high at 70% and unprotected sex whilst high on alcohol showed 69%. The results drawn from risk reduction interviews presents high contingency of condom use. However the skills to negotiate condom use, sexual violence, multiple concurrent partnerships, high proportion of alcohol use and risk remained a concern.

**Conclusion:** The findings of baseline data of RCT conclude that two thirds of young adults in Mamelodi consume alcohol. In addition, the results show they have had sex with more than 3 sexual partners and some never used condom when engaged in sexual practices, meanwhile others use sometimes constituting inconsistency of condom use. These risky behaviours pose a likelihood of HIV infection among young adult which could increase a burden to public health.

PRESENTING AUTHOR'S NAME	MARAPE Marape
PRESENTING AUTHOR'S COMPANY	Botswana-Baylor Children's Clinical Centre of Excellence
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Home-based Counseling And Support Of HIV-infected Children And Their Families: A One-year Review Of The Botswana-Baylor Children's Clinical Centre Of Excellence (COE)'s In-Reach Program

## ABSTRACT

**Background:** HIV-infected children and their families face many complex psychosocial challenges including adverse home environments which interfere with the patients' ability to adequately adhere to their anti-retroviral medications. Many of these problems can only be understood and adequately addressed by visiting the patients' homes. This paper describes the range of problems handled by the COE's In-Reach home-visit based team between January and December 2011 and presents an assessment of the acceptability of these interventions.

**Methods:** In-Reach is an intervention strategy in which a core team comprising of a nurse, social worker and an assistant, with occasional attachment of a clinical psychologist, a physician or dietician, visits challenging patients' homes to meet family members, assess the home environment and ensure that patients and caregivers have support beyond the clinic at the family and community levels. Challenging patients are referred to In-Reach from the clinic during regular consultation and home visits are conducted from Monday to Friday with the aim of doing a comprehensive psychosocial assessment and proactively identify and addressing any obstacles to treatment success. The In-Reach team also follows up all patients identified as lost-to-follow-up with a view to bring them back into care. The team additionally performs home-based testing of HIV-exposed infants and other previously untested family members.

**Results:** A total of 720 home visits were conducted by the In-Reach team during the review period. Thirty seven of these (5.13%) addressed poor adherence to ART, with 6 (0.8%) presenting with virologic failure. Twenty six patients (3.61%) were visited for pre-ART counselling, while 591 (82.08%) visits were for routine assessment of COE registered patients. Only 16 patients (2.22%) were assessed for transport assistance. Thirty four (4.72%) home visits were conducted for patients identified as lost-to-follow-up. Ten (1.38%) patients' visit was categorised as "other". The In-Reach team's home visits were highly accepted and appreciated by all visited families with no reported incidents of rejection or hostility.

**Conclusions and recommendations:** In-Reach is an innovative and highly acceptable home-visit based psychosocial support strategy that is able to reach many HIV-infected children with challenging home environments. The strategy complements clinic-based management with the aim of optimizing HIV treatment outcomes.



PRESENTING AUTHOR'S NAME	MARKSON John
PRESENTING AUTHOR'S COMPANY	Ministry of Health
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Evaluation Of Prevention Of Mother-to Child-transmission Of HIV Programme Implementation In A Resource-constrained, Rural Hospital In The Niger Delta Area Of Nigeria

## ABSTRACT

**Background:** Although mother to child transmission is said to be responsible for over 90% of HIV infections in children, available evidence indicates that it is possible to reduce or stop such new infections with appropriate interventions. The major objective of this study was to evaluate the effectiveness or otherwise of PMTCT programme implemented in a rural, resource-constrained hospital in the Niger delta area of Nigeria, where mixed (breast and artificial) infant feeding Methods are common.

**Method:** the study was undertaken between the third and fourth weeks of September, 2012 in General Hospital Oron, a rural community of Akwa Ibom state in the Niger delta area of Nigeria with HIV prevalence of 15.9% in 2010. A cross-sectional, descriptive evaluation was adopted as study method. Maternal ANC records (January to December 2010) were reviewed to ascertain gestational age at first registration and PMTCT services received. Using the maternal ANC registration numbers, ARV drugs issued to HIV infected pregnant women were confirmed from the pharmacy records. Records of the infants born to the HIV infected mothers were traced and linked with the mothers using the maternal ANC numbers. The HIV statuses of the exposed infants based on polymerase chain reaction (PCR) at 18 months of age performed at a referral centre were obtained. Questionnaires administered to women at the post natal clinic provided data on services received during ANC and infant feeding practices. Data

collected were analyzed using Microsoft Office Excel, 2007 and Epi Info version seven. Altogether, 2,630 ANC and 398 exposed infant records were reviewed while 54 out of 56 women responded to the questionnaires.

**Results:** Analysis revealed that 398 of the 2630 (15.13%) ANC attendees tested positive for HIV while 16 (4.0%) out of 398 of the exposed infants were infected at the age of 18 months, against the estimated 15-45% in Nigeria. All the mothers in the study practiced mixed infant feeding. The mean gestational age at first ANC attendance was 24 weeks while 99.2% of ANC attendees accepted HIV test.

**Conclusion:** Early ANC booking and administration of anti retroviral drugs resulted in significant reduction in mother to child transmission of HIV. The implication is that PMTCT programme, if properly implemented, even in a rural, resource-constrained setting where mothers practice mixed infant feeding is effective. This is significant to programme managers as it provides evidence for hope towards contributing positively to the global target of zero new infections by 2015 and advocacy to policy makers for increased programme support. Replication of the 'Oron experience' at other health facilities in the region and the scale up of PMTCT services to several more facilities is hereby recommended.

PRESENTING AUTHOR'S NAME	MARLINK Richard
PRESENTING AUTHOR'S COMPANY	Harvard School of Public Health
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Initial Results From An Antiretroviral Drug Safety During Pregnancy Registry Conducted In South Africa And Zambia

## ABSTRACT

**Background:** The number of women and newborns now benefitting from antiretroviral therapy (ART) in Sub-Saharan Africa is growing dramatically. We created a pilot, multi-country Antiretroviral Drug Safety Registry for Pregnant Women, to measure the rates of birth defects and adverse pregnancy outcomes in two different settings in southern Africa.

**Methods:** 600 HIV-infected pregnant women on ART prior to conception were enrolled (300 in South Africa, 300 in Zambia) between October 2010 and April 2011 and followed until their infants were one year of age. Data concerning ART regimen at conception, adverse events to ART, history of congenital birth defects, history of preterm delivery, concomitant drug use, and recreational drug use were collected at enrolment. Adverse clinical events during pregnancy and pregnancy outcomes, along with follow-up infant clinical visits were conducted up to one year of age. Laboratory values, such as syphilis test result, hemoglobin, and CD4+ cell count, were extracted from the antenatal card or clinical files of participants.

**Results:** Of the 600 enrolled women, 3 (0.5%) women were never pregnant and 1 (0.2%) woman had initiated ART during pregnancy. One (0.2%) maternal participant withdrew prior to delivery, while 7 participants (1.2%; 1 in South Africa, 6 in Zambia) were lost to follow up. Due to 12 viable twin gestations (6 in South Africa, 6 in Zambia), 588 maternal participants contributed 600 pregnancy outcomes. There were 16 abortions (2.7%; 6 in South Africa, 10 in Zambia) and 1 ectopic pregnancy (0.2%). 12 infants (2.0%) were

stillbirths while 571 infants (95.2%) were born alive. Of the 583 infants born at >28 weeks gestation or >500 g, there were 12 stillbirths (7 in South Africa, 5 in Zambia) and 571 live infants (290 in South Africa, 281 in Zambia). When comparing the study sites in Zambia to South Africa, the deliveries were more often preterm [92/296 deliveries (31.1%) in Zambia vs. 60/304 (19.7%) in South Africa] and more infants were born with low birth weight (<2500g) [18.1% in Zambia vs. 11.6% in South Africa]. There were 36 birth defects in 34 infants: 10 major, 22 minor, and two multiple birth defects (two infants each with two birth defects). Of these, 12/36 (33.3%) were umbilical hernias and 5/36 (13.9%) infants had polydactyly. More major than minor birth defects were detected in South Africa compared to Zambia. No neonatal deaths were attributed to congenital birth defects.

**Conclusions and recommendations:** An Africa-specific, multi-site Antiretroviral Drug Safety Registry for Pregnant Women is feasible. The high rates of overall birth defects seen in each study cohort is likely due to the active follow up and case reporting made possible by creating active registry study sites. Local comparison groups or appropriate controls are important when drug safety studies are undertaken in Africa.

PRESENTING AUTHOR'S NAME	MASHATE Silver
PRESENTING AUTHOR'S COMPANY	JSI/Strengthening TB and HIV&AIDS Responses in East Central Uganda (JSI/STAR-EC)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Innocent, Vulnerable But At Risk Of Contracting HIV: Improving Early Infant Diagnosis Of HIV Among Babies Born To HIV Positive Mothers Through Referral Of Dry Blood Spots- Experience E. Central Uganda

## ABSTRACT

**Issue:** Approximately 35% to 40% of infants living with HIV die within their first year of life, and more than 50% die before their second birthday. Therefore early definitive diagnosis of HIV infection among exposed infants especially those born to HIV infected mothers is critical in ensuring that HIV-infected infants receive timely care and treatment. The most sensitive assay for early HIV infant diagnosis is de-oxynucleic acid (DNA) testing using polymerase chain reaction (PCR). However, in resource limited settings, DNA PCR assay is unaffordable for routine diagnosis because of the associated operational complexities, need for highly trained personnel including high acquisition and maintenance costs of the PCR machines. In East Central Uganda, infants born to HIV positive mothers never accessed this essential test leading to delayed diagnosis and late initiation of babies on antiretroviral therapy (ART). In 2009, the Strengthening TB and HIV&AIDS Responses in East Central Uganda Program (STAR-EC) intervened to bridge this gap. STAR-EC is funded by PEPFAR through USAID and is implemented by John Snow Research & Training Institute Inc. , in collaboration with Ministry of Health Uganda with. It focuses on improving community access to quality TB and HIV&AIDS services in nine District of East Central Uganda.

**Description:** During the period March 2009 to March 2013, STAR-EC in collaboration of Ministry of Health (MoH) supported a dry blood spots (DBS) of exposed infants below 18 months of age collected on filter from peripheral health facilities to Central Public Health Laboratories and Joint Clinical Research Centre for HIV DNA PCR testing. Health workers were trained in safe protocols for processing DBS and facilitated to transport the samples to the testing laboratories. Mothers did not pay for the service. All diagnostics supplies were provided MoH. Results were returned to the beneficiaries within 2 weeks. Health workers for transportation.

**Lessons learned:** In 2 years 11,279 HIV DNA PCR tests were performed and 685 infants were diagnosed with HIV and timely initiated on ART.

**Next steps:** Use of dry blood spots for HIV DNA PCR testing is an effective intervention for improving for early infant diagnosis of HIV in resource limited settings.

PRESENTING AUTHOR'S NAME	MASUI Lumumba Musah
PRESENTING AUTHOR'S COMPANY	Uganda Youth Coalition on Adolescent Sexual Reproductive Health and HIV/AIDS (CYSRA-Uganda)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Integrating Safe Male Circumcision With HIV Counseling And Testing For Young People In Resource Constrained Facilities In Uganda, A Case Of FOC-REV Health Center III, Busia Uganda

## ABSTRACT

**Background:** In 2009 globally, young people (15-24 years) accounted for 40% of new adult HIV infection and about 5 million (4300, 000-5900, 000) young people were living with HIV. Uganda is one of the countries with the highest young population and has recently had HIV prevalence rise from 6.4% to 7.3%. By the fact that young people are at highest risk of acquiring HIV, provision of male circumcision and counseling for HIV testing will help them have access to comprehensive HIV/AIDS prevention and care services.

**Methods:** At FOC-REV Health Center III a private not for profit Health Center, with support from the STARE-E a USIAD funded project, we offered Safe Male circumcision (SMC) and HIV counseling and testing (HCT) to young people (15-24) in the fishing communities. Young men were mobilized by community mobilizers for outreach clinics in hard to reach areas especially along landing sites of Majanji, Lumino and Busime sub-counties. They were also provided with counseling and testing of HIV including Education, information and communication on HIV/AIDS prevention, care and support. NB. Routine offer of testing with "opt-out" approach was emphasized.

**Results:** Integration of SMC and HCT has enabled many young people access both services at the same time. From May-December 2012, 512 young men (15-24 years) turned up for the outreach SMC Clinics. All the 512 (100%) young men who turned up for SMC were counseled for HIV testing. Out of 512, 505 young men (98.6%) were counseled, consented and were provided with SMC, and 500 (97.65%) consented to be tested for HIV and received their results, 30 Clients tested positive i.e. 6% and 470 tested negative. Positive Clients were referred for HIV/AIDS care and treatment at FOC-REV ART Clinic and posttest club while the uninfected ones, were given specific preventive services.

**Conclusion:** Young people are a unique group and thus interventions that promote access to comprehensive HIV/AIDS prevention and care services at one stop Center are ideal especially in resource constrained settings.

**Lessons learned:** At FOC-REV Health Center, suggest that integration of Safe Male Circumcision and HIV Counseling and Testing services is a feasible intervention.

PRESENTING AUTHOR'S NAME	MATECHI Emmanuel
PRESENTING AUTHOR'S COMPANY	Tanzania Youth Alliance
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Yes, Sex Affects Education But He Said He Loves Me: Contradicting Knowledge And Social Norms Among Youth In Tanzania

## ABSTRACT

**Background:** According to the Tanzania HIV/ AIDS and Malaria Indicator Survey 2011-12, HIV prevalence among youth was 1.3% and 0.8% respectively for females and males 15-19 and 4.4% and 1.7% respectively for females and males 20-24. Women ever tested for HIV who started having sex at age 15 or under were more likely to have HIV than those who started having sex between 16-17 (7.8% versus 5.7%). Preventing HIV infection among youth remains a priority and program strategies include promoting adoption of safer sex. With support from the President's Emergency Plan for AIDS Relief, Tanzania Youth Alliance conducted a baseline study around beliefs and social norms related to sexual relationships.

**Methods:** A survey was conducted in 2011 about one month before the intervention. This analysis includes baseline data from 1302 (53.5%) eligible males and 1133 (46.5%) eligible females 14-24 years of age, of whom 1849 (76.0%) were attending school and 1067 (23.6%) were not. Summary statistics were calculated for baseline beliefs and perceived norms.

**Results:** The majority (81.2%) agreed with the statement that their school or job performance will suffer if they engage in a sexual relationship. However, 40.3% agreed that their friends say their boyfriend/girlfriend will find someone else if they don't have sex with them, while 47.6% disagreed and 11.9% were unsure. We also found the concept of love is used to influence girls to have sex. Three quarters (76.0%) agreed that boys tell girls they love them to get sex, even if the boys are not committed to a long term relationship. Only 17.8% disagreed. In addition, 21.8% of males and 15.5% of females agreed that their friends think it is okay for girls to have one steady boyfriend they have sex with and one secret sex partner. The majority of youth disagreed (75.2%) or were unsure (5.7%). Finally, 24.5% of males and 16.8% of females agreed that it was "manly" for boys to have two or three sexual partners.

**Conclusion:** The survey shows although young people are aware that risks associated with sex may affect their performance in school or work, there are conflicting social norms which may affect decisions to engage in risky sexual relationships before they are ready. Social norms related to the risk of infidelity and acceptance of multiple concurrent partnerships may influence youth to engage in higher risk sexual relationships. It is important that these norms and perceived risks be addressed when planning youth interventions.

PRESENTING AUTHOR'S NAME	MATINHURE Nelia
PRESENTING AUTHOR'S COMPANY	Save the Children/ENHAT CS
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Strengthening The Gender Focus To Improve ANC/PMTCT Service Quality In Ethiopia

## ABSTRACT

**Background:** In Ethiopia, gender dynamics and health care provider attitudes contribute to barriers to accessing ANC/PMTCT services and coping effectively with HIV. In order to more effectively identify and implement priority actions to mainstream gender in service provision, this study examined the needs and perceptions of HIV-positive clients and their health providers at health centers supported by the USAID Ethiopia Network for HIV and AIDS Treatment, Care and Support program in the Amhara and Tigray regions.

**Methods:** We conducted 36 focus group discussions with 668 clients (60% women) at a convenience sample of 9 high patient load health centers. Furthermore, 36 health centre management team members were asked to complete a checklist identifying key actions to promote ANC/ PMTCT outcomes and rank them on a priority scale of 1-3. Data analysis included identifying relevant and representative statements from transcripts. Semantic content analysis further helped classifying the statements according to their meaning and relevance to study objectives.

**Results:** Focus group discussions highlighted four main issues. First, while being counseled not to get pregnant without consulting their HIV provider, HIV-positive women felt stigmatized and chided when they got pregnant, resulting in guilt and depression. Second, participants felt that information received from mother support groups (MSG) equipped them with good skills for positive living. Third, participants reported that ANC/PMTCT services were not male-friendly, as men were not allowed to witness the birth of their children despite health center invitation letters to men to accompany their spouses. Finally, participants preferred to link their ART appointments to market days, religious holidays or other convenient times, which did not always coincide with health center opening hours. The survey showed that all health center management teams ranked these four issues as a 3, i.e. the lowest priority for making changes.

**Recommendations:** In this study, health center client and provider perceptions of gender-related issues were directly opposed, underscoring the importance of educating providers about their client needs and equipping them with tools to improve services. Better integration of providers with MSGs should be explored.

PRESENTING AUTHOR'S NAME	MAVHU Webster
PRESENTING AUTHOR'S COMPANY	Centre for Sexual Health & HIV/AIDS Research Zimbabwe
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Piloting Implementation Of Early Infant Male Circumcision Using Devices In Zimbabwe: Preliminary Findings

## ABSTRACT

**Background:** Early infant male circumcision (EIMC) is safer and easier than adult MC [1]. Further, EIMC may be more effective at preventing HIV acquisition than adult MC as the procedure is carried out long before the individual becomes sexually active, negating the risk associated with acquisition or transmission of HIV during the healing period [2]. We present preliminary findings on first 123 of the 150 babies recruited for a trial to assess the feasibility, safety, acceptability and cost of rolling out EIMC using devices in Zimbabwe.

**Methods:** Babies at a Harare clinic whose parents consented to EIMC were screened using study screening eligibility criteria. Those who met the study inclusion criteria were randomized to EIMC through either AccuCirc device or Mogen clamp, using a 2:1 allocation ratio. Baseline data were collected on participants. Service statistics and other quantitative data were double entered into a password-protected Access database. Range and consistency checks were performed. Data were analyzed using Stata 12.

**Results:** Despite intensive communication at the clinic with antenatal and post natal parents, only 13% of all eligible male infants whose parents were offered EIMC during these periods (N=947) enrolled in the trial. One hundred and twenty-three 6-11 day-old infants were circumcised between 9 January and 29 May 2013 (n=82 AccuCirc; n=41 Mogen clamp). The median gestational period, day of life, birth weight and body temperature was 40 weeks, 8.5 days, 3.2kg and 36.40C, respectively. This was similar by study arm. Of the 123 male infants, 22 (18%) were born to HIV positive mothers. There were no adverse events in either arm. Nearly all mothers (99.5%) reported great satisfaction with the outcome. Again, findings were similar by study arm. All mothers in either arm said they would recommend EIMC to other parents, and would circumcise their next newborn son.

**Conclusions and recommendations:** These preliminary findings suggest that it is feasible and safe to offer EIMC using devices in Zimbabwe. Despite the advantages of EIMC for HIV prevention, actual uptake remains low. Culturally appropriate demand-creation activities to promote EIMC need to be developed and intensified if universal coverage of EIMC is to be achieved in future.

PRESENTING AUTHOR'S NAME	MAZORODZE Kevin
PRESENTING AUTHOR'S COMPANY	SAFAIDS
SESSION TYPE	Oral
SESSION TITLE	MOADS14 - Opportunities in Working with Vulnerable Youth

## ABSTRACT TITLE

Children Telling Their Stories Of Living With HIV In Zimbabwe: Using Digital Story Telling

## ABSTRACT

**Background:** Children are often not given the opportunity to express the impact of HIV on their lives. However, understanding their stories can often provide useful insight into their needs and ways towards improving their situation. Digital stories offer a vivid and emotive story of the reality faced by children affected by HIV. In a snapshot, digital stories are able to capture and share valuable information in an interesting and entertaining way, at the same time providing a voice for the voiceless. Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) partnered with two community-based organisations (CBOs), Batanai HIV and AIDS Service Organisation (BHASO) and Rozaria Memorial Trust in Zimbabwe to develop a series of children's digital stories that highlight issues around HIV prevention and treatment strategies for children, from the children themselves.

**Methods:** SAfAIDS conducted digital storytelling workshops where a total of 40 children (24 girls and 16 boys) aged between 7 and 17 years were trained on and supported to write a script and digitally tell their life stories in their own words and language. The children's stories were then recorded and enhanced with photographs and music. Of the 40 children who participated in the project, 34 are living with HIV. Following completion of the stories, community screenings and feedback meetings were held in the two districts. These meetings, attended by the children, their parents and guardians, service providers and other stakeholders, provided a platform to discuss and advocate for the needs of children as identified through the stories.

**Results:** One thousand DVDs containing 20 digital stories were produced and distributed in two target communities. The DVDs are complemented by a book on the children's stories. The knowledge gained from the stories has resulted in an increase in children being initiated on ART, significant reduction in stigma and discrimination, and the setting up of support groups for children.

**Conclusions:** Digital stories are powerful in highlighting and conveying information and issues around HIV prevention, treatment, care and support, and in providing direct evidence from beneficiaries of the actual needs that programmes and interventions should be addressing.



PRESENTING AUTHOR'S NAME	MBATIA Grace
PRESENTING AUTHOR'S COMPANY	NARESA
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

To Determine The Acceptability Of A PMCT E - Learning Tool Among Health Workers In Kenya

## ABSTRACT

**Background:** E-learning can train health workers more cost-effectively than face-to-face training. Front-line workers must be kept up-to-date with changes in HIV guidelines. This is an exploratory cross-sectional study of the acceptability of an e-learning tool for training in PMCT among health workers in Kenya.

**Methods:** The study population comprised health workers who consented to take part with formal clinical training providing PMCT services in Ministry of Health facilities (Maternal Child Health clinic, Comprehensive Care Clinic and maternity) identified by stratified random sampling in 6 Districts in Kenya. Participants were shown an information sheet on features of the e-learning tool, curriculum scope and certification requirements and asked to complete a questionnaire. Data were entered on a Statistical Package for Social Scientists (SPSS) database and a descriptive analysis was undertaken.

**Results:** 418 / 593 respondents completed the questionnaires fully. Most (63%) worked in district hospitals, 63% had diploma level training and 47% were nurses. Median age was 38 years (range 20 – 62), 69% were female, 65% married and 70% had at least one child. 395/418 (94.5%) were interested in PMCT and 168 (40.1%) had previous PMCT training. Of those interested in PMCT training 328 (83.0%) were willing to use e-learning. 75/328 (23%) reported that they were unable to turn on a computer and insert a disc. Only 106 (32%) reported high confidence using a computer, 161 (49.1%) reported moderate confidence and 61 (18.6%) low confidence. 306/328 had access

to a computer (93.3%): 72.9% at home, 68.3% at the office and 64.4% at a cyber cafe. The PMCT tool developers recommended 1-2 hours/day of self-learning (5- 10 hours/week) for 3-4 weeks. 146/328 (44.5%) were able to access a computer for 2 or more hours a day. Only 30.5% were willing to dedicate the required weekly study time, 9.5% >10hours/week and 60% willing to commit only 2-5 hours/week. Age data was available for 530/547 respondents. Compared to health workers aged 20-30 years, older health workers were half as likely to indicate willingness to do e-based learning with adjusted OR=0.45 [ (95% CI 0.29,0.67) P = 0.00006]. Overall health workers with children were significantly less likely to indicate a willingness to study PMCT using e-based techniques. Multivariate analysis revealed that willingness to use the tool was mainly a function of age (p=0.001) and that the number of children was not significant (p=0.804). Sex and level of education were not significant associations.

**Conclusions and recommendations:** Most health workers have access to a computer but only a few can commit to the recommended hours for self-learning. Increasing age is associated with reduced willingness to use e-learning. We recommend the provision of computers and training in their use, e-learning tools and designated time for self-learning as part of continued medical education.

PRESENTING AUTHOR'S NAME	MBOYA Phelix
PRESENTING AUTHOR'S COMPANY	PATH/EGPAF Kenya
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Implementation Of TB Intensified Case Finding (ICF) At PMTCT Clinics To Improve TB Case Detection Among Pregnant Women; Experiences From Nyanza Districts , Kenya.

## ABSTRACT

**Background:** HIV prevalence in Kenya is estimated at 6.3% among adults aged 15-64 years. With women being more likely to be infected at 8.5% (KAIS 2007). Kenya is ranked 15<sup>th</sup> among the 22 high TB burden countries with tuberculosis in Sub-Sahara Africa and with a TB/HIV co-infection rate estimated 60% in high HIV prevalence regions. Intensive Case Finding (ICF) for TB among HIV positive clients is recommended by WHO among the 5Is in TB prevention and management. The prevention of mother-to-child transmission of HIV (PMTCT) program in Kenya was launched in 2000 and has undergone a substantial scale up. HIV testing at antenatal clinic (ANC) has increased steadily during the period of April 2011 to Sep 2012, with HIV testing uptake of up to 93% among women who attended ANC in the 12 Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Pamoja project supported districts of Nyanza with the HIV prevalence ranging between 3 and 14%. TB detection through intensified case finding (ICF) has become a routine aspect of integrated tuberculosis and HIV care in all PMTCT sites supported by EGPAF in Nyanza since April 2011 to date. The purpose of this implementation research study was to assess implementation of ICF for TB among pregnant women receiving care at PMTCT clinics in 155 clinics in twelve districts in Nyanza province Kenya.

**Methods:** TB screening forms were availed to health facilities in the PMTCT clinics, followed by onsite support through on job training (OJT) on the correct use of the ICF/TB screening forms.

Health Care Workers (HCW) that included Nurses, Clinical officers and Medical Officers conducted ICF using the TB screening tool in the PMTCT clinics. The patient pathway had three-stages; symptomatic screening, sputum smear diagnosis and TB treatment initiation. Patients diagnosed with TB were monitored and followed up every weekly for 2 months in the intensive phase and 2 weekly for 4 months in the continuation phase to reduce lost to follow up. Asymptomatic PMTCT clients were screened again in the next ANC visit. The data was routinely updated and collected monthly by use of program data reporting tools.

**Results:** 56,010 pregnant mothers attended ANC clinic over 18 month period, 52,124 (93%) were tested for HIV and 4567 (9%) were HIV positive. Among the positive clients 4567 (100%) were screened by use of ICF and 310 (7%) were symptomatic with 22 (7%) being diagnosed with active TB. 4 (18%) cases of smear positive TB were diagnosed, 14 (64%) smear negative and 4 (18%) extra pulmonary TB and all 22 (100%) commenced treatment and put on anti TB treatment.

**Conclusion:** There was high ICF uptake at 100% with confirmed TB cases at 7% among HIV positive pregnant women. ICF was operationally feasible and became established as a routine aspect of tuberculosis and HIV integrated care at PMTCT clinics. ICF in dispensaries was potentially more accessible to an underserved, rural population and was as effective as the hospital and health centre service in detecting smear positive TB.

PRESENTING AUTHOR'S NAME	MBOYA Beati
PRESENTING AUTHOR'S COMPANY	African Medical and Research Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Enhancing PMTCT And Early Infant Diagnosis Service Uptake And Follow-up Of HIV-infected Mother-child Pairs Through Community Health Systems Strengthening, Ruvuma Region, Tanzania

## ABSTRACT

**Issue:** The mother-to-child transmission (MTCT) of HIV rate in Tanzania is estimated at 26% and the country's elimination MTCT goal is to reach <5% by 2015. According to Tanzania HIV and Malaria Indicator Survey 2011-12, the average HIV prevalence in Ruvuma Region among women aged 15-49 is 9.1% compared to the national average of 6.2%. Prevention of mother to child transmission (PMTCT) and early infant diagnosis (EID) service uptake and follow-up of HIV-exposed mother-child pairs is challenged by shortage of skilled health care workers, lack of client tracking, low community awareness of EID services, and non-use of guidelines, Standard Operating Procedures (SOPs) and job aids. USAID Tanzania supported a community intervention to address the mentioned gaps in Ruvuma Region.

**Description:** A community PMTCT intervention was conducted in three out of five districts in Ruvuma Region from 2008 to 2012. The intervention package included 1) health care workers training, dissemination of guidelines, SOPs and job aids and 2) empowerment of community health workers (CHWs), and Mother Support Groups to support demand creation, promote male involvement and active follow-up of HIV-exposed mother-child pairs. Routine data collected by national tools among all pregnant women enrolled in Mother Support Groups was analysed using descriptive statistics. A total of 145 health care workers and 291 CHWs were trained in PMTCT and early infant diagnosis services. An additional 655 ward and village health

committee members were oriented on PMTCT and early infant diagnosis services. Programme technical staff in collaboration with the local government authority implemented the services in all facilities with trained personnel and ensured constant onsite technical support. The PMTCT and EID service outlets increased from 20 (2007) to 85 (2011) with over 30,553 pregnant women receiving HIV counselling and testing, and 3,364 HIV-positive women identified and linked to care between 2010 and 2011. Of the 1,720 mother-child pairs tracked and enrolled in Mother Support Groups, 1,576 (92%) babies received EID services at four weeks of age; 85 (5.4%) tested HIV-positive and 1,483 (94.6%) tested HIV-negative. Eight (8) babies had not received their results by the time of the data analysis. CHWs and Mother Support Groups were actively engaged in promoting PMTCT/EID services and tracking mother-child pairs. The male partner testing in PMTCT settings increased from below 5% (2008) to 44% (2011); within some sites male involvement increasing to over 70%.

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**Lessons learned:** Onsite health service provider training coupled with engagement of CHWs and PLHIV groups is effective in promoting PMTCT and early infant diagnosis service uptake. The Mother Support Groups provided opportunity for easy follow-up of HIV-exposed mother-child pairs. A strong community component with advocacy is necessary to promote male involvement.

**Next steps:** The project team recommends roll-out of this community intervention approach model of using an enhanced component of Mother Support Groups to other parts of the country. A study to assess the cost-effectiveness and sustainability of the intervention is also recommended to gather more data to inform programming and future sustainability.

PRESENTING AUTHOR'S NAME	MBUAGBAW Lawrence
PRESENTING AUTHOR'S COMPANY	Centre for Development of Best Practices in Health
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Interventions To Improve Male Partner Participation In Prevention Programmes Of Mother To Child Transmission Of HIV: A Systematic Review

## ABSTRACT

**Background:** Male partner participation has been identified as an important way of enhancing prevention of mother to child transmission of HIV (PMTCT). In this systematic review, we sought to summarise the effectiveness of interventions used to improve male partner participation.

**Methods:** We searched PubMed, EMBASE, CINAHL and the Cochrane Central Register of Controlled Trials (CENTRAL) for studies published in English from 1998 to March 2012. We included randomized controlled trials (RCTs) conducted in a context of antenatal care or PMTCT of HIV reporting interventions used to improve male participation. The outcomes of interest were: attendance at antenatal care sessions and taking HIV tests. Two authors independently screened each article for pre-established inclusion and exclusion criteria. Data were abstracted independently using a pre-tested data extraction form.

**Results:** Three RCTs that randomized 4766 participants met our inclusion criteria. They were conducted in Uganda, the Democratic Republic of Congo and South Africa. Two studies used invitation letters to improve male partner participation and one study investigated various locations for inviting male partners. Written letters improved male attendance (OR 1.39; 95% CI 1.12-1.72;  $p=0.002$ ) and male HIV testing (OR 2.23; 95% CI 1.76, 2.82;  $p<0.001$ ; two studies) compared to usual care. Male attendance was higher in bar-based VCT (Odds Ratio [OR] 1.61; 95% Confidence Interval [CI] 1.28-2.01;  $p<0.001$ ; one study).

**Conclusion and recommendations:** Written letters and conducting visits in other locations can improve male participation in PMTCT activities. Such Methods can be implemented to protect infants from vertically acquired HIV infections.

PRESENTING AUTHOR'S NAME	MCOWEN Jordan
PRESENTING AUTHOR'S COMPANY	Centers for Disease Control and Prevention (CDC)
SESSION TYPE	Submitted
SESSION TITLE	

## ABSTRACT TITLE

HIV Testing For Pregnant Women In Mozambique: Strategies To Detect Incident Infection

## ABSTRACT

**Background:** In Mozambique rates of HIV re-testing among pregnant and lactating women for prevention of mother-to-child transmission of HIV (PMTCT) are low. National guidance permits re-testing after 3 months. This exclusion period may be an operational barrier to re-testing due to the administrative challenge of determining the date of the last negative test result. The national testing algorithm is serial (Alere Determine™, Trinity Biotech Uni-Gold™). The potential impact of removing the 3 month exclusion period on net positive predictive value (PPV) and net negative predictive value (NPV) was modelled with the intent to identify possible drawbacks to changing the national guidance.

**Methods:** Net PPV and NPV were calculated based on expected HIV prevalence among pregnant women with a prior negative HIV test result at national level and in three illustrative provinces with relative low, medium, and high HIV prevalence among pregnant women: National (15%), Nampula (5.5%), Zambezia (15.3%), and Gaza (29.9%). Key assumptions: Individual test sensitivity and specificity are the same as reported by WHO; 11% of HIV cases will have false negative results due to the testing window period, during which HIV-infected women may not yet have detectable antibodies; 1.9% of HIV-infected pregnant women contract the virus during pregnancy; after the 3 month exclusion period, 90% of HIV cases that were within the window period would be detected; and one-third of HIV infections occurring during pregnancy would be detected. These assumptions were used to calculate PPV and NPV of the national testing algorithm using current guidelines. In order to calculate PPV and NPV in an alternate scenario

with no exclusion period, these assumptions were modified to reflect a lower yield of case detection due to a shorter time gap during which window period seroconversion or incident infection could occur. Case detection would reduce by about 50%; in this model a 75% reduction was used in order to generate conservative estimates.

**Results:** With the current exclusion period of 3 months, net PPV is 99.90% at the national level (Nampula 99.73%, Zambezia 99.90%, Gaza 99.95%), and net NPV is 100% (Nampula 100%, Zambezia 100%, Gaza 99.99%). If the re-testing exclusion period were to be removed, the model predicts that net PPV would be 99.60% at the national level (Nampula 98.91%, Zambezia 99.61%, Gaza 99.80%), and net NPV would be 100% (Nampula 100%, Zambezia 100%, Gaza 100%).

### Conclusions and recommendations:

Removing the re-testing exclusion period may facilitate expansion of PMTCT re-testing. This change would not have a significant impact on HIV test characteristics if individual test sensitivity and specificity are the same as reported by WHO. Studies are urgently needed to assess sensitivity and specificity in field settings before a recommendation to remove the re-testing exclusion period can be made. Detecting seroconversion or incident cases during pregnancy is a critical component for an effective PMTCT program, and uptake of re-testing may be enhanced by removing the exclusion period.

PRESENTING AUTHOR'S NAME	MENKE Jack
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

An Analysis Of The Zambia Policy And Legal Environment To Identify Key Challenges To Achieving Elimination Of Pediatric HIV.

## ABSTRACT

**Background:** With a focus on the recent global commitment to eliminate mother-to-child transmission of HIV (EMTCT), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) launched a multi-country policy analysis to identify gaps and opportunities regarding elimination of pediatric HIV. This abstract presents findings of a medico-legal policy analysis conducted in Zambia in May 2012 in partnership with the Zambia's Ministry of Health (MoH)

**Methods:** The analysis utilized a qualitative case study methodology that included a desk review of policy and program implementation documents and interviews with key stakeholders. 26 stakeholders including senior MoH officials, parliamentarians, implementing partners, NGOs, donors, and civil society groups were interviewed using a semi-structured interview guide. In addition, 52 documents relevant to the political, legal, socio-cultural, and health system context were thematically analyzed. Key themes were triangulated with findings from the interviews.

**Results:** Six key policy- and systems-related issues that have potential to challenge efforts toward EMTCT emerged from this analysis: lack of knowledge of virtual elimination; lack of coordination and oversight of national efforts toward EMTCT; lack of cohesive representation of stakeholders; low male involvement; the potentially negative impact of customary/traditional laws

and practices (e.g. early marriages and "widow cleansing") and inadequate human resources for EMTCT efforts. Despite challenges to elimination, the analysis has revealed that Zambia has comprehensive policy, governance and political structures that will provide support to EMTCT efforts.

