

# INTRODUCTION TO THE TOOLKIT

I.



# Introduction to the Toolkit

## **The Global Situation: Progress and Challenges**

Despite significant challenges, in the past decade the global expansion of prevention of mother-to-child transmission of HIV (PMTCT) and HIV care and treatment programs has been dramatic. This expansion is particularly evident in sub-Saharan Africa. By the end of 2009, 5.25 million people living with HIV (PLHIV) globally were receiving antiretroviral treatment (ART), representing 52% of those in need. In addition, over half of the 1.4 million pregnant women living with HIV had received antiretroviral drugs (ARVs) for PMTCT, up from 15% in 2005. Despite these successes, however, many countries are still using simplified, less-efficacious PMTCT regimens and many pregnant women with advanced HIV infection are not starting lifelong ART for their own health. Further, according to the World Health Organization (WHO),<sup>1</sup> only 35% of HIV-exposed infants received ARVs for PMTCT in 2009 and only 15% received an HIV test within the first two months of life.

## **Rationale for Developing the Toolkit**

With this rapid expansion of services, as well as the gaps that remain in service access and uptake, comes the need to develop innovative and responsive approaches to support clients' and family members' retention in care, and adherence to care and medicines over the long term. Recently, the lack of guidance and tools for health workers to address issues surrounding clients' adherence and psychosocial support has been identified as a crucial gap in PMTCT programs. Further, the recently updated WHO guidelines, which recommend that mothers start taking ARVs earlier in pregnancy and that mothers or their babies continue prophylaxis for an increased length of time postpartum, necessitate heightened support for adherence to PMTCT services and medications. In response, The International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University's Mailman School of Public Health (MSPH) developed this Toolkit to specifically support retention, adherence, and psychosocial support within PMTCT programs.

The materials in this Toolkit are designed to aid multidisciplinary care teams in providing women, families, and babies with increased support for retention, adherence, and psychosocial wellbeing throughout the continuum of PMTCT care. The materials are intended to improve the knowledge, skills, and confidence of a range of professional and lay health workers within PMTCT programs, thus enhancing the scope and quality of services available to PMTCT clients and their families. In addition, the forms and guides included in the Toolkit are intended to support the development of the systems needed to successfully improve retention, adherence, and psychosocial wellbeing among all PMTCT clients. All of the materials included in the Toolkit are generic in form, and thus allow Ministries of Health, provincial and district authorities, health facilities and health workers, and implementing partners to adapt the content to suit specific programmatic and policy contexts.

---

<sup>1</sup> WHO/UNAIDS/UNICEF (2010). *Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector. Progress report 2010*. Geneva, Switzerland: WHO/UNAIDS/UNICEF. Available at: <http://www.who.int/hiv/pub/2010progressreport/report/en/index.html>

## **Overview of the Toolkit**

**The Toolkit contains 6 major sections, each marked with a tab:**

**Section 1** provides an overview and introduction to the Toolkit.

**Section 2** provides guidance and tips on adapting the Toolkit materials to specific country and program settings.

**Section 3** consists of an implementation workshop curriculum, including a Trainer Manual, Slide Set, and a Participant Manual. The curriculum reinforces the importance of retention, adherence, and psychosocial support within PMTCT services, introduces participants to the Toolkit materials, and guides participants in developing an action plan to improve retention, adherence, and psychosocial support services as well as in integrating the materials into their work.

**Section 4** contains a series of PMTCT Counseling Cue Cards. Each counseling cue card focuses on a specific topic important to the care and support of pregnant women living with HIV, their children, and families, across the PMTCT continuum of care. These cue cards are intended to serve as important job aides and reminders of key information for counselors and other health workers to cover during clinical sessions with pregnant women and newly delivered mothers, their partners, family members, and supporters.

**Section 5** contains adaptable templates of forms and guides that can be used by health workers to support and assess clients' retention in, and adherence to, PMTCT services and medicines, as well as their psychosocial wellbeing. The forms and guides include:

- *PMTCT Pre- and Post- HIV Test Counseling Checklists* to be used by health workers when providing pre- and post- test counseling to PMTCT clients.
- *A PMTCT Psychosocial Assessment Guide and Reporting Form* to be used by health workers when conducting initial and follow-up psychosocial assessments with PMTCT clients.
- *Adherence Preparation and Support Guides* to be used by health workers to help clients prepare to adhere to their own (and their babies') care and treatment plans and when providing ongoing adherence support.
- *Adherence Assessment and Follow-up Guides* to be used by health workers to assess adherence and to learn more about adherence challenges the client may be facing, as well as to provide ongoing adherence support.
- *Appointment book and appointment reminder card templates* to be adapted and implemented by clinics in order to keep track of appointments and to help trace patients lost to follow-up, as well as to help clients keep track of upcoming appointments.

**Section 6** contains an educational video reinforcing key PMTCT messages and the importance of adherence to PMTCT services and medicines throughout the spectrum of care. This educational video can be shown and facilitated to a wide range of audiences, including PMTCT clients, family members, and caregivers of HIV-exposed and HIV-infected children. The video can be used in a variety of settings, including in clinic waiting rooms, as part of group education sessions, and in the community.