



Linking Women Who Test HIV Positive in Maternity Services to HIV Care and Treatment Services in Kenya: Missed Opportunities

Laura Ferguson¹, Alison Grant¹, John Ong'ech^{2, 3}, Karina Kielmann¹, Deborah Watson-Jones¹, David Ross¹

¹ London School of Hygiene & Tropical Medicine, UK

² University of Nairobi, Kenya ³ Elizabeth Glaser Pediatric AIDS Foundation, Kenya

E-mail: laura.ferguson@lshtm.ac.uk

Background

- Provider-initiated HIV counselling and testing at antenatal care (ANC)/delivery services available in Kenya since 2005
- No information on whether pregnant women who test positive access services for their own HIV care and treatment.

Aims

- To measure attrition between numbers of women testing HIV positive in ANC/delivery services and those enrolled at the HIV clinic
- To measure attrition between enrolment at HIV clinic and use of HIV-related services

Methods

Review of secondary data:

- individually-linked data from one hospital within the district
- routinely-collected district-level data from all 51 facilities offering HIV testing within ANC/delivery services or HIV services



Analysis

- Individual client records were checked to assess use of services
- Use of HIV-related services was analysed by location of HIV diagnosis within the hospital

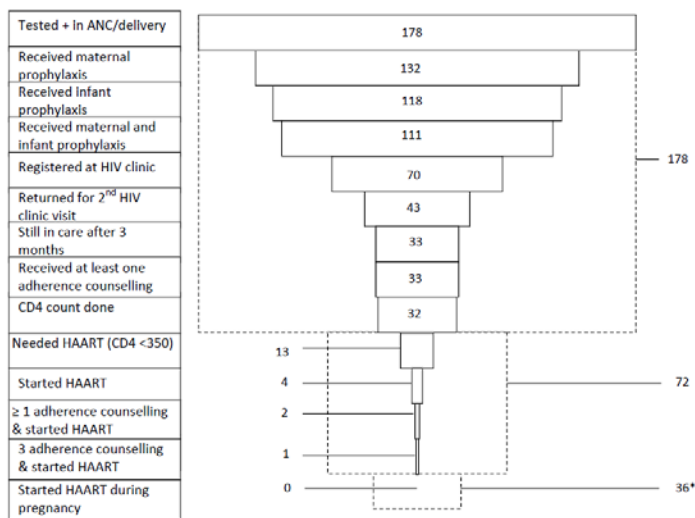
Setting

Naivasha District, Kenya

Results – Hospital-level

- 178 women tested HIV-positive in antenatal/delivery services between 1st Jan. 2008 and 30th Sept. 2009.
- By 31st Dec. 2009, only 70 (39%) had registered at the hospital's HIV clinic:
 - ☐ 60 (86%) within one month of diagnosis
 - ☐ 43 (61%) returned for a second visit to the HIV clinic.

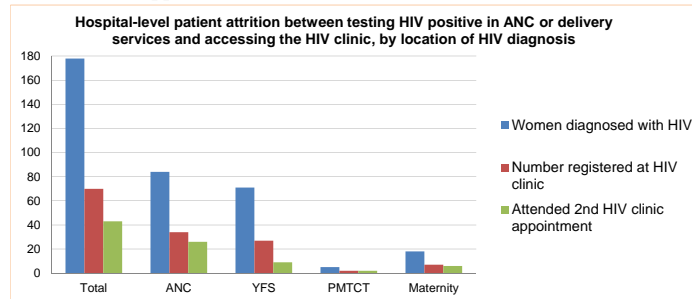
Piot-Fransen model illustrating the patient cascade from HIV testing in antenatal and delivery services to HIV-related services at the study hospital



* The hypothesized 36 women who could have initiated HAART during pregnancy is based on the fact that 50% of women were diagnosed with HIV at or before 28 weeks gestation, which would leave time for HAART initiation during pregnancy.

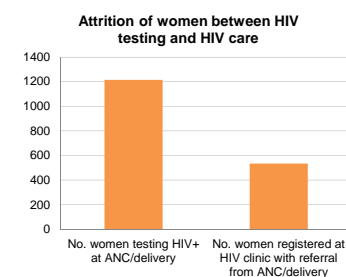
Results – Hospital-level (continued)

- 44/108 (41%) women who did not register at HIV-related services visited antenatal/delivery services more than once
- Patient pathways to the HIV clinic are complex requiring multiple visits to the hospital
- Despite different patient pathways to the HIV clinic:
 - ☐ Site of initial HIV diagnosis not associated with enrolment at HIV clinic
 - ☐ Women diagnosed at youth-friendly antenatal services less likely to attend 2nd appointment at the HIV clinic



Results – District-level

- 19,739 pregnant women tested for HIV at ANC/delivery between 1 Jan. 2008 and 30 Sept. 2009,
- 1,216 women (6.2%) tested HIV+
- During the same period, only 535 women registered at HIV clinics referred from ANC/delivery



Conclusions

- Only 39% of pregnant women who tested HIV positive in ANC/delivery services entered adult HIV care and treatment services.
- There are multiple missed opportunities for linking women to the HIV clinic.
- Patient pathways into HIV care and treatment are too complex and should be simplified.
- Reducing the number of hospital visits required e.g. by making CD4 count testing available every day may encourage uptake of HIV care services.
- Electronic hospital records may improve linkage to the HIV clinic.

Acknowledgements

This study was funded by the UK ESRC/MRC, Evidence for Action, Parkes Foundation and University of London Central Research Fund.