**Conclusion and recommendations:** This exercise has resulted in greater collaboration on EMTCT with the National AIDS Council and MOH and brought into focus major areas to strengthen. Following key recommendations were drawn from the analysis: 1. A consistent and comprehensive message on elimination of pediatric HIV should be communicated by the Government of Zambia. 2. Inclusion of local stakeholders, including civil society, community, PLWHA, traditional healers and religious leaders in the policy-making process, and roll-out will ensure policies are more responsive to the reality on the ground. 3. Coordination of stakeholders should be strengthened. 4. The country's human resource around EMTCT should be increased. 5. Stakeholders should coordinate advocacy efforts to enhance policy maker understanding.

PRESENTING AUTHOR'S NAME	MENON J. Anitha
PRESENTING AUTHOR'S COMPANY	University of Zambia
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Randomised Control Trial To Evaluate The Impact Of HIV Information And Peer Support Intervention On The Psychological Well-being Of HIV Positive Adolescents

## ABSTRACT

**Background:** HIV positive young people are at increased risk of psychological problems. Self-management and positive self-esteem has also been linked with improved health and health maintenance behavior. Peer support interventions seem effective in HIV positive adolescents and HIV information leaflets are considered to be effective in educating patients. The objective of this study was to evaluate the impact of HIV information and peer support intervention on the psychological well-being of HIV positive adolescents.

**Methodology:** 114 HIV positive adolescents (11 to 16 years) were recruited from ART clinics in Lusaka. Informed consent was obtained from parents/guardians and assent from the participants. The participants were randomized to the intervention group or wait list group by picking a numbered slip. Personal data sheet, semi-structured interview schedule to evaluate measure self-management, Strengths and Difficulty Questionnaire (Goodman, 1997) and Self-Esteem Rating Scale (Nugent & Thomas, 1993) were used to collect data before and after 10 weeks intervention. The intervention involved a meeting every week that included imparting HIV and AIDS information using specially designed information leaflet, participating in child-initiated talk time.

**Results:** The intervention group had 24 male and 38 female participants, while the wait list control had 27 males and 24 female participants. The intervention group had significantly lower emotional problems ( $p < 0.05$ ) than wait list control group at the follow up period but there were no significant improvements in self-esteem after the intervention. At baseline, some participants in both intervention and wait list control group had misconceptions on HIV transmission, at the follow and post intervention, 99% of the participants had correct knowledge of HIV transmission. At baseline, almost all the participants in the intervention and control group reported that they should look after themselves by taking medications on time and eating healthy food. But at follow up and post-intervention, the intervention group also talked about life style issues such as not taking drugs and alcohol and the importance of exercising.

**Conclusions:** Results suggests that HIV information and peer support may address emotional problems and improve HIV knowledge and self-management. This intervention should be replicated with a larger sample and standardized peer support to exclude other intervening variables.



PRESENTING AUTHOR'S NAME	MERIBE Chidozie
PRESENTING AUTHOR'S COMPANY	HIV/AIDS Division Federal Ministry of Health
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Assessing The Effect Of Community Systems Strengthening In Increasing Uptake Of PMTCT Services In Nigeria.

## ABSTRACT

**Background:** Nigeria with a population of about 170.1 million people and a national HIV prevalence rate of 4.1% ranks second after South Africa among countries with highest total global burden of HIV infection. Nigeria also accounts for about 29% of the global burden of Mother to Child transmission of HIV. The country is still far from meeting the Global Plan of eMTCT by 2015. In 2011, only 17% of pregnant women received HIV testing and counselling, while only 16% of HIV positive pregnant women received anti-retroviral (ARV) prophylaxis to prevent transmission of HIV infection to their babies. Among many other factors, weak community systems such as weak community partnership with health facilities, community ownership of health projects/programs, community capacities for planning, management, mobilization, monitoring and supervision of health projects etc have been identified as responsible for the poor achievements. This study examined the effect of strengthening Community Systems in increasing demand for PMTCT services by pregnant women in the communities.

**Methodology:** WHO using CIDA grant to Nigeria supported scale-up of PMTCT services in 5 health facilities (4 PHCs and 1 Secondary Health facility) in 1 LGA of 6 states and Federal Capital Territory (FCT) of Nigeria (totaling 35 Health Facilities) using hub and spoke model. Essential elements of strengthening the community systems included evidence-based advocacy, consensus building, awareness creation, selection of community leaders as community resource persons (CoRPs), capacity building of CoRPs and HCWs in facilities, target driven and results-rewarded

community mobilization of pregnant women by CoRPs, strengthening of community and health center linkages and partnership, increased transparency and accountability of community members. Before (baseline) and after (post-intervention) data collected from health facility and community records were analyzed using SPSS to compare proportion of pregnant women accessing ANC, Tested, Counseled for HIV and received results, HIV positive and received ARV prophylaxis.

**Result:** Number of CORPs Trained on Advocacy and Community mobilization in 7 LGAs were 102, number of pregnant women mobilized and referred to health centers was 3029, Regularity of monthly community and Health facility meetings was 100%, ANC attendance increased by 41%, Pregnant women Tested and Counseled for HIV and received result increased by 17.4%, HIV positive pregnant women that received ARV for treatment or prophylaxis increased by 56.9%, HIV infant infection averted increased by 84%, Average HIV Prevalence reduced to 9.3% from 15.3%.

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**Conclusion:** This study essentially demonstrated that community systems strengthening increased PMTCT service uptake leading to increase in the number of infant HIV infection averted. As we work towards eMTCT in 2015, strengthening community systems remain key to success in accelerating massive scale-up of PMTCT services especially if key populations and networks in the communities are properly engaged. Creating functional and effective community systems enables the communities contribute to improved health outcomes.

PRESENTING AUTHOR'S NAME	MOUASSIE SOILIHOU Mforain
PRESENTING AUTHOR'S COMPANY	Cameroon Youth Network / Réseau des Jeunes du Cameroun
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Le Film Radiophonique, Une Approche Innovante Pour Mobiliser Et Sensibiliser Efficacement Les Jeunes Sur Le VIH/SIDA, Les IST Et La SR: Expérience De Shuga Radio Initiativ À L'ouest-Cameroun

## ABSTRACT

**Introduction:** Selon l'EDS4 (2011), le VIH/SIDA reste un problème de santé publique au Cameroun, avec une prévalence nationale de 4.3% et 2.8% dans la Région de l'Ouest. L'analyse de la situation tire l'alarme sur la vulnérabilité persistante des jeunes (15-24 ans) en raison de plusieurs facteurs dont le multipartenariat, les relations intergénérationnelles et rapports sexuels non protégés. La prévention par une communication efficace pour le changement de comportement demeurant une stratégie centrale, une approche innovante est mise en œuvre sous forme pilote par le réseau des jeunes dans la région de l'ouest Cameroun avec l'appui de UNICEF. Il s'agit d'un film radiophonique réalisé sur le comportement sexuel des jeunes, diffusé par des radios «amis des jeunes», suivis d'échanges avec des jeunes auditeurs. Ces échanges visent le partage d'information juste sur le VIH/Sida, de répondre aux préoccupations spécifiques des jeunes et encourager l'adoption de comportement à moindre risques.

**Méthodes:** Grâce à une analyse comportementale relevant la vulnérabilité des jeunes, un film radiophonique a été réalisé avec les jeunes. A l'Ouest, nous avons sélectionné 4 radios sur la base de leurs auras. D'Août à Novembre 2012, 12 épisodes sur des thèmes spécifiques relatif au VIH y ont été diffusés. Chaque diffusion était suivie d'un échange entre les auditeurs et l'animateur assisté des pairs éducateurs formés. L'équipe en studio anime les échanges, les rend conviviaux et participatifs, répond aux auditeurs généralement

jeunes, libres de cacher leur identité. Cette équipe oriente aussi ces auditeurs, vers les centre d'information, d'éducation et d'écoute (CIEE) ou de Conseil Dépistage Volontaire (CDV) préalablement identifiés. Avant cela, les jeunes ont organisé des mobilisations communautaires de sensibilisation, suivie de projection du film shuga video. Ces mobilisations furent suivie de 3 Campagnes de CDV pendant le projet à Bafoussam, Batcham et Dschang.

**Résultats:** Pendant la mise en œuvre du projet, on a noté une augmentation des jeunes au CDV dans les districts d'intervention et une fréquentation accrue des CIEE. A Dschang par exemple, 1 jeune sur 3 au CDV avoue avoir écouté shuga et le nombre de ceux qui cherche des informations spécifiques au CIEE a augmenté de 35%. Puis, les 4CDV organisés dans 3 districts précités a permis en 3mois d'enregistrer 2265 jeunes testés en milieu urbain et rural sur environ 6000 sensibilisés. Aussi, l'interaction de l'émission et le respect de l'anonymat ont permis aux jeunes d'exprimer librement leurs opinions loin des jugements, tabous et stigmatisations caractérisant notre société. En 48 émissions rediffusées, nous avons enregistré dans les 4 radios, 480 appels et 976 sms. D'ailleurs, la radio campus Dschang a décidé de reproduire l'émission à la demande des auditeurs.

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**Conclusions:** La phase pilote du projet shuga fut un succès à l'Ouest. Toutefois des leçons tirées permettent de ressortir des recommandations pour l'améliorer. Elles sont: \* développer les services socio-sanitaires témoins y compris des lignes vertes faisant un lien direct entre les services et l'émission \* renforcer le suivi-évaluation pour la collecte des informations \* Renforcer la capacité des jeunes en animation radiophonique et suivi-évaluation \* Adapter le film aux réalités socioculturelles locales.

PRESENTING AUTHOR'S NAME	MICHAEL Emilian
PRESENTING AUTHOR'S COMPANY	AMREF, Tanzania
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### The Potential Of Mother Support Groups In Elimination Of Mother-to-Child Transmission Of HIV In Tanzania

## ABSTRACT

**Issue:** Tanzania has a high rate of mother-to-child transmission (MTCT) of HIV, estimated at 26%. This high rate is attributed to many factors, including the high HIV prevalence (6.2%) among pregnant women, suboptimal male involvement (40%), home deliveries estimated at 50%, loss to follow-up of mother-baby pair, inaccessible HIV early infant diagnosis (75%), low uptake of prophylaxis among HIV exposed babies (57%) and weak community structures.

**Description:** The African Medical and Research Foundation (AMREF), with support from UNICEF, is implementing a two-year project, Watoto Salama, in 3 wards of Makete District whose HIV prevalence is 9.6%. The project aims to increase use of quality prevention of mother-to-child transmission (PMTCT) services by establishing and strengthening community support structures, especially mother support groups (MSG). The MSGs offer PMTCT information, nutrition education and psychosocial support to pregnant women and post-natal mothers. Reproductive and child health workers continually supervise and mentor the MSG leaders on all issues related to PMTCT and follow-up of mother/child pairs. HIV-positive mothers, either pregnant or with young children less than two years old, and their partners are recruited from health facilities and linked to MSGs in their communities. From October 2011 to March 2013, AMREF established five MSGs, recruited and trained 90 MSG members (67 female, 23 male, with 72 children below two years old) and 15 MSG leaders on HIV and PMTCT, home-based care and basic entrepreneurship. The MSG leaders received working tools such as mid-upper arm circumference measuring tapes to

screen for malnutrition, data capturing tools and mobile phones for communication. The group leaders' responsibilities included peer education of group members and the larger community, psychosocial support, adherence counselling, tracking of group members who miss meetings or appointments at care and treatment centres; nutritional education and referrals to health facilities and other support services.

**Lessons learned:** The Watoto Salama project model has been well received by the community. The use of MSGs is instrumental in reduction of MTCT of HIV in communities. Of the 54 children aged under two years tested after cessation of breastfeeding only one was HIV-positive resulting in a MTCT rate of 1.3%. Use of MSGs increased the proportion of children (100%) screened for malnutrition and number of mothers given nutritional counselling. There was also increased HIV counselling and testing among pregnant women (to 98%), and more than 95% disclosure of HIV status to partners. There was no loss of mother-/child pairs, a result partly attributed to follow-up by the MSGs. All pregnant group members delivered at health facilities and received prophylaxis for PMTCT, partly because members continuously encouraged each other to deliver in health facilities. Use of phones provided to MSG leaders has facilitated communication among members and with health facility workers.

**Next steps:** For sustainability, the programme plans to strengthen the organizational capacity of the MSGs and register them as Community-based Organizations. The programme also plans to scale up the MSG model to other sites supported by UNICEF.

PRESENTING AUTHOR'S NAME	MIRO George Mukalazi
PRESENTING AUTHOR'S COMPANY	Uganda Virus Research Institute (UVRI)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### High Alcohol Use, Risky Sexual Behavior And Sexually Transmitted Infections (STIs) Among School-going Adolescents In Peri-urban Entebbe, Uganda

## ABSTRACT

**Background:** Alcohol use is associated with risky sexual behavior among adults and adolescents. The Adolescent-Centered Engagement and Research for Empowerment (ACERE) project is a multi-level intervention with in-built operational research. We investigated alcohol use among school-going adolescents and its effect on sexual experience and sexually transmitted infections (STIs). It also focuses on unplanned pregnancies, life-skills education, school health talks/video shows, illegal non-intravenous drug use, improving referrals, class-grade and gender stratification and exchange of knowledge across students and all relevant stakeholders. ACERE project aims at reducing STIs/HIV through engaging: Entebbe Municipal education, health and law-enforcing authorities; school authorities, teachers, students and parents/guardians and health workers from Entebbe hospital, 2 health centers and Entebbe branch of The AIDS Support Organization (TASO) to offer Voluntary Medical Male Circumcision plus a continuum of other HIV prevention services (such as HIV Counseling and Testing, Couple Counseling, screening and managing STIs, condom distribution, antiretroviral therapy for prevention, Information, Education and Communication) in collaboration with researchers from the Uganda Virus Research Institute (UVRI) and Canadian Global Health Research Initiative.

**Method:** Students aged 12 to 19 years, from 7 secondary schools selected by multi-stage sampling in Entebbe Municipality, participated in a self-administered questionnaire on risky behavior. Questions assessed alcohol and illegal non-intravenous drug use, sexual behavior, STI experience, age and other demographic factors between March and May 2013. This study was approved by the institutional and national ethics regulatory bodies in November 2012. We obtained both the assent/consent of students and consent of parents/guardians or head teachers. We did double-data entry and data cleaning using Ms Access 2010 and analyzed using STATA version 10. Uni-variable, bi-variable and multi-variable analysis was done using logistic regression and likelihood Ratio Tests.

**Results:** Of the 753 form 1-5 students analyzed, with median age of 16 years (IQR=15-18), 49% were boys, and 39% were in form 5 (A-level). Alcohol debut increased by 30% with each education level from 20% for students in form 1 to 44% in form 5 (Odds Ratio [OR] for one unit increase in form=1.29 [95% CI=1.17-1.42], trend p-value<0.001). Among students drinking alcohol, median age first got drunk was 14 years (IQR=12-16), 43% currently drunk, 16% got drunk in the previous month, 15% drunk freely at home and 26% of the parents knew their children drunk. Drinking mainly occurred at parties (41%), homes (33%), bars (19%), friend's place (11%), beach (4%), and school (4%). Students whose parents drank alcohol regularly (OR=3.75 [2.65-5.32]), or sometimes (OR=2.42 [1.37-4.27]) had higher odds of drinking than those whose parents never drank.

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The higher the number of friends who drank, the higher the odds of drinking alcohol by students: OR for 1-2 friends=2.06 [1.12-3.8], OR for 3-9 friends=4.94 [3.0-8.14], and OR for 10+ friends=6.52 [3.79-11.21]. Girls had lower odds of drinking alcohol (OR=0.47 [0.34-0.65]) than boys. Forty two percent of students (36%-girls, 48%-boys) were sexually experienced, with median age of sexual debut of 15 years [IQR=10-16]. Of those students with sexual experience, 41% had penetrative sex (23%-girls, 55%-boys), 38% had sex within the last year, 30% had a regular sex partner, 11% (16%-girls, 7%-boys) had ever contracted STIs, with only 52% ever using condoms during penetrative sex, and 39% ever being or making a girl pregnant. In an adjusted analysis, those students who initiated alcohol had higher odds of having a sexual experience (OR=2.94 [2.11-4.11]) than those who had not; girls had lower odds (OR=0.71 [0.51-0.97]) than boys; and A-Level students had higher odds (OR=2.13 [1.55-2.95]) than O-level students. After adjusting for sex and education level, those students who initiated alcohol also had higher odds of penetrative sex (OR=2.93 [1.93-4.45]). However, there were no significant differences related to alcohol initiation and other risky sexual behaviors such as: early pregnancies (OR=1.68 [0.9-3.16]); STIs (OR=1.29 [0.73-2.27]); and condom use (OR=1.21 [0.57-2.57]).

**Conclusion:** Alcohol prevention methods such as life-skills education, stress management, counseling and correct knowledge dissemination must be instituted in the lowest classes and among boys before alcohol debut and should simultaneously target both parents and friends of vulnerable students in order to delay students' involvement in risky behavior.

PRESENTING AUTHOR'S NAME	MOHAMMED-JANTABO Jamilah
PRESENTING AUTHOR'S COMPANY	Save The Children International ABUJA
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Expanding Access To Care And Support For Vulnerable Children: A Mid Evaluation Of Save The Children LinksINKS or Children Project In 3 States Of Nigeria

## ABSTRACT

**Background:** Links for Children (LFC), is a five year USAID funded project. The goal is to expand access to treatment services, care, and support for children infected and affected by HIV and AIDS using a proven community-based approach, while building the capacity of indigenous organizations to enable children and families to continue accessing such services in an effective and sustainable manner. The mid-term evaluation of the LFC assessed the progress achieved by the end of the second year of project implementation on the anticipated outcomes across the project objectives.

**Methods:** Qualitative and quantitative data was collected from primary and secondary sources. Some of the tools used include: structured Focus Group Discussion (FGD) guide, Child Status Index (CSI), Community Base Organizations (CBO) capacity assessment tool and the National Harmonised Organizational Assessment tool (NHOCAT). Children were trained to lead the FGDs among their peers to ensure discussions remain child centered.

**Results:** Outcome reveals the lives of Vulnerable Children (VC) have improved especially in the area of girl child education and psycho-social support. Many children (largely girls) who had left school to carry out street trading were found to be attending school. The village saving and loans scheme had remarkable success in most of the communities as it is economically empowering community members especially caregivers and

increasing access to capital. Thirty-four CPCs have been formed with a membership of over 1,500 trained on HIV prevention, child care and the CSI while over 2,000 Caregivers have been engaged. A good representative of both children and women were found in the CPC's and its leadership which has given them a voice in making contribution to decisions that affects them. The LFC project was found to have built the capacity of staff of national and local partner and Ministry of Women Affairs and Social Development in the provision of VC services. Working through local partners provided the project the opportunity for strengthening local capacity and positioning community members to address other developmental needs of their communities.

**Conclusion and recommendations:** For sustainability, efforts should be made to link CPC with the State Action Committees on AIDS and State Agencies for the Control of AIDS (SACAs) and other state level partners. There is need to improve linkages of CPC with other possible sources of funding including SACAs and the World Bank HAF 2 fund. The referral system as it is currently, needs to be reassessed and the project should explore linking with state ministries of health, Global Fund projects, the Federal and State Ministries of Health who all have significant access to HIV counseling and testing services. It was recommended that, to make the state teams more effective, the number of CBOs per state has to be reduced for ease of management.



PRESENTING AUTHOR'S NAME	MORFAW Frederick
PRESENTING AUTHOR'S COMPANY	Faculty of Medicines and Biomedical Sciences, University of Yaounde 1, Cameroon
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Male Involvement In Prevention Programs Of Mother To Child Transmission Of HIV: A Systematic Review To Identify Barriers And Facilitators

## ABSTRACT

**Background:** Many reports point to the beneficial effect of male partner involvement in programs for the prevention of mother-to-child-transmission (PMTCT) of HIV in curbing pediatric HIV infections. This paper summarizes the barriers and facilitators of male involvement in prevention programs of mother-to-child transmission of HIV. **Methods:** We searched PubMed, EMBASE, CINAHL and the Cochrane Central Register of Controlled Trials (CENTRAL) for studies published in English from 1998 to March 2012. We included studies conducted in a context of antenatal care or PMTCT of HIV reporting male actions that affected female uptake of PMTCT services. We did not target any specific interventions for this review.

**Results:** We identified 24 studies from peer-reviewed journals; 21 from sub-Saharan Africa, 2 from Asia and 1 from Europe. Barriers to male PMTCT involvement were mainly at the level of the society, the health system and the individual. The most pertinent was the societal perception of antenatal care and PMTCT as a woman's activity, and it was unacceptable for men to be involved. Health system factors such as long waiting times at the antenatal care clinic and the male unfriendliness of PMTCT services were also identified. The lack of communication within the couple, the reluctance of men to learn their HIV status, the misconception by men that their spouse's HIV status was a proxy of theirs, and the unwillingness of women to get their partners involved due to fear of domestic violence, stigmatization or divorce were among the individual

factors. Actions shown to facilitate male PMTCT involvement were either health system actions or factors directly tied to the individuals. Inviting men to the hospital for voluntary counseling and HIV testing and offering of PMTCT services to men at sites other than antenatal care were key health system facilitators. Prior knowledge of HIV and prior male HIV testing facilitated their involvement. Financial dependence of women was key to facilitating spousal involvement.

**Conclusions:** There is need for health system amendments and context-specific adaptations of public policy on PMTCT services to break down the barriers to and facilitate male PMTCT involvement.

**Registration:** The protocol for this review was registered with the International prospective register of systematic reviews (PROSPERO) record CRD42011001703.

PRESENTING AUTHOR'S NAME	MOSIMA Martin
PRESENTING AUTHOR'S COMPANY	UNESCO-Botswana
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Strengthening Government Efforts In The Integration Of Multi-sectoral Interventions For Sexual And Reproductive Health Services For Young People In Botswana

## ABSTRACT

**Issues:** In Botswana, recent data indicates increased sexual activity among young girls and boys which are coupled with low condom use among young men aged 15 – 35 yrs at 27.7%, low contraceptive use among young women at 29% aged 15-24yrs, with a number of young girls beginning their sexual debut at the age of 12 years (Botswana AIDS Impact Survey-2008). Despite the Adolescent Sexual and Reproductive Health implementation strategy (2012 - 2016) advocating for provision of comprehensive information & SRH services to young people through a multi-sectoral approach, there have been cross cutting challenges in the coordination and implementation of joint programs within the Ministries of Health, Education, Youth and Local Government in the provision of Sexuality education and SRH counselling, contraceptives, STI screening & treatment, HIV testing, ANC, condoms; and capacity building for service providers. This has led to lack of national standards for ASRH service provision impacting greatly on the access and implementation of quality youth friendly services across all government sectors. Enrolments rates at Primary school for males is 92.6% while that for females is 93.5% whereas at secondary school is 36% for males and 44% for females, EMIS, 2013). The good enrolments rates could make it possible to target more young people as most of them attend school, at least basic education.

**Description:** Botswana considers Sexuality Education as a very important preventative strategy to HIV. The above mentioned figures among young people show that if more efforts are not made to address sexual and reproductive health needs of this group, good health outcomes will not be achieved. Sexuality Education therefore becomes apparently critical. UNESCO and its partners UNFPA and UNICEF conducted a diagnostic study to analyze the key current data and trends concerning the scope, coverage, form and content of existing policy, programs and practice on HIV and sexuality education, and comprehensive SRH services, their accessibility, rates of HIV and other sexually transmitted infections (STIs) amongst young people to help inform strategic planning and revitalisation of the services. The study also considered rights-based concerns related to gender inequalities, sexual identities and stigma and discrimination in Botswana among young people. The key findings of the diagnostic report were presented to 60 CSO representatives, Government directors and Ministers to help identify evidence-based interventions to address the SRH constraints (political, material, cultural) in the school and community environment for young people.

## (CONTINUED)

**Lessons learned:** The following lessons have been learnt: \* A multi-sectoral response to strengthen school based sexuality education has been established by key Ministries of Education, Health, Youth, Local Government and Civil Society Organizations. \* Sexuality Education will be infused in the core curriculum from pre-school to higher education. \* Age-appropriate content on sexuality education and linkages to SRH will be developed also taking cognisance of people living with disabilities, those in remote areas as well as young key populations. \* Protocols for youth friendly SRH services will be developed.

**Next steps:** Consensus building across all ministries has been a slow process. During the country consultative meeting some government officials needed a clear understanding of what SRH means, sexuality education and other key concepts to ensure that they are not in conflict with their social-cultural beliefs. There is also confusion as to what extent the school curriculum has infused sexuality education. Given the sensitivity of this matter, effective advocacy strategies and training materials needed to be packaged in a way that will address the identified needs and gaps. The process will continue with full involvement of young people at all stages which is very critical

PRESENTING AUTHOR'S NAME	MOTHOLO Tsietsi
PRESENTING AUTHOR'S COMPANY	Guteng Department Of Health
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Measurement Of Outcomes Of Children's Services For Orphans And Vulnerable Children In Gauteng Province 2011.

## ABSTRACT

**Background:** The OVC evaluation was tendered to measure the outcomes of services for orphans and vulnerable children provided by Department of Social Development from 2001 to 2009. Planned outcomes for OVC services: inclusion in families, normal psychosocial development, effective education, economic support and physical health.

**Methods:** Existing tools for OVC services do not measure psychological, social and educational outcomes. Afrodijah was awarded the tender and recruited educational psychologists to design the tools. The field workers followed "a day in the life" of a sample of 300 OVC between 6 to 13 years of age using ethnographic observation. They visited the school, the NPO drop in centre and home the same day. Psychologists supervised the age appropriate social, psychological and educational tests. Guardians, educators, social workers and NPO care givers were interviewed with questionnaires.

**Results:** Outcomes: 1. Social: Most OVC were cared for by their own families, mainly grandmothers (38%). Most OVC (85%) felt cared for at home and NPO centres. OVCs liked school. 1.3% were from child headed household 2. Psychosocial: OVC had good social skills. About 25% had psychological problems – mainly anxiety, depression and anger. OVC need more counselling. 3. Educational: Most OVC are one to two years behind international standards. This may be due to the education service. 4. Economic: Many OVC were thin (71%) and very poor (43%). About 80% accessed child support grants. 5. Health: Some (43%) miss school due to ill health – some have HIV. Some environments were unsafe.

**Conclusion:** The evaluation team developed instruments and tools which effectively measured the psychological, social, educational, economic and physical outcomes of the OVC services. The results inform the development of OVC services. Evaluation should be repeated every 3 years with the same methodology and tools.

PRESENTING AUTHOR'S NAME	MOYO Yolanda
PRESENTING AUTHOR'S COMPANY	Program for Appropriate Technologies in Health
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Gendered Perspectives On New Strategies Of HIV Prevention: Evidences From Community Dialogues

## ABSTRACT

**Issues:** Women's vulnerability to HIV infection is the result of a complex interplay of biological, social, economic and structural factors including gendered power dynamics and insidious patriarchal social practices that limit women from making choices about HIV prevention options. In South Africa the country with the largest number of new HIV infection in Southern Africa region, new infections were reduced by 41% between 2001 and 2011. However it is still a concern that HIV incidence is highest among women, particularly young women. Evidence suggests that there is poor uptake of current HIV prevention methods such as male and female condoms in couples who are in committed relationships.

**Description:** Community dialogues were conducted in Bramfischerville, Township in Soweto with couples in committed relationships. Fifteen (15) couples took part in the community dialogues, a total of 30 participants were in the discussions. Median age for females 28 years and males 35 years, average age difference between couples 5 years. The purpose of engaging men and women was to create a platform in which couples can candidly share their life stories including sexuality in order to gain insight into the potential enablers and hindrances of the use of new HIV prevention technologies such as microbicides and pre-exposure prophylaxis on the backdrop of poor uptake of current HIV prevention methods. These structured yet free flowing discussions with community members bring out the different gendered and cultural roles that have led to the negative reception and low uptake of existing HIV prevention Methods.

**Lessons learned:** Emerging lessons from the discussions suggest that community awareness of microbicides' benefits and limitations is lacking and many of the respondents are not educated with regard to the new prevention Methods. Issues of relationships dynamics in terms of gender and power relations leading people to hide behind their cultures were also observed. A further lesson was the disintegration of family structures which leaves young people without guidance and this calls for positive role models for young people to follow. However, some young men feel threatened by young women who are now occupying what were traditionally male dominated roles fostering resentment and gender based violence. Hence, there is a need to address cultural norms on the back drop of transforming gender norms.

**Next steps:** Social science and human behaviour interventions need to be conducted jointly with biomedical HIV prevention research in order to implement successful HIV prevention programmes. We need a detailed comprehension of the factors that create barriers to HIV prevention technologies, before investing large financial resources into HIV prevention technologies that may not fit in to the lifestyles of young men and women in South Africa. Male partner involvement will be an essential element that is often missing in programming of existing and new HIV prevention technologies.

PRESENTING AUTHOR'S NAME	MSELLATI Philippe
PRESENTING AUTHOR'S COMPANY	UMI 233 IRD/UCAD/Université de Montpellier et Yaoundé I
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Transmission Du VIH Au Sein D'Une Cohorte De Nourrissons Exposés Au VIH Suivis Au Centre Mère Et Enfant De La Fondation Chantal Biya à Yaounde(CAMEROUN)

## ABSTRACT

**Introduction:** L'infection VIH pédiatrique reste un problème de santé publique dans les pays en développement. La survie des enfants infectés dépend du délai de prise en charge d'où l'intérêt de rendre accessibles et fonctionnels les services de PTME. L'objectif était de décrire le parcours des nourrissons exposés au VIH admis dans notre service et de comparer selon leur statut VIH les caractéristiques sociodémographiques des mères.

**Méthodes:** Une étude descriptive prospective, couvrant la période 2009-2012, a été menée au Centre Mère et Enfant de Yaoundé. Les nourrissons de moins de 18 mois exposés au VIH vus en 1<sup>ère</sup> consultation durant ces 4 années à l'unité de jour pédiatrique, un des services de référence pour la PTME à Yaoundé, ont été inclus pour le suivi avec le consentement d'un parent ou tuteur. Le diagnostic par PCR est offert gratuitement à partir de l'âge de six semaines et jusqu'à l'âge de 15 mois.

**Résultats:** En 2009, 559 enfants exposés au VIH ont été suivis dont 130 étaient indéterminés, 36 infectés et 393 non infectés (taux de transmission  $36/429 = 8,4\%$ ). Le suivi était de 250 jours en moyenne. Le taux de transmission parmi les enfants ayant reçu une PTME, de quelque forme que ce soit, était de 4,2% (19/454) et de 16,2% (17/105) parmi les enfants n'ayant pas reçu de PTME. En 2010, 496 enfants exposés au VIH ont été suivis dont 69 ont eu un résultat indéterminé, 58 ont été infectés, et 369 non infectés avec un suivi moyen de 294 jours en moyenne. Le taux de transmission parmi les enfants ayant reçu une PTME, de quelque forme que ce soit, était de 4,8% (18/375) et de

33% (40/121) parmi les enfants n'ayant pas reçu de PTME. En 2011, 501 enfants exposés ont été suivis dont 93 ont eu un résultat indéterminé, 64 ont été infectés, et 344 non infectés avec un suivi de 266 jours en moyenne. Le taux de transmission parmi les enfants ayant reçu une PTME, de quelque forme que ce soit, était de 11,9% (41/370) et de 20,3% (23/113) parmi les enfants n'ayant pas reçu de PTME. En 2012 612 enfants exposés ont été suivis dont 127 ont eu un résultat indéterminé, 68 ont été infectés et 424 sont non infectés avec un suivi moyen de 226 jours en moyenne. Le taux de transmission parmi les enfants ayant reçu une PTME, de quelque forme que ce soit, était de 4,9% (22/451) et de 27,4% (46/168) parmi les enfants n'ayant pas reçu de PTME.

**Conclusion:** La proportion d'enfants infectés est plus élevée parmi ceux qui n'ont pas eu accès à la PTME. L'accès au dépistage systématique du VIH et à la PTME pour les femmes enceintes doit être renforcé en particulier dans les centres de santé et cliniques privées.

PRESENTING AUTHOR'S NAME	MUCHEDZI Auxilia
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Engaging Community Leaders To Generate Demand For, And Uptake Of, Antenatal Care And Prevention Of Mother-to-Child Transmission Of HIV Services In Rural Zimbabwe

## ABSTRACT

**Issues:** To effectively reduce HIV transmission risk from mother to child, pregnant HIV-positive women should be enrolled on antiretroviral prophylaxis at an early gestational age. Late antenatal care (ANC) visits is a barrier to early and effective prevention of mother-to-child HIV transmission (PMTCT) interventions in Zimbabwe; only 19% of pregnant women book their first ANC appointment in the first trimester of pregnancy. Engaging community leaders (CL), including local political leaders, chiefs, and village heads, to disseminate information on the importance of early prenatal care can help generate community-level demand for and awareness of PMTCT. Building CL capacity and knowledge around available services can help CL provide communities with accurate health information. Diffusion of Innovation Theory argues that some individuals (opinion leaders) from a given population act as agents of behavior change by disseminating information and influencing group norms in their community. In 2012, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-Zimbabwe program engaged CL in Hurungwe District to support an initiative to increase demand for and uptake of prevention of mother-to-child HIV transmission (PMTCT) services through community gatherings in each of its 254 villages.

**Description:** EGPAF hosted eight half-day trainings on ANC and PMTCT to 340 CL in eight communities within Hurungwe in May 2012. PMTCT information, education, and communications (IEC) materials (pamphlets, talking points around PMTCT) were distributed during meetings. Sensitization and IEC

materials focused on importance of early ANC booking, nutrition in pregnancy, couples testing, health facility delivery, early infant HIV diagnosis, and formation of support groups for antenatal and postnatal women. Talking points provided to CL were aimed towards generating discussions at community gatherings.

**Lessons learned:** A total of eight councilors (ward political leaders), six chiefs, and 326 village heads and their secretaries were sensitized in Hurungwe in May 2012. During these sensitization meetings the CLs were very receptive to the creation of the peer facilitator groups; some leaders even requested that peer groups be created for men. Some of the challenges that the community leaders mentioned during the sensitization meetings was the issue of pregnant women not booking, maternal deaths and infant deaths. The community leaders discussed the challenge of facility deliveries and attributed distance to the facility as one of the main barriers. One of the frequent suggestions was the creation of maternal waiting huts. Following the sensitization meetings, CL organized ANC-focused community sensitization meetings in 229 of the 254 villages in Hurungwe, between May and July 2012. With the support of CL, a total of 1,104 women were enrolled in community support groups for pregnant and postnatal women between July and November 2012. The use of CL is showing signs of increased ANC participation; data collection around ANC attendance and PMTCT engagement is underway and will be available for analysis by June 2013.

## (CONTINUED)

**Next steps:** These findings reinforced the importance of engaging CL proved effective in starting up a community initiative that provided health education to pregnant and postnatal women to create demand for ANC and subsequently PMTCT services. PMTCT programs should actively involve CLs in community-level demand generation.



PRESENTING AUTHOR'S NAME	MUCHUCHUTI Cephas
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Implementing An Electronic Patient Tracking System For PMTCT In Zimbabwe: Early Lessons

## ABSTRACT

**Issues:** Longitudinal patient data are important in the field of prevention of mother-to-child transmission of HIV (PMTCT) - allowing service delivery programs and national health systems to follow mother-baby pairs through the continuum of care and track rates of transmission. Longitudinal patient tracking is challenging when patient data is recorded in a paper-based system, which is the system currently in place in Zimbabwe. Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) Zimbabwe program began supporting the Ministry of Health and Child Welfare (MOHCW) in piloting an electronic patient-level database (EDB) to enhance longitudinal follow-up of clients receiving PMTCT services.

**Description:** The EDB was piloted at 34 facilities (7-urban, 27-rural) in five districts. Facilities were selected because of their high volume of antenatal clinic (ANC) attendees. The EDB was introduced at five facilities in October 2011, 13 additional in March 2012, and another 16 in July 2012. 18 data entry clerks (DECs) were recruited and trained on data entry and were assigned to facilities (some were assigned to multiple) to input data into EDB. Data from paper-based registers, completed by health workers, were entered into the EDB on a daily basis by the DEC. DEC generated reports from the EDB, for use by facility staff and national office for analysis. Reports included information on missed appointments and follow-up of defaulting clients.

**Lessons learned:** Of 15,105 ANC appointments, 2,360 (16%) were HIV-positive women. 15,973 deliveries and 1,254 HIV-exposed infants were recorded in databases. Of pregnant women reporting at first ANC visit: 7% (1,057/15,105) were at or under 14 weeks gestation. Only 34% of mothers attended prenatal appointments and delivered at the same facility - indicating high patient mobility. The total number of HIV-positive women who picked second prophylaxis at all EDB-piloting sites was 782 (50%). Only 980 (33%) mothers of HIV-exposed infants picked up nevirapine at 6 weeks post-delivery.

