Implementation of quality services in the context of PMTCT expansion in the Democratic Republic of Congo

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Background

The Democratic Republic of Congo (DRC) has a relatively low HIV prevalence, overall: 1.1% in the general population and 3.5% in some higher prevalence areas based on antenatal care (ANC) surveillance. Despite this low prevalence compared to many other countries in sub-Saharan Africa, with a population of roughly 70 million DRC is among the top ten countries in terms of people living with HIV (PLWH), estimated at 1,185,464 (PNDS, 2010). The coverage of HIV prevention and care and treatment services remains low: only 298 out of 515 health zones have at least one facility providing prevention of mother to child transmission (PMTCT) services. In 2012, PEPFAR designed a PMTCT expansion plan that aimed to provide HIV testing to 300,000 pregnant women yearly and to initiate antiretroviral (ARV) treatment or prophylaxis for the 5,400 HIV positive pregnant women that are expected to be identified.

ICAP in DRC has implemented a hub and spoke model to respond to this dramatic expansion of services in Kinshasa and Katanga Provinces, where it is a PEPFAR implementing partner. Spoke facilities provide HIV counseling and testing, syphilis testing, hemoglobin, dried blood spot (DBS) sample collection for early infant diagnosis, cotrimoxazole prophylaxis, TB screening, screening for survivors of sexual and gender based violence (SGBV), ARV prophylaxis, and in some cases ART treatment. In addition to spoke services, hub facilities perform CD4 count, ART treatment, and care of SGBV survivors.

Strategies

ICAP in DRC has rapidly implemented the expansion of facilities able to provide high quality PMTCT services in Katanga and Kinshasa by:

1. Capacity building:
   - Training of trainers
   - HCW training by wave
   - Intensive mentorship at service initiation until site demonstrate capability

2. Hub and spokes model

3. Peer support activities and support group meetings: 5 peer educators for each hub and one for each spoke for psychosocial support.

4. Lab network:
   - Finger prick for HIV testing and same day results
   - Blood drawn, sample transportation and result return for CD4
   - DBS sample collection and transportation and result return
   - Quality control for HIV rapid testing by the HIV/AIDS referral national lab (LNRS) and hub labs for spokes

Results

ICAP started PMTCT activities in February 2011 with only three facilities and then expanded to 21 sites by March 2012. With support of the PEPFAR PMTCT expansion plan, ICAP increased the number of sites from 21 to 107 sites within the next six months, and then to a total of 189 sites by June 2013. The result of this expansion has been a dramatic increase in the number of pregnant women tested and who received their HIV test results: approximately 20,000 each quarter.

- In total, 81% of HIV positive pregnant women received ARVs for PMTCT. Denial of HIV status and loss to follow-up were the main reasons for not achieving 100% coverage.
- Fifty-five percent of HIV exposed infants (HEI) received HIV diagnostic testing with PCR at two months. Challenges to full coverage of HEI were:
  - Centralization of HEI follow-up in maternal services where the proportion of women who return for the 6th week postnatal care visit is low.
  - Only one lab in Kinshasa (LNRS) is currently performing PCR testing
  - Lost to follow-up of HEI.

Next Steps

- Transition to option B+ in all PMTCT sites using a staggered approach after a three-month pilot phase in Lubumbashi
- Use of the PMTCT platform in sites with option B+ to expand care and treatment activities for all other patients attending those facilities