



U.S. Agency for
International
Development

Bureau for
Global Health

SUCCESS STORIES

HIV/AIDS

Integrating Prevention-of-Mother-to-Child-Transmission into Existing African Health Care Systems

NEARLY 800,000 BABIES PER YEAR—most of them in sub-Saharan Africa—are infected with HIV as a result of transmission of the virus from the pregnant mother to the child. As the number of infected children continues to rise, threatening to reverse hard-won advances in child survival rates, cost-effective and efficient methods are needed to reach HIV-infected pregnant women to prevent the spread of HIV to their infants.

In Kenya and Zambia, the Horizons Program, funded by the U.S. Agency for International Development and carried out by the Population Council and its partners, is helping those respective governments test comprehensive packages of services in antenatal clinics to prevent mother-to-child transmission of HIV. It is widely known that mother-to-child transmission of HIV can be greatly reduced through the expansion of high quality antenatal, delivery, and postpartum care; voluntary and confidential HIV counseling and testing; short-course antiretroviral drug therapy; and the use of breast milk substitutes or possibly exclusive breastfeeding. The effective integration of these elements into existing, already overburdened health service is the focus of the Horizons study. The findings will contribute critically needed information to planners and policymakers searching for the best means to prevent mother-to-child transmission.

The findings to date indicate that the capacity of the clinics to provide services and the client acceptance of prevention services will continue to grow as the programs mature.

In Kenya, partners in the Horizons study include the Network of AIDS Researchers in East and Southern Africa, the Ministry of Health, the National AIDS Control Program, and UNICEF/Kenya. In Zambia, Horizons works with the Mother-to-Child Transmission Working Group, UNICEF/Zambia, Japan International Cooperative Agency, and the Norwegian Agency for Development Cooperation.

Since the study began in 2001, nearly 10,000 women have been counseled and tested for HIV in the project test sites. Of those testing positive, 45 percent accepted and received antiretroviral therapy, indicating both the capacity of the clinics to provide services and the acceptability of the interventions to clinic attendees. Now, however, programs face the problem of maintaining this demand and coping with success.

Health workers and antenatal clinic staff express enthusiasm for the training they have received in counseling and other services to prevent mother-to-child HIV transmission. These workers report for the first time that they feel “empowered” to make a real difference in addressing HIV in their communities and that they have achieved new status among their clients and their communities. Unfortunately, the health systems are hobbled by shortages of staff and medical supplies; inadequate supervision; and lack of good monitoring and evaluation. Clinics with high case loads struggle to provide sufficient numbers of counselors to meet the demand for pretest counseling, a key entry point for HIV testing and other prevention and care services

The findings to date indicate that the capacity of the clinics to provide services and the client acceptance of prevention services will continue to grow as the programs mature. Overall, the introduction of prevention of mother-to-child transmission services appears to have rekindled interest in lobbying for better quality antenatal and delivery care. And the programs in Kenya and Zambia are championing changes in policies, service-delivery practices, and resource allocation.

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