**Next steps:** ANC booking at less than 14 weeks gestation is low, large proportion of mothers were not collecting subsequent prophylaxis supplies or infant nevirapine. Through this tracking mechanism, implementers realized characteristics about their target population (e.g. mobility). The MOHCW plans to implement more pilot activities to assess different types of EDB systems before selecting one for national implementation.

PRESENTING AUTHOR'S NAME	MUKOTEKWA Tarisai
PRESENTING AUTHOR'S COMPANY	Organisation for Public Health Interventions and Development Trust
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

We Carry A Heavy Load. . . . . The Overwhelming Responsibility Of The Positive Pregnant Woman In Resource Limited, Rural Communities: Voices From, Manicaland Province, Zimbabwe”

## ABSTRACT

**Background:** The Zimbabwe national Prevention of Mother to Child Transmission (PMTCT) program, in line with developments in HIV prevention science, has evolved from offering the simplest sdNVP regimen in 2001 to the more sophisticated regimens recommended in the latest WHO guidelines. Unfortunately guidelines are never as explicit on social implications as they are on the medical protocols for rural women who test HIV positive in pregnancy.

**Methods:** In March 2012, during routine community education activities, five focus group discussions were held with 72 pregnant and lactating women and fifteen community leaders from Makoni and Buhera South. The women were aged 21 to 46 years old and 52 had been tested for HIV at least once. The male community leaders were 30 years to 63 years old and only five of them openly admitted to having been tested for HIV. For women the discussion centred on what women perceived as the major challenges in participating in PMTCT interventions while the men's focus groups discussed men's participation PMTCT activities. The responses agreed to by 75% or more of the group members were taken as the group answer.

**Results:** 75-95% of women group members agreed that an HIV test during pregnancy was important and that they opted to test for the sake of their unborn child. This decision was hard to make. Disclosing the HIV test results to partners and families was so difficult that many took weeks to disclose even a negative result. The 23 HIV positive women in the groups all said that a positive result made them afraid of being blamed by their partners and families. One of their first thoughts after receiving a positive result was about the safety of their unborn infant. The few (6) that had already experienced a negative result in early infant diagnosis were terrified of continuing breastfeeding. 12 (80%) of the fifteen male community leaders believed pregnancy and childbirth was women's business and assumed women can cope.

**Conclusion:** Not enough recognition has been made of the extra burden carried by women when they voluntarily take up HIV testing during pregnancy. Limited social support, fear of consequences of disclosure and implications of a positive result upon caring practices for infants can influence treatment outcomes, increase likelihood of transmission to infants and potentially deter women from HIV testing in pregnancy. Further research should be done on interventions to increase personal support for HIV positive women in pregnancy such as community-based case workers or greater emphasis on family-centered approaches to eMTCT, including increased male involvement.

PRESENTING AUTHOR'S NAME	MUSHI Hildegalda Prosper
PRESENTING AUTHOR'S COMPANY	Ifakara Health Institute
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Health Providers As Gate Keepers For Maternal Neonatal And Child Health Interventions: Implication For PMTCT Services In Rural Tanzania

## ABSTRACT

**Background:** Tanzania has achieved over 94% coverage for Prevention of Mother to Child Transmission (PMTCT) interventions and antenatal care (ANC) visits in reproductive health facilities (Ministry of Health 2012). Testing and counseling of pregnant women and their partners are some of PMTCT interventions. To accelerate attainment of MDGs 4, 5 and 6, Tanzania is conducting a trial on community cadre known as Community Health Agents (CHAs) in Kilombero, Ulanga and Rufiji districts. CHAs are selected by villages, trained for 9 months on integrated services for MNCH. With salary and system support CHAs work full-time visiting all households for health promotion; distribution of family planning pills and condoms as well integrated community case management for underfives. This abstract presents results from first round of longitudinal implementation research conducted one year after CHA deployment. One of major themes was mapping system context and health challenges in the study sites.

**Methods:** 56 in-depth interviews were conducted between June-July 2012 with 30 female and 26 male respondents consisting of community informants; CHAs; facility providers and district managers. These were triangulated with Focus groups, 6 of them gender-mixed; 2 with CHAs, 2 CHA village supervisors and 2 with facility supervisors. 5 FGDs for women with infants and 4 with fathers of children underfive were also conducted.

**Findings:** Challenges were identified as poor health status, access and utilization of MNCH services including PMTCT; inadequate knowledge on MNCH risks, informal payments, shortage and

unfriendly health providers. There was a strong feeling that community had no power to question facility providers. Leaving patients unattended even in absence of long queues; talking over the phone while attending patients; mocking and paying no attention during delivery were frequent complaints over providers. There was a common understanding that women are turned back if they don't bring male partner couple ANC HIV testing. Men were generally uncomfortable to do so for fear of 'wasting time' and mandatory testing; for unmarried partners it was even harder since they might wish to keep their relation secret. There were instances of women forced to get a letter from village leaders stating that the husband is away or died, which involved cash. In other occasions women reported of providers insisting partners to sit "too close", facing or touching each other "as if they are dating", during counseling/testing making them uncomfortable. When going for testing or delivery, some women sought a company from CHAs who were trusted and respected by communities and health providers. Perceived outcomes of disrespectful services went as far as abandoning ANC after early visits and home deliveries. On the hand, some facilities encouraged men to accompany their partners attending couples first before the rest of ANC clients. At least one of such facilities had a sign board changed from "Mother and Child Clinic" to "Father, Mother and Child Health Clinic"

### Conclusion and recommendation:

Elimination of MTCT cannot be achieved without adequate understanding and addressing provider interpretation and power over implementation. CHAs provide an opportunity to strengthen PMTCT services in community and facilities.

PRESENTING AUTHOR'S NAME	MUYUNDA Earnest
PRESENTING AUTHOR'S COMPANY	FHI36 /ZPI
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Comprehensive HIV/AIDS Knowledge In Relation To Condom Use In Zambia

## ABSTRACT

**Background:** Indeed, the majority of Zambians (99%) have heard of HIV/AIDS (DHS, 2007). However, after 25 years of HIV education and Behavior Change Communication initiatives, only 36% of women and 39% of men possess comprehensive knowledge on HIV transmission and prevention. Aiming to understand preventive behavior change brought about through improving comprehensive knowledge as it relates to condom use, a recent survey evaluating a USAID-funded community intervention focused on prevention, included questions on condom use to set a baseline for a future evaluation of project impact. This baseline is one of three repeat surveys planned. Selected findings from this portion of the survey are presented.

**Methods:** A cross-sectional household survey was conducted with 2,439 individuals (845 males and 1594 females) in four Zambian districts where the ZPI project was to be implemented. Households and eligible residents aged 15-59 (male) and 15-49 (females) were randomly selected. Data were collected in face-to-face interviews covering HIV knowledge and attitudes, sexual behavior, condom use and other HIV-related topics. Respondents were considered to have comprehensive HIV knowledge if they knew that: i) both condom use and limiting sex partners to one uninfected partner are preventive; ii) a healthy-looking persons can have HIV; and iii) HIV cannot be transmitted through supernatural means or mosquito bites. We present some baseline results.

**Results:** Condom use (at last sexual act) among persons with multiple sex partners was overall low, but higher in females (20%) compared to males (5%). Similarly, condom use with the last non-regular partner was lower in males (24%) compared to females (38%). Multivariate analyses revealed that simply knowing where to get a condom is not sufficient for condom use. Rather, having confidence that he/she could obtain a condom if he/she wanted to was the greatest predictor of condom use. Approximately three-quarters of men and one-half of women reported they could obtain a condom if they wanted to; this decreased by approximately 15 % in men and 29% in women from those who knew where to obtain a condom. In all provinces, while there was little difference in knowing where to obtain condoms between men and women, there was a significant difference between men and women in their reported ability to obtain a condom if they wanted to. Men were more likely to report being able to obtain a condom than women (72% versus 57%); the difference was seen in all provinces. Knowing where to obtain condoms does not necessarily equate to being able to obtain condoms if he/she wanted to.

**Conclusions:** More and better communication specifically about how and where one can obtain condoms when needed is crucial. There is a need for programs that reduce sexual risk behaviors for both men and women, with an extra emphasis on male-centered interventions.

PRESENTING AUTHOR'S NAME	MWACHI Donnelly
PRESENTING AUTHOR'S COMPANY	HelpAge International
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Using The “Nesting Approach” In Strengthening Social Protection To Prevent And Mitigate The Impact Of HIV And AIDS And Poverty In Sub-Saharan Africa

## ABSTRACT

**Issues:** A wholistic approach in combating HIV and AIDS in Africa is the way to go. With the abject poverty facing over 70% of people affected by HIV and AIDS, programmes that focus on economic wellbeing plus care and treatment should be encouraged.

**Description:** To demonstrate the effectiveness of social protection including livelihood support; cash transfer programmes and universal pensions, in realizing the rights of vulnerable people to achieving universal access in HIV and AIDS prevention, care and support, and treatment. Social protection provides access to resources to meet basic needs and HIV and AIDS and health services and prevents the transmission of intergenerational poverty often affecting older people and children. This was a three years programme funded by the Sweden (SIDA) government and NORAD. The programme was implemented in Uganda, Tanzania, Ethiopia, Zambia, Zimbabwe, South Africa and Mozambique. It was implemented by HelpAge, Africa Platform for Social Protection (APSP), University College London (UCL) and Coalition on Children affected by AIDS (CCABA/the coalition) through a “nesting” arrangement. In a symbiotic relationship, HelpAge provided its level of expertise in dealing with rights of older people, the coalition was to incorporate the lessons born from combined evidence to inform influence and global strategies, University College London was to utilize its level of expertise in research work to inform the programme and finally Africa Platform for Social Protection was to support the programme in Social Protection based

on its experience and presence in African countries building beyond HelpAge’s social protection which is pension driven.

**Lessons:** Poor economic wellbeing to vulnerable people contributes greatly to dropping out of medication; lack of food by those people on medication. In the nesting arrangement, households’ economic being was improved hence reducing the number of medication drop outs. Through research work, areas of improvement and intervention were identified which helped the programme in reaching more people hence maximizing its impact to the targeted population. A number of national and regional policies were modified and some introduced based on the evidence provided by the programme.

**Next steps:** The “nesting approach” has proved to be the most effective way to maximize impact in HIV and AIDS programming. There is need to adopt this approach so as to reach more people affected with HIV and AIDS through research, Social Protection and many other Methods.

PRESENTING AUTHOR'S NAME	MWANGI Anne
PRESENTING AUTHOR'S COMPANY	National Aids And STI Controm Programme
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Status Of Adolescents Presenting To The Kenya National HIV Program 2004-2010

## ABSTRACT

**Background:** Adolescents contribute about 50% of all new human immunodeficiency virus (HIV) infections. Legal, social and economic dependency on parents, high risk behavior and lack of adolescent friendly health services has a negative impact on diagnosis, access, follow up, retention and treatment outcomes of the adolescents in HIV care

**Methods:** This is a sub-analysis of a retrospective cohort study. The study population consisted of adolescents aged 10-19 years at enrollment or during follow up period from 31st October 2004 to 31st March 2010. Data abstraction was conducted between June 2011 and July 2012 in 50 randomly selected health facilities About 4450 medical charts for children older than 2 years at enrolment were randomly selected for review. Demographic and clinical data was abstracted using a standardized form and analyzed using SAS 9.3.

**Results:** A total of 1,697 adolescents (42.4% of all children) had been in care of whom 48% were males. Only 11% had been enrolled in school. Of the 1407 on antiretroviral therapy (ART), 89% were on first line and 6% on second line. Only 525 (31%) knew their HIV status and disclosure had been done at a median age of 12 years. Discussion on sexuality occurred in 41 (2.4%), condoms issued to 12 (0.7%), family planning provided to 5 (0.3%) and pregnancy reported in 3 (11%). Substance abuse was discussed in 13 (0.7%) and 1 (5.6%) referred for counseling and support. Tuberculosis was reported in 610 (36%). It was noted that 1437 (85%) of adolescents were retained in care and mortality was 36 (2.1%).

**Conclusions:** Retention of adolescents in care was high and mortality was low. Majority were on first line antiretroviral regimens as per national guidelines. Tuberculosis was common among adolescents. Provision of sexual and reproductive health services, alcohol and drug abuse, early disclosure and psychosocial support was low and hence there is need for targeted services for adolescents living with HIV in the country.

PRESENTING AUTHOR'S NAME	MWOREKO Lillian
PRESENTING AUTHOR'S COMPANY	International Community of Women Living with HIV Eastern Africa
SESSION TYPE	Oral
SESSION TITLE	WEADS35 - The Role of Health Systems in Improving Care and Support for PLWHIV

## ABSTRACT TITLE

Documenting Gaps In Access To Family Planning Services By Women Living With HIV In Uganda In The Districts Of Mbale, Mukono, Kumi, Wakiso, Soroti And Kampala In Uganda

## ABSTRACT

**Background:** International Community of Women Living with HIV Eastern Africa (ICWEA) with financial support from HIVOs, conducted a study on Access to Family Planning (FP) Services by Women Living with HIV' (WLHIV) in six districts of Mbale, Kumi, Soroti, Wakiso, Mukono and Kampala. This study aimed at documenting gaps in access to FP services towards developing strategies for addressing the gaps. This would not only be a critical step towards realization of Sexual Reproductive Health and Rights (SRHR) of WLHIV but also improving their lives and reducing mother to child transmission (MTCT) and maternal health.

**Methods:** Eighteen Focus Group Discussions (FGDs) with 290 WLHIV were conducted, three in each of the districts. FGDs were sub-divided into age sets of 15-24 years (young positives) and 25-49 years (adult positives). Primary study participants were WLHIV in the reproductive age, purposively selected with the assistance of ICWEA Regional Peer Support Groups in the six districts. Other key informants (secondary) included district administrative staff (planners, HIV focal persons, population officers, senior nursing officers in charge of ANC clinics, hospital administrators, health educators); health facility staff (In charges, mid wives, nurses, clinical officers and private health providers. There was a total 150 purposively selected participants.

**Data management and analysis:** All recorded FGDs were transcribed, translated into English and typed into Microsoft Word program by a team consisting of three FGD facilitators/ interviewers under the supervision of the team leader for the qualitative component. Transcripts were reviewed for accuracy and entered into NVivo software (version 2. 0, QSR International Pty. Ltd, Victoria, Australia). Each FGD was coded for themes that emerged. Thematic analysis of all data was done according to the study objectives.

**Major findings:** WLHIV cited side effects related to their HIV status that hindered them from using modern FP methods, including that the pills interrupted the effectiveness of antiretroviral drugs (ARVs), and poor attitudes of healthcare workers that prescribed condoms for birth control and HIV prevention only, denying other Methods. Participants testified that they could not afford visiting health facilities several times in a year seeking for different services and in different localities. They end up prioritizing and FP was not among their priorities. Most participants' partners (even in discordant relationships) were not interested in modern FP. Participants and key informants reported on high levels of stock shortages and limited options for WLHIV.

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**Conclusions and recommendations:** It was observed that the majority of women living with HIV did not utilize FP services owing to challenges of side effects that are not attended to, stigma and discrimination, poor mode of service delivery and partner refusal. The study recommends integration of ART & SRHR including FP services to be more convenient for WLHIV; increased efforts to close the knowledge gap; increased options of SRHR and FP methods for women; training healthcare workers in human rights matters to service delivery; and implementing a strategy in SRHR and FP that involves males.



PRESENTING AUTHOR'S NAME	MWOTOWANYUKA Tendai
PRESENTING AUTHOR'S COMPANY	Organisation for Public Health Interventions and Development (OPHID) Trust
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

How Can We Get To Zero New Pediatric Infections If We Are Losing Our HIV Infected Mothers? Analysis Of Loss To Follow Up Within The Zimbabwe National PMTCT Programme

## ABSTRACT

**Background:** An estimated 16.1% of women attending ANC in Zimbabwe are HIV positive. Retention of women in Prevention of Mother to Child Transmission (PMTCT) programmes is critical for optimal health outcomes for women and preventing vertical transmission. Loss to follow up (LTFU) on Zimbabwe's PMTCT Programme is estimated to be as high as 56.7% among HIV positive mothers enrolled at 5 years. Identification and understanding of the specific points where LTFU is occurring will guide planning and development of interventions to retain women in care. The Organization for Public Health Interventions and Development (OPHID) Trust works with the Ministry of Health and Child Welfare in Zimbabwe to support the National PMTCT Programme.

**Methods:** This abstract is based on an analysis of the Zimbabwe National PMTCT Programme data for the period January to December 2012 for Mashonaland East Province. National PMTCT Programme data is collected at health centre level and recorded in Ante Natal Care (ANC) registers. A summary of the data on ANC bookings, HIV testing rates, ARV prophylaxis and ART initiation is submitted to the district level for aggregation at provincial and national level on a monthly basis. Data was analysed descriptively using SPSS with Chi squared tests of proportion for significance.

**Results:** In 2012, 96% of the expected pregnancies in Mashonaland East booked for ANC, yet only 70% (n= 32,038) of these bookings delivered at a health institution. Home delivery rates reduced significantly from 34% (n= 8,013) in the first half of the year to 26% (n=5,858) in the last half of the year (p < 0.0001). Of the 5,530 pregnant women who tested HIV positive in ANC, only 58% (n=3,207) accessed CD4 testing although significantly more women accessed CD4 testing in the latter half of the year (p < 0.0001). Of the 41% of the HIV positive women CD4 tested who were eligible for ART (n =1, 293), 77% (n=995) were initiated on ART. The percentage of eligible women who failed to access ART reduced only slightly from 24% to 22% over the course of the year.

**Conclusion:** The Zimbabwe National PMTCT Programme has demonstrated success at obtaining high uptake of ANC bookings (96%), pregnant women HIV tested and received results in ANC (96%) and HIV positive pregnant women accessing ARV prophylaxis (94%). However, coverage required to reach the goal of virtual elimination of new paediatric HIV infections by 2015 will be difficult to achieve with gaps in the PMTCT cascade resulting in high LTFU for other critical services. While sustained gains in facility delivery, CD4 testing and ART initiation were demonstrated over the year, there is need to increase the pace of such achievements in the national PMTCT programme in order to ensure optimal coverage and retention of women along the PMTCT cascade for eMTCT.

PRESENTING AUTHOR'S NAME	MYER Landon
PRESENTING AUTHOR'S COMPANY	
SESSION TYPE	Oral
SESSION TITLE	SUADS 6 - Women and Children First - Reverting New Infections Among Children and Keeping Mothers Alive

## ABSTRACT TITLE

Increasing Proportion Of HIV-infected Women Entering PMTCT Already On Antiretroviral Therapy: Implications For PMTCT Programmes

## ABSTRACT

**Background:** Traditionally programs for the prevention of mother-to-child HIV transmission (PMTCT) in South Africa and other high-prevalence countries have focused on identifying and initiating HIV-infected pregnant women on antiretrovirals, including lifelong antiretroviral therapy (ART). In this context, women already on ART who conceive while on treatment and enter antenatal care typically receive little attention within PMTCT services. We examined the proportion of HIV-infected women entering antenatal care who are already on ART at the time of conception in Cape Town, South Africa.

**Methods:** Working in a large antenatal clinic in Gugulethu, Cape Town, we examined PMTCT registers from January 2010 to December 2012, including the proportion of women testing HIV-positive, CD4 cell counts at the start of antenatal care, and the proportion of women who entered antenatal care already on ART. Analyses focused on trends over time, measured in quarters per annum.

**Results:** During the study period, 16,172 women made their first antenatal visit and 4302 (27%) tested HIV-positive. The HIV prevalence and median age among HIV-positive women (28 years) was constant over this period. The proportion of women entering antenatal care already on ART increased from 4.8% in the first quarter of 2010, to 8.5% in the first quarter of 2011, to 23.8% in the first quarter of 2012, to 33.2% in the fourth quarter of 2012 ( $p < 0.001$ ). Among women on ART at the time of starting antenatal care, the median CD4 cell count increased from 340 cells/ $\mu$ L in the first quarter of 2010 to 437 cells/ $\mu$ L in the last quarter of 2012 ( $p < 0.001$ ).

**Discussion:** These data show that up to one-third of HIV-infected pregnant women seeking antenatal care in this setting conceive on ART and are already on treatment before entering antenatal care. This growing subset of women presents a novel and important challenge to PMTCT services. While PMTCT services traditionally focus on identifying women eligible for antiretroviral interventions, women already on ART present a unique set of challenges related primarily to identifying women who may be non-adherent and/or failing their current regimen. Additional research is required to determine how frequently non-adherence and/or treatment failure occur in this group, and the optimal approaches to screen for and intervene against this.

PRESENTING AUTHOR'S NAME	MZIRAY Hawa
PRESENTING AUTHOR'S COMPANY	Jhpiego Tanzania
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

The Sustainability Plan: Early Lessons From The Integration Of Early Infant Male Circumcision Services Into Reproductive And Child Health Services In Iringa Region, Tanzania.

## ABSTRACT

**Issues:** Iringa Region in Tanzania (HIV prevalence 9.1%) is scaling up VMMC services with technical and financial support from USAID's flagship MCHIP program through PEPFAR. More than 80,000 adult and adolescent VMMCs performed since 2009 have raised adult male circumcision (MC) prevalence from 29% to more than 60%. With a mature adult/adolescent program established, the Ministry of Health and Social Welfare (MOHSW) and MCHIP are now establishing integrated early infant male circumcision (EIMC) as a sustainable, long-term approach to maintaining gains in male circumcision prevalence. How to integrate EIMC into reproductive and child health (RCH) services is a challenge since it involves new departments and personnel. This abstract seeks to document the early Lessons learned from the initiation of integrated EIMC services.

**Description:** EIMC services using the Mogen clamp device are available in the MCH departments of four health facilities for infant boys between 24hrs and eight weeks of age. EIMC education for parents was integrated into routine RCH services including antenatal, maternity, immunization, and family planning clinics. Providers (mostly nurses and midwives) in those clinics were trained in EIMC and space for EIMC during MCH services was delineated; supplies and equipment provided by MCHIP. Mentorship and quality assurance are conducted in partnership with the MOHSW. More than 200 EIMCs have been provided during the initial two months of the program.

**Lessons learned:** Sixty percent of training participants achieved competency; lower than what is typical in the VMMC program (80%). This may be

because VMMC providers are typically trained in very high volume settings and have the opportunity to assist and be mentored on 20-25 circumcisions each vis-à-vis 4-5 clients each during the lower volume EIMC training. (Other possible reasons for this difference are being explored.) As a result, post-training supervision and mentorship has been enhanced for all EIMC providers who did not achieve competency during training. An additional challenge is that VMMC providers who provide services at fixed sites work during their overtime hours and are remunerated for extra hours, while EIMC providers provide services during their normal working hours. To compensate, EIMC providers have limited the number of infants they will circumcise per day (3-5) to fit their work schedules. Despite these limitations, mentored and supervised providers are improving with additional practice; parents are seeking EIMC at the pilot sites and community demand seems to be slowly rising with facility referrals and radio ads.

**Next steps:** Providers not achieving competency during training will be retested after two months of supervision and mentoring. The EIMC training package is being reviewed for potential enhancements; efforts to secure a larger number of clients will be made for future training. EIMC acceptability and sustainability are being studied as part of the Iringa pilot and additional Lessons learned will emerge from that study to inform scale up. Meanwhile, new providers will be trained from each site so that the pool of providers capable of providing EIMC can be expanded; and eventually proficient EIMC providers will be trained to mentor their colleagues on site.

PRESENTING AUTHOR'S NAME	NAKAWESI Jane
PRESENTING AUTHOR'S COMPANY	Mildmay Uganda
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Palliative Care Needs Of Children Admitted To The Inpatient Paediatric Unit At Mildmay Uganda

## ABSTRACT

**Introduction:** Paediatric Palliative Care is an emerging subspecialty that focuses on achieving the best possible quality of life for children with life limiting conditions and their families. It is a response to the suffering and unique needs of such children. Mildmay Uganda runs a 33 bed inpatient unit for children with advanced HIV and AIDS who present with severe opportunistic conditions requiring inpatient care, rehabilitation and close monitoring. Globally there is limited documented data on the palliative care needs of children with HIV.

**Methods:** A retrospective review of data of all the HIV exposed and positive children who were admitted to the ward from January to December 2012 was done to document their palliative care needs.

**Results:** A total of 243 children were admitted to the ward during the stated period. One hundred thirty nine (57.2%) were female and 104 (42.8%) male. One hundred and thirty one (54%) were aged 5 years and below whereas 112 (46%) were above 5 years. The palliative care needs that the children presented with were; Physical needs - Pneumonia (19%), Severe Acute Malnutrition (16%), Mild and Moderate Acute Malnutrition (9.6%), Respiratory tract infections (9.3%) Malaria (6.2%), Measles (6%), Tuberculosis (4.2%), Oral Candidiasis (3.9%) and others (25.8%). Social needs- Poor social support (44%), financial instability (25%), child neglect (13%) abandonment of family by its head (8%), domestic violence (4%), others (6%) Psychological needs- ART counseling (42%), HIV counseling and testing for the child and family (21%), adherence support (18%), bereavement support (8%), disclosure of HIV status (4%), supportive counseling for various reasons (4%), others (3%) Spiritual needs- discontinuing ART because of belief in spiritual healing (81%), loss of hope because of severe ill health (5%), other (14%)

**Conclusion:** The above results show that HIV positive and exposed children plus their families have vast palliative care needs and that a holistic approach is key in their management.

PRESENTING AUTHOR'S NAME	NAKIBUUKA Gladys
PRESENTING AUTHOR'S COMPANY	MRC/UVRI Uganda Research Unit on AIDS
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Incidence And Causes Of Diarrhoea Among HIV-infected, HIV-exposed Uninfected, And HIV-unexposed Children In Rural Southwest Uganda

## ABSTRACT

Incidence and causes of diarrhoea among HIV-infected, HIV-exposed uninfected, and HIV-unexposed children in rural southwest Uganda

**Background:** Diarrhoea is common among children in developing countries, especially among the HIV-exposed who are weaned at an early age. We describe the incidence and causes of diarrhoea among HIV-infected, exposed and unexposed children.

**Methods:** HIV-infected, HIV-exposed uninfected and HIV-unexposed children aged 6 weeks to 12 years were followed from 2002 in a prospective clinical cohort in rural Uganda. Enzyme immunoassays were used to determine the HIV serostatus of mothers and children aged 18 months, while Polymerase Chain Reaction was used for children aged <18 months. From 2004, HIV-exposed children received cotrimoxazole prophylaxis until they were diagnosed HIV-negative. From 2005, eligible HIV-infected children received antiretroviral therapy (ART). Diarrhoea was defined as passing 3 loose stools per day; episodes that occurred >28 days apart were considered a new episode. Microscopy, culture and modified Ziehl-Neelsen stain of stools were done. Data were analysed using Stata version 11. Diarrhoea incidence was compared between HIV-uninfected, HIV-infected not on ART, and HIV-infected on ART. Random effects Poisson regression models were used to account for repeated episodes and adjustments made for covariates.

**Results:** Between July 2002-June 2011, 5,688 study visits were made by 346 children (51%

female); 91 (26%) were HIV-infected, 211 (61%) HIV-exposed uninfected, 43 (12%) HIV-unexposed and 1 (<1%) unknown HIV status. 41 (45%) HIV-infected children started ART. There were 152 diarrhoea episodes during 1,339 person-years (pyrs) of observation, giving an overall incidence of 11.9/100 pyrs; (95% CI=9.8-14.3). Crude diarrhoea incidence (per 100 pyrs) was 7.8 among HIV-unexposed children, 13.5 among HIV-exposed uninfected, 13.2 among HIV-infected not on ART and 5.9 among HIV-infected on ART. Compared with HIV-unexposed children, the diarrhoea incidence was non-significantly higher among HIV-exposed uninfected (adjusted rate ratio [aRR], in brackets (95% CI)=1.17, (0.67-2.04) and HIV-infected children not on ART, aRR=1.71 (0.93-3.14), but similar among those on ART, aRR=1.00 (0.38-2.65). Diarrhoea incidence decreased with age ( $p$ -trend<0.001) and higher CD4 cell counts ( $p$ =0.008) but was not associated with sex or calendar year. Of the 152 diarrhoea episodes, 17 pathogenic organisms were isolated from 15 (10%) episodes, the commonest organisms were: *Giardia lamblia* trophozoites (6), hookworm ova (4) and *Campylobacter* species. In addition 52 non-pathogenic organisms were isolated from 32 (21%) episodes, the commonest organisms were: *Blastocystis hominis* (15), *Trichomonas hominis* (10), *Entamoeba coli* (8) and *Endolimax nana* (8). In 64 (42%) episodes, no organism was isolated, and stool was not examined in 49 (32%) episodes. Oral rehydration solutions were given for all diarrhoea events, either as the sole treatment (118), or with metronidazole (14), antihelminthics (12) or with other medications (6).

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All children recovered apart from one who had a re-occurrence and one in whom diarrhoea persisted. Two children (one later died) were referred for inpatient treatment.

**Conclusion:** HIV-exposed uninfected and HIV-infected children had a high diarrhoea incidence. ART use decreased diarrhoea incidence among HIV-infected children. Most isolates were non-pathogenic, and the 42% diarrhoea episodes without organisms may have been of viral aetiology. Most cases of diarrhoea improved on oral rehydration alone

PRESENTING AUTHOR'S NAME	NAMASOPO Sophie
PRESENTING AUTHOR'S COMPANY	JINJA REGIONAL REFERRAL HOSPITAL
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Improving Utilization Of Services Towards Elimination Mother To Child Transmission Of HIV In Routine Paediatric Care At Jinja Hospital.

## ABSTRACT

**Issues:** Government of Uganda has over the past years used different policies for prevention of and now elimination of mother to child transmission of HIV P/EMTCT. Despite the scale-up of PMTCT programme in Uganda, utilisation remains low estimated at 52% in 2009 (UAC 2010).

**Description:** Jinja Regional Referral Hospital (JRRH) department of paediatrics, has used various interventions including establishment of early infant diagnosis care point. The mothers were counselled according to ministry of health guidelines, Initiation of ARVs much earlier in pregnancy at 14 wks and provision of ARV prophylaxis during breastfeeding (ARVs to mother or baby). Breastfeeding strongly recommended as preferred feeding method, and for a longer time (12 months). In 2012, the Government of Uganda rolled out Option B plus however we started implementation in April 2013. The interventions used included: Proactively identifying clients at entry points. Use of triplicate referral form from entry points to link the HIV exposed babies to the EID care point. Infants who test HIV positive from EID are linked to paediatric HIV clinic using triplicate referral form and escorting the mother to HIV clinic by EID clinic staff. Designed key message in counseling to emphasize returning for follow up, phone calls to patients who have missed appointments, lost to follow up or to mothers and caretakers of HIV exposed infants with positive DNA PCR results. Peer group counseling involving mothers/caretakers of HIV exposed infants who test positive for HIV. With support from MOH, a yellow sticker meant to alert the clinician who sees

an eligible patient to ensure that they are started on ART as soon as possible, thereby reducing the period between eligibility and initiation for ART was introduced. They are stuck on files for patients who are eligible for ART, indicating the date of eligibility and initiation on ART. Challenges In the EID clinic is stigma. Some mothers have never disclosed their HIV status to their partners, making it hard for them to return for care and receive results in time. Transport constraints, limiting the return of mothers/caretakers who come from places far from the health facility e.g. the Islands. some children are identified late when admitted with other illnesses.

**Results:** The results were reviewed for the period January 2009 to June 2013. Proportion of infants turning positive significantly reduced from 18% in 2009 to 4.5% in 2012 and 1.7% in 2013. The proportion of infants receiving DNA PCR by 12 months significantly increased from less than 50% in 2009 to 73% in 2012 and 91% in 2013.

**Lessons learnt:** Even in a routine care, used together, proactively identifying HIV exposed infants, standardised counselling messages, triplicate referral forms, peer support groups and identifiers for eligible children for initiation of ART significantly reduces mother to child transmission of HIV and lead to early initiation of ART.

**Recommendation:** Integrated interventions are key in improving utilisation of services to eliminate mother to child transmission towards even in routine care. There is need to proactively involve the antenatal team.

PRESENTING AUTHOR'S NAME	NAMPEWO Solome
PRESENTING AUTHOR'S COMPANY	Embassy of Sweden
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Scaling Up Youth Friendly SRH And HIV Integrated Information And Services In Public Health Facilities In Uganda; Lessons And Experiences

## ABSTRACT

**Background:** Ministry of Health has prioritized implementation of integrated sexual and reproductive health and HIV services through rolling out of policies and guidelines. The health sector strategic and investment plan has set a target of 75% of facilities to be youth friendly by 2015. Through partnership with district health teams, Naguru Teenage Information and Health centre (NTIHC) scaled up implementation of integrated model of youth friendly information and services (YFS) in 22 public health facilities in 9 districts of central Uganda including Kampala. The review of the project on strengthening youth friendly services using the model assessed quality of care on adolescent sexual and reproductive health (ASRH), using 6 key indicators. The findings were aimed to guide future models that are less costly but at the same time able to meet the ASRH services needs of young people.

**Methodology:** A cross sectional study on the quality of ASRH services that employed both quantitative and qualitative Methods of data collection was conducted in the 22 health facilities. Client exit interviews were conducted with 30 clients selected consecutively from the general outpatient and other clinics, using structured questionnaires to collect quantitative data. Qualitative data was collected through key informant interviews with health workers and focus group discussions with young people in the 22 health facilities. Quantitative data was analyzed using SPSS and qualitative data was analysis using thematic analysis.

**Results:** Of the 6 indicators, on counseling and clinical skills, only one indicator on client receiving all the medicines prescribed scored above 50% (52.7%), discussed ways to prevent STI/HIV (47.3%), provider initiated HIV counseling and testing (42.4%), discussed ways to prevent unwanted pregnancy (37.6%), discussed how to choose a family planning method (33.7%) and discussed reproductive health goal (33.5%). In the stand alone youth friendly health facility of NTIHC, a comparative study was conducted in 2006 and 2010 using the same indicators and, significant differences were observed. Discussed reproductive goal (52%, P-value 0.00), discussed ways to prevent STI/HIV (88.0%, P-value 0.00), discussed ways to prevent unwanted pregnancy (83.7%, P-value 0.00), discussed how to choose FP method (64.0%, P-value 0.00) and, got all medicines prescribed (93.6%, P-value 0.57).

**Conclusion:** Using existing infrastructure in resource constrained setting offers an option to MoH to scale up integrated youth friendly information and services. However there is need to build capacity of health services providers and to strengthen logistic support in provision of integrated delivery of youth friendly ASRH information and services. Standalone YFS health centers better demonstrate results of youth friendliness and should be supported in addition to the integrated models of provision of YFS.



PRESENTING AUTHOR'S NAME	NAMUTAMBA Dorothy
PRESENTING AUTHOR'S COMPANY	International Community of Women Living with HIV/AIDS
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Barriers In Accessing Family Planning Services By Women Living With HIV In Uganda. Assessment By International Community Of Women Living With HIV Eastern Africa.

## ABSTRACT

**Problem Statement:** An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception there are profound barriers to access to family planning and reproductive option. In Uganda, women bear a greater burden of sexual and reproductive ill-health than men (1.5 million pregnancies occur annually, of which 91,500 women are HIV infected); coupled to limited access to sexual and reproductive health services including family planning. International Community of Women Living with HIV Eastern Africa (ICWEA) conducted a study on Access to Family Planning services by women living with HIV (WLHIV) in six districts of Uganda - April-June 2012 which was aimed at documenting gaps in access to family planning services with the view to developing strategies for addressing these gaps.

**Methods:** The study was done in 6 districts of Uganda namely Kampala, Wakiso, Kumi, Mbale, Mukono, Soroti. In each district; a rural and urban community was selected. Questionnaires for different target audiences were designed. 18 Focus Group Discussions (FGD) involving (290) women living with HIV in reproductive age 15-49 were carried out. In-depth structured interviews with key informants who were purposively selected included the District Local government (28) Health facility staff (77 in 28 facilities) and Private health Providers. Data collected was collected by analyzed in relation to different variable.

**Results:** Gaps in information and knowledge on Family planning, and other options expressed by WLHIV in misconceptions was a barrier to access and actual use of Family Planning services. Although WLHIV respondent could define the concept of Family Planning, over 50% who accessed the service did it without their partner's consent 90% of WLHIV in the FGD could mention at least one method of family planning but cultural Methods were mentioned and preferred by some women from in rural than urban Commonly used method was the Depo Provera, convenient for WLHIV but created real and perceived side effects. That women loose vagina fluids thus increasing their vulnerability to injuries and risk of infecting their partners during sexual intercourse. Fear of spotting for long time while on Family planning. WLHIV recommended the condom as the most appropriate in urban areas they said lacked skills to negotiate with their partners some do not consent to the condom use Fear of drug interactions with Anti Retro viral regimen, too many drugs in the body, High costs for longer term preferred Methods, cost of transport for routine visits to the health facility with different clinic days for different services. Health care providers mentioned the supply chain management challenges causing intermittent and delayed supply of commodities, limited skills in giving some longer term FP methods, stock outs overwhelmed staff, High turnover of women especially for Ante Natal Clinic.

