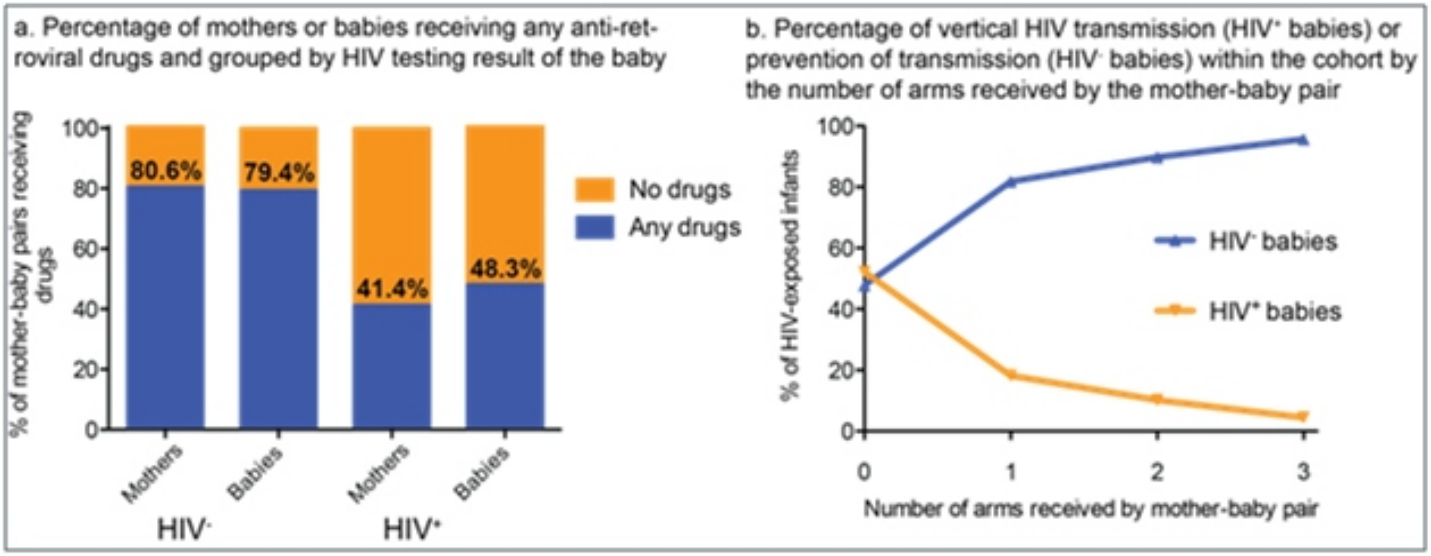
Figure 2: Vertical HIV transmission is clearly reduced when mother-baby pairs receive antiretroviral drugs during any arm of the cascade.



CONCLUSION

In general, most men and women are aware of PMTCT services but the most commonly cited challenge of taking an HIV test with the possibility of being found to be positive by all mothers was stigma and discrimination. For women, the fear of breaking up their marriage or relationships if their partners should find out their HIV status also prevents many women from accepting to enroll into the PMTCT programme or to drop out even if they had initiated the process.

KEY RECOMMENDATIONS

- It is entirely possible to altogether eliminate new HIV infections through vertical HIV transmission in Liberia. Increasing the quality of PMTCT services, through strong peer mentor programs, health care worker as well as patient commitment in the program, and consistent provision of antiretroviral drugs throughout the PMTCT cascade as recommended by the most recent WHO guidelines, can considerably decrease vertical HIV transmission.
- Service providers must be well-trained, supportive staff who take great care to ensure confidentiality.
- More counselling needs to be done to enable women to handle and accept their test results, be able to disclose effectively to their men and to other relevant people.
- Massive sensitizations about HIV and AIDS, and conduct outreaches that involve counselling and testing as well as organizing workshops at district and village levels to reach information to pregnant women.

In consideration of social cultural factors that may have an influence on men's involvement in PMTCT and even other health services, it may be worthwhile to develop message that take these into context to make them contextually relevant.

- Organize a mother peer to peer follow up system at facility level to enhance retention, increase treatment adherence and reduce the rate of lost to follow up.
- Involvement of traditional birth attendance (TBAs) and traditional healers to strengthen the referral of pregnant women to increase institutional delivery. This will be done by PMTCT community based training and demand creation through awareness campaigns.

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Prevention of Mother- to-Child Transmission of HIV Impact Study 2012

Key Findings

INTRODUCTION

With the prevalence of HIV among pregnant women at 2.6% (ANC sentinel survey 2011) from 5.7% in 2006, we can say that it is showing a downward trend. The scale up of PMTCT services while strengthening quality of care has been a crucial component of the national response to HIV. The number of facilities providing PMTCT services has increased from 18 in 2007 to 355 as of September 2012. After more than 5 years of intervention, the need for an evaluation to measure the impact cannot be over emphasized.

OBJECTIVES

The primary aim of the study was to assess the performance of the PMTCT services in Liberia, as well as understand factors affecting pregnant women's participation in PMTCT. Specifically, the study intended to accomplish the following three objectives:

1.Calculate national rate of HIV transmission from pregnant women to their children
2.Calculate attrition rates at each stage of the cascade of PMTCT services
3.Identify factors influencing or causing patient attrition at each stage of the cascade of PMTCT services

RESULTS

Providing mother-baby pairs with antiretroviral drugs throughout pregnancy and breastfeeding can dramatically reduce vertical HIV transmission. Less than 40% of the HIV positive pregnant women in the cohort received antiretroviral drugs at any stage of the PMTCT cascade, while only 26% of HIV exposed infants received antiretroviral prophylaxis. Furthermore, less than 44% of mother-baby pairs received antiretroviral drugs at any stage of the PMTCT cascade (See above Figure 1). The PMTCT cascade can be broken down into 'arms', noted as pregnancy, labor and delivery, and breastfeeding. At all other facilities, of the mother-baby pairs receiving antiretroviral drugs, over 70% only received drugs during one arm of the cascade (See Figure 2). Finally, using a sophisticated PMTCT and Pediatric HIV Impact Model we determined the vertical HIV transmission rates within this cohort. Modeling vertical HIV transmission in the cohort found that when women received antiretroviral drugs the transmission rate was 3.7% at six weeks and 16.4% at the end of breastfeeding. After adjusting for all other including the length of breastfeeding in the model, the weighted vertical transmission rate was 13.7%. Factors responsible for the low uptake of PMTCT services ranges from the fact that men wound not accept an HIV positive test results of their women, women being afraid of stigma and denial of test results amongst others. *"When I get to know my partner was tested HIV positive, I will keep quiet and will not want to be with you again."*

Figure 2a- 2d: The percentage of mothers and mother-baby pairs in the cohort receiving antiretroviral drugs by facility or step in the PMTCT cascade