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**Conclusions and recommendations:** ICWEA presented to Ministry of Health and implementing partners in dialogue meetings and cluster meetings recommended that addressing barriers to access FP among women living with HIV&AIDS will not only realize their reproductive health rights but also contribute towards Virtual Elimination of Mother to child transmission. Need to scale up advocacy for demand creation and for research for new technologies for Family planning with fewer side effects. Ministry of Health should implement the Integration of services strategy. Awareness creation for women living with HIV on FP and scale up efforts to close key knowledge gaps in family planning services.

PRESENTING AUTHOR'S NAME	NATTABI Jennifer
PRESENTING AUTHOR'S COMPANY	Columbia University
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### The Impact Of Mentorship On AIDS-Orphaned Children's Sexual Risk Behavior Outcomes

## ABSTRACT

**Issues:** Nearly 15 million children in sub-Saharan Africa are orphaned due to HIV and AIDS (UNAIDS, 2010), and 1.5 million are in Uganda, alone (UNDP & UNICEF, 2012). Research shows that orphaned children have lower psychosocial functioning and that their overall health and wellbeing are worse compared to children and youth whose parents are living (Ssewamala et al., 2009). Orphans have fewer resources as well, because their needs are not prioritized within the system of extended family care – the default kinship care system in place in many sub-Saharan African countries with a large number of HIV/AIDS-orphaned children. As a result, HIV/AIDS-orphaned children lack access to protective factors, which increases the likelihood that HIV/AIDS-orphaned children will be exposed to high risk behaviors, including sexual risk behavior, and the possibility of becoming infected with HIV. Out of school at an early age, these children are subject to a number of volatile circumstances including homelessness; migration to urban centers in search of work; street-life; drugs; early sexual activity and exposure to STIs including HIV (Ssewamala & Ismayilova, 2009; Ssewamala et al., 2011).

**Description:** Using data from the Suubi-Maka (“hope for families”) study in Uganda (PI: Fred Ssewamala), this paper examines the impact of mentorship on reducing sexual risk intentions and behavior of HIV/AIDS-orphaned children that participated in a family-based economic empowerment intervention, and the potential role for economic strengthening programs focused on improving the overall health and wellbeing outcomes of orphaned children and youth in sub-Saharan Africa.

**Lessons learned and next steps:** In light of the large number of HIV/AIDS-orphaned children in Uganda, the Suubi Projects (Ssewamala and colleagues: Suubi-Uganda, Suubi-Maka, Bridges to the Future, Suubi+Adherence) use a three-pronged approach to facilitate economic empowerment among HIV/AIDS-orphaned children and their caregiving families: 1) a matched Child Development Account, which is a savings account held at a formal financial institution, stipulated for education and microenterprise development; 2) financial literacy and microenterprise development training, such that children and their families may become financially capable and start income generating projects; and 3) mentorship from a near-peer. Ten mentorship sessions fill the psychosocial support gap orphaned children – even in kinship care – experience. University students or recent graduates discuss HIV/AIDS and how to avoid becoming infected, decision-making, peer-pressure, avoiding sex risk behaviors, negotiation, self-esteem, family-life, and relationships, among other topics. Over approximately 10 months during the study intervention period, mentors guide orphaned children toward developing healthy and meaningful relationships with their peers and trusted adults including family members. They discuss negotiating risky situations. Mentors stress the importance of confidence and self-esteem – which are typically lacking in orphaned children who are neglected at home – in reaching their educational and career goals.

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Sexual abstinence and staying safe are also emphasized in mentorship – given that the region has the highest HIV/AIDS prevalence and incidence in the country, and the participating children lost their parent (s) to AIDS. The mentorship sessions allow the children to develop a trusting bond with their mentor – who becomes a friend and role model to the children – something that is often lacking in their home life. Such mentorship programs, when implemented as part of an overall economic empowerment package, have the potential to impact HIV/AIDS-orphaned children in positive ways, and findings from the Suubi-Maka study illustrate the change in children’s sexual risk taking intentions and behavior from baseline to 12- and 24-month post-intervention initiation follow-up assessments.

PRESENTING AUTHOR'S NAME	NDIMBII James
PRESENTING AUTHOR'S COMPANY	Kenya AIDS NGOs Consortium
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### HIV Risk And Injecting Practices Among People Who Use Drugs In Kenya: Understanding Changes In Needle And Syringe Sharing

## ABSTRACT

**Background:** Injecting drug use is emerging as a major contributor to HIV in Africa, with the numbers of people who inject drugs (PWID) significantly rising. In Kenya, it is estimated that PWID contribute to 3.8% of new infections, with a prevalence rate of 18% among them. This has been linked to risky injecting practices, coupled with a social and policy environment that has constrained access to care. Resistance from religious and social communities and laws that criminalize possession of injecting paraphernalia have created an environment that encourages needle and syringe sharing due to constrained access. (60% of the sample reported sharing during baseline, conducted in 2010). Needle and syringe programmes in Kenya started in 2013, following the endorsement of guidelines by the Kenyan government; this is part of broader moves to introduce harm reduction services. The Kenya AIDS NGOs Consortium (KANCO) Community Action on Harm Reduction (CAHR) program has introduced outreach led NSP in Mombasa, Malindi, Ukunda and Nairobi, which has so far reached 375 IDUs with a continuous supply of NSP kits. The Access2Care study is a collaboration between the London School of Hygiene and Tropical Medicine (LSHTM) and KANCO and seeks to understand the impact and experience of new harm reduction services, including accounts of needle and syringe sharing and changes in them following the introduction of NSP.

**Methods:** The study is being conducted in Nairobi, Malindi and Ukunda. The study uses a mixed method, qualitative, longitudinal approach with purposive sampling sensitive to gender, HIV status, duration of injecting and age. It employs depth interviews and observation for data collection. Wave one

interviews (Dec 2012 – Feb 2013) were conducted just as needle and syringe exchange was being initiated with a sample of 113 PWID and 25 policy stakeholders. Wave two interviews were at six month follow-up (June 2013) (half the sample of PWID). In interviews – in English and Swahili – we explored a range of issues, including sharing practices, reported change since the introduction of NSP, and factors influencing this.

**Results:** Prior to introduction of NSP, accounts of sharing, poor storage and reuse of needles were commonly reported. Sharing was frequently related to issues of access to needles and syringes, and in particular the costs involved in buying syringes from private sector outlets, and how this overlapped with the challenges of carrying and storing needles, coupled with the criminalization of injecting paraphernalia. Accounts from later data collection indicate changes in injecting practice for those who have had access to needle and syringe exchange. People report improved access to needles and syringes. With improved access, sharing has been said to decline. This has partly been attributed to easy delivery of NSP through outreach and fixed site models, providing users with different choices based on their preference, which delivers the service closer to the users.

**Conclusions and recommendations:** The NSP programme in Kenya shows signs of reducing sharing through addressing the challenges of access to needles and syringes. Alongside decriminalization of injecting paraphernalia, improved needle and syringe use may be achieved, and this could help in reducing the rates of HIV infection and other blood borne viruses among injecting drug users.

PRESENTING AUTHOR'S NAME	NDULUE Nwokedi
PRESENTING AUTHOR'S COMPANY	Management Sciences for Health
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Access To Pediatric HIV Care: Innovative Public Private Partnership Model To Improve Early Infant Diagnosis Services In Rural HIV Clinics In Adamawa North East Nigeria.

## ABSTRACT

**Background:** In many resource constrained settings such as Nigeria, dried blood spot (DBS) sample collection and transportation to regional Polymerase Chain Reaction (PCR) labs for Early Infant Diagnosis (EID) of HIV has been a major challenge. Existing DBS transport models are expensive and not sustainable. As a result, mothers who access PMTCT services often waited for months to receive their infant's results. We evaluated the turnaround time (TAT) and cost of transporting DBS sample following the NIPOST implementation in Adamawa, North East Nigeria. **Method:** The PEPFAR/USAID funded ProACT project implemented by Management Sciences for Health (MSH) supports six comprehensive HIV sites and four feeder (PHC) sites. To address DBS transport challenges, MSH partnered with the Nigerian Postal Service (NIPOST) for the use of the Expedited Mail Service (EMS) platform in the transport of DBS samples from remote EID sites to the regional PCR lab in July 2011, adapting the "hub and spokes" model whereby samples collected from EID service delivery points in primary and secondary health facilities (spokes) are transported to higher facilities (hub), which in turn transport the samples to the regional PCR laboratory. Service providers were mentored to improve their skills and awareness of DBS sample collection and transport using the new

model. A one-day orientation training, on basic facts about HIV, and sample handling for staff of NIPOST was also conducted. Rate of receipt of DBS samples, mean turnaround time (TAT)- from DBS sample collection to delivery of test result to health facility) and cost of transport of DBS samples were analyzed.

**Results:** Prior to this intervention, a little over half (51%) of the total DBS samples collected from these sites and transported by a designated courier company for analysis at regional labs were received. Within twelve months of this pilot, we observed a significant increase in the rate of receipt of DBS sample results, from 51% in July 2011 to 78% by June 2012. The mean turnaround time (TAT) had reduced from 90-120 days to 30 days. The cost of two-way transport of DBS samples from remote EID sites to regional lab reduced from US\$69 to US\$14 per shipment.

**Conclusion:** The NIPOST DBS transport model is a cost effective and sustainable model that can easily be scaled up. If we are to increase uptake of pediatric HIV services, and based on the results achieved, we recommend that, ongoing HIV programs in Nigeria and elsewhere adapt and replicate this model.

PRESENTING AUTHOR'S NAME	NDUWIMANA Thérèse
PRESENTING AUTHOR'S COMPANY	UNICEF-TCHAD
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

«L'analyse Des Goulots D'étranglement, Une Approche Novatrice De Préparation Rapide Pour Permettre Aux Pays De Tenir L'engagement À «L'élimination De La Transmission Mère Enfant Du VIH» (e-TME) D'ici À Fin 2015: Cas De La République Du Tchad»

## ABSTRACT

**Enjeux:** Avec 3.4% de femmes enceintes vivant avec le VIH, l'extension et la performance des services PTME restent faibles: 10% des femmes enceintes sont dépistées pour le VIH, 14% des femmes enceintes séropositives reçoivent les ARV et 13% des enfants exposés sont dépistés. La prescription des ARV n'est faite que par les médecins. Pour arriver à l'e-TME, une stratégie d'extension rapide et cohérente a été appliquée. L'objectif de cet abstract est de présenter les processus et les étapes qui ont été utilisés et les prochaines étapes.

**Description:** Avec l'appui de l'UNICEF, le Tchad a conduit une analyse des goulots d'étranglement de la PTME ce qui a permis de prioriser 10 régions couvrant 36 districts sanitaires qui contribuent à 73% des besoins non couverts. Une équipe nationale a été mise en place et formée au processus de micro-planification basée sur l'approche d'analyse des goulots et des disparités. L'UNICEF a ensuite engagé un processus de micro-planification décentralisée avec les équipes des districts. L'utilisation des données réelles des districts et des structures de santé périphériques a permis de faire l'état des lieux de la plateforme santé maternelle néonatale/infantile (SMNI) et de choisir des interventions traceurs et des indicateurs adaptés au contexte local afin d'analyser les goulots d'étranglement. L'équipe cadre de district et les acteurs communautaires ont ensemble identifié et analysé leurs goulots et les disparités pour dégager les priorités stratégiques. Au terme de ce processus,

36 micro-plans e-TME de district intégrant les actions de renforcement de la plateforme SMNI sont disponibles ciblant le système de santé et celui communautaire. Les cibles à atteindre, les goulots à monitorer périodiquement, la périodicité de rapportage et la redevabilité ont été consensuellement définis avec chaque équipe de district. L'estimation des besoins en intrants a été faite et des points focaux PTME mis en place dans chaque district. Les ressources de l'UNICEF et du Fonds Mondial ont été mises en synergie pour financer les micro plans.

**Leçons apprises:** Le processus de préparation rapide des pays à l'e-TME est possible, à condition de déployer un appui technique conséquent, rendre synergique les financements existants, obtenir l'appropriation et le leadership national et de prévoir des mesures d'accompagnement pour les acteurs et les communautés.

**Prochaines étapes:** Pour s'assurer de la mise en œuvre effective des plans développés, il est prévu une formation de l'ensemble du personnel impliqué des centres de santé dans chaque district, la mise en œuvre de la délégation des tâches pour la prescription des ARV par le personnel paramédical appuyée par un programme de tutorat, la mise en place d'un circuit d'approvisionnement proactif, le monitoring de la mise en œuvre et des résultats, la revue semestrielle et la revue annuelle ainsi que l'implication plus large des structures et organisations communautaires.

PRESENTING AUTHOR'S NAME	NEWTH Hannah
PRESENTING AUTHOR'S COMPANY	Save the Children
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Improving Outcomes For Children Infected And Affected By HIV: The Impact Of Community Caregivers In Côte D'Ivoire

## ABSTRACT

**Background:** Côte d'Ivoire has the highest adult HIV prevalence rate in West Africa estimated at 3.7%. HIV-related orphans and vulnerable children (OVC) are estimated to number 410,000 of which 61,000 are children living with HIV. In Côte d'Ivoire, community caregivers (CC), recruited and supported by local NGOs, are at the forefront of efforts to provide community-based care to children left vulnerable by the epidemic. CCs are usually members of the community in which they 'work' – they are men and women who undertake home visits, during which they assess the families' needs, refer them to appropriate services and provide emotional, psychosocial and practical support. However, this is a largely unrecognized, unregulated work force. There is currently no legal framework for the actions of the CCs and no national guidelines or standards defining their role. Since 2008, Save the Children and its partners have recruited, trained and provided a basic monthly stipend for over 400 CCs, who provide direct care and support to approx. 22,000 OVC and their families across 8 regions of Côte d'Ivoire. Despite a significant investment in training and remunerating this cadre, important questions remain related to the quality of the services they provide; and no study has been conducted to evaluate the impact of their actions or to determine their added value in the continuum of care for OVC. The objective of the study, undertaken with the University of Wisconsin, was to examine the impact of CCs in improving the clinical and social outcomes for OVC. Findings will be used to inform decision making on the validity of future investments in this cadre and on their inclusion in the formal social welfare workforce.

**Methods:** This research study used a mixed method approach to evaluate the impact of CC's care on OVC. The study used a quasi-experimental design to compare an intervention group (400 OVC under the program) to a control group (OVC not under the program). Participants were selected from the 8 regions in the country. Questionnaires and interview guides were developed to capture the impact of CCs on OVC. They were used in the key informant interviews and focus groups discussions. Project data collected by the NGOs and the 400 CCs involved was also used. Multivariate analysis was used to evaluate the overall health status of the OVC (dependent variable) over other social and clinical indicators. Gender influence was considered by the logistic regression analysis that compared male and female CCs.



## (CONTINUED)

**Results:** There was a statistically significant difference in both social and clinical outcomes after the intervention of CCs for OVCs involved in the study. The CCs significantly improved the social outcomes (OR=3.2, 95% CI 2.4, 6.7) and clinical outcomes (OR=3.5, 95% CI 1.4, 7.3). There were no major differences in the outcomes achieved by male compared to female CCs. Also some factors that enhance or impair CCs' effectiveness in improving outcomes for OVCs were identified.

**Conclusions and recommendations:** The present study found CCs had a significant impact on improving outcomes for OVC in Côte d'Ivoire. The CCs were able to identify support needs and improve access to services for OVC and their families. This study has added another layer of information on HIV/AIDS patient care in developing countries and the role that community-based caregivers play in the continuum of care. Advocacy strategies that include improving the status of CCs should be included in country level policy for HIV/AIDS care and prevention.t

PRESENTING AUTHOR'S NAME	NG'ANG'A Leah
PRESENTING AUTHOR'S COMPANY	Jomo Kenyatta University of Agriculture and Technology
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Factors Influencing Uptake Of Family Planning Among Sexually Active Women Living With HIV Attending Pumwani Maternity Hospital Comprehensive Care Clinic, Nairobi, Kenya

## ABSTRACT

**Background:** Proportions of unwanted pregnancies and pregnancy risk behaviors continue to increase in HIV infected women. Majority of HIV infected women who report pregnancy risk behavior do not want any more children. Prevention of unplanned pregnancies among HIV-infected individuals is critical to the prevention of mother to child HIV transmission (PMTCT), but its potential has not been fully utilized by PMTCT programs. The uptake of family planning methods among women in Kenya is low, with current use of family planning Methods estimated at 46%, with the unmet need for FP standing at 25%, but available data has not been disaggregated by HIV status. The aim of this study was to assess the utilization of family planning and unintended pregnancies among HIV-infected women attending Pumwani Maternity Hospital Comprehensive Care Clinic (CCC) in Nairobi, Kenya.

**Methods:** A cross sectional descriptive study was carried out. Exit interviews were conducted with 425 HIV-infected women attending the maternity hospital CCC, to assess the factors influencing uptake of family planning services, and unplanned pregnancies. Regression analysis was carried out for predictors of current use of family planning among women who were sexually active at the time of the interview.

**Results:** Out of the 425 women enrolled in the study, one-third (33%, 140) reported being pregnant since their HIV diagnoses. Of these, 43% (60) said these pregnancies were unplanned. 87% of ever pregnant HIV+ women who did not intend to conceive were not using any modern FP method at the time. 68% of ever pregnant HIV+ women who were not currently pregnant said they did not intend to get pregnant in future. 58% of the respondents 247 reported that they were currently using family planning Methods. Among women who were married or in consensual union and not pregnant, 80% (238) were currently using a form of family planning and 68% were currently using modern family planning Methods (excluding withdrawal, lactational amenorrhoea and rhythm). At multivariate analysis, women who did not discuss the number of children they wanted with their partners and those who did not disclose their HIV status to sexual partners were less likely to use modern family planning Methods (adjusted OR 0.40, range 0.20-0.81, and 0.30, range 0.10-0.85, respectively).

**Conclusions and recommendations:** The uptake of family planning among HIV-infected individuals is fairly high. However, there are a large number of unplanned pregnancies. High levels of unmet need for FP in HIV+ women imply missed opportunity for prevention of unwanted pregnancies. These findings highlight the need for strengthening of family planning services for HIV-infected people.

PRESENTING AUTHOR'S NAME	NGIDI Hlolisile
PRESENTING AUTHOR'S COMPANY	UKZN 2 +
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

An Approach To Motivating Health Workforce In Improving The Processes Of Prevention Of Mother To Child Transmission Program: The Use Of A Replicable Continuous Quality Improvement Methods

## ABSTRACT

**Introduction:** The workforce in resource-poor settings is often under-equipped, inadequately supported, and blamed for poor performance of healthcare system. In this context, engaging the workforce to improve service delivery can be challenging – but vital. In KwaZulu Natal, South Africa, 20,000 infant HIV infections annually could be averted by optimal roll-out of current prenatal HIV transmission prevention strategies. Drug supply is not the primary cause of excess infections; rather health systems failures are. Improvements in delivery of interventions by frontline staff are vital to reduce mother to child transmission of HIV from the 21% to less than 5%, and further down is possible. This has been achieved through collaboration between the UKZN 20 000+, the IHI (Institute for Healthcare Improvement), the DOH in KZN, using a replicable Quality Improvement Methods which has tools that engages frontline workforce in improving processes. A study by Goga ( 2011) had demonstrated that MTCT had been reduced to less than 5%. Different approaches, including adaption of DOH guidelines had resulted into these outcomes.

**Methods:** Quality mentors, professional nurses trained in quality improvement methodology, interact with minimum of ten public health facilities. Using quality improvement tools, including a shared aim, relating to program performance are embraced and bottom-up approach is utilized to harvest innovative solutions. A systematic and structured quality improvement approach 'the how to facility guide' which has a compilation of tested changes trialed at three different Districts.

**Results:** A total of 155 facilities had been engaged across the three Districts. Each has Quality Improvement Team on site with local team leader. Process Indicators identified: Counseling & HIV testing, CD4 testing, HAART initiation, PCR testing improved, and PCR positivity as outcome. Interface with higher-level health officials. District task teams formed per District, meet to discuss issues that shouldn't be tackled locally. The novel idea of multidisciplinary meetings bringing together facilities. A target of 95% performance set for processes. Resulted in a change package, which is a laboratory of locally tested change ideas.

**Conclusion:** Usage of tools that does not require additional resources. Working with multidisciplinary teams not individuals. Embedding QI culture into health system to sustain improvements. A will to try small tests of changes, generate ideas and execute changes. Feedback/data driven action empowers the frontline to work to achieve

PRESENTING AUTHOR'S NAME	NHAMO Definate
PRESENTING AUTHOR'S COMPANY	Zimbabwe Aids Prevention Project - University of Zimbabwe
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Experiences Of HIV Disclosure Among HIV Positive Female Adolescents In Zimbabwe.

## ABSTRACT

**Background:** Zimbabwe's HIV prevalence is 13%. Female adolescents are twice as likely to be infected with HIV (7.3%) compared to their male counterparts (3.6%). Paediatric AIDS epidemiology has evolved over time, with ART seeing many children surviving up to adolescence. Disclosure, which has proven health and secondary prevention benefits, poses significant risks and challenges.

**Methods:** In an ongoing Randomized Control Trial (RCT) of 710 HIV+ female adolescent, participants were grouped in 20s where lifeskills was delivered including a disclosure session where girls shared positive and negative experiences. Summary notes were compiled and analysed using grounded theory method. 24 disclosure sessions and approximately 480 participants were analysed. A quantitative life skills questionnaire was administered at baseline and 6 month intervals thereafter; asking participants whether they had disclosed to anyone. Frequency of disclosure was analysed at baseline, 6 and 12 months.

**Results:** At baseline, 34% had disclosed to a boyfriend or spouse. At 6 and 12 months, this figure increased to 38% and 48% respectively. The rate of new disclosures was 17% from baseline to 6 months, 18% between 6 months and one year. From the summary notes, many participants highlighted negative experiences with disclosure for example, being given separate utensils at home, episodes of violence and abandonment by partners. Some reported involuntary disclosure, primarily due to side effects of ART (changes in skin pigmentation, body structure, skin rashes). As one participant said". . . they say I was kissed by a dog because I have pink lips. . . "For those who disclosed with positive outcomes; disclosure offered tremendous benefits, including support during sickness, assistance with medication, agreements with partners on condom use, utilizing PMTCT services and safe feeding practices.

**Conclusions:** Preliminary data suggest positive effects on increasing disclosure amongst participants. Given the enormous benefits accrued from disclosure and also the potential risks, it is critical for interventions to promote and support disclosure for this key population.

PRESENTING AUTHOR'S NAME	NIKOLOV Plamen
PRESENTING AUTHOR'S COMPANY	Harvard University
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Life Expectancy And Improvements Educational Investments: Experimental Evidence From An HIV Treatment Program In South Africa

## ABSTRACT

**Background:** HIV treatment reduces mortality by 68% among HIV+ individuals. HIV/AIDS treatment offers promise to improve the lives of the nearly 6 million South Africans who are HIV+ by offering dramatic gains in physical health and increases life expectancy. Following the theoretical predictions outlined in Ben-Porath (1967), I examine how changes in individual incentives due to improvements in life expectancy increase educational attainment for HIV+ individuals.

**Methods:** The experimental intervention targeted 648 households with at least one treatment-naive patient willing to initiate HIV treatment at one of 12 sites in South Africa's Free State in October 2007. We randomized patients into: treatment (Group 1), treatment plus adherence support (Group 2) and treatment plus adherence support plus nutritional support (Group 3). Using a two-stage least squares method (IV) based on Imbens et al. (1994), I instrument for treatment, proxied by CD4 count, using indicator variables on whether a patient belongs to Group 2 or Group 3. I use self-reported educational status outcomes. We collected outcome data in a follow-up in 2010 and recorded an attrition rate of 10% although t-tests revealed no differential attrition.

**Results:** The estimates reveal that following HIV treatment initiation lead to a reported increase in additional years of schooling by 0.11 ( $p=0.01$ );

**Conclusions:** I find that years of schooling moderately increases for patients on treatment. The effects are more pronounced for people of higher income and socio-economic status.

PRESENTING AUTHOR'S NAME	NIMAGA Abdoulaye
PRESENTING AUTHOR'S COMPANY	Association Kéné Dougou Solidarité
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Les Groupes De Parole Parents Ou Tuteurs: Une Stratégie Pour Annoncer La Sérologie Aux Enfants, Cas De Kéné Dougou Solidarité.

## ABSTRACT

**Contexte:** L'annonce du statut sérologique à VIH aux enfants était un problème pour les parents. Depuis longtemps beaucoup d'enfants de dix à seize ans vivaient avec le VIH sans savoir de quoi ils souffraient, c'est dans cette optique que l'équipe psychosociale du programme Grandir a initié le groupe de parole parent afin de solutionner les obstacles qui entravaient l'annonce de la sérologie aux enfants.

**Objectif:** Appuyer les parents ou tuteurs dans le processus d'annonce de la sérologie aux enfants.

**Méthodologie:** -Rencontre de l'équipe psychosociale avec les parents dont les enfants sont dans la tranche d'âges dix et quatorze ans (Visite à domicile, entretien individuel); -Organisation de groupe de parole parents; - Organisation de groupe de parole enfants; -Rencontre avec le psychologue; -Entretien avec l'enfant; -Annonce de la sérologie aux enfants.

**Résultat:** Pendant l'année 2010 l'équipe de l'unité psychosociale du programme Grandir de Sikasso a organisé deux séances de groupe de parole parent, quatorze enfants étaient en processus d'annonce dont la tranche d'âge est comprise entre onze et seize ans. Parmi les quatorze, onze ont été annoncés et les trois restants étaient en processus d'annonce. Et celle du deuxième site de prise en charge (Koutiala) ont organisé trois rencontres avec les parents dix enfants étaient en processus d'annonce six ont été annoncés.

**Conclusion et recommandation:** Les groupes de parole ont contribué à la préparation des parents ou tuteurs et leurs enfants au processus d'annonce. La connaissance du statut sérologique contribue à l'amélioration de l'observance chez les enfants et un soulagement des parents. Il est important d'organiser des groupes de parole parent afin de déconstruire la peur d'annoncer la sérologie aux enfants.

PRESENTING AUTHOR'S NAME	NKURAYIJA Julius Julian
PRESENTING AUTHOR'S COMPANY	The AIDS Support Organisation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Responding To The Needs Of Adolescents And Young People (10-24 years) Living With HIV/AIDS In Youth Friendly Environment At The AIDS Support Organisation (TASO), A Baseline Survey.

## ABSTRACT

**Background:** HIV/AIDS is a global challenge which has been termed a development crisis as well as a health crisis. Young adults aged 15-24 years account for an estimated 45% of new HIV infections worldwide, and 5.5 million young men and women are currently living with HIV. Uganda's HIV epidemic had been stabilized over all with a general prevalence at 6.7% but recently has risen to 7.3%. Young adults contribute significantly to the incident infections estimated at 130,000 per year. In an effort aimed at meeting the needs of both HIV+ and HIV- adolescents, TASO introduced adolescent sexual and reproductive health services at all its 11 centers in a more youth friendly manner. The objective of the rapid assessment was to identify gaps in provision of effective adolescent sexual and reproductive health services in a youth friendly environment at the sampled TASO centers.

**Methods:** A cross sectional study design was conducted between April-May 2013 among 128 identified young people (10-24 years) attending care at the TASO sampled centers. We used both quantitative and qualitative Methods of data collection. The quantitative data we entered in EPI Data software and analyzed using STAT version 11.0. The qualitative information was analyzed according to the sub-themes that were reviewed, coded, reconstructed and interpreted.

**Results:** A total of 128 respondents were interviewed of which 79 (61%) were females and 49 (39%) males. 79% were rural dwellers with mean age 17 years (IQR: 15, 20) and the mean of their recent CD4 count of 458count/mm<sup>3</sup> (IQR: 237, 558). Sources of information on HIV/AIDS & ASRH were 63% radio and 60% health education talks. 88% had never got married and have no children. 64% acquired HIV infection through Mother to child transmission, 14% through sexual intercourse and 15% do not know how they acquired HIV infection. Currently 71% are on ART and 29% on Septrine respectively. Sexual encounter in the last 6 months 66% never had sex in life, 8% it was more than 6 months, 8% had sex the last 30 days, 7% had sex the last 6 months, 6% had sex the last 3 months and 5% had sex the last 7 days respectively. 80% had Knowledge on family planning Methods but usage was at 19% and 48% had knowledge on symptoms of sexually transmitted diseases.

**Conclusion:** These findings call for the need to address all unwanted consequences of sexual activity in a broad context of sexual reproductive health in youth friendly environment. In addition health messages through radio and education health talks have been shown to be effective in addressing the sexual reproductive related needs for adolescents and young people. Because of fear of re-infections with HIV positive partners, many YPLH prefer HIV negative partners which may constitute an unintended effect of prevention prioritizing the risk of HIV re-infection.

PRESENTING AUTHOR'S NAME	NUNDY Neefi
PRESENTING AUTHOR'S COMPANY	PATH
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Woman's Condom: A New Dual Protection Option In South Africa.

## ABSTRACT

**Issue:** Thirty years into the HIV/AIDS epidemic, women still have few options for protection, especially when their male partner refuses to use a condom. Existing female condom programming focuses on the FC2 female condom, which is provided through the public sector and in limited supply. The Woman's Condom is a new, second-generation female condom designed to be easy to use and provide good sensation. The Woman's Condom could provide an alternative option for women and men who are interested in dual protection.

**Description:** PATH, an international health organization, developed the Woman's Condom through a user-centered process that included feedback from women, men, and providers in four countries, including South Africa. After clinical validation, PATH licensed the Woman's Condom to Dahua Medical Apparatus Company (Dahua) of Shanghai, China, for manufacturing and distribution. PATH is working with partners in South Africa to test markets for future introduction, first through the private sector and eventually through public-sector channels. PATH is working toward a total market approach so the product will be distributed in several public- and private-sector channels according to the characteristics of the target market segments and their willingness to pay.

**Lessons learned:** Although female condoms have been distributed free to users through public-sector family planning programs in South Africa for more than 15 years, low awareness and use of this method persists. Focus group discussions and market research commissioned by PATH offered the following insights:

- Female condoms will need to have a unique selling point that male condoms currently do not offer, and this unique selling point needs to be relevant to people's lives. This benefit must be exciting enough to overcome barriers to trial and use since excitement boosts long-term uptake.
- The Woman's Condom should target high-income consumers as a way to expand the market to include those that are willing to pay for product.
- Target market segments include younger women (20-30 years) who are characterized by style, confidence, sophistication, and making smart choices; and those who do not trust their partner(s).

PATH and a local distribution company used these results to develop a brand that emphasizes pleasure for Woman's Condom users while positioning the product for both contraception and HIV protection.

**Next steps:** Building on PATH's market research and branding efforts, a next step is to conduct market tests among diverse audiences and channels in South Africa. These market tests will assess uptake among workers who participate in corporate wellness programs for large employers, student clinics at universities and colleges, private not-for-profit clinics that offer family planning services, and nongovernmental organizations that reach populations at high risk of HIV, among others. Results from these market tests will demonstrate the viability of the market for the Woman's Condom and help potential purchasers determine whether to include the Woman's Condom in their programs so that women and men can benefit from an additional choice for dual protection.



PRESENTING AUTHOR'S NAME	ODENY Thomas
PRESENTING AUTHOR'S COMPANY	Kenya Medical Research Institute
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Texting Improves Testing: Comparing Treatment Arm Outcomes To Underlying Clinic Cohorts In A Randomized Controlled Trial Of Text Messaging To Increase Rates Of Early Infant Diagnosis Of HIV

## ABSTRACT

**Background:** In a randomized controlled trial in Kenya, we found that interactive theory-based text messages significantly improved rates of early infant HIV testing. We also found that the testing rate in the control group was much higher than the expected rate in the underlying clinic population from which the study sample was obtained. In order to better understand how our results would be generalizable to the population of interest, we compared infant HIV testing rates in the intervention group to the rate in the underlying clinic population using patients screened but not enrolled in the study as the control group.

**Methods:** We compared the time to infant HIV testing between women enrolled in the study and randomized to receive SMS, and women from the underlying clinic population who were screened but not enrolled in the study. We fit a relative risk regression model with a log link and robust error variance to compare the proportions of infants tested for HIV between the two groups, adjusting for the following confounding variables: phone ownership, enrolment in PMTCT program, and intention to leave or remain in study catchment area. We also used a Kaplan-Meier plot and log-rank test to compare the cumulative probability of infant HIV testing between the two groups.

**Results:** Of the 1,324 women screened, 388 (29%) were eligible for the randomized trial. In the RCT, 172/187 (92.0%) SMS infants were tested for HIV compared to 154/181 (85.1%) in the non-SMS control group (RR 1.08; 95% CI 1.00-1.16). Among 936 women not enrolled in the study (comparison cohort), we obtained infant HIV testing data from clinic records for 686 (73%). Of these 686 women, 143 (20.9%) had their infants tested for HIV within eight weeks. Comparing the SMS group to the comparison cohort, the adjusted risk of HIV testing within eight weeks was significantly higher in the SMS group (RR 5.02; 95% CI 3.90-6.50). The cumulative probability of infant HIV testing was also significantly higher in the SMS group (log-rank  $p < 0.0001$ ) than in the comparison cohort as shown in the Kaplan-Meier plot in figure 1.

**Conclusions:** Text messaging resulted in a five-fold increase in the relative risk of early infant testing for HIV when compared to standard of care in a clinic-based cohort. With the urgent goal of elimination of mother-to-child transmission of HIV by 2015, HIV programs in sub-Saharan Africa should consider expanding this affordable and easily accessible intervention.

PRESENTING AUTHOR'S NAME	OGO Isaac
PRESENTING AUTHOR'S COMPANY	Planned Parenthood Federation of Nigeria
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Integrating SRH AND HIV Counselling And Testing: An Effective Way Of Promoting HIV Prevention Uptake Among Women In Nigeria

## ABSTRACT

Conventional HIV prevention approaches focus on HIV counselling and testing, behaviour change communication activities such as abstinence, be faithful and condom use as well as screening of pregnant women for HIV during antenatal. Given the traditional setting of African society, these approaches have not increase HCT and HIV prevention uptakes among women in Nigeria. The result is that more men access HIV counselling and testing and HIV prevention services than women. To reverse this trend, the Planned Parenthood Federation of Nigeria (PPFN) in July 2010 implemented the SRH/HIV HCT integration global Fund to fight HIV Project as a principal recipient. The aim if the integration strategy was to improve uptake of HCT and HIV prevention among women.

**Description:** Between 2007 and 2010 and 2010 and 2012, PPFN implemented two HCT projects under the Global Fund to Fight HIV grant in Nigeria. Between 2007 and 2012, PPFN implemented HIV HCT stand alone project. While between 2010 and 2012 SRH/HIV HCT integrated service was implemented. Both project targets male and female clients of ages 15 years and above and provided services through health facility and mobile outreaches. The process of providing HCT services in the period 2010 and 2012 period was integrated SRH/HIV HCT services through Family Planning, Sexually Transmitted Infection, abortion related services, cervical cancer screening, fertility management, maternal and child health services and HCT services. Through community based advocacy and awareness on the wide range of

SRH and HCT services, the population in the target community were mobilised. To ascertain the level of women participation in both projects, a comparative data analysis was done. The result of the comparative analysis indicates between 2007 and 2010, the total HCT clients were 133,863 PPFN. Male client tested for HCT during the period were 93,672 or 69.97% of the total clients as against female clients of 40,191 or 30.02%. By contrast, between 2010 and 2012 when SRH/HIV HCT services were integrated, the total number of clients provided services were 520,943; an increase of 389.16% of the period 2007-2010. Analysis of gender disaggregation of the clients indicates female clients provided HCT were 411,021 or 78.89% of total clients as against 109,922 or 21.10% for male clients. Female clients who came for SRH services and after integrated counselling opted for HCT clients were 389,283 or 74.72%.

**Lessons learned:** The finding indicates SRH services expand female participation in HIV HCT services, and increases HIV prevention uptake among women. Also, SRH/HIV integrated services reduces stigma of HIV services both for men and women. Through SRH services, missed opportunity for HIV prevention services among women is reduced. The findings further strengthen the strong belief that integration of SRH/HIV services expands services.

**Next steps:** PPFN is integrating SRH/HIV information and services in her over 220 static clinics and outreach programs to empower women to access health services.

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SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Measuring The Impact Of Stigma And Discrimination On HIV Prevention In Sub Saharan Africa: A Review Of Literature

## ABSTRACT

**Background:** For Africa to achieve her national policies of controlling the spread and impact of HIV/AIDS, the issue of Stigma and Discrimination needs to be addressed. Significant research and knowledge on HIV related Stigma and Discrimination in many ethnic and cultural settings that constitute Africa, is an important tool in understanding the underlying factors that are impediments to effective prevention and treatment. Incorporating these findings into national prevention strategies will go a long way in reducing the transmission of the virus in the populations.

**Methodology:** 1. General data sourcing 2. Primary Data collection 3. Collation of relevant data to the studies 4. Data analysis 5. Report, writing and sharing Result 1. All the studies conducted showed some index of trying to change the negative attitudes in the general population, towards PLWHAs. These include students, health workers and the general community. 2. There is increasing concern about healthcare workers reluctance to care for and treat PLWHAs; including doctors, nurses and community health extension in rural communities 3. One study aimed at improving the knowledge of the disease among health care workers, as an important aspect in changing behaviors towards PLWHAs. 4. Two studies attempted to assess the perceived stigma of HIV-positive individuals within the family and community. Perceived stigma of PLWHAs does need some coping mechanism to be able to live normal lives within their family and communities. 5. The ten studies all have some index of trying to change the

negative attitudes in the general population, towards PLWHAs. These include students, health workers and the general community.

**Conclusion:** There is still great fear of HIV/AIDS due to poor understanding of the disease process in the African population, even among the healthcare providers. There is also no identifiable research study on the cultural epidemiology of HIV/AIDS stigma in the various ethnic populations. Although much anecdotal evidence of the impact of stigma on care is documented but, very little research has been conducted. HIV/AIDS related stigma and the resulting discriminatory attitudes creates an environment that fuels the epidemic. Recommendations 1. More detailed research on stigma reduction is needed to improve the components of a good prevention program. These components can include HCT, PMTCT, antiretroviral therapy initiatives, and community awareness programs. 2. The results of such stigma studies will increase our knowledge and cognizance of HIV risk factors and should lead to an increase in both the global and national communities potential to strengthen HIV-AIDS intervention and prevention program in Africa as well as other global populations affected by this public health crisis. 3. The end results should contribute to a declining prevalence of HIV in sub-Saharan Africa and the rest of the world.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

The Effectiveness Of Media Programming In HIV And Other Sexually Transmitted Infections Prevention Among Young People In Nigeria

## ABSTRACT

**Issues:** With an estimate of 3,100,000 people living with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome, Nigeria ranks 2nd in the global ranking of countries with the prevalence of the syndrome. The prevalence of the virus is higher among young people 15-24 compared to other age groups. These gruelling facts make a case for the prioritization of a more communicative and informative approach to stemming the scary tide, hence, the conceptualization of Xpression.

**Description:** Xpression is a weekly youth oriented informative radio programme that has at different times been aired on the two local radio stations in Ekiti State. It was designed to provide requisite information in a non-judgmental, non-technical yet succinct manner to assist young people desist from reckless acts that facilitate infections. It has been primarily designed to address various forms of recklessness and value-issues relating to young persons. Topical issues like pre-marital sex, drug addiction, stigmatization, unprotected sex, assertiveness, life building skills, precautions, and peer pressure have been discussed over the years. The programme became a toast of young people by virtue of the quality of professional discourse and the opportunity for no-holds-back expressions from young people through the program's feedback mechanism, more so, the program was made more appealing through constructive entertainment. It has reached over 200,000 young people to date.

**Lessons learned:** Ekiti State presently has one of the lowest HIV prevalence in Nigeria. Undoubtedly, the edge the state has over other states is effective information dissemination mechanism among young people. Effective media programming is the trump card against HIV & AIDS.

**Next steps:** It is therefore imperative that policy makers in the country and indeed the world go less technical and more grassroots-propelled in the crusade against HIV/AIDS. Local dialects, easy-to-understand broadcast materials, innovation in appealing to cultural and religious sentiments, incentives to encourage locals to be examined, a balanced message on the ills of stigmatization and engineering customized communication modules to appeal to young persons must be the thrust of this media initiative. Information remains the strongest immunity against infection and the only shield we can grant a stigmatized carrier.

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SESSION TYPE	Oral
SESSION TITLE	TUADS3 - "All for One, One for All" - Social Epidemiology of HIV

## ABSTRACT TITLE

### HIV-Related Knowledge, Perceived Risks And Risky Sexual Behaviour Among In-School Adolescents In South-Western, Nigeria

## ABSTRACT

**Background:** Adolescents are particularly vulnerable to HIV1 and are the correct target for HIV prevention and control. In harnessing control efforts towards getting to zero new infections among this vulnerable group, understanding adolescents' knowledge of HIV and risk perception may facilitate appropriate measures to reduce risky sexual behaviour. Hence, this study was conducted to assess HIV-related knowledge, perceived risk and risky sexual behaviour among in-school adolescents in semi-urban Nigeria.

**Methodology:** A descriptive cross-sectional study was conducted in a semi urban town in south-western Nigeria among 250 adolescents drawn from two secondary schools. Information was collected using semi-structured self-administered questionnaire among all consenting students from third to fifth class on socio-demographics, sexual behaviour, HIV knowledge and perceived risk. Data were analyzed with SPSS version 16. Bivariate analysis was done using Chi square test.

**Results:** Mean respondents' age was 15.8±2 years, 54.8% were females. About one-fifth (23.3%) of adolescents surveyed, consume alcohol. Mean age at sexual debut was 14±2.8 years with 44.8% sexually experienced. Most respondents (69.3%) had sexual debut with their boy/girlfriend while 75% used no condom at sexual initiation. Females significantly did not use condom at sexual debut ( $p < 0.05$ ). Majority (86.7%) of the sexually experienced had boy/girlfriend as their regular sexual partner and 24% had had sex for cash, favour or gifts. Though 85.4% were aware of HIV, only 56% had good knowledge of HIV (60.6% girls and 49.6% boys), while 61.6% perceived they had a low risk of acquiring HIV. Adolescents with good HIV knowledge significantly never had sex ( $p < 0.05$ ) and perceived having multiple sexual partners as a high risk for acquiring HIV infection ( $p < 0.001$ ).

**Conclusions and recommendations:** Most adolescents practised unsafe sex especially at sexual debut. Boy/girlfriend relationships are a locus for sexual initiation. Good HIV knowledge was associated with delayed sexual debut and good risk perception. To boost control efforts, the integration of sex education and HIV prevention into secondary school curriculum will not only improve adolescents' HIV-related knowledge and sexual behaviour, but also delay sexual initiation. Provision of comprehensive adolescent-friendly health services should be a priority to address sexual and reproductive health needs of in-school adolescents.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Elimination Of Mother To Child Transmission Using The Grassroots Approach In Lagos State

## ABSTRACT

**Issues:** eliminating mother to child transmission is an on-going challenge in Nigeria and considering the population of Lagos state which contributes about 12.5% to Nigerian Population, it is a battle. Women still use traditional birth attendants for antenatal care and delivery; In Lagos State according to LSMoH DPRS, 33% of deliveries was taken by public health facilities while Private facilities and Traditional Birth Attendants share 67% (theses deliveries are usually not traceable).

**Description:** To reduce new HIV infections and deaths among pregnant women, the Lagos State AIDS Control Agency (LSACA) with the World Bank HAF, conducted a one week training for 750 traditional birth attendants (TBA) registered in the state, on referral linkages and universal safety precaution. To further strengthen the structure, the LSACA, provided mobile HTC testers that are presently attached to these TBAs to provide HTC services 2 to 3 days in a week. Presently, the TBAs in line with the training, ensure that all women under their care are tested and referred to other services without the fear of losing clientele. Also in addressing referrals, the LSACA provided contact persons for every locality to speed up referral process and service delivery.

**Lessons learnt:** Between the last quarter of 2012 and the first quarter of 2013, a total of 3,650 women who accessed antenatal care were tested and 35% referred for further services ranging from STIS, Family Planning and HIV issues. The public facilities between last quarter and present, have recorded a 15% growth in up-take of antenatal services. Also, the training improved skills of TBAs in ensuring safety measures especially in taking delivery of pregnant HIV positive mothers. The TBAs are driving HIV prevention through sensitization at grassroots level as part of interpersonal communication conductors trained by Enhancing Nigeria's Response to HIV. Based on their roles in the lives of 75% community women, the TBAs have mobilized over 18 communities to benefit from mobile HTC services for general population. Also, training the TBAs has helped in bridging the gap in access to professional care since they are able to refer this women for other services. It has improved relationship between TBAs and professional care providers at Primary health care level.

**Next steps:** Scaling up of more TBA trainings across other Local Government Areas to increase knowledge, referral linkages and ensure qualitative service.

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SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Postnatal Depression Among Women Living In HIV-affected Communities In Ghana

## ABSTRACT

**Background:** Postnatal depression (PND) remains an important global public health problem. Approximately 13% of women have been reported to experience PND after birth. We examined the prevalence of PND and the factors associated with reporting PND symptoms at any time point in the first year after birth among HIV positive (HIV-P), HIV negative (HIV-N) and unknown HIV status (HIV-U) women who participated in the Research to Improve Infant Nutrition and Growth (RIING) project in the Eastern Region of Ghana.

**Methods:** Pregnant women (n=492) were recruited from three antenatal clinics in Ghana and were followed from birth to 1 year after delivery. Data on PND symptoms were collected at 0, 6, and 12 months postpartum using the Edinburgh Postnatal Depression Scale (EPDS). Other data collected included maternal age, education, marital status, and parity and infant birth weight. Logistic regression was used to determine the factors associated with reporting PND symptoms at any time point in the first year postpartum.

**Results:** The prevalence of PND was 10%, 9% and 5% at 0, 6, and 12 mo postpartum, respectively. HIV positive women were more likely to report symptoms of PND at 6 mo (HIV-P 16.8%, HIV-N 3.1%, HIV-U 10.3%,  $P < 0.001$ ) and tended to be more likely to report PND symptoms at 0 mo (HIV-P 14.7%, HIV-N 7.1%, HIV-U 10.3%,  $P = 0.09$ ) and 12 mo (HIV-P 7.8%, HIV-N 1.9%, HIV-U 6.4%,  $P = 0.07$ ) compared to women from the other two groups. Being HIV positive or of unknown HIV status remained positively associated with reporting symptoms of PND in the first year after controlling for maternal education, marital status, age, parity, and infant low birth weight.

**Conclusion:** Although PND is common among Ghanaian women living in HIV-affected communities, more attention should be focused on HIV positive women when developing interventions to reduce PND as they appear to report more symptoms.

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SESSION TYPE	Oral
SESSION TITLE	MOADS16 - Key Populations

## ABSTRACT TITLE

Increasing The Access Of Young People With Visual Disability In Oyo State, Nigeria To HIV & AIDS Prevention Information Through Braille

## ABSTRACT

**Background:** Growing evidence on the vulnerability of people with disabilities (PWDs) on risks of HIV-infection highlights the problems of program exclusion. Not until very recently, HIV&AIDS prevention and management strategies in Nigeria list target populations that included women and young people living in poverty. Individuals with disabilities, though among the poorest in the country, were excluded. PWDs are more likely to become victims of sexual exploitation and violence (Irwin 2013) that can increase their vulnerability to HIV. Many people wrongly believe that disabled persons are asexual and do not have a sexual life. Health workers are often ignorant about sexuality of PWDs and believe that they do not need to be targeted for HIV prevention activities, which include designing unique interventions that could respond to their specific needs. A study conducted by Association for Reproductive and Family Health, Nigeria among young people with visual disabilities (PWVDs) in Oyo State revealed gaps in the knowledge of this group and the need to make HIV information available to them in Braille.

**Methods:** The three schools of PWVDs in Oyo state were purposively selected. A 78-item tool designed to elicit information about the students' lifestyle, attitude towards sexual activities, knowledge about HIV and attitude towards PLWHAs were interviewer-administered to all visually impaired students in the three schools (70% males and 30% females). Four FGDs were conducted (two among boys and two among girls) and were designed to shed more light on student's awareness about HIV/AIDS and access to information on HIV. Five key informants were interviewed: two

officials of the state AIDS agency, two teachers of the visually impaired and the special advisor to the state governor on disabilities. Quantitative data were digitized and analyzed using SPSS software version 15. The data was subjected to descriptive statistical analysis. The qualitative data (FGDs and KII) was transcribed verbatim and analyzed through descriptive thematic analysis. The analysis was done manually by reorganizing the points into themes.

**Results:** 16.3% of the sampled population (71% males and 20% females) reported they had sex. Only two among these had ever insisted on condom. This implies that sexual risk-taking was high among majority of those sexually active. None of the respondents could correctly define the acronym 'HIV'. 25.6% defined it as an incurable disease while 66.7% incorrectly define it as Human Immune Virus. Although there is a high knowledge of HIV transmission, some misconceptions existed, such as 'HIV can be transmitted through sharing of utensils with an infected person (44%), inhaling sneeze of a PLHA (39%), shaking hands with PLHA (23%) and mosquito bites (65%). 77% stated that if they had a family member who was infected with HIV, they would want it to remain a secret. According to the special advisor to the state governor, 'they also have poor access to information because they are usually left alone'. 83.3% would like to have HIV information reinforced through Braille IEC.



## (CONTINUED)

**Conclusion and recommendation:** Although awareness is high, there is gap in the knowledge of young people with visual disabilities. Interventions for them should be scaled up and be specific to their unique needs. According to the State's AIDS Agency Manager, they should be provided with knowledge and empowerment using strategic means. Apart from giving oral information, it should be reinforced with Braille, their main readable material.

PRESENTING AUTHOR'S NAME	OMEOGU Chinyere
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SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Cotrimoxazole Coverage In The Global Plan Countries – How Are We Doing?

## ABSTRACT

**Background:** World Health Organization (WHO) Paediatric guidelines recommend initiation of cotrimoxazole prophylaxis starting at 6 weeks of age for HIV exposed infants (HEI) to protect against opportunistic infections. Inexpensive and widely available, CTX is an important adjunct to paediatrics programs in resource limited countries to reduce mortality prior to ART initiation for HIV infected children. Children born to HIV positive women, have increased risk of morbidity and mortality and should to be identified early and provided with follow up care. Immunization and PMTCT programs are key entry points for HIV exposed infants (HEI) care and provision of CTX.

**Methods:** Current national data on coverage of immunization (DPT1), infant ARV, CTX and EID for 22 Global plan priority countries in sub-saharan Africa and India were abstracted and reviewed.

**Results:** Of 17 countries with complete data on CTX and EID data, 7 countries had more than a 20% decrease in between infants receiving ARV for PMTCT and receipt of CTX by 2 months of age. An additional 8 countries had a drop less than or equal to 10% suggesting missed opportunities for providing CTX on the Infant ARV platform. Coverage drop off from receiving CTX to PCR testing showed similar results with 6 of 16 countries showing 20% or more decrease in coverage. This data also suggests missed opportunities for EID on both the CTX and Infant ARV platform. Five countries with the lowest immunization rates of DPT1 (<90%) at one year of age were also amongst the 8 countries with the lowest EID coverage rates (< 20%).

**Conclusions and recommendations:** Despite WHO's new Recommendations for universal ARVs for all HIV positive children less than 5 years of age, given low EID coverage, focus on CTX is still critical to reduce morbidity and mortality of children until they have access to EID and treatment. Immunization, infant ARV, CTX and EID coverage should be similar if guidelines are fully implemented. Since CTX can be easily administered by various cadres of HCWs, low numbers reported bring to question issues of data quality; suggests that availability of CTX maybe an issue and that models of care or patient flow in these countries may need to be revisited to maximize opportunities to identify and provide follow up care for mothers and infants at various service points. Strengthening and integrating MNCH and PMTCT services, particularly where immunization rates are low could contribute to improved uptake of ARV, CTX and EID. Results also point to the need for more research to examine the reasons for early loss to follow up during the post-natal period.

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SESSION TYPE	Oral
SESSION TITLE	SUADS 6 - Women and Children First - Reverting New Infections Among Children and Keeping Mothers Alive

## ABSTRACT TITLE

PMTCT Failure: The Role Of Maternal And Facility-related Factors

## ABSTRACT

**Background:** In an era with effective prevention of mother-to-child transmission (PMTCT) strategies, elimination of paediatric HIV infection is feasible. Kenya urgently needs to identify weak points in PMTCT programs that can be improved in order to eradicate MTCT. The aim of this study was to identify factors associated with MTCT given widely accessible PMTCT health services.

**Methods:** This was a matched case-control study conducted at 31 Ministry of Health facilities in Nyanza Province, Kenya. Participants completed an interviewer-administered questionnaire. Cases were defined as mothers of infants aged six weeks to six months with a definitive diagnosis of HIV. Controls were defined as HIV-infected mothers of infants aged six weeks to six months without HIV. Participants were enrolled as infant HIV diagnosis became known. Cases and controls were matched in a 1:3 ratio on socio-demographic factors and type of health facility. We used conditional (matched) logistic regression analysis to assess factors associated with MTCT reporting the odds ratios (OR) and 95% confidence intervals (CI).

**Results:** Fifty cases and 150 controls were enrolled in the study. If a woman learnt of her HIV status during the course of the pregnancy [OR2.85 95% CI 1.40-5.77], the odds were higher for not adhering to antiretroviral therapy (ART) for her own health or for PMTCT [OR3.35 95% CI 1.48-7.58], had a home delivery [OR2.40 95% CI 1.01-5.80] or if the infant did not receive any ART prophylaxis [OR9.71 95% CI 2.74-34.37]. The odds of reporting not receiving HIV education [OR3.56 95% CI 1.36-9.32] or HIV counselling [OR3.94 95% CI 1.27-12.20]; not being encouraged to involve their male partner [OR3.87 95% CI 1.24-11.98] or not receiving disclosure assistance [OR5.63 95% CI 1.99-15.8] were higher in cases than controls. Cases also had higher odds of medical records showing providers failed to give them ART at first contact in the clinic [OR2.97 95% CI 1.38-6.31] or did not follow guidelines for prescription of ART for mothers [OR8.61 95% CI 2.83-26.15] and infants [OR3.92 95% CI 1.13-13.58].

**Conclusion:** The relationship between pregnant HIV-infected women and healthcare systems affects the degree to which she and her unborn baby are able to benefit from PMTCT interventions particularly if she learns of her HIV status for the first time during the pregnancy.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Elimination De La Transmission Mère-Enfant (ETME) Du VIH: Etat De Lieux De La Disponibilité Du Traitement Antirétroviral (ARV) Dans Les Formations Sanitaires De Trois Pays D'Afrique Le L'OUEST

## ABSTRACT

**Contexte:** En 2011, selon les estimations de l'ONUSIDA, 3 400 000 enfants de moins de 15 ans vivaient avec le VIH. La moitié (50%) des adultes vivant avec le VIH dans le monde sont des femmes, ce qui entretient la dynamique de la Transmission Mère-Enfant du VIH. L'engagement mondial en faveur de la PTME s'accroît avec l'objectif de parvenir à l'ETME. À la faveur de l'évaluation des besoins en Soins Obstétricaux Néonataux d'Urgence (SONU) nous avons déterminé la disponibilité des ARV dans les formations sanitaires de trois pays (Burkina Faso, Guinée et Togo) avec pour objectif général de faire une analyse comparative de la disponibilité des ARV dans ces formations sanitaires.

**Méthodes:** Les données ont été extraites des trois évaluations des besoins en Soins obstétricaux et néonataux d'urgence (SONU) du Burkina Faso, de la Guinée Conakry et du Togo. Il s'est agi d'une étude transversale et évaluative des prestations de soins dans les formations sanitaires publiques et privées dans ses trois pays. Il a été procédé à un recensement de toutes les formations sanitaires assurant les prestations d'accouchements sur tout le territoire national de ces trois pays. Les données PTME ont été collectées à l'aide des outils d'AMDD (Adverting Maternal Death and Disability). La collecte a eu lieu en 2010 au Burkina et en 2012 au Togo et en Guinée. Le Chi<sup>2</sup> de Pearson au seuil de significativité de 5% a été utilisé pour la comparaison des proportions.

**Résultats:** Au total, le nombre de formations sanitaires enquêtées était de 1626 au Burkina, 864 au Togo et 502 en Guinée Conakry. Sur l'ensemble des formations sanitaires, 86,6%, 45,0% et 23,3% étaient des centres PTME respectivement au Burkina., au Togo et en Guinée Conakry ( $p < 0,001$ ). Les résultats montrent que les proportions des formations sanitaires qui disposaient d'ARV pendant la période d'étude différaient selon les pays. En Guinée Conakry, elle était de 93,3% contre 81,2% au Togo et 40,1% au Burkina. La différence était statistiquement significative ( $p < 0,001$ ). Les raisons les plus évoquées de la non disponibilité de médicaments dans ces formations sanitaires étaient les problèmes de gestion de Stock et d'approvisionnement. La Névirapine (Adultes) était la plus retrouvée dans les formations sanitaires de ces trois pays parmi les ARV disponibles pour la mère avec 89,0%, 71,3% et 50,8% respectivement au Togo, en Guinée et au Burkina. Cette tendance est observée pour la disponibilité de la Névirapine du nouveau-né (Togo (92,0%), en Guinée (66,3%) et au Burkina (62,9%).

**Conclusion:** Il existe une disparité dans ces trois pays en termes de couverture en formations sanitaires PTME et surtout sur la disponibilité des ARV. D'où un intérêt particulier de mettre l'accent sur la répartition des ARV et la maîtrise des outils de gestion de stocks et de l'approvisionnement.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Care Fund Micro-Credit Scheme - A Sustainable Approach To Improving The Well-being Of Orphans And Vulnerable Children

## ABSTRACT

**Issue:** Nurturing families are critical to children's lifelong health and well-being, including their prospects for living HIV-free or positively with HIV. The HIV pandemic affects the economic stability of families and the children in their care by interrupting income streams, depleting assets, introducing labour constraints, and increasing dependency ratios. The poor vulnerable families lack access to reliable financial resources and/or services that could enable them improve their living standards and reduce the likelihood of children moving from being affected by the epidemic to infected.

**Description:** The CAREFUND is a value-add initiative on the ACCORD project of HOPE worldwide Nigeria (HWWN)) in collaboration with partner Community Based Organizations (CBOs) and Growing Businesses Foundation (GBF). Where hitherto grants had been awarded to Caregivers who take care of the children on the ACCORD project, the CAREFUND sets to promote enterprise and self-reliance of the caregivers by channeling microfinance to help caregivers start or grow small businesses and subsequently support themselves and their wards. The scheme kicked-off in June 2011 with the Rapid Needs Assessment of CBOs and some Caregivers across 3 project states in Nigeria. This was followed with Training of Trainers (TOT) sessions for CBO personnel to build skills on how to effectively run the micro-credit in order to achieve the desired result. Assessment, selection and training of the Caregivers were conducted by the CBOs for Micro credit empowerment of the Caregivers. A total of 649 Caregivers across Lagos, Oyo and

Cross River States accessed the loan facility between April and July, 2012. Beneficiaries of the scheme were (92%) women, while the remaining (8%) were men. Evaluation of the beneficiaries revealed an increase in their business capital, thus increase in purchases, turnover, and invariable leading to increase in income, savings and improved living standard. About 50% of the disbursed fund had been recovered by the CBOs as at December 2012. An analysis of the repayment revealed that 61.17% were actively repaying their loans, while 38.83% were defaulting.

**Lessons learned:** The outcome of the project revealed that a viable model of economic empowerment to qualified persons and if well utilized is a tool of emancipation from poverty, poor quality of life and low self-esteem. However, the challenge in achieving such a goal is the ability of stakeholders to accept changes and new ideas, in this case: micro credit in the place of grant as a channel of change and empowerment

**Next steps:** Rather than providing direct support to children, more families should be empowered to provide for children's needs. There is a strong need to scale up micro-credit scheme in empowering the Caregivers from vulnerable households. In other to meet the need of many vulnerable families, CBOs should partner with government to integrate vulnerable families into existing social welfare programs.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Our Voices Count: Option B+ Concerns And Recommendations Of Women Living With HIV/AIDS In Nigeria

## ABSTRACT

**Issues:** The Nigerian government recently committed to scaling up Option B+, in which all pregnant women who test HIV positive are placed on antiretroviral therapy (ART) for life, from 14 weeks gestation or first antenatal visit, and regardless of their CD4 count or clinical stage. This simplified approach would facilitate the achievement of not only the Global Plan target of elimination of new pediatric HIV infections by 2015, but also the target of universal access to HIV treatment for mothers in a setting where it is difficult to effectively distinguish between those mothers eligible for treatment and those needing prophylaxis. The rollout of Option B+ is poised to begin but due to a lack of integration of HIV care and sexual reproductive health services, among other reasons, there is concern that implementation will be difficult. While the government prepares for rollout of Option B+, PATA (Positive Action for Treatment Access) used this window of opportunity to organize community dialogues with HIV positive women to elicit their perspective on challenges and best practices for scale-up of Option B+.

**Description:** PATA conducted eight sessions (average 10 women per session) of community dialogues in four States–Benue, Akwa-ibom, Lagos and Benin– among young pregnant HIV positive women. Participants were invited through networks of women living with HIV to reflect on how they were responding to the challenges of HIV, treatment literacy and their perspective on PMTCT and Option B+. Their input will inform Recommendations submitted to the National Technical Working Group on Prevention, which will subsequently advise the Nigeria's National Strategic Plan.

**Lessons learned:** In sum, women spoke favorably of Option B+ but cited many barriers that would need to be addressed before they could benefit from its implementation. The primary challenges expressed by the women are gross inadequate infrastructural support, including lack of electricity, potable water, diagnostic laboratories and availability of regular supplies of drugs at the health centers. Another barrier to Option B+ was the preference to seek out traditional health attendants who are not trained in antiretroviral therapy. Reasons given were the ability to pay incrementally and better provision of physical comfort compared to formal health facility settings. Additionally, women complained bitterly of HIV stigma in health facilities. Other barriers to Option B+ are the prioritization of need for food and income over antiretroviral therapy, particularly in women who are in good health.

**Next steps:** Results from the community consultations will be presented with relevant Recommendations at Nigeria's National Technical Working Group on Prevention and to State AIDS Control Agencies (SACAs) in all four states. Additionally, a coordination meeting among SACAs, treatment providers, health care workers and service recipients, including HIV positive pregnant women, will be organized to ensure follow up according to the community consultation Recommendations. As a result, women's concerns will be factored into the imminent rollout of Option B+ in Nigeria so they can more effectively access the intervention.

PRESENTING AUTHOR'S NAME	OYELAKIN OLADAYO Taiwo
PRESENTING AUTHOR'S COMPANY	POSITIVE ACTION FOR TREATMENT ACCESS (PATA)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Voices Of Women Living With HIV In Sharpening National Scale Up Plan Towards Elimination Of Mother To Child Transmission Of HIV In Nigeria.

## ABSTRACT

**Background:** As at 2009, Nigeria ranked second only to South Africa among countries with the highest total burden of HIV infection globally. It also has the highest burden of HIV disease among pregnant women and children (30% of the global burden). The number of persons living with HIV infection in Nigeria was estimated at 2.95 million with 323,000 new adult and 57,000 new childhood infections. Based on the National Strategic Plan (NSP) projections it is estimated that in 2010, there will be 6,286,861 pregnant women among which 215,001 HIV positive women will require ARVs, while 222,300 will require ARVs in 2011. Estimated annual total AIDS-related deaths in 2010 were 181,774 (males 81,728 and females 100,046). Furthermore, the number of children orphaned by HIV will be about 2.23 million and the AIDS attributable under five mortality is put at 5%. The HIV/AIDS Division of the FMOH has commenced revision of the National PMTCT Guidelines. Based on country estimates about 56% of HIV+ pregnant women will require option A regimen (non-HAART prophylaxis) and 44% will require option B regimen (HAART prophylaxis). Through the Global Advocacy for HIV Prevention (AVAC) Advocacy Fellowship project. A fellow was selected for the first time in West Africa to design and implement advocacy projects focused on biomedical HIV prevention research activities, the fellowship project is designed to support emerging and mid-career advocates.

**Objectives:** To open a dialogue between women living with HIV and care providers around perceived and real barriers to high quality, rights-based care. To explore what impact, if any, decentralization of services has on stigma and discrimination and

women's access, adherence and retention in care. To develop recommendations and submit to members of the National Technical working group on Prevention and ensure through advocacy that access to ARV's for pregnant women and people in discordant relationship is increased.

**Method:** The fellow employed a judgment selection method; participants were chosen with the purpose of representing specific inclusion criteria: (i) Young women living with HIV currently attending PMTCT service in a health facility (aged 18-30), (ii) Women living with HIV from rural communities who have gone through a PMTCT service (iii) Women living with HIV in a discordant relationship. Eight (8) consultations were held in Benue, Akwa-ibom, Edo and Lagos (2 per states) and a total of 80 people participated in all.

**Results:** Weak Health System: There are about 21,431 primary health care facilities in the country ranging from health posts to PHCC with about 7,056 providing maternal and child health services and should be targeted for PMTCT services. The provision of health services relies on the availability of regular supplies of drugs and equipment, as well as appropriate infrastructure at the facility level. Facilities without safe water and electricity, with nonfunctioning equipment, and inadequate deliveries of drugs, diagnostic and other supplies are all too common in many states of the country. Cost of Treatment; PMTCT programmes in Nigeria are largely donor driven (75%) with insufficient government supervision. The national HIV/AIDS response in Nigeria has been constrained by a lack of capacity, essentially at the state level.

**(CONTINUED)**

Efforts need to be made to urgently train a critical mass of health workers. Coordination of providers; lack of infrastructure, lack of human resources, financial constraints, programmatic problems, weak leadership and management at national level, poor cooperation between management structures, geographical barriers, lack of awareness and low uptake of counseling and/or testing, stigmatization and discrimination by health workers and the community, lack of coordination and limited access to services. Some other identified challenges are gross in adequate infrastructural support, electricity, potable water and diagnostic laboratories, very low per capita health spending, high out-of-pocket expenditure by PLWHAs, and a total absence of a community-based integrated system for disease prevention, surveillance and treatment amongst others. It suggested that the proposed National Prevention Plan (NPP) Identify areas for collaboration on strengthening integration and coordination of community service provision and the health systems. Increased links are needed for women who access treatment to receive counseling concerning desired children and family planning as part of the National PMTCT programmes. Strengthen the interface between facility based care and community systems for HIV treatment, linking to on-going efforts including efforts to develop synergies around community health workers and frontline health workers. Build sustainability in responses to HIV through better integration between government and non-state health-related programmes, facilities and providers. New and innovative ideas and approaches identified for community-led provision of treatment services that are replicable and could be scaled up to reach those currently unreached but in need of HIV treatment. Decentralization of health services

via task shifting or task sharing is seen as essential to increasing access to PVT services and achieving Global Plan targets. Therefore, it is also important to understand what impact, if any, this approach has on the quality of services that women are receiving, especially on health care provider attitudes. Providing HIV Care with Primary Care showed high levels of patient satisfaction in services received, HIV education and wait times, and may mitigate perceived stigma.



PRESENTING AUTHOR'S NAME	OYUGI Beatrice
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Countdown To Zero: Elimination Of Mother To Child Transmission Of HIV In Kwamo Dispensary, Ndhiwa District, Kenya.

## ABSTRACT

**Issues:** The adult HIV prevalence in Nyanza Province, Kenya is 13.9% - more than double Kenya's average. Eighteen percent of pregnant women in Ndhiwa District, Nyanza are HIV-positive, and the district's mother-to-child HIV transmission (MTCT) rate at 18 months is 30%. Though 94% of pregnant women in antenatal care sites in the district are counseled and tested for HIV, according to routine program data, follow-up of mother-infant pairs for retention in PMTCT has been a challenge. Kwamo Dispensary is a lower-level health facility in Ndhiwa. As of October 2010, the facility was not offering PMTCT and only able to refer HIV-positive pregnant women to PMTCT services at a larger, high-level facility. EGPAF, through U. S. Centers for Disease Control funding, partnered with the Kenya Ministry of Health (MOH) on its PamojaProject. Pamoja aims to scale-up and decentralize HIV services to lower level facilities, enrolling and retaining more women on HIV care and treatment in Kenya.

**Description:** To enhance better follow-up and retention of mother-baby pairs, the project facilitated formation of a psychosocial support group for PMTCT clients in Kwamo. Peer educators were selected by dispensary staff

**Next steps:** Through heightened documentation and peer support, this lower-level facility was able to ensure a full PMTCT cascade for eligible clients. The program continues to enroll and closely follow up all identified HIV-positive mothers in the PMTCT program. This program has been implemented in 18 other EGPAF-supported sites in the District.

based on the following criteria: HIV-positive women, disclosed status to partner, had a certain level of education, had previous support group experience (they had attended a support group). Once recruited, peer educators were trained on how to follow-up HIV-positive mothers and their exposed infants and use of a patient diary to track follow up. Patient appointment diaries were developed and implemented by Pamoja staff in Kwamo to synchronize and track mother-infant clinic visits monthly. The diary was designed to track HIV-positive mothers' delivery due dates, bookmother-infant pairs for upcoming necessary clinic visits and identify any missed appointments for timely tracing. Tracing was done through phone calls and home visits.

**Lessons learned:** Between October 2010 and December 2012, a total of 75 HIV-positive mothers and their HIV-exposed infants were identified in Kwamo Dispensary. Seventy four infants were tracked and tested for HIV using PCR at six weeks of age, with only 2.7% testing HIV-positive. All the 45 infants who were due for antibody test at 9 months were tested and all 15 eligible babies had a final antibody test at 18 months. No HIV-exposed infants tested positive at 9 months and 18 months.

PRESENTING AUTHOR'S NAME	PIETERSEN Ismelda
PRESENTING AUTHOR'S COMPANY	Ministry of Health and social Services (MOHSS)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Socio-Demographic Characteristics Of HCT Clients In Namibia: Support For A Mixed Model Approach To HCT Service Delivery

## ABSTRACT

**Background:** HIV Counselling and Testing (HCT) is an important entry point to prevention of mother-to-child transmission, care and treatment, and voluntary medical male circumcision. The 2006/7 Namibian Demographic Health Survey indicated that among 15-49 year olds, only 32% of men and 50% of women knew their HIV status, suggesting that a significant proportion of sexually active Namibians do not access HCT. Namibia implements multiple HCT delivery models in order to reach different demographic groups and to maximize the overall uptake of HCT. To date, no analysis has been done to describe the uptake of HCT across service delivery models.

**Methods:** Routine national program data collected from 2010-2012 from all public health facilities (PHF) offering HCT in Namibia, National Testing Day (NTD) campaigns, and stand-alone HCT centres (SAC), were analysed. Socio-demographic characteristics of adults (15-49 years) were assessed for each HCT model. Data were analysed using Epi-info7 and SPSS v. 20. Clients tested more than once were unable to be de-duplicated due to information system limitations.

**Results:** Overall, 602,010 client events were analysed; of these, 449,063 (75%) clients were tested at PHFs, 105,381 (17%) clients during NTDs, and 47,566 (8%) at SACs. Males represented 123,084 (27%), 42,311 (40%), and 22,137 (47%), of clients tested at PHFs, NTD, and SACs, respectively ( $P<0.001$ ). Individuals with a secondary level education or higher represented 272,678 (61%), 72,546 (78%) and 292,231 (84%) of

those testing at PHFs, NTD, and SACs, respectively ( $P<0.001$ ). Among persons tested, 40,362 (9%), 5,117 (5%), and 2,253 (5%) tested HIV-positive at PHFs, NTD, and SACs, respectively ( $P<0.001$ ). Individuals who reported being first-time testers represented 167,201 (38%), 23,987 (23%) and 7,794 (31%) of testers at PHFs, NTD, and SACs, respectively ( $P<0.001$ ). Clients who tested with a partner represented 19,859 (4%) and 8,740 (18%) of those testing at PHFs and SACs ( $P<0.001$ ); these data were not available for NTDs. Multivariate regression analysis confirmed the independent association of gender, educational status, age, marital status and previous HIV test experience with the uptake of different HCT models.

**Conclusion and recommendations:** PHFs were the largest provider of HCT in Namibia and had the highest proportion of individuals testing for the first time and testing HIV-positive, groups that have been identified as a priority for testing in Namibia. SACs reached the smallest number of clients, but tested the highest proportion of couples and men, groups that have traditionally low HCT uptake in Namibia. While additional research will be needed to make decisions regarding the scale-up of the different HCT models, these results suggest that the mixed model HCT approach allows for the provision of HCT to different segments of the population. It is also notable that NTDs do not appear to attract higher proportions of any socio-demographic group that was examined in this analysis which, in addition to relatively low test-positive rates, highlights the need to re-strategize NTD campaigns.

PRESENTING AUTHOR'S NAME	PLAZY Melanie
PRESENTING AUTHOR'S COMPANY	Inserm U897, ISPED, Universite de Bordeaux
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Time To ART Initiation From First Contact With HIV Services Within A Large HIV Treatment And Care Programme In Rural KwaZulu-Natal

## ABSTRACT

**Background:** In South Africa (SA), there were approximately 5.6 million HIV infected people in 2011; the estimated proportion of ART eligible adults (CD4<350/ $\mu$ L from August 2011) but not on ART was 34% in 2011. For people to initiate ART immediately upon becoming eligible, they need to engage in care from HIV diagnosis. However, time to ART initiation has mostly been studied from treatment eligibility rather than from HIV diagnosis. We aimed to quantify time to ART initiation from first contact with HIV care services, by sex and age in rural KwaZulu-Natal.

**Methods:** Adults >16 years who accessed any of the 17 primary health care clinics in the decentralized Hlabisa programme in 2007-2011 were included and followed until June 2013. ART initiation criteria were as per SA Recommendations and changed over time. Time to ART initiation from date of first clinic contact (first CD4 cell count) was analysed using Cox regression censoring for death.

**Results:** A total of 37,749 adults (71.6% female) were followed for a median of 4.1 years (IQR 2.7-5.2). At first clinic contact, women were younger than men (29.6 vs 35.9 years,  $p<0.0001$ ) and had a higher median CD4 count (297/ $\mu$ L, IQR=158-471 vs 186/ $\mu$ L, IQR=75-343,  $p<0.0001$ ). Based on CD4 count, 17,055 (45.2%) adults were deemed ART eligible at first contact. Among those not yet ART-eligible, 58.4% had at least one further CD4 measurement, of whom 57.1% became ART-eligible after a median 601 days (IQR 291-1029). Overall, 46.7% of adults initiated ART within a median of 100 days (IQR=40-522) from first contact, and

5.4% died before initiating ART. Allowing for year of first contact and first CD4 count, ART initiation was significantly less likely in men (vs women, adjusted Hazard Ratio [aHR]=1.1, 95% CI=1.1-1.1) and those aged <25 years (vs 25-34: aHR=1.5, 95% CI=1.4-1.5; vs 35-44, aHR=1.8, 95% CI=1.7-1.9; vs 35: aHR=1.8, 95% CI=1.7-1.9).

### Conclusions and recommendations:

Challenges in the HIV care cascade and ART management may affect time to ART initiation from first contact with clinic in this rural South African setting. Although many adults are in contact with programmes for HIV testing before they are eligible for treatment, they are less likely to engage in regular monitoring. This results in a considerable proportion of infected adults, especially men and young people, not being initiated on ART. Clinic services should try to engage with these groups of adults to facilitate continuous care until ART initiation.

PRESENTING AUTHOR'S NAME	RESTOY Enrique
PRESENTING AUTHOR'S COMPANY	International HIV/AIDS Alliance
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Coordinating Roles Of African Mainstream HIV And Human Rights Organizations To Challenge Legal Discrimination And Criminalisation As Major Barriers To Effective HIV Responses

## ABSTRACT

**Issues:** Punitive legislation and legal discrimination affecting populations at higher risk of HIV (key populations) is widespread across Africa, with countries like Nigeria and Uganda considering harsher legal provisions. Laws criminalizing or penalising same sex practices, drug use, sex work, and HIV transmission violate the human rights of these populations and increase their vulnerability to HIV undermining the HIV response on the continent. Criminalization and legal discrimination concern equally HIV mainstream organizations, human rights, and key population organisations. Coordination of advocacy strategies in this area is challenging, but can have significant impact. In 2012, a campaign among members of the International HIV/AIDS Alliance (Alliance) and human rights organizations in Africa led to the commitment by Commonwealth Member States to “take steps to encourage the repeal of discriminatory laws that impede the effective response of Commonwealth countries to the HIV/AIDS epidemic.”

**Description:** Sexual Health And Rights Programme (SHARP) is a sub-regional initiative aimed at scaling up HIV services for men who have sex with men (MSM) in Tanzania, Kenya, Uganda, and Zimbabwe. Programme partners include Alliance members, African Men for Sexual Health and Rights (AMSHer) and LGBTI (Lesbian, Gay, Bisexual, Trans, and Intersex) organizations. The advocacy component of the programme is based on Empowerment for Advocacy (EMPAD), an advocacy framework for the coordinated response by HIV mainstream, human rights, and key populations organizations. Programme partners have developed their advocacy theories of change to challenge discrimination in law and practice as barriers for MSM to access HIV services for each country.

**Lessons learned:** from MSHR: The severity of the HIV epidemic in Africa can help advance the human rights agenda of key populations by providing public health arguments for the need to reform punitive legislation. Lessons learned from SHARP: Mainstream HIV organizations still need to appropriate this message, help integrate legal discrimination into wider civil society debates, and reach out to key populations and human rights organizations to construct mutually enforcing and complementary messages and broaden the policy space for key populations.

## (CONTINUED)

**Recommendations:** \* An advocacy framework for the coordination of HIV, human rights and key population organisations' work must clearly define each organisations' role, contribution and types of interventions. \* Generation and dissemination of evidence on impact of punitive and discriminatory legislation on the access to health services for and the human rights of key populations is essential for successful advocacy strategies. \* Internal sensitization in mainstream HIV organisations' staff, board of trustees and key stakeholders, and sound risk management plans are essential. \* A government and wider civil society engagement plan are essential components of a programme on legal discrimination, even in the most hostile social and political environments. \* A key component of an advocacy plan against legal discrimination is media and social media training and strategy with concerted messages among programme implementers. \* National level coordination must be accompanied with engagement with regional and international organizations and institutions to avoid contradicting messages.

PRESENTING AUTHOR'S NAME	RIPLINGER Andrew
PRESENTING AUTHOR'S COMPANY	DePaul University
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Making Life's Responsible Choices: Preliminary Outcome Evaluation Of A School-Based, Multi-Component HIV Prevention Intervention For Kenyan Youth

## ABSTRACT

**Background:** In Kenya, youth (ages 15-35) represent 38% of the population, yet more than 60% of new HIV infections are among this group. The Kenya National AIDS Strategic Plan has called for an increase in "genuinely youth-friendly services. This presentation will present results from an outcome evaluation of "Making Life's Responsible Choices" (MLRC), a school-based HIV prevention intervention for youth (ages 11-14) in Kenyan primary schools supported by the US President's Emergency Plan for AIDS Relief and the US Centers for Disease Control and Prevention in Kenya.

**Methods:** Grounded in Social Cognitive Theory and the Theory of Reasoned Action, MLRC combines traditional African and Christian values, and utilizes interactive skills-building strategies. Six modules are included in the intervention: Self Awareness, Human Sexuality, Healthy Relationships, Substance Abuse, HIV/AIDS and other STIs, and Behaviour Change. It was delivered by trained teachers in a classroom setting over the course of one academic year, with each module spanning 1-2 months. An outcome evaluation was conducted in 42 primary schools (N=1,875; 883 males, 992 females; mean age = 11.86) across all eight Provinces of Kenya. Pre/post-test data were collected from youth before and after each module and assessed changes in knowledge and behavioural intentions.

**Results:** Overall, using paired-samples t-tests, MLRC was found to be effective in increasing HIV/AIDS-related knowledge and intentions. Of the 60 items measured, there was a statistically significant, positive shift in 53. The additional 7 evidenced positive trends toward significance. Youth reported stronger intentions to abstain from sex ( $t=3.603$ ,  $p<.001$ ), stronger intentions to abstain from drugs and alcohol ( $t=4.783$ ;  $p<.001$ ), and higher levels of knowledge about the four fluids that transmit HIV (pre=49.20% correct; post=68.89% correct;  $p<.001$ ). Statistically significant, positive improvement was also found in knowledge and intentions related to peer/parent-child communication, AIDS-related stigma, and resisting peer pressure.

**Conclusions:** These data demonstrate that MLRC can be delivered in school-based settings throughout various regions of Kenya and produce positive effects on both HIV/AIDS-related knowledge and intentions to engage in healthy behaviours. This culturally and developmentally appropriate intervention has the potential to be adapted for other African countries to thwart the spread of HIV among youth.

PRESENTING AUTHOR'S NAME	RODRIGUES Jessica
PRESENTING AUTHOR'S COMPANY	IATT Secretariat, UNICEF
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Using Knowledge Management To Advance The Elimination Of Mother-to-Child Transmission Of HIV In The 22 Global Plan Countries

## ABSTRACT

**Background:** Since the launch of the Global Plan in 2011, there has been substantial acceleration of efforts to eliminate new HIV infections among children. Critical to this acceleration was the establishment of a website, webinar series and community of practice (COP) by the Interagency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children, a network of 32 agencies and implementing partners. Timely dissemination of both international and national guidelines, tools and reports, and peer to peer dialogue have been key features of the platforms, which address topics ranging from community engagement to modelling of PMTCT data, and feature case studies to ensure that discussions are grounded in the reality of the priority countries.

**Results:** Significant growth in the use of these virtual platforms underscores the unmet need for knowledge exchange on EMTCT. Between December 2012 and June 2013, a total of 15,121 users visited the website reached, representing a 52% increase from the first quarter. Usership spans more than 160 countries. Visitors average 4:09 minutes on the site, with 2.72 pages per visit and a bounce rate of 57%, suggesting that the website attracts committed visitors. The toolkit on national planning for Option B+, resource library and priority countries page were the most frequently visited. Membership of the COP has tripled from 350 to 1100 members from 68 countries and monthly webinars average 50 participants. Preliminary responses from an online survey to determine how these platforms have been translated into practice indicate that the majority of respondents use this knowledge in their everyday work. 80% reported that this knowledge was

strategic - to legitimize or influence a policy decision and conceptual - increasing knowledge on a specific topic. All respondents cited information accessed on the IATT website in a report and 80% forwarded information to a colleague. Countries have reported using the resources shared on these platforms to refine national guidelines and develop EMTCT plans for Option B+ transition.

#### Lessons learned/Recommendations:

Although virtual platforms are widely used, interest typically wanes over time. Consistency, responsiveness and timeliness of technical content are key to generating and maintaining interest in the IATT platforms. Country-specific presentations delivered by government officials and civil society members facilitate South to South learning across similar contexts. Synthesizing knowledge shared by providing concise summaries of webinars and virtual discussions is highly valued by users. Results show that virtual platforms are a viable and cost effective method for promoting South to South learning, reducing duplication of efforts and potentially providing technical assistance.

**Next steps:** Findings suggest that knowledge dissemination through the EMTCT virtual platforms can influence decisions on program implementation, inform training design and content, and improve users' technical knowledge. Further dissemination of the survey to increase representativeness and analysis of results will be conducted. Renewed focus on measuring how knowledge is used at the country level and contributes to improving program effectiveness is a priority in the next year. Providing technical assistance to countries through virtual consultations will also be tested.

PRESENTING AUTHOR'S NAME	RONALD Wandira
PRESENTING AUTHOR'S COMPANY	Jhpiego-Botswana
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Reaching Adolescents With Safe Male Circumcision Services: School Campaigns In Botswana

## ABSTRACT

**Background:** Modelling studies indicate that to impact the HIV epidemic through Safe Male Circumcision (SMC/VMMC), 80% of HIV negative men in the population need to be circumcised rapidly. This translates into approximately 385,000 males aged 13-49 years to be circumcised by the year 2016 in Botswana, a high priority country given the high HIV (17.6%) and low male circumcision-MC (11.2%) prevalence in the general population. The Ministry of Health (MOH) embarked on a nationwide effort to scale up SMC services in collaboration with donors and implementing partners. Whereas uptake by older men from the general population and workplaces remains low, school campaigns are attracting higher client numbers. An evaluation report of the Botswana SMC short-term communication strategy highlighted healing time as one of the barriers to getting circumcised (20.5%). Anecdotal field reports mention the six weeks abstinence for sexually active men as a key barrier, and loss of productivity through sick leave days post circumcision as a limiting factor for buy in from workplace authorities. We describe the school campaign strategy that targets young school going adolescents and its results in four health districts in Botswana.

**Methods:** We retrospectively analysed routine program data collected from four district SMC teams. We determined the number of clients who received SMC services during the school campaign periods relative to the total number served during the period of May 2012 through April 2013. We also assessed the age categories and HIV status of clients receiving SMC services in these districts in the same period.

**Results:** Three school campaigns each lasting 3 to 6 weeks, from the beginning to second last week of school holiday periods took place in the review period. A national level team comprising of MOH, donors and implementing partners oversaw the national level planning. District Health Management Teams which represent the MOH at district level led the campaign activities in the four health districts, supported by NGO partners (Jhpiego, PSI, Tebelopele), with funding from MOH and PEPFAR/CDC. Activities included planning meetings, identifying target schools, sensitization of school heads and teachers on SMC, consultations with parents, SMC education to students, bookings for SMC, the actual SMC service provision and post campaign evaluations. We reviewed data on a total of 6904 males circumcised between 1st May 2012 and 31st April 2013. 3874 (56%) of these were circumcised during 14 weeks of the three school campaigns, which accounted for 27% of work time over the review period. The clients seen in these campaigns were primarily in the age range of 10-19. All tested for HIV. 0.8% of them tested HIV positive.

**Conclusions:** The school campaigns were efficient in reaching high numbers of HIV negative adolescents who most likely would have been difficult to get into VMMC services as older (and probably more sexually active) working men, in a country setting of relatively lower MC uptake.



PRESENTING AUTHOR'S NAME	SAFRIT Jeffrey
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Conducting Biomedical Prevention Trials Among Infants Born To HIV-infected Mothers In Resource-limited Settings: Recommendations From An Expert Consortium

## ABSTRACT

**Issues:** With the dramatic progress in identification of effective interventions to prevent mother-to-child HIV transmission (PMTCT) in low-resource settings and rapid scale up to implement these interventions in the last 5 years, UNAIDS has set a new goal to virtually eliminate new pediatric HIV infections by 2015. Virtual elimination has been defined as a 90% reduction in mother-to-child transmission (MTCT) from 2009 levels, including an overall MTCT rate of <5% in breastfeeding populations. While >100,000 new HIV infections have been averted globally between 2003 and 2010, in 2011, 330,000 new pediatric infections were reported, and it is unlikely that the goal of global elimination will be met with current antiretroviral interventions alone. In order to better meet these goals, testing of new prevention modalities in high-risk infants such as active vaccines and passive monoclonal antibodies is needed.

**Description:** A meeting sponsored by the Global HIV Vaccine Enterprise, the Elizabeth Glaser Pediatric AIDS Foundation and the NIH-funded International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) Network was held on January 22-23, 2013 in Entebbe, Uganda. The meeting examined issues related to the design and conduct of clinical trials to test the ability of new investigational interventions, such as the VRC01 or other monoclonal antibodies and/or potential future HIV vaccines, to further reduce intrapartum and postnatal transmission in breastfeeding HIV-exposed

infants in Africa. Participants included researchers, clinicians, WHO/UNICEF staff, representatives from African ministries of health, local community members, ethicists, and others. A proposed passive immunization trial with VRC01 antibody was used as a case study.

**Lessons learned:** The meeting resulted in several key points for consideration and suggestions for the way forward to test novel prevention modalities for PMTCT during breastfeeding. Participants agreed that there is a compelling need for new PMTCT interventions. Combining passive and active immunization would be an ideal strategy. Testing available candidate products should not be delayed because of expectations that improved products will become available in the future. Factors making the need for new interventions most pressing are the same factors that complicate trial conduct. However, approaches already exist to enroll affected population into trials. Target product profile needs to fit existing health infrastructure, but enthusiasm for a proof-of-concept trial with experimental product was evident amongst meeting participants.

**Next steps:** Specific Recommendations were made to the IMPAACT and VRC01 teams and will be included in the design of clinical trials in HIV-exposed breastfeeding infants in sub-Saharan Africa that would take place in 2014/15. Critical to these design Recommendations will be input from local community members.

PRESENTING AUTHOR'S NAME	SAM-AGUDU Nadia
PRESENTING AUTHOR'S COMPANY	Institute of Human Virology, Nigeria
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Determinants Of PMTCT Service Uptake In Northern Nigeria: The Family Unit As A Focal Point.

## ABSTRACT

**Background:** The African family system varies extensively across the continent and within countries. It is defined by socio-cultural norms and practices, which in turn define and affect health-seeking behavior. The power dynamics within the family unit is defined by the headship, the position of the woman or women, and the larger community within which the family exists. Nigeria alone is responsible for 32% of the global PMTCT (Prevention of Mother-to-Child Transmission of HIV) gap. Despite intensified efforts by the Government of Nigeria (GON) and its partners, challenges remain in coverage and uptake of PMTCT services, often in areas where they are most needed. It is therefore pertinent to closely examine, among other things, patient-related factors that may affect antenatal care (ANC) clinic and PMTCT service uptake. The family unit and its interaction with health services as relates to PMTCT is the focus of this study. We examine the viewpoints and experiences of various PMTCT stakeholders representing different members of the family unit, in Northern Nigeria.

**Methods:** Eleven focus group discussions (FGDs) (N=105) and 31 key informant interviews (KIs) were conducted in the North-Central states of Nasarawa and the Federal Capital Territory (FCT). FGDs and KIs were transcribed and analyzed (content and thematically) using two sets of analysts, and separately peer reviewed by a panel of 10 HIV researchers. Finally, Nvivo 10 software was used both to manage the data and for triangulation purposes throughout the process. Data for this presentation comes from transcripts obtained from 7 of the 11 focus groups.

**Results:** Groups interviewed consisted of mentor mothers, N= 18 (age range; 21-38 years, mean age  $31.2 \pm 4.6$  years); mother to mother support group members, N= 19 (age range; 21-41 years, mean age  $28.8 \pm 4.9$  years), "young" males, N = 10 (age range; 33-55 years, mean age  $41 \pm 7.8$  years) and elderly males = 20 (age range 38 – 87 years; mean age  $51.8 \pm 14$  years). Respondents overwhelmingly believe that ANC clinic attendance is crucial to the survival of, and positive outcomes for the maternal-infant pair, but expressed reservations about services, including poor attitude of health care workers to clients (sometimes regardless of patients' HIV status) and unaffordability of health care services. Elderly males, as compared to younger males, desired to maintain more control over their wives' ANC clinic usage. As regards delivery site, mentor mothers and mother-to-mother support group members have two major reasons for choosing home delivery: spousal permission- "I delivered mine at home, because one man lives on our road and he said he is a doctor and so anytime I'm sick and even when I get pregnant my husband will not let me go to the hospital", and financial limitations. Stigma is another factor that is specifically limiting mentor mothers' access to PMTCT clients in their homes, especially for women in polygamous marriages. One mentor mother commented: "Because you know as we live in the North here, and a man feels that divorce is the ultimate thing he can do to his wife-let her go. He can get another wife. So women are always afraid. That by the time they expose themselves to their husbands, he will end up divorcing them -and what will they tell their parents? Maybe the parents too will reject them".

## (CONTINUED)

### **Conclusions and recommendations:**

Our study suggests that PMTCT service uptake in Northern Nigeria is significantly affected by dynamics within the family unit, including gender relationships, socio-economic status, fear of HIV-related stigma by other family members, and community health care workers' attitudes during care provision. PMTCT scale-up efforts should include empowerment of wives, along with involvement and education of males-especially older males in polygamous marriages, and sensitization of community healthcare workers in order to improve attitudes and decrease stigma and discrimination in ANC clinics.

PRESENTING AUTHOR'S NAME	SAMBA LOUAKA Céline
PRESENTING AUTHOR'S COMPANY	Centre Hospitalier et Universitaire de Brazzaville
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Facteurs Associés À La Réponse Thérapeutique Aux ARV Chez L'adolescent À Brazzaville

## ABSTRACT

**Résumé:** L'avènement du traitement antirétroviral (TAR) a engendré une génération d'adolescents séropositifs de plus en plus importante en Afrique sub - Saharienne. A Brazzaville, plusieurs travaux ont étudiés la relation entre l'observance du TAR et la réponse thérapeutique chez l'adolescent.

**Objectif:** Rechercher d'autres facteurs associés à la réponse thérapeutique dans cette tranche d'âge. Sujets d'étude et

**Méthodes:** Il s'agit d'une revue de 100 dossiers d'adolescents séropositifs suivis de mai 2003 à décembre 2011 à Brazzaville. L'étude s'est déroulée de juin à décembre 2011 dans 5 structures sanitaires de prise en charge pédiatrique de l'infection à VIH et 2 centres de prise en charge psychologique. Ces adolescents devraient être sous TAR depuis au moins un an et l'observance thérapeutique transcrite dans le dossier jugée correcte durant les 6 derniers mois. Ils étaient tous informés de leur séropositivité. L'analyse s'est faite par régression logistique sur le logiciel SPSS17.

**Résultats:** Sur 100 patients recensés, 62 (62%) étaient des filles. Plus de la moitié des adolescents (n=55) avaient atteint un niveau secondaire. La sérologie de la mère, connue pour 61 adolescents, était positive dans 90,3% des cas. Dans 69 (69%) cas, les adolescents étaient orphelins de mère. Lorsque la mère était vivante (n= 31), le taux de séropositivité était de 83,8%. L'adolescent était à la charge des parents géniteurs dans 48 cas, des grands parents dans 22 cas et d'une autre personne dans 30 cas. Au moment de l'étude, 87 adolescents sont restés en première ligne thérapeutique de l'OMS. Au total 45 cas d'échec thérapeutique ont été recensés. La réponse thérapeutique était satisfaisante lorsque le traitement était à la charge de la mère et lorsque l'âge du tuteur dépassait 50 ans.

**Conclusion:** Cette étude révèle qu'au Congo le taux d'échec thérapeutique et d'orphelins de mère est important chez les adolescents infectés par le VIH. Certains facteurs comme la présence de la mère et l'âge du tuteur supérieur à 50 ans influencent positivement la réponse thérapeutique. Le passage à l'option B+ de la PTME tel que recommandé par l'OMS s'impose dans notre pays; il permettrait de mieux protéger l'enfant mais aussi la mère.

PRESENTING AUTHOR'S NAME	SAMSON-AKPAN Patience Edoho
PRESENTING AUTHOR'S COMPANY	University of Calabar, Calabar
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

A Comparative Analysis Of HIV/AIDS Preventive Practices In Urban And Rural Secondary Schools In Cross River State, Nigeria.

## ABSTRACT

**Background:** Each year, about two million new infections occur among young people, notwithstanding that HIV transmission is preventable. In Nigeria 60% of all new infections occur among 15-24 years old. Similarly, although the school environment is an important setting for health promotion activities, limited studies have been carried out in schools. The purpose of the study was to assess and compare the preventive practices adopted by urban and rural secondary schools in Cross River State, Nigeria.

**Methods:** A comparative descriptive survey design was used. A multistage sampling technique was used to select twelve Local government areas from three educational zones. Thereafter, 35 urban and 109 rural secondary schools were located in the sampled Local government Areas. One hundred and forty-four respondents who taught Health and Physical Education were purposefully selected. The instrument for data collection was a self-developed, validated questionnaire with a correlation coefficient of .98. Data were analyzed using descriptive statistics and independent t-test.

**Results:** The results showed that there were 85 Physical and Health Education Subject Specialist in 35 urban schools and 71 same Subject Specialist in 109 rural secondary schools. With regards to gender females were 71 (49.3%) in rural and 25 (17.4%) in urban schools. Males were 10 (6.9%) in urban and 38 (26.4%) in rural. Majority 92 (63.4%) in urban were aged 26-45 and rural 29 (20.1%). All (100%) the schools lacked written policies or guidelines on prevention of HIV/AIDS. With regards to appointing AIDS educator, 24 (68.60%) urban and 47 (43.10%) rural schools

'always' have this personnel while 34 (31.20%) of the rural and 3 (8.60%) urban schools 'never' had. On the training the AIDS Educator on adolescents' sexuality and AIDS, 26 (74.30%) of the respondents in urban areas and 36 (33%) in the rural areas indicated that they were 'always' involved in the HIV/AIDS related training. With respect AIDS peer education club, 21 (60%) urban schools and 42 (38.50%) rural schools 'always' have AIDS peer education club. Most urban schools 21 (60%) and rural secondary schools 62 (56.90%) affirmed to always teaching AIDS as a component of other subjects in their school. Further results also showed that 44 (40.40%) rural and 10 (28.60%) urban schools 'never' involved students in planning and implementing HIV/AIDS programmes. On the issue of the school inviting people living with HIV/AIDS as guest speakers, the respondents 16 (45.70%) in urban and 43 (39.40%) in rural were 'never' involved in this stigma reduction activity. Analysis of results also revealed that school location significantly influenced prevention of HIV/AIDS while preventive practices against HIV/AIDS were better carried out in urban than in rural secondary schools ( $P < 0.05$ ).

**Conclusion:** The study suggests that rural secondary schools are at disadvantage because they undertake less preventive activities against HIV/AIDS which may expose the students to this incurable, devastating but preventable disease. There is need for all the schools to have written policies on the prevention of HIV/AIDS. The study also suggest the need to post more health education teachers and nurses to rural secondary schools who will be better positioned to help in implementing HIV/AIDS related health promoting activities.

PRESENTING AUTHOR'S NAME	SCHNIPPEL Kathryn
PRESENTING AUTHOR'S COMPANY	Health Economics & Epidemiology Research Office, School of Clinical Medicine, Faculty of Health Sciences, University of Witwatersrand
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Missing Visits, Missing Opportunities: Losses From Care During PMTCT At Primary Health Care Clinics In Johannesburg, South Africa

## ABSTRACT

**Background:** Effective prevention of mother to child transmission (PMTCT) of HIV requires early initiation and retention in care for HIV-infected pregnant women. South Africa's 2010 PMTCT guidelines were based upon the World Health Organization's Option A; new guidelines were issued in April 2013 based on Option B. Under Option A, all pregnant women were to be tested for HIV at their first antenatal care (ANC) visit, all HIV-infected pregnant women were to be initiated on azidothymidine (AZT) and to have blood drawn for CD4 testing at their first ANC visit. Those with CD4 counts  $<350$  were then to be initiated on lifelong antiretroviral therapy (ART). To date, very little information exists to evaluate if pregnant women are receiving PMTCT services as envisioned in South African health policy. The primary objective of this study was to evaluate the proportion of HIV-infected women attending ANC visits on schedule and receiving appropriate antiretroviral treatment during their pregnancy.

**Methods:** We conducted a prospective, observational cohort study using routinely collected clinic register data for pregnant women newly diagnosed with HIV presenting at two primary health care clinics in Johannesburg, South Africa from Aug 2012 - Feb 2013 from first ANC visit for up to 60 days.

**Results:** 107 and 51 pregnant women ( $>18$  years) testing HIV+ at first ANC visit were enrolled at each clinic, for a total of 158. Women presented at a median age of 26 years (IQR: 24 – 30), during their 2nd pregnancy, at 24 weeks gestation (IQR: 19-28). 19 women did not have records of initiating CD4 testing at their first ANC visit. The median CD4 count was 340 (IQR: 197-468). 72 (46%) were eligible for lifelong ART (triple therapy) according to the guidelines in place at the time. While all patients should have returned to the sites within a week to obtain CD4 test results, 52 patients (33% of 158) did not return within 60 days of their first ANC visit. Among the 106 (67% of 158) women who did return to the clinic at least once within 60 days of their first visit and could have received their CD4 results, only 53 (50% of 106) had a CD4 results visit recorded in a clinic register. For the 67% of women who did return at least once within 60 days of their first ANC visit, the median number of days from their first visit to second visit was 28 (IQR: 8 – 34). Only 91 women (58% of 158) had a record of AZT being dispensed at their first ANC. Only 2 out of 72 women eligible for lifelong ART (3%) initiated ART within 30 days of their first ANC visit. Only 10 out of 67 women with  $CD4 > 350$  (15%) received an uninterrupted 60-day supply of AZT.

**Conclusion:** Loss to initiation of both mono- and triple- ARV therapy, loss to follow-up, and treatment interruptions were common during ANC care for HIV-infected women during the evaluation period. Lessons learned from Option A implementation should inform roll-out of systems for Option B.

PRESENTING AUTHOR'S NAME	SCHOUTEN Erik
PRESENTING AUTHOR'S COMPANY	Management Sciences for Health (MSH)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### A Systematic Review Of Interventions To Reduce Mortality Among HIV-Infected Pregnant And One Year Postpartum Women

## ABSTRACT

**Background:** Several studies have shown substantial excess mortality in HIV-infected pregnant and postpartum women, compared to those who are uninfected. A systematic literature review was conducted to identify interventions which may have an effect on reducing either the excess mortality or proximal determinants of death in HIV-infected pregnant and postpartum women.

**Methods:** The systematic review was conducted of studies in English, German, Russian, French and Spanish that were published in the past 10 years (January 2003–April 2013) on PubMed, Google scholar and gray literature. Studies of HIV-infected pregnant women or women up to one year postpartum which reported any type of interventions that had an effect on maternal mortality or on contributing causes of death were included. Websites of international HIV and maternal health-related conferences, bilateral, multilateral and non-governmental organizations and national ministries of health and medical research institutions in several African countries were also searched. The quality of the studies was determined by study design and then weighted according to guidance of the Australian National Health and Medical Research Council.

**Results:** A total of 3,028 studies were screened for eligibility, and 48 were included in the final analysis. Two factors that greatly reduced the risk of death in HIV-infected pregnant and postpartum women were identified: having a higher CD4 count at initiation, and initiating Antiretroviral Therapy

(ART) early in pregnancy. The studies showed that the longer the duration of ART before delivery, the better the outcomes. No studies showing a reduced risk of death in pregnant and postpartum women with any interventions other than ART were identified. However, there is some evidence that conditions, such as malaria, TB and sepsis, which contribute to death during pregnancy in women with HIV, can be improved by a variety of interventions. Notably absent were studies assessing other non-biomedical interventions, thus their effect could not be determined.

**Conclusions:** This systematic review found high quality evidence that ART directly reduces the risk of death among pregnant and postpartum HIV-infected women. Treatment, initiated early in pregnancy and begun at higher CD4 levels is associated with better outcomes. However, information on the effect of other interventions used by maternal health and HIV programs is lacking and additional research is needed. Additionally, the unintended effects of the ART medications on pregnancy outcomes need to be better understood. Interventions such as cotrimoxazole prophylaxis for malaria and intensified screening and case finding for TB which have a demonstrated effect on conditions that contribute to death among HIV-infected pregnant women, should be prioritized.

PRESENTING AUTHOR'S NAME	SEARLE Catherine
PRESENTING AUTHOR'S COMPANY	MatCH (Maternal, Adolescent & Child Health)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Reaching Young Men With Prevention, Care And Treatment Through Voluntary Medical Male Circumcision Services In A High Prevalence Province In South Africa.

## ABSTRACT

**Background:** Medical male circumcision (MMC) is effective in reducing heterosexually acquired HIV in males by ~60%. UNAIDS/WHO recommend voluntary MMC (VMMC) as part of comprehensive HIV prevention in high HIV and low MMC prevalence areas. Public sector MMC services in KwaZulu-Natal commenced in June 2010. MatCH, with PEPFAR funding, has supported high volume VMMC sites and outreach services, conducting over 42,000 procedures to date. Rolling out high volume voluntary MMC has the potential to increase male uptake of HIV related services including counseling and testing (CT), screening for STI and access to care.

**Methods:** Routine data collected on males seeking VMMC services at high volume sites, outreach services and referred from primary health care (PHC) clinics between April 2012 and May 2013 was reviewed to determine the profile of clients seeking services and the uptake of services.

**Results:** During the study period 23,705 clients visited MatCH-supported sites for MMC services. Of these, 12,531 underwent HIV counselling on-site (53%), 79% of whom were less than 25 years old. 98% accepted HIV testing. Most (98%) were HIV negative, with very few infections in those below 25 years of age (under 1% among those aged 10-14, 15-19 and 2% of 20-24 years). 47% were screened off-site and referred for services; most (79%) were below 25 years. Overall 23,017 (99%) of males screened on-site or referred underwent MMC, 80% of whom were below 25 years. 97% of males circumcised were HIV negative. 268 males were

referred for services for STI, CD4 counts or other conditions. Demand for services peaked in winter (3502 procedures in July) and dropped to 700 in January. On average nearly 1,800 procedures were performed monthly.

**Conclusions:** 80% of males accessing VMMC services are below 25 years old and nearly all (98%) were HIV negative. The vast majority of males screened underwent circumcision (99%), making this an effective strategy to reach young males prior to HIV infection in high prevalence settings. Just over half of the clients came directly to the high volume site (53%) while the balance were pre-screened at primary health care clinics. Managing walk-in clients and screening on site requires a dedicated team of counselling staff. Working with primary health care clinics and schools to promote VMMC and to screen males for MMC eligibility increases efficiency at high volume sites as clients arrive pre-screened and can be pre-booked for services. This assists sites to plan service delivery and ensure capacity to deliver services. Programmatic interventions are required to manage the seasonal demand for services.



PRESENTING AUTHOR'S NAME	SEBS Kadokech
PRESENTING AUTHOR'S COMPANY	Naguru Teenage Information and Health center (NTIH)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Transition To A Public Health Care Facility Approach To Deliver Integrated HIV And ASRH Services Among Young People In 9 Central Districts Of Uganda- Key Experiences And Lessons

## ABSTRACT

**Background:** Ministry of Health has prioritized implementation of integrated sexual and reproductive health and HIV services in Uganda through rolling out policies and guidelines. The Uganda health sector strategic and investment plan recognized that most health facilities are not youth friendly and they do not respond to young people's sexual and reproductive health needs. The sector has therefore set a target of 75% of facilities to be youth friendly by 2015. Through partnership with district health teams, Naguru Teenage Information and Health Centre (NTIHC) scaled up implementation of youth friendly information and services (YFS) in 22 public health facilities in 9 central districts to strengthen provision of youth friendly services in the region. The review of this project on strengthening youth friendly services was conducted in September 2012 to document initial experiences and lessons that will be used to further scale up ASRH services in the country.

**Methodology:** The project used integrated service package of facility and community based interventions comprising of life skills and sexuality education sessions for youth in and out of school, facility based provision of medical services and interactive education and entertainment sessions. Quantitative and qualitative methods of data collection were employed on review of project progress in 22 health facilities. Desk review of project plans and reports and, review of service delivery statistics at the facilities were done to collect quantitative data. Focus group discussions held with young people, male and female targeted

in the sub counties and key informant interviews with the district health team, youth leaders and other gate keepers to assess their view on access of youth friendly ASRH services. Quantitative data was analyzed using SPSS and qualitative data was analysis using thematic analysis.

**Results:** There was significant increase in the monthly average of young people aged 10 to 24 years who received ASRH services at the 22 health facilities between 2011 and 2012: STI testing increased from 432 to 918; HCT uptake from 1946 to 4068; pregnancy testing from 273 to 436; STI treatment from 751 to 970; use of contraceptives from 429 to 975; counseling and guidance from 2600 to 4614, post abortion care rose from 52 to 110 clients and sexual and self reported cases of sexual gender based violence (SGBV) increased from 27 to 32 per month. Most service providers (80%) were reported to be actively providing SRH services while 40% of the trained peer educators were active. The implementation challenged with stock out of commodities such as condoms, insufficient funding to facilitate health services providers to include greater engagement of community based organizations.

**Conclusion:** Scaling up youth friendly services documented increased access to youth friendly information and services. Consolidation of services to include SGBV and post abortion care should be promoted and documented. Documentation of scale up outcomes in regard to behavior change using cohorts of young people should be integral part of the planning and monitoring processes.

PRESENTING AUTHOR'S NAME	SESSOLO Abdulwahab
PRESENTING AUTHOR'S COMPANY	Research Triangle International
SESSION TYPE	Oral (SPC NADS)
SESSION TITLE	

## ABSTRACT TITLE

### Characteristics Associated With Retention Of HIV Exposed Babies In Early Infant Diagnosis Care In Ugandan Military Health Units

## ABSTRACT

**Background:** Over 35,000 infants had accessed HIV infant testing services by the end of 2009 in Uganda. Despite this success in increasing initial access to EID and PMTCT services, many HIV+ mothers and exposed babies are still being lost at some point in the PMTCT-EID process. RTI with PEPFAR funding through US-DOD is supporting 10 military health facilities to improve quality of PMTCT/EID services. The retention into care of these groups was assessed to identify root causes of loss to follow up and further guide the implementation process.

**Methods:** Active telephone follow-up was conducted and data collected for 553 pairs of mothers and HIV exposed babies who attended the EID clinic in 10 military facilities between June 2010 and June 2012. Prior to telephone calls to mothers/care takers, data was extracted from the EID, Antenatal and Pre ART registers. Primary data was then obtained through phone calls to mothers/caretakers with contacts in registers. Univariate and bivariate data analysis was done to identify characteristics associated with successful retention of exposed babies. Non retention was defined as babies who did not fall into any of the following categories: actively attending EID clinic, evidence of death during active attendance of EID clinic, HIV+ with evidence of referral to ART Clinic or discharged as HIV negative.

**Results:** Of the 553 pairs, 301 (M: 164, F: 137) infants were still active in EID care, 72 (M: 37, F: 35) were discharged negative while 39 (M: 17 F: 22) were HIV+ and referred to an ART clinic. 105 (19%) (M: 56, F: 49) exposed babies were not retained into care, 23 (M: 9, F: 14) died during care and 13 (M: 6, F: 7) were transferred out to the nearest EID clinic. The median age at first PCR test among 553 infants was 5.5 months. Unadjusted characteristics associated with increased chances of retention of HIV exposed babies in care include: Collection of 1st PCR result ( OR 0.31 CI 0.2-0.49  $p < 0.001$ ), Mother with phone records ( OR 0.33 CI 0.22-0.47  $p < 0.00$ ), married mother living with partner ( OR 0.4 CI 0.24-0.68  $P < ,0.00$ ), enrollment of mother in ART clinic (OR 0.19 CI 0.10-0.37  $p < 0.00$ ) and disclosure of HIV status by mother (OR 0.25 CI 0.06-1.02  $P < 0.05$ ). Migration of military families to other deployment sites, lack of transport to clinic and some religious beliefs were prominent challenges to retention of clients in EID care.

**Conclusions:** There is still high level loss to follow up of HIV exposed infants which requires strategies to enhance retention including: active enrollment of diagnosed HIV+ mothers in ART clinic, encouraging disclosure of HIV status to family members, capturing of mother phone records with active telephone follow up of suspected EID clinic appointment defaulters.

**Abbreviations:** EID: Early Infant Diagnosis  
PMTCT: Prevention of Mother to Child Transmission  
RTI: Research Triangle International

PRESENTING AUTHOR'S NAME	SHAO Elichilia
PRESENTING AUTHOR'S COMPANY	Good Samaritan Foundation
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Prevalence Of Drug Resistance Associated Mutations Among Children, 18 months Of Age In Northern Tanzania

## ABSTRACT

**Background:** The dramatic scaling up of antiretroviral therapy (ART) prophylaxis in Low and Middle Income Countries (LMIC) among pregnant and breastfeeding women will result in fewer children infected with human immunodeficiency virus (HIV). Significant proportion will acquire resistant HIV strains hence compromising the future regimens.

**Objective:** To determine prevalence of mutations associated with antiretroviral drugs resistance among children born to mothers enrolled in PMTCT in Northern Tanzania.

**Methods and materials:** Dried Blood Spots (DBS) were collected from children <18 months born to HIV-1 positive mothers attending post-natal clinics at four weeks and six months after birth from January 2011 to December 2012 in Northern Tanzania. The DBS were shipped from Kilimanjaro Christian Medical Center (KCMC) clinical laboratory which is the zonal laboratory for Northern Tanzania to Botswana Harvard HIV Research Laboratory (BHHRL) in Gaborone Botswana for analysis. A nested PCR was performed using Platinum Taq DNA Polymerase High Fidelity (Invitrogen). The outer primers for RT-PCR were Prt-F1 C3938 and RT-R1 while nested PCR primers were Prt-F2 and RT-R2. Sequencing analysis of HIV-1 pol was performed using ABI 3130XL Genetic Analyzer sequencer (Applied Biosystems, Foster City, Canada)

**Results:** Out of 91 DBS we were able to amplify 59 (65%), among amplified samples 17 were found to have >1 major drug resistance associated mutations (DRAMs) with the prevalence of 24% of the generated sequences and the mutations included those associated with NNRTIs: Y181C (8), K103N (5), Y181Y (1), Y188L (1) and G190A (1), while only one mutation M184V associated with NRTI. None of the major mutations associated with PIs was detected, except minor ones like L33F, M36I and V77I.

**Conclusion and recommendations:** The increasing prevalence of HIVDR among children need close monitoring and survey which will provide information on patterns of HIVDR hence early intervention. The predominant NNRTIs mutations was due to extensive use of sdNVP for PMTCT as well as post natal prophylaxis to infants born to mothers on PMTCT programmes. This study included only four regions in Tanzania; we suggest the expansion of this study to all over the country so that to get a real picture of clinical relevant mutations in the country and recommends new guidelines accordingly.

PRESENTING AUTHOR'S NAME	SHER Rebecca
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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Family Stability As A Predictor Of Treatment Outcomes In HIV-infected Adolescents.

## ABSTRACT

**Background:** Adherence to anti-retroviral therapy (ART) is lower during adolescence than during any other time of life, and adolescents have worse immunological and virological outcomes than adults and children. Because of the timing of the national ART rollout in 2004, the current generation of vertically-infected South African adolescents is the first to survive beyond childhood. However, the rollout came too late for many of their parents, and as a result many are orphans. Anecdotal evidence supports the impression of frequent household disruptions and multiple consecutive caregivers for many of these patients. While the effects of orphanhood have been extensively studied, those of family stability, in these terms, have not. We aim to investigate the impact of family stability on virological outcomes and ART regimen.

**Methods:** The study setting is the Groote Schuur Hospital Adolescent HIV clinic in Cape Town, South Africa. We enrolled 203 subjects (54% male, 46% female) aged between 10 – 19 years, all vertically-infected with HIV and on ART > 1 year. We used the method of a clinical audit to collect data pertaining to orphan status, number of consecutive caregivers since ART initiation and their relationship to the subject, and analysed this in relation to the most recent viral load and ART regimen.

**Results:** Orphanhood as a whole stands at 51% in this setting, and orphans have the highest rate of caregiver turnover. However, orphanhood itself was not significantly associated with a detectable viral load or second-line ART regimen. A higher number of caregivers was associated with a detectable viral load in males ( $p=0.05$ ), but not in females. Number of caregivers was not significantly associated with type of ART regimen. An aunt as caregiver was strongly associated with having a detectable viral load ( $p=0.003$ ), but no other caregiver types yielded significant associations. Adolescents who stay in foster homes were significantly more likely to be on a first-line ART regimen ( $p=0.03$ ), but other types of caregivers showed no association with treatment regimen.

**Conclusions & Recommendations:** Our data highlight some of the complex social factors that impact on ART treatment outcomes during adolescence. We recommend support for interventions that assist the struggling extended family to care for HIV-infected children and adolescents on a long-term basis, as this could improve ART outcomes during the difficult time of adolescence.

PRESENTING AUTHOR'S NAME	SHONGWE Mduzi Colani
PRESENTING AUTHOR'S COMPANY	Graduate Institute of Nursing, Taipei Medical University
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

The Relationship Between Parenting Styles, Sexual Risk Communication And Sexual Risk Behaviour Among High School Youth In Swaziland

## ABSTRACT

**Background:** Despite efforts by various organizations to control the human immunodeficiency virus (HIV) spread in some parts of sub-Saharan Africa, Swaziland included, incidence and prevalence rates remain high; indicating the need for studies that explore social processes which organizations and programmes might have not yet put major focus on, which could otherwise be responsible for the nature of adolescent behaviours that lead to sexual risk. Purpose: To examine the relationship between parenting styles and adolescent sexual risk behaviour-taking, and how parent-adolescent sexual risk communication mediates this relationship. The role of gender was also of interest in this study.

**Methods:** A cross-sectional, descriptive correlational design, using survey methodology through self-reported questionnaires was employed, and data were collected from 462 youth (211 boys and 251 girls), aged 15-24 years, in senior grades of three public high schools (2 rural and 1 urban) at a central region in Swaziland. Three instruments assessed perceived parenting styles, amount of parent-adolescent sexual risk communication, and the participants' sexual risk behaviours. Analyses included frequencies, cross-tabulations, independent samples t-test and Spearman's correlations. Hierarchical multiple logistic regression analyses were conducted to identify parenting styles that predicted high versus low-risk sex.

**Results:** Overall, 35.9% of the participants reported to have ever had sexual intercourse; with 61.4% of them reporting to have done so with two or more people in their lifetime. The prevalence of having ever had sexual intercourse was significantly higher among boys (47.9%) than girls (25.9%),  $p < .001$ . Mother-adolescent sexual risk communication was negatively and significantly correlated with sexual risk-taking,  $p < .05$ . About 71.1% of respondents who had ever had sex were classified as high sexual risk-takers, with boys significantly more likely (77.2%) to be high sexual risk-takers than girls (61.5%),  $p = .03$ . High sexual risk-takers were also significantly more likely (36.4%) to have most of their friends engaging in sexual intercourse than their low sexual risk-taking counterparts (14.6%),  $p < .001$ .

**Recommendations:** The results will inform the development of programs that empower parents to adopt best parental practices, hence promoting positive parental influence towards optimizing adolescent sexual behaviours.

PRESENTING AUTHOR'S NAME	SKRABLE Kelly
PRESENTING AUTHOR'S COMPANY	PO Box 26121
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Supporting Local Partners To Transition To A Family-Centered Approach To HIV Care And Support: The PCI Experience In Botswana

## ABSTRACT

Orphans and Vulnerable Children and persons living with HIV/AIDS are vulnerable both due to illness and gaps in household-level care systems. Interventions that focus on identifying and addressing the needs of vulnerable individuals without adequately assessing and addressing needs at household level often fail to address root causes of vulnerability. Additionally, issues faced by one person often have deleterious effects on other family members. Failure to identify and address issues affecting any individual can contribute to general household vulnerability. Household-level care models, however, can increase workload and require additional skills for providers transitioning from individual approaches. PCI partnered with thirteen local organizations to adapt the Botswana Ministry of Local Government's family care model as the Comprehensive Family Care (CFC) model and pilot it through Building Bridges, a President's Emergency Plan for AIDS Relief (PEPFAR)-funded project implemented from 2007-2011 in Botswana. PCI refined the model and scaled up implementation with ten local organizations through its current PEPFAR-funded follow-on project. CFC uses vulnerable individuals as entry points to households. Trained community workers assess and identify priority needs of all household members, create individual action plans, provide services and referrals and follow up. The full assessment cycle, which is repeated yearly, includes a standardized household vulnerability survey, the Child Status Index for children and an adult assessment. Referrals and follow up occur as needed, with frequency ranging from daily for highly vulnerable households to monthly for those with fewer needs. PCI identified key Lessons learned through internal process evaluation of the experience supporting local partners transitioning from individual

service models to CFC. Working with families requires knowledge and skills to assess vulnerabilities across disparate groups. This requires additional training and skills building for persons who previously worked exclusively with specific subpopulations such as children or women. Household assessments require more time than individual assessments and providers need to plan accordingly; it is helpful to complete the assessment over multiple visits for larger households. Household assessments raise expectations for services; therefore, providers need to understand and apply service qualification criteria consistently across all family members. Regular re-assessments are critical to monitor impact of interventions and re-direct service delivery. Family assessments can also identify high-risk issues including abuse, neglect and gender-based violence that may be missed by individual service delivery. Providers must be well-trained to identify and manage these issues immediately in collaboration with Government and other local service providers. Family assessment models can generate significant quantities of data. Providers require simple, robust information management systems to manage assessment data and basic data analysis skills to ensure services are provided according to need. The volume and frequency of data collection needs to be sufficient to ensure adequate data for decision-making without creating excessive data burden. Those conducting assessments require frequent supervision and mentoring, particularly at the beginning of implementation, to ensure quality of care. PCI's current partners continue to implement the CFC. PCI has incorporated the above lessons learned and recommends that organizations transitioning to family-centered approaches consider these lessons learned in their projects.

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SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Evaluation De La Performance De Roche Cobas AmpliPrep/COBAS TaqMan HIV-1 Qual Versus Roche Amplicor DNA HIV-1 Test V1. 5 Sur Papier Buvard

## ABSTRACT

**Problématique:** Dans le cadre de la décentralisation des programmes PTME en Afrique subsaharienne, l'utilisation du papier buvard s'est imposée comme une bonne alternative. Le COBAS AmpliPrep/COBAS TaqMan HIV-1 Qual de Roche est un test de PCR en temps réel pour la détection qualitative de l'ADN du VIH-1. L'objectif de cette étude est d'évaluer sa performance en le comparant au test Amplicor HIV-1 DNA V1. 5 de Roche partir de prélèvements de sang total sur papier buvard (DBS) d'enfants nés de mères séropositives vivant en zone décentralisée.

**Méthodologie:** L'étude a porté sur 205 DBS dont 36 positifs et 169 négatifs. Les DBS avaient été conservés température ambiante (25-40°C) en présence de dessiccants et d'indicateurs d'humidité. L'ADN proviral du VIH-1 a été recherché sur tous les échantillons par les 2 méthodes, Amplicor HIV-1 DNA test et sur COBAS AmpliPrep/Cobas Taqman des laboratoires de Roche. La performance de diagnostic du test Cobas Taqman a été évaluée à l'aide de la sensibilité (Se), la spécificité (Sp), la valeur prédictive positive (VPP), et valeur prédictive négative (VPN). Le degré de concordance des deux techniques a été déterminé par le test de Kappa.

**Résultats:** Sur les 205 prélèvements testés sur Amplicor HIV-1 DNA puis sur Cobas Taqman, 202 étaient concordants dont 36 positifs et négatifs par les 2 techniques. Trois échantillons discordants ont été notés dont 2 positifs en Amplicor et négatifs en Taqman et 1 positif en Taqman et négatif en Amplicor. L'évaluation de la performance du test Cobas Taqman a donné des valeurs de Se de 92,1%, Sp de 99,4%, VPP de 97,22% et VPN de 98,22%. La concordance entre les deux techniques est de 93,3%.

**Conclusion:** L'évaluation du test pour la détection du VIH-1 en comparaison avec Amplicor DNA test V1. 5 a montré une bonne concordance entre les 2 techniques.

PRESENTING AUTHOR'S NAME	STEINITZ Lucy Y.
PRESENTING AUTHOR'S COMPANY	Pact
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Using A CSI-adapted Economic Vulnerability Index To Target Cross-Cutting Interventions For HVC Households In Ethiopia

## ABSTRACT

**ISSUES:** USAID Ethiopia's Yekokeb Berhan Program for Highly Vulnerable Children (HVC) annually administers an adapted version of the original Child Status Index (CSI)\* to 500,000 HVC to determine eligibility, plan services, and monitor changes over time. But given the high demand for support, how should interventions be targeted?

**Description:** Yekokeb Berhan's CSI consists of 7 indicators that are directed to caregivers plus 13 to each child in the family. Indicators reflect the Government's HVC Standards. To assist the volunteers, the CSI is translated into four languages, uses culturally appropriate pictures as a prompt, and comes with a coding sheet. Low CSI scores indicate need and must be accompanied by a tailor-made care plan that trained volunteers submit to their local HVC Community Committee for approval and subsequent implementation. But relying on 20 individual indicators proved inadequate when determining eligibility for complex, cross-cutting interventions such as Economic Strengthening, which relies on the caregiver's ability to pursue a long-term goal, save small amounts of money, take initiative, and manage a small business. Not all caregivers can meet these requirements, even though all may have economic needs. Hence, 8 inter-related CSI indicators were combined to form an Economic Vulnerability Index that determines the household's readiness for a program of incentivized savings and business planning, where priority is given to "Struggling households" who score in the middle range (initially 71.6% of households). By contrast, "Destitute Households" who scored in the

lowest range (initially, 20.1% of households) are given priority for in-kind transfers and access to free services.

**Lessons learned:** Comparing scores over two years for the same families (sample of 50,558 households in five regions) resulted in a decrease by 48% in the number of Destitute families (N= 4954) with a concomitant increase in the number of Struggling Families (11.6%; N = 4118). Attributing causation is difficult, but Yekokeb Berhan serves families who are not receiving any other HVC support.

**Next steps:** While using a Vulnerability Index is promising, caution must be undertaken when combining selected indicators for composite scores, as not all indicators carry equal weight. Moreover, the Vulnerability Index should not replace care-planning on individual indicators, based on unmet needs.



PRESENTING AUTHOR'S NAME	STEPHANO Sandfola
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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Improving Outcomes And Data Quality In PMTCT Programmes Through Strengthening Of Outcomes By Analysing Results

## ABSTRACT

**Issues:** The importance of a sound and robust monitoring and evaluation system cannot be emphasized enough in development interventions, particularly public health. Despite improvements to its M&E system and on-going program innovations, mothers2mothers identified that it still lacked an evidence-informed approach to support site-level service delivery improvement which in turn would lead to provincial- and country-level programme improvements. Furthermore, mothers2mothers site staff, "Mentor Mothers", community recruited mothers living with HIV trained, employed and based in health facilities providing PMTCT peer education and support, had limited ability to obtain accurate, timely feedback on PMTCT client outcomes at their site.

**Description:** Using the Lot Quality Assurance Slot (LQAS) approach, mothers2mothers designed Let's SOAR, a program quality assessment and improvement initiative that uses sampling and review of longitudinal client data on quarterly basis to inform decision-making. Launched in 2011, this initiative has been rolled out in seven mothers2mothers countries. Mentor Mothers are oriented on SOAR then on a quarterly basis, undertake the following using SOAR: \* Collect, review, and interpret program data on sampled client records from their sites; \* Share and learn with colleagues about new approaches and best practices to address service delivery gaps; and \* Apply learnings to craft site-specific evidence-informed action plans which focus on one weak-performing indicator. Between quarterly sessions, country management teams support site staff in implementation of their action plans through supportive supervision visits and monthly meetings.

**Lessons learned:** 2012 internal evaluation results show, percentage of HIV positive pregnant women with a postnatal visit increased from 37% in 2011 to 55% in 2012; HIV positive status disclosure from 70% to 87%; infant testing from 70% to 87% and infant test results from 87% to 96%. mothers2mothers attributes these achievements from 2011 to 2012 to improved program monitoring, strengthened service delivery through better coordination with facility staff, improved data quality and targeted, evidence-informed service provision by Mentor Mothers as a result of SOAR. During the SOAR sessions, it is important to create a judgment-free environment. This process is exciting and encouraging, however, there are times when site staff are disappointed with results. For success, it is critical management and site staff understand that SOAR is for program quality improvement, not performance evaluation. Focus on one indicator has shown there is also a multiplier effect on improvements in other indicators. Through SOAR, mothers2mothers has been able to identify strengths and weaknesses both within and beyond the program; has facilitated organizational learning through sharing successes, challenges, innovations, and best practices; and has improved data quality.

**Recommendations:** Involvement of front line staff to actively undertake data analysis is essential if programme objectives are to be achieved. It is only when programme implementers see the output/outcome of their efforts that they can further appreciate the programme and take ownership for outcomes. This builds a sense of responsibility in program improvement where they are not doing well and motivated and re-energized when they are doing well.

PRESENTING AUTHOR'S NAME	TAKUNDWA Lucia
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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Evaluation Of The Early Infant Diagnosis Program In Mazowe District, Zimbabwe, 2012

## ABSTRACT

**Background:** The main objective of Early Infant Diagnosis (EID) of HIV using DNA PCR is to identify HIV infected infants early enough to avoid morbidity and mortality through early initiation of antiretroviral therapy (EIT). Despite having implemented EID for the past two years, Mazowe District still had a low EID coverage of 10% whilst outcomes of HIV positive infants identified were also unknown. The study was carried out to evaluate the EID program in Mazowe District and to determine outcomes of the HIV positive infants identified through the process.

**Methods:** A descriptive cross-sectional study was conducted amongst 29 health workers (HWs) in 13/26 health facilities in Mazoe District. We also conducted a retrospective cohort analysis on all EID records between January and December, 2011 to extract information on Dry Blood Spot (DBS) samples collected for DNA PCR and on outcomes of HIV positive infants. Information on program performance was collected using checklists.

**Results:** All 29 HWs had received EID training. Of these, 27 (93.1%) could correctly describe the EID process. All health facilities in the study had DBS testing kits available and reported no stock out in the 6 months preceding the study. The mean duration between collection of DBS samples and the results being dispatched from the reference laboratory was 48 days. Of the 90 HIV positive infants identified in 2011, 62 (69%) had unknown outcomes whilst 17 (19%) were documented to have been initiated on antiretroviral therapy (ART), with a median duration between DBS sample collection and ART initiation of 19 weeks (Q1= 12; Q3=23). EID challenges reported by HWs included long turnaround times for DBS results (27/29), non-disclosure to male partners (16/29), long walking distances to clinics (13/29).

**Conclusion and recommendations:** Although the EID program has been in place for two years in Mazowe District, it is not meeting its main objective of EIT as only 19% of HIV positive infants were initiated on ART. In order to improve EIT we recommended community based follow-up of HIV exposed infants, scaling up male partner involvement, increasing geographical access to EID and use of mobile phone technology to notify DBS results.

PRESENTING AUTHOR'S NAME	TARKANG Elvis
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SESSION TYPE	Oral (SPC NADS)
SESSION TITLE	

## ABSTRACT TITLE

The Explanatory Power Of Factors Associated With Consistent Condom Use To Prevent HIV/AIDS Among Senior Secondary School Learners In Kumba, Cameroon.

## ABSTRACT

**Background:** Correct and consistent condom use remains the most effective protection against sexual transmission of HIV/AIDS for sexually active young adults. The objective of this article is to report on the components of the Health Belief Model (HBM) with statistically significant explanatory association with the outcome variable of regularity of condom use during sexual intercourse to prevent HIV transmission among senior secondary school learners in Kumba, Cameroon.

**Methods:** A quantitative, descriptive and correlational design was adopted, using a self-designed questionnaire for data collection. Respondents were selected through disproportional stratified simple random sampling, resulting in 480 (240 male and 240 female) grade 10 to grade 12 learners from two participating senior secondary schools in Kumba, Cameroon. Descriptive and inferential statistics were calculated using SPSS version 20 software program.

**Results:** Majority of the respondents, 52.3% reported being sexually active, of whom only 30.0% reported using condoms consistently. Multinomial Logistic regression analyses based on the HBM components show that perceived susceptibility to HIV/AIDS ( $p=0.001$ ; Pseudo R-square=0.294), perceived benefit of condom use ( $p=0.000$ ; Pseudo R-square=0.096), perceived barriers to condom use ( $p=0.000$ ; Pseudo R-square=0.748) and perceived condom use self-efficacy ( $p=0.000$ ; Pseudo R-square=0.296) are the significant factors associated with consistent condom use during sexual intercourse to prevent HIV transmission

among secondary school learners in Kumba, Cameroon at the level  $p < 0.001$ . There were statistically significant associations between the following items under the various components of the HBM and gender at the level  $p < 0.05$ : more males, 80.2%, than females, 79.1%, agreed that correct and consistent condom usage could prevent sexual transmission of HIV/AIDS ( $X^2=8.466$ ;  $df=3$ ;  $p=0.037$ ); more males, 50.7% than females, 34.1% agreed that condom use makes a partner feel untrusted ( $X^2=15.005$ ;  $df=3$ ;  $p=0.002$ ); more males, 72.2% than females, 68.7% agreed that they felt confident that they could convince their partners to use condoms during sexual intercourse ( $X^2=13.325$ ;  $df=3$ ;  $p=0.004$ ).

**Conclusions and recommendations:** The findings suggest that AIDS education programmes to increase condom use among learners in Kumba, Cameroon should emphasise these four components of the HBM concurrently. HIV/AIDS education messages that focus on perceived severity of HIV/AIDS, cues to action for condom use and socio-demographic factors may be counterproductive. Overall, the study points out that the HBM can be applied to understand consistent condom use among the study population. It will be important to emphasise all components of the HBM and to empower female learners with condom negotiation skills.

PRESENTING AUTHOR'S NAME	TEBEJE Awoke
PRESENTING AUTHOR'S COMPANY	African Medical and Research foundation (AMREF-ETH)
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Seroprevalence And Risk Factors For Toxoplasma Gondii Infection In Pregnant Women And HIV/AIDS Infected Individuals In Of Ethiopia

## ABSTRACT

Toxoplasmosis is among the global major zoonotic diseases. In Ethiopia, the causes of most abortions, stillbirths and neonatal mortalities are unexplored and the relationship with the seroprevalence of toxoplasmosis has not been investigated. Particularly the importance of this disease in pregnant women is not well studied. Besides, there is a habit of eating raw meat, unavoidable contact between humans and domestic animals and prevalence of HIV/AIDS. This study was designed to determine the risk factors associated with *T. gondii* infection in pregnant women and HIV/AIDS positive individuals in different parts of Ethiopia.

**Method:** The study was conducted in randomly selected health facilities in four regions of Ethiopia. The sample size required was using the formula by Thrufield (2007) and sample population included in the study was 368. 183 pregnant women and 197 HIV patients who were visiting the health institution for ANC and ART services. Blood samples (5 ml) were collected by using sterile plain vacutainer tubes. All sera collected from child bearing age women were tested using a commercial indirect human TOXO IgG and IgM  $\mu$ -capture ELISA kit. After follow up of IgM positive pregnant women in the study area, during delivery 5ml of umbilical cord blood was collected using EDTA test tube for parasite isolation or mice bioassay.

**Result:** From the total participants, IgG and IgM *T. gondii* seropositivity were 90.2% and 30.7% respectively. From the total HIV infected patients, 91.4% and 38.6% were positive for anti-*T. gondii* IgG and IgM antibodies respectively. The prevalence of IgG antibodies against *T. gondii* infection was higher in HIV infected patients than HIV uninfected patients. The prevalence of *T. gondii* infection in those patients who didn't start ART was higher (94%) than those HIV infected patients who started ART (78%). The study showed that there is a significant association between HIV positive women and ELISA IgM ( $P < 0.05$ ) and IgG. Among 183 pregnant women, 6.5% were HIV positive. From 12 HIV positive pregnant women, 33.3% and 75% of them were positive for IgM and IgG respectively. It is found that from 183 pregnant women 22.4% were seropositive (IgM) due to recent *T. gondii* infection. After follow up of 41 IgM positive pregnant women, ten had abortion and three children delivered with brain damage. From a total of 80 intraperitoneally inoculated mice, three died by day 5 of inoculation. However, examining the brain suspension of the 75 inoculated and survived, no cyst of *T. gondii* was isolated.

**Conclusion and recommendation:** The study showed that there is a significant association between *T. gondii* infection and pregnancy, HIV positivity and *T. gondii* infection prevalence rate, HIV positivity of women and ELISA IgM. The seroprevalence of toxoplasmosis was significantly associated with the presence of domestic cats. It is recommended that health education should be given with special consideration to pregnant women and immunosuppressed individuals.

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SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Supporting Local Partners To Transition To A Family-centered Approach To HIV Care And Support: The PCI Experience In Botswana

## ABSTRACT

Orphans and Vulnerable Children and persons living with HIV/AIDS are vulnerable both due to illness and gaps in household-level care systems. Interventions that focus on identifying and addressing the needs of vulnerable individuals without adequately assessing and addressing needs at household level often fail to address root causes of vulnerability. Additionally, issues faced by one person often have deleterious effects on other family members. Failure to identify and address issues affecting any individual can contribute to general household vulnerability. Household-level care models, however, can increase workload and require additional skills for providers transitioning from individual approaches. PCI partnered with thirteen local organizations to adapt the Botswana Ministry of Local Government's family care model as the Comprehensive Family Care (CFC) model and pilot it through Building Bridges, a President's Emergency Plan for AIDS Relief (PEPFAR)-funded project implemented from 2007-2011 in Botswana. PCI refined the model and scaled up implementation with ten local organizations through its current PEPFAR-funded follow-on project. CFC uses vulnerable individuals as entry points to households. Trained community workers assess and identify priority needs of all household members, create individual action plans, provide services and referrals and follow up. The full assessment cycle, which is repeated yearly, includes a standardized household vulnerability survey, the Child Status Index for children and an adult assessment. Referrals and follow up occur as needed, with frequency ranging from daily for highly vulnerable households to monthly for those with fewer needs. PCI identified key Lessons learned through internal process evaluation of the experience supporting local partners transitioning from individual

service models to CFC. Working with families requires knowledge and skills to assess vulnerabilities across disparate groups. This requires additional training and skills building for persons who previously worked exclusively with specific subpopulations such as children or women. Household assessments require more time than individual assessments and providers need to plan accordingly; it is helpful to complete the assessment over multiple visits for larger households. Household assessments raise expectations for services; therefore, providers need to understand and apply service qualification criteria consistently across all family members. Regular re-assessments are critical to monitor impact of interventions and re-direct service delivery. Family assessments can also identify high-risk issues including abuse, neglect and gender-based violence that may be missed by individual service delivery. Providers must be well-trained to identify and manage these issues immediately in collaboration with Government and other local service providers. Family assessment models can generate significant quantities of data. Providers require simple, robust information management systems to manage assessment data and basic data analysis skills to ensure services are provided according to need. The volume and frequency of data collection needs to be sufficient to ensure adequate data for decision-making without creating excessive data burden. Those conducting assessments require frequent supervision and mentoring, particularly at the beginning of implementation, to ensure quality of care. PCI's current partners continue to implement the CFC. PCI has incorporated the above Lessons learned and recommends that organizations transitioning to family-centered approaches consider these Lessons learned in their projects.

PRESENTING AUTHOR'S NAME	TESFAY Amanuel
PRESENTING AUTHOR'S COMPANY	Jimma University
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Gender Differences In Health Related Quality Of Life Among People Living With HIV, Mekelle Town, Northern Ethiopia

## ABSTRACT

**Background:** Health related quality of life is an important outcome measure for highly active antiretroviral treatment program. In Ethiopia, studies revealed that there are improved qualities of life among adult living with the viruses taking anti retro viral therapy but there is no explicit data showing gender differences in health related quality of life. Thus, the main aim of this study was to assess gender differences in health related quality of life and its associated factors among people living with HIV and on highly active antiretroviral therapy in public health institutions of Mekelle Town, Northern Ethiopia.

**Methods:** A comparative cross sectional study was conducted among 494 adult people living with HIV taking ART services in public health institutions in Mekelle town. Samples were allocated proportional to size to ART sites in Mekelle town. Computer generated simple random sampling techniques based on patients unique ART number was applied to select the study participants. Quality of life was measured using the World Health Organization's Quality of Life HIV short form instrument (WHOQOL HIV BREF). Data were analyzed by SPSS for windows version 16 software.

**Results:** The mean age of the study participants was 35.5 (SD +8.03) for females and 39.8 (SD+7.85) for males. There was a statistically significant gender difference in health related quality of life among people living with HIV on HAART using physical, psychological, level of independence, environmental and spiritual domains and two general QOL items ( $P < 0.05$ ). Females had low score in all domains when compared to the male counter parts. Large difference was scored in spiritual domain. Females who had high perceived stigma were 2.89 times more likely to have poor psychological health as compared to individuals who had low perceived stigma [OR=2.89 95% CI (1.69,4.96)]. The odds of having poor social relationships in young females aged 15-24 were 4.7 times higher as compared to females aged 35-44 [OR=4.7 95% CI: (1.1,20.3)].

**Conclusion and recommendation:** There was a significant gender difference in all health related quality of life domains except social relationships domain. Public health interventions to improve health related quality of life of PLHIV should take in to account the physical, psychological, social, environmental and spiritual health of PLHIV during treatment, care and support.

PRESENTING AUTHOR'S NAME	TIAM Appolinaire
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### Determining Lesotho's Financial Resource Gap For Elimination Of Mother To Child Transmission Of HIV

## ABSTRACT

**Background:** After Lesotho's launch of the Strategic Plan for Elimination of Mother-to-Child Transmission of HIV and for Pediatric HIV Care and Treatment, the question arose whether Lesotho had adequate resources to meet the costs associated with reaching elimination of mother-to-child HIV transmission (EMTCT). This prompted the Ministry of Health (MOH) to task the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-Lesotho program with leading a financial gap analysis.

**Methods:** The study was a cross-sectional quantitative analysis to capture available funds needed to implement activities outlined in the EMTCT strategic plan between 2012 and 2015. The gaps were identified based on areas described in the strategic plan; the four prongs of PMTCT, increasing access to pediatric HIV treatment, care and support among infected children and adolescents, integration of HIV with other health services, health systems strengthening and coordination between government and stakeholders. Costs taken into account included laboratory, pharmaceutical and clinical commodities, staff, logistics and infrastructure support costs. The EGPAF research team developed a structured questionnaire to capture activities delineated in the strategic plan and funding allocated to each activity between 2012 and 2015. Twenty-four questionnaires were sent to seven MOH departments and 17 organisations via email in May 2012. An Excel electronic database was developed by the team in which variables from the questionnaire were entered. Descriptive analyses of the variables were carried out in November 2012 by the EGPAF-Lesotho research team.

**Results:** Questionnaires had an 83% response rate and 25% of the surveyed organizations and departments provided supporting financial documents. The total funding committed to the strategic plan from 2012 to 2015 was US \$80 million. Prong 1 had a funding gap of US \$14 million; Prong 3, a gap of US \$7.8 million; Prong 4 had a funding gap of US \$33.5 million; and the integration of HIV into other health services had a US \$9 million funding gap. Prong 2, access to pediatric HIV treatment, care and support; health systems strengthening and coordination had excess funding available of US \$5 million, US \$0.8, US\$7 million and US \$3.8 million, respectively. Of note, the highest funding deficit was prong 4 with a gap of US \$33.5 million; this gap is likely due to unmet funding needs for laboratory systems improvements and pharmaceutical procurements for tuberculosis and opportunistic infections.

**Conclusions:** There was an overall funding gap of more than 50% of the required amount for elimination in Lesotho. This financial gap analysis is being used for resource mobilization efforts and reallocation of funds according to real need. It is important that all funding agencies and stakeholders come together to regularly reassess financial commitment as we move toward elimination of new pediatric infections.

PRESENTING AUTHOR'S NAME	TIAM Appolinaire
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SESSION TYPE	Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

How Much Will It Cost Lesotho To Move From Option A To Option B+ Of The World Health Organization's Prevention Of Mother-To-Child Transmission Of HIV Guidelines?

## ABSTRACT

**Background:** In Lesotho, 320,000 people are living with HIV. Of these, about 5% are HIV-positive pregnant women. In April 2012, the World Health Organization (WHO) released a programmatic update around the benefits of a prevention of mother-to-child HIV transmission (PMTCT) intervention involving lifetime ART among all HIV-positive pregnant women, regardless of their CD4 (Option B+). In line with the WHO programmatic update, in September 2012, Lesotho revised national PMTCT guidelines. In October 2012, at the request of Lesotho's PMTCT technical working group (TWG), the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), conducted a cost analysis of direct drug and non-drug costs associated with implementation of Option B+. Direct drug costs are the costs of providing pharmaceutical intervention which are directly related to Option B+ and non-drug direct costs are costs which are directly accountable to the implementation of Option B+ such as laboratory, human resource, community-based activities and monitoring and evaluation costs

**Methods:** The analysis was conducted from the perspective of the MOH. The TWG created a list of undertakings that were required for successful transition from Option A to Option B+. HIV implementing partners provided expenditure data from their programmatic data. The costs were divided into drug costs and non-drug costs. The key outputs were total cost of switching to Option B+ in the first year of implementation, cost per HIV-positive mother-baby pair and a comparison of the total costs associated with implementing Option

B+ instead of Option A from mid-2013 to 2015. The scope of the analysis did not include long term benefits and costs accrued under Option B+ compared to Option A.

**Results:** The total cost of switching to Option B+ came to US \$8,775,839, and US \$339 per HIV-positive mother-baby pair. Pharmaceutical costs for the first year of implementing Option B+ were estimated at US \$5 million. The cost of moving from Option A to Option B+ from mid-2013 to 2015 increased from US \$82,222,253 to US \$98,187,260. Switching from Option A to Option B+ will result in substantial increased costs in the first year of implementation. This rise in costs drops by the second year and continues to fall in the third year but remains higher than the costs estimated for Option A

**Conclusions:** This analysis has informed the MOH of expected costs of moving to B+ within the Lesotho context and will be used to advocate for increased funding in certain areas of implementation of B+. It is important for countries moving to Option B+ to mobilize resources in preparation for a successful rollout of Option B+.



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PRESENTING AUTHOR'S COMPANY	RéBAJ/PD
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Internet/ Médias Sociaux Et Comportements Sexuels Des Adolescents Et Jeunes Au Bénin.

## ABSTRACT

Internet et en particulier les Médias Sociaux perçu généralement comme des cadres de partage et de discussion sont aujourd'hui un environnement de développement de comportements et pratiques sexuels chez les adolescents. Qu'il s'agissent des contenus, des harcèlements en ligne et même des sollicitations sexuels auxquels les adolescents sont confrontés, ce contact périodique avec la sexualité dans ce « pornosphère » fait développé aujourd'hui de nouvelles formes de relations avec des conséquences sur le développement de l'adolescent et la gestion de sa sexualité, entraînant ainsi de risque de violences sexuelles et de transmissions des IST, du VIH et du Sida. Une étude menée dans dix établissements des villes de Cotonou et Bohicon nous a permis de recueillir la voix des jeunes et de proposer des mesures de protection efficaces à mettre en œuvre. Les problèmes rencontrés par les adolescents sur les médias sociaux Des discussions individuelles et focus groups organisé avec les adolescents (14-19 ans), il ressort qu'ils sont souvent confrontés à travers les médias sociaux à deux principaux problèmes. Les images pornographiques Plus de 85% des adolescents questionnés affirment avoir été au contact avec de la pornographie sur les différents médias sociaux en occurrence facebook de façon volontaire ou non. 45% de ces adolescents reconnaissent aussi partager des fichiers à connotation pornographique avec leur pairs aussi bien sur les médias sociaux que sur Youtube. 95% des garçons et 51% des filles ont été exposés à

la pornographie en ligne; les garçons rencontrent les images pornographiques plus tôt. Parmi les adolescents qui souhaitaient voir des images pornographiques, le fait d'être un garçon, de vouloir parler de sexe avec des inconnus, de paraître à la page et à l'ère du temps, d'utiliser l'Internet sur son téléphone portable sont des éléments qui facilitent d'une manière ou d'une autre leur instinct vers les images pornographique. Les sollicitations et harcèlement sexuelles L'utilisation facile d'Internet sur les portables par les adolescents a fait accroître le nombre d'adolescents sur les espaces en ligne, offrant ainsi une ouverture à des prédateurs sexuels en ligne. Près de 35% des jeunes déclarent avoir été sollicités par ceux-ci, généralement des adolescents eux-mêmes. Il s'agit des sollicitations en ligne sexuelles sans être perverses. Elles sont alors directes, crues, mais elles n'ont pas pour but de tromper la personne qui est sollicitée. Il faut prendre en compte la réception des sollicitations. La plupart des adolescents ne prennent pas ces sollicitations au sérieux. Ils ne sont ni effrayés ni ennuyés par les avances qui leur sont faites et ils savent prendre les mesures appropriées. De notre enquête il faut retenir que les filles sont davantage concernées par les agressions que les garçons. Les pratiques sexuels de ces adolescents eux-mêmes Les jeux sexuels restent une pratique encore limitée chez l'ensemble des adolescents (3%) mais qui se développe fortement chez les jeunes (6%).

**(CONTINUED)**

SEXTING 25% des jeunes ont déjà pratiqué le «sexting» consistant à échanger par voie électronique des messages, photos ou vidéos à caractère sexuel. SEXTAPE 1 jeune sur dix (11%) ont déjà réalisé une «sextape» en filmant leurs ébats avec leur partenaire. SEXCAM 1 jeune sur 5 a déjà visionné un «live show sexuel». L'observation de spectacles érotiques en direct («live show sexuel») est aussi une pratique de plus en plus répandue si l'on en juge la proportion de jeunes ayant déjà visionné le show sexuel d'une personne devant sa webcam, que ce soit comme simple spectateur (22%) ou en tchatchant avec elle (18%).

Recommandations Notre étude nous a permis de

comprendre que les risques que courent les jeunes viennent du désir de parler de sexualité avec des inconnus, de la dépression chez l'adolescent, de l'isolement, bref, des facteurs de souffrance psychologique. Pour régler le problème il faut mettre en œuvre une stratégie axée sur la connaissance des risques réels des enfants et adolescents en ligne et une présence éducative en ligne afin de toucher les adolescents. Nous avons des éducateurs de rues, mais les adolescents arpentent maintenant les rues de Facebook et Azeroth. Nous avons besoin d'éducateurs numériques autour des programmes de recherche et d'information sur le harcèlement en ligne en partageant les bonnes pratiques.

PRESENTING AUTHOR'S NAME	TONI Thomas d'Aquin
PRESENTING AUTHOR'S COMPANY	Centre Intégré de Recherches Biocliniques d'Abidjan
SESSION TYPE	Oral
SESSION TITLE	MOADS15 - Detecting and Treating Virological Failure

## ABSTRACT TITLE

High Prevalence Of Genotypic Resistance Mutations And Genetic Variability In Children Failing First Line And Second Line Antiretroviral Treatment In Abidjan, Côte D'Ivoire.

## ABSTRACT

**Background:** HIV drug resistance (HIVDR) testing and viral load monitoring are not routinely available in many resource-limited settings. Therefore, the susceptibility of HIV-1 to protease inhibitors (PI), nucleoside reverse transcriptase inhibitor (NRTI) and non nucleoside reverse transcriptase inhibitor (NNRTI) based regimens in ARV-treated children in these countries are unknown. The aim of this study was to assess the prevalence of genotypic drug resistance mutations of HIV-infected children failing first and second line antiretroviral treatment (ART) and to describe the HIV-1 genetic variability.

**Methods:** Patients were enrolled from a prospective national cohort of 260 HIV-1 infected children in Côte d'Ivoire (RCI) in 2012. The National Ethics Committee of RCI approved the study. All patients have received ART for at least 6 months, according to Ivoirian's Government ART program guidelines. CD4+ T cell counts (Facs Calibur) were determined at baseline and every 6 months Plasma HIV-1 RNA and was included in routine follow up since 2011. In cases of virological failure (HIV RNA  $\geq 3$  log<sub>10</sub> copies/ml) samples were submitted for genotypic resistance testing.

**Results:** Twenty-three percent (61 of 260) were in virologic failure. The median RNA viral load was 4.4 log<sub>10</sub> copies/ml (range 3 to 6.6) and the median CD4 count was 477 cells/mm<sup>3</sup> (range 33 to 1388). The median time on ART was 6 years (range 1 to 12), and the median age 11 (range 1 to 17). Forty-nine percent and fifty-one percent were on first-line therapy and on second line therapy respectively. Antiretroviral therapy consisted of 2 NRTIs with either 1 PI or 1 NNRTI. Fifty-three samples could be amplified by PCR. Forty-two viruses (79%) displayed resistance to at least one antiretroviral drug. Among the resistant strains, 55% were resistant to at least one NRTI plus one NNRTI or one PI. Six percent of viruses were resistant to the three major classes NRTIs, NNRTIs and PIs. Eighty-one percent (81%) and 49% were resistant to lamivudine/emtricitabine and NNRTI respectively. Mutations conferring resistance to etravirine and/or rilpivirine were found in twenty-nine percent (29%) of samples. The majority of the isolates were CRF02\_AG.

**Conclusions:** ART-experienced HIV-1 children in RCI with virologic failure showed high prevalence of genotypic resistance mutations associated with ART. Monitoring of HIV-1 viral load and drug resistance mutations will considerably improve effectiveness of treatment.

PRESENTING AUTHOR'S NAME	TSOEU Mamorapeli
PRESENTING AUTHOR'S COMPANY	Elizabeth Glaser Pediatric AIDS Foundation
SESSION TYPE	Oral
SESSION TITLE	MOADS18 - Born HIV Free Getting PMTCT to Work

## ABSTRACT TITLE

### Use Of QI Methods To Improve HIV Testing Of HIV-Exposed Babies At Nine Months In Lesotho

## ABSTRACT

**Issue:** From January to March 2012, EGPAF and Ministry of Health (MOH) staff reviewed indicators from St. Joseph's Hospital PMTCT register. The assessment revealed that 80% of HIV-exposed infants had an HIV test by two months of age and 54% of those who tested negative had a repeat test at 12 months of age. EGPAF and MOH staff met with health facility staff to understand the source of the problem. Facility staff reported that they had focussed less on retesting the exposed infant once an initial negative infant test was confirmed. Staff did not remind caregivers consistently to return with infants for repeat testing.

**Method:** Improvement projects were launched, including systems changes and outreach efforts. Health workers, with EGPAF and MOH staff, identified, through use of site registers, HIV-exposed infants eligible for repeat testing and staff sent reminder text messages and phone calls to caregivers to return to the facility. The site was equipped with MOH-employed community teams. If staff could not trace a returning client via phone, they would inform the community team, which visited the client's home to encourage testing. Community teams implemented quarterly sensitization meetings to increase awareness of the importance of clinic attendance for follow-up testing. Because this increase in outreach and testing entailed more work for an already burdened staff, EGPAF, with facility staff, implemented a task shifting system. Responsibility of infant follow-up was assigned to the nurses at postnatal care. A system was created to screen infants for HIV testing at all service points. All health workers agreed to review their data monthly to determine progress.

**Results:** Improvements resulted in an increase of HIV-exposed infants registered who had a HIV test by DNA PCR before two months of age, from 80% in January to March 2012 to 97% in January to March 2013. The percentage of HIV-exposed infants who had a repeat rapid test by 12 months of age increased from 54% to 80% during the same period. Improvements in other quality indicators also occurred: ART eligibility assessment among HIV-positive pregnant women increased from 89% to 98% and eligible HIV-positive women initiated on ART increased from 86% to 96%.

**Next steps:** The hospital will continue to engage in outreach efforts: communicating to caregivers the importance of repeat testing, ensuring all infants are screened for HIV status at all service delivery points, and continuing to review data monthly to ensure continued focus on infant follow-up testing. This implementation model is being considered for further scale up by the MOH.

PRESENTING AUTHOR'S NAME	UMOH Francis
PRESENTING AUTHOR'S COMPANY	Positive Action for Treatment Access (PATA)
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Is The Sexual Behaviour, Practice And Sexual Risk Profile Of Adolescents Living With HIV Different From That Of Their HIV Negative Peers?

## ABSTRACT

**Background:** Very little is currently understood about adolescents living with HIV. There are some suggestions that there may be differences in the sexual health profile of adolescents living with HIV (ALHIV) when compared with the HIV negative peers. This study is specifically designed to identify if there are differences in the sexual behaviour, sexual practices and sexual risk profile of ALHIV in Nigeria.

**Method:** The study recruited a national sample of 1574 adolescents 10 – 19 years old from 12 states in Nigeria. This included 749 adolescents living with HIV and 825 adolescents who were HIV negative. Data was collected using a face to face administered structured questionnaire. Data analysis was a comparative analysis of study outcomes between adolescents living with and not living with HIV.

**Results:** There was no significant difference observed in the use of psychoactive substances by ALHIV and their HIV negative peers. There was no significant difference in the number of ALHIV and their HIV negative peers who had (i) engaged in transactional sex; (ii) who had multiple concurrent sexual partners; (iii) who practiced anal, vagina or oral sex; or (iv) who had sex with partners 10 years or more older than them. However, female adolescents who were HIV negative had better knowledge of HIV transmission and prevention when compared to female ALHIV ( $p < 0.001$  and  $p < 0.001$  respectively). Male adolescents who were HIV negative also had better knowledge of HIV transmission and HIV prevention when compared to male ALHIV ( $p = 0.009$  and  $p = 0.001$  respectively).

Significantly more female ALHIV had experiences forced sex when compared to female adolescents who reported being HIV negative ( $p = 0.008$ ).

**Conclusion:** While this cross sectional study shows no difference in sexual and behaviour and sexual practices of HIV positive and negative adolescents, the findings seems to suggest that rape is a high risk factor for female ALHIV while genital ulcers is a high risk factor for male ALHIV. The direction of this relationship could not be establish from this study and requires further exploratory studies to identify how the factors play out for HIV positive and negative adolescents.

PRESENTING AUTHOR'S NAME	VAN SCHAİK Nienke
PRESENTING AUTHOR'S COMPANY	Health Systems Trust
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Initial Results From An Antiretroviral Drug Safety Registry For Pregnant Women In South Africa And Zambia

## ABSTRACT

**Background:** The number of women and newborns now benefitting from antiretroviral therapy (ART) in Sub-Saharan Africa is growing dramatically. We created a pilot, multi-country Antiretroviral Drug Safety Registry for Pregnant Women, to measure the rates of birth defects and adverse pregnancy outcomes in two different settings in southern Africa.

**Methods:** 600 HIV-infected pregnant women on ART prior to conception were enrolled (300 in South Africa, 300 in Zambia) between October 2010 and April 2011 and followed until their infants were one year of age. Data concerning ART regimen at conception, adverse events to ART, history of congenital birth defects, history of preterm delivery, concomitant drug use, and recreational drug use were collected at enrolment. Adverse clinical events during pregnancy and pregnancy outcomes, along with follow-up infant clinical visits were conducted up to one year of age. Laboratory values, such as syphilis test result, hemoglobin, and CD4+ cell count, were extracted from the antenatal card or clinical files of participants.

**Results:** Of the 600 enrolled women, 3 (0.5%) women were never pregnant and 1 (0.2%) woman had initiated ART during pregnancy. One (0.2%) maternal participant withdrew prior to delivery, while 7 participants (1.2%; 1 in South Africa, 6 in Zambia) were lost to follow up. Due to 12 viable twin gestations (6 in South Africa, 6 in Zambia), 588 maternal participants contributed 600 pregnancy outcomes. There were 16 abortions (2.7%; 6 in South Africa, 10 in Zambia) and 1

ectopic pregnancy (0.2%). 12 infants (2.0%) were stillbirths while 571 infants (95.2%) were born alive. Of the 583 infants born at > 28 weeks gestation or > 500 g, there were 12 stillbirths (7 in South Africa, 5 in Zambia) and 571 live infants (290 in South Africa, 281 in Zambia). When comparing the study sites in Zambia to South Africa, the deliveries were more often preterm [92/296 deliveries (31.1%) in Zambia vs. 60/304 (19.7%) in South Africa] and more infants were born with low birthweight (<2500g) [52 (18.1%) in Zambia (11.6%) in South Africa]. There were 36 birth defects in 34 infants: 10 major, 22 minor, and two multiple birth defects (two infants each with two birth defects). Of these, 12/36 (33.3%) were umbilical hernia and 5/36 (13.9%) infants had polydactyly. More major than minor birth defects were detected in South Africa compared to Zambia. No neonatal deaths were attributed to congenital birth defects.

**Conclusions and recommendations:** An Africa-specific, multi-site Antiretroviral Drug Safety Registry for Pregnant Women is feasible. The high rates of overall birth defects seen in each study cohort is likely due to the active follow up and case reporting made possible by creating active registry study sites. Local comparison groups or appropriate controls are important when drug safety studies are undertaken in Africa.

PRESENTING AUTHOR'S NAME	WAMOYI Joyce
PRESENTING AUTHOR'S COMPANY	National Institute for Medical Research
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Discourses And Norms On Concurrent Sexual Partnerships In Rural Tanzania And Implications For HIV Prevention

## ABSTRACT

Discourses and Norms on concurrent sexual partnerships in rural Tanzania and implications for HIV prevention Introduction Concurrent sexual partnerships (CSP) have been speculated as driving the HIV pandemic in many sub-Saharan African countries. We have limited understanding of the norms driving CSP, how people think and talk about CSPs, how norms are transmitted across generations, and how this might affect the practice. Better understanding of these issues might provide useful insights into the norms perpetuating the practice and help identify opportunities for interventions to modify it. We explore norms and discourses used to discuss CSP, how these are transmitted across generations and how this might affect the practice of CSP.

**Methodology:** We conducted 29 in-depth interviews and 9 participatory focus group discussions with young people aged 14-24 and parents/careers of young people within this age group. A discourse analysis was carried out on all the transcripts. Data were analysed with the aid of NVIVO 8 software.

**Results:** Discourses can be conceptualised as coherent sets of beliefs available to specific populations to discuss particular topics. They reflect how people think about topics and probably shape their thinking. If a particular discourse is very dominant, then it influences the way of thinking and ultimately collective behaviour. Distinct discourses have been identified from how participants talked about CSPs and the norms driving the practice. Examples of these discourses

are: 1) feminine respectability (women socialised to respect the polygamous nature of men); 2) discourses of men's respectability (concurrency as indicative of wealth among men; 3) discourses of predatory masculinity (Men feeling a sense of pride discussing the number of partners and CSPs as an expression of a man's physical strength and superior seduction skills; 4) discourses of entrepreneurial autonomous empowered person (the general feeling among young people that having CSPs is being trendy/"cool"; 5) public health discourses (the discourse around consequences of CSPs were: STIs including HIV, poor health in old age and weight loss. The norms in support of CSPs were transmitted among young people by peers and media while those discouraging CSPs were transmitted by parents, religious leaders and other learning institutions.

**Conclusion:** HIV prevention interventions could target changing norms that shape certain discourses that promote CSP. This could be done by exploring ways of reinforcing the public health discourses that are in line with people's beliefs as well as promotive of SRH and HIV (i.e. "culturally compelling" interventions).

PRESENTING AUTHOR'S NAME	WANYOIKE Ian
PRESENTING AUTHOR'S COMPANY	INTRAHEALTH INTERNATIONAL
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

### The Influence Of Psychosocial And Health Care Factors On HIV Drug Adherence Among Young People Living With HIV

## ABSTRACT

The increasing number of Young People Living with HIV (YPLWHIV) has brought with it challenges of adherence to HIV medication by this cohort. Studies have shown that to reduce drug resistance, high levels of adherence should be achieved, yet this is hardly realized among the youth. The study sought to explore factors contributing to this. Structured self-administered questionnaires were distributed to 98 respondents recruited from Nakuru Provincial General Hospital and active psychosocial support groups and quantitative analysis done after data collection. Findings revealed that only 69% reported taking all their drugs at the right time, this despite high perceptions that taking drugs will improve health (89%). Averagely, 29% of YPLWHIV experience some degree of anxiety while 22% felt some degree of depression. Feeling restless (anxiety indicator) had a negative correlation with adherence ( $r=-0.225$ ) as had feeling moody (depression indicator) which was negatively correlated with taking all prescribed drugs ( $r=-0.345$ ) and keeping hospital appointments ( $r=-0.369$ ). 22% of YPLWHIV admitted to taking alcohol and this negatively affected keeping hospital attendance ( $r=-0.375$ ) and taking drugs at the right time ( $r=-0.227$ ).

Alcohol taking seems to be influenced by anxiety and depression since a significant relationship was observed between the indicators and alcohol taking. Majority of respondents felt they were well served (70%) although only 58% felt the providers spent adequate time with them. Perception that health care providers attended to them in a satisfactory manner was positively correlated with adherence ( $r=0.245$ ) while having trust in service providers positively influenced adherence ( $r=0.307$ ). A positive correlation was also observed between providing information to clients with taking all prescribed drugs ( $r=0.288$ ). The findings imply that psychological factors affect levels of adherence thus addressing them through counseling will not only improve adherence but also reduce the propensity to engage in alcohol abuse. The provision of health care that meets the youth expectations and establishment of supportive social structures are critical to client satisfaction and to ensuring more young people meet expected adherence levels. Investments in health care need to be directed towards a holistic package of services in order to achieve medication adherence and ultimately lead to reduced transmission.



PRESENTING AUTHOR'S NAME	WILUNDA Calistus
PRESENTING AUTHOR'S COMPANY	Doctors with Africa CUAMM
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Equity In Utilization Of Maternal Health Services In Beira: An Opportunity To Maximize The Scale Up Of Paediatric HIV Treatment And Care Services

## ABSTRACT

**Background:** Strong health systems are essential for equitable and sustainable HIV/AIDS-related programmes. Universal accessibility is a key requirement for equity. This is particularly important in urban areas in low-income countries where there is a surge in the urban poor. In these countries, the often better average health statistics for urban compared to rural areas may hide inequities within the former. In Beira, only 34% of HIV positive eligible children are on antiretroviral therapy (ART). The maternity ward is a critical entry point for provision of services for HIV prevention, treatment and care for women and children. Inequity in access to delivery service is therefore likely to extend to these HIV-related services. Monitoring equity in utilization of delivery service is rare; partly due to lack of valid and easy to use tools for stratifying users into socio-economic groups. This study was conducted to develop and apply a simple tool to measure equity in utilization of delivery care service and to assess the availability of essential HIV/AIDS services in an urban setting in Mozambique.

**Methodology:** Women in urban areas in five provinces in the Mozambique 2011 demographic and health survey (DHS) constituted the reference population. Factor analysis of all proxy wealth variables was conducted and women were classified into wealth quintiles. All proxy wealth variables were cross-tabulated against the wealth quintiles and six variables (having electricity, floor and roof materials of the house, cooking fuel, and possession of a mobile phone and a watch), were selected. The variables were assigned scores whose validity and reliability were assessed with reference to the

DHS wealth index. A questionnaire containing the six variables was used to collect data from women utilizing delivery services at all health facilities [1 hospital and 10 health centres (HCs)] in May 2013. Collected data were then compared with the DHS data to identify inequities. Additionally, availability of HIV/AIDS services, supplies and drugs at the health facilities was assessed. Institutional delivery coverage was estimated using facility statistics.

**Results:** The equity tool was valid and reliable ( $\rho=0.935$ , kappa 0.636, 95% CI: 0.62-0.66, respectively). Data were collected from 1423 women. Among delivery service users, 16.1%, 17.8%, 19.2%, 22.8% and 24.1 belonged to the 1st, 2nd, 3rd, 4th and 5th wealth quintiles, respectively. This distribution was not significantly different when compared to the DHS data ( $p=0.420$ ). Additionally, women delivering at the hospital had the same wealth status as those delivering at HCs ( $p=0.272$ ). Institutional delivery coverage was 97.9%. All health facilities were conducting rapid HIV testing and providing ARV drugs to mothers and babies. Combined ARVs for mothers and new-borns were missing at four HCs.

**Conclusions and recommendation:** Access to institutional delivery in Beira is virtually universal and equitable. These two health system properties provide an excellent opportunity to maximize uptake of HIV prevention and treatment services for mothers and children. Shortage of drugs at HCs may result into missed opportunities and threaten the quality of care. This tool can be used periodically to monitor the extent to which the equity is being sustained.

PRESENTING AUTHOR'S NAME	XABA Gugu
PRESENTING AUTHOR'S COMPANY	PATH
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Integrating HIV, AIDS And TB Activities Into Maternal And Child Health (MCH) Services In John Taolo Gaetsewe District Of The Northern Cape In South Africa

## ABSTRACT

**Background:** The battle against HIV and AIDS requires a united front from health, social development and the community at large. The needs for this type of integrated approach are even greater in districts such as John Taolo Gaetsewe (JTG), a vast, under-resourced, and predominantly rural district in Northern Cape Province. JTG's antenatal HIV positivity rate in 2011-2012 was 13.7%, the highest value in the province. The rate of antenatal clients initiated on HAART was 50.6%, far below the provincial average of 55.3% and the national average of 80.4%. Data from the National Health Laboratory Services in 2011/12 showed that the early infant HIV diagnosis coverage was 61.2% and the proportion of infants who were HIV-positive under two months was 2.4%. South African national guideline and policies have acknowledged the need to increase the integration of prevention, treatment, and care across wider range of health services and the essential link between HIV/AIDS care and treatment and maternal and women's health services. According to the South Africa's new PMTCT guidelines, the new fixed dose combination drug should be given to all pregnant women, breast feeding women and thereafter if the CD4 count is less than 350. The expectation is to have increased ARV uptake of pregnant women and children, increased compliance and reduction in vertical

transmission. Also the National Contraception Clinical Guidelines put emphasis on reduction of HIV infections and unwanted pregnancies, through the promotion of condom use and dual contraception, active promotion of integrated HIV and sexual and reproductive health services and operationalization of the integration process. Methodology linked PATH's Window of Opportunity Project is working collaboratively with district department of health staff to systematically plan and integrate HIV, AIDS, TB and MCH services. The integration of services is focused on ANC, Intra-partum, Post-natal Care and Child health services. Health facility staff are trained and mentored to improve the required skills for managing HIV, AIDS, TB and MCH programs for both adults and children. This approach is directly linked/interrelated to the district management's efforts to facilitate a "supermarket" approach to service delivery in an effort to reduce missed opportunities. When a woman of child bearing age or child is being seen they are offered HIV testing/screening, TB screening, immediate management depending on the need, contraceptive services with a full method mix and they are encouraged to bring their partners for testing. This includes regular data reviews, patient file audits to enhance quality and monitor increased access to services.

## (CONTINUED)

**Results:** An increased number of health facility staff has been capacitated on integrated MCH and HIV services: the district is managing to have an increased number of trained and competent staff in all levels to provide comprehensive management of a child and mother Regular mentoring of health facility staff: previous training has not translated into confident and competent staff applying the skills they have been trained on. The project's active mentoring of staff during service provision has supported the staff's abilities to prescribe and manage ARV's for both adults and children. Quality improvement plans are being developed and this increases access to good quality services. Fostering the use of existing tools used to monitor the implementation of integration: the existing tools such as the road to health booklet/maternity case record/ ANC card have comprehensive elements of managing a child/mother, are now being used to provide holistic services.

**Conclusion:** In order to strengthen MCH/HIV/TB integration active mentoring and constant monitoring have to be conducted. The concept of integration must be clearly defined by the district management team and disseminated to all staff to facilitate the ability to measure performance. Referral linkages need to be strengthened between hospital maternity wards and PHC feeder health facility for contact tracing and to promote continuum of care.

PRESENTING AUTHOR'S NAME	YAPO Vincent
PRESENTING AUTHOR'S COMPANY	Université FHB Cocody / CHU Treichville
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Evolution De La Charge Virale Des Femmes Infectées Par Le VIH Traitées Ou Non Par Trithérapie Antirétrovirale Allaitantes Et Transmission Mère-enfant Du VIH, À Abidjan, Côte D'Ivoire

## ABSTRACT

**Objectif:** Etudier l'évolution la charge virale (CV) ARN VIH-1 du sang et du lait maternel chez les mères allaitantes et le risque de transmission mère-enfant (TME).

**Méthodes:** Une cohorte de femmes infectées par le VIH-1 et leur nouveau-né a été suivie de la naissance jusqu'à l'arrêt de l'allaitement entre septembre 2007 et décembre 2008, à Abidjan. Les mères éligibles recevaient un traitement antirétroviral (ART) et les autres non éligibles, une intervention de prévention de la TME (PTME). Les CV maternelles post-natales (J2, M1, M3, M6) ainsi que le diagnostic pédiatrique précoce à ces dates ont été réalisés grâce au kit Generic HIV Charge Virale (Biocentric, Bandol, France).

**Résultats:** 20 femmes ART et 22 PTME ainsi que leurs 43 nouveau-nés ont été recrutés. Dans le groupe ART, les CV moyennes ARN VIH-1 plasmatiques étaient stables à J2 et à M1 respectivement 3,95 et 3,84 log<sub>10</sub> copies/ml; puis ont augmenté à M3 et M6, respectivement 5,28 et 4,99 log<sub>10</sub>. Dans le groupe PTME, une progression rapide a été observée, les moyennes sont passées de 4,30 log<sub>10</sub> à J2 à 5,55 log<sub>10</sub> à M1 et à M3 pour atteindre 5,76 log<sub>10</sub> à M6. Le VIH-1 a été retrouvé dans le lait maternel de 2/20 femmes (10%) du groupe ART et 5/22 femmes du groupe PTME (22,7%) à J2; 1/19 femmes (5,3%) du groupe ART et 3/20 femmes (15%) du groupe PTME à M1. Cette présence était associée à une CV ARN libre plasmatique supérieure à 3,00 log<sub>10</sub> (p<0,001). Les CV moyennes ARN VIH-1

dans le lait maternel dans les groupes ART et PTME respectivement, étaient de 1,99 et 2,04 log<sub>10</sub> copies/ml à J2, de 1,99 log<sub>10</sub> dans les deux groupes à M1, de 2,04 et 2,08 log<sub>10</sub> à M3 et de 1,99 et 2,04 log<sub>10</sub> à M6. Sept nouveau-nés ont été infectés dont deux sans passage du VIH dans le lait, 2/22 dès J2 dans le groupe PTME (9,1%), 1/19 à M1 dans le groupe ART (5,3%), 1/12 dans ce même groupe (8,3%) et 3/16 dans le groupe PTME (18,8%) à M3. Cette transmission était associée à une CV ARN libre plasmatique supérieure à 3,00 log<sub>10</sub> (p<0,01).

**Conclusion:** Les CV plasmatiques restent élevée chez les mères allaitantes malgré le traitement ARV avec un passage du VIH dans le lait et un risque de TME résiduels non négligeables.

PRESENTING AUTHOR'S NAME	YOTA Bereket Yakob
PRESENTING AUTHOR'S COMPANY	Bereket Yakob
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

High Risky Sexual Behaviors To HIV And Sexually Transmitted Infections Among Female Youths In Rural Ethiopia, Amhara Region

## ABSTRACT

**Background:** Sub-Saharan African women bear high risk of acquiring sexually transmitted infections including HIV. Women in developing countries are challenged by various social, economic and political turmoil. HIV prevalence and incidence studies show that the HIV epidemic burden is inclined to women. This study investigates risk factors for HIV and STIs and measures the magnitude of the problem in rural Ethiopia.

**Methods:** A cross-sectional census type survey was conducted on 711 rural women living in Tiss Abay rural town, Amhara Region in Ethiopia in December 2011. All participants were females aged 15 – 29 years. Non-permanent residents or who were unable respond were excluded. Interview questions were piloted and used for data collection. Female data collectors were trained and collected data by visiting houses. Data were entered to EPI/INFO and analyzed using SPSS ver. 19. Ethical clearance was obtained from Gondar University and ethical principles were maintained. Appropriate data analysis were used for each variable. A cut-off point of  $P < 0.05$  and 95% confidence interval were used.

**Results:** A total of 711 (95.9%) females out of 741 eligible females responded to interviews. The mean age of respondents was  $21.5 \pm 3.8$ . About 559 (78.6%) had initiated sexual intercourse and the mean age at initiation was  $16.7 \pm 2.5$  years (minimum age was 10 years). In the past 12 months, 509 (71.6%) participants had sex and among them 45.4%, 19.3% and 35.3% had one, two, and three or more sexual partners, respectively. About 377 (74%), 299 (58.7%) and 168 (33%) of them reported that they had had sex with regular, casual and mixed sexual partners, respectively. Only 193 (37.9%) respondents used condom during last sex and only 70 (13.8%) used condom consistently. Alcohol sellers appeared 2.5 times more likely to have risky sexual behaviors. Age group 24-29 are 5.6 times more likely to have risky sexual behavior compared to other groups. Those who drink alcohol are 2.1 time more likely not to use condom and those who chew 'Khat' are 2.7 times more likely to have risky sexual behavior.

**Conclusions and recommendations:** The study has identified alcohol selling and drinking, chewing 'khat', early initiation of sex, poor condom use, and multiple sexual partners as risky sexual behaviors. Rural youth females had high risky sexual behaviors and were at risk of contracting HIV and STIs. Appropriate interventions focused at youth behavior are recommended for rural female youths.

PRESENTING AUTHOR'S NAME	ZAKI Salma
PRESENTING AUTHOR'S COMPANY	Global Youth Coalition on HIV/AIDS
SESSION TYPE	Poster Session 2
SESSION TITLE	PS2 - Poster Session 2

## ABSTRACT TITLE

Evaluation Of Peer Based Intervention On KAP Of Medical Students Towards HIV At Eight Medical Schools In Cairo, A Descriptive Study.

## ABSTRACT

**Background:** Every day, as medical students, we see our colleagues even our professors still deal with PLHIV with a kind of reservation, as if they are taboo or in punishment!. HIV education is vital among young people who starting their medical career to eradicate stigma and discrimination from health providers. The study objective is to evaluate the effect of peer education program on the knowledge, attitude and behavior related to HIV among medical sciences students in Cairo

**Methods:** A KAP survey administered among 1800 students method from 8 college with medical background (medicine, pharmacy, dentistry and sciences) at Al-Azhar university using a stratified cluster sampling, 50% were female, age range between (17and 24) average (22.2Y) over a period of 2 weeks followed by three months school based peer education program with post assessment to evaluate any change. Parameters were knowledge about HIV ways of transmission, access to HIV testing, health services provided and attitude towards PLHIV. Data collected through medical students with ethical approval then analyzed using SPSS.

**Results:** At baseline only 1012 (56.2%) identified at least three ways of HIV transmission, (25%) show offended emotional reaction towards PLHIV and only (70.6%) expressed their approval to provide medical service to PLHIV. Reasons were due to the link between HIV and forbidden sexual practices also for fear of transmission. After the awareness campaign 1495 (83%) identified at least three ways of HIV transmission. The attitude towards PLHIV improves so offending emotional reaction towards PLHIV become only (19%) and (85.6%) expressed their approval to provide medical service

**Conclusions:** School based education for medical students is an effective tool in enhancing HIV knowledge and improving future medical professions attitudes towards PLHIV. Medical curricula should sensitize the medical staff and students for the active participation in the battle against AIDS.

PRESENTING AUTHOR'S NAME	ZAPATA Tomas
PRESENTING AUTHOR'S COMPANY	UNFPA
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

Innovative Framework And Methodology To Assess SRH/HIV Integration In Namibia

## ABSTRACT

**Background:** As part of an EU funded project on SRH-HIV linkages, with the support of UNFPA and UNAIDS, the MoHSS is conducting a study on integration of HIV and SRH services in six pilot health facilities in Namibia to assess the most effective integration model. Based on the WHO definition of integration the importance of breaking down integration into practical questions about who (provider) does what (service), where (setting) and when (time) was acknowledged. These four dimensions of integration were used to analyse the organisation of primary health services and the level of HIV and SRH service integration in six pilot health facilities.

**Methods:** Direct observation was the main methodology used to access the four dimensions of integration in the pilot health facilities. Specific tools were developed to collect data during direct observation. "Time" dimension (when) data was collected through a specific tool analysing the days and times that health services were provided in pilot health facilities. "Provider" (who) and "Setting" (where) dimensions were analysed through: a) Questionnaire administered to the nurse in charge, collecting data on number of staff in the health facility, qualification, language and trainings attended. b) Questionnaire collecting data on health services provided in the clinic, by whom, where, and the frequency nurses rotated in each service. c) Maps of the health facilities to track patient flow and the number of nurses attending to patients in each consulting room. d) Tools to register patient waiting times for first ANC, ANC follow-up, Family Planning and HCT) Recording of qualitative information on quality of services. "Service" (what) dimension was

analysed through direct observation, completing a tool guide describing which HIV services are integrated into what SRH services and vice versa in the health facilities. Finally a patient satisfaction tool was administered.

**Results:** Under "time" dimension, analysis showed that some services, such as first ANC or ANC follow-up are only provided once a week, posing challenges for accessibility and integration. "Provider" and "space" analysis revealed that 5 health facilities doing referrals within same facility were less efficient with longer patient waiting times than one health facility following a model with one nurse providing comprehensive care to one patient in one consulting room. The "service" dimension data revealed very low levels of SRH and HIV service integration in 5 out of 6 pilot health facilities (from 20% to 28.6%), e.g. condoms were not provided by nurses in any of the six pilot facilities and STI screening or HCT was not occurring in Family Planning services.

**Conclusions/Recommendations:** The four dimensions framework and direct observation methodology in Primary Care has proved very helpful to analyse HIV and SRH integration and define how to reorganize health services to improve integrated service delivery. This methodology complements rapid assessments for SRH/HIV integration and merits replication in other African countries.

PRESENTING AUTHOR'S NAME	ZERBE Allison
PRESENTING AUTHOR'S COMPANY	ICAP, Columbia University
SESSION TYPE	Poster Session 1
SESSION TITLE	PS1 - Poster Session 1

## ABSTRACT TITLE

### Perceptions of Male Circumcision as an HIV Prevention Strategy in Lesotho

## ABSTRACT

**Background:** Lesotho has one of the world's most severe HIV epidemics, with 23.3% adult HIV prevalence in 2011. 1) HIV prevalence is significantly higher among circumcised men age 15-59 (20.6%) than among uncircumcised men in the same age group (16.1%). 2) Many Basotho men are circumcised at traditional initiation schools, a symbolic rite of passage that does not involve complete foreskin removal. There has been little qualitative inquiry of MMC in Lesotho to assess its perceived acceptability for HIV prevention. To address this gap, our study explored perceptions of MMC among a sample of Basotho men and women.

**Methods:** Using convenience sampling, 200 pregnant and recent post-partum women and 30 male key informants were recruited in Mafetang and Mohale's Hoek in Lesotho between April-July 2011. Surveys, focus groups and in-depth interviews were used to explore knowledge and attitudes regarding HIV and prevention strategies, including male circumcision, as well as women's assessment of their partner's knowledge and attitudes regarding HIV and prevention strategies.

**Results:** Men and women were aware that male circumcision lowers one's risk for HIV. Men acknowledged that MMC may be medically preferable, but were concerned MMC would replace traditional circumcision at initiation schools, perceived as integral to Basotho men's transition into manhood and attainment of social status. Some men discussed the possibility of training traditional healers to perform medical circumcisions at initiation schools. Overall, attending initiation school was perceived to be of higher significance and to hold more value than undergoing MMC and being left out of a meaningful Basotho cultural institution. Women were more accepting of the idea of MMC, although many worried that men who were circumcised would no longer accept condom use.

**Conclusions:** This study highlights how deeply embedded Basotho cultural tradition may influence and create barriers to MMC as an HIV prevention strategy. More studies are needed to determine a feasible way to increase MMC while preserving Basotho cultural tradition and the possibility of working with traditional healers to implement MMC.



