The STT International’s 27th International Nursing Research Congress

Implementation of Guidelines to Prevent Mother-to-Child-Transmission (PMTCT) of HIV in Malawi: A Qualitative Descriptive Multiple Case-Study

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BACKGROUND

1. The HIV burden in women and children in Malawi with infection rates of:
   a. 13% in women aged 15–49 years
   b. 10.6% in pregnant women
   c. 12,000 children contracted HIV through Mother-to-child transmission in 2011.

2. The STT International’s Chifundo Colleta Zimba and Jennifer Leeman created the Option B+ guidelines in 2011 to address this critical issue.

3. Malawi also needs to be fully implemented within the Malawian healthcare system.

OBJECTIVES

1. To identify and ascertain HIV status of HIV-exposed children.
2. To supply three bottles of 25mls each of Nevirapine (NVP) syrup to all HIV-infected women for their HIV-exposed babies at first opportunity once the woman is known to be HIV-infected.
3. To initiate the integrated mother/future follow-up.
4. To ascertain HIV status for all the HIV-exposed children by collecting at least one desipramine anti-polymerase chain reaction (DNS-PCR) sample from each HIV-exposed child from the age of six weeks.

METHODS

Design

Descriptive multiple case-study

Sampling

Purposive sample clinics were sampled from a total of 134 clinics. Clinics that fell within the top or bottom quartile for the proportion of eligible women who tested for HIV in Fiscal Year 2012-2013 were selected.

Data Collection

In-depth interviews were done with 18 informants:

- n=12 guidelines implementers (service providers)
- n=6 provided support for implementation

In order to assess implementation, all informants were asked to what extent the study clinics were carrying out each of the core components of the Option B+ guidelines (see table 1).

Data Analysis

Responses were ranked from zero to three:
- n=2 Low performing (LP)
- n=6 provided support for implementation
- n=12 guidelines implementers (service providers)

Results

All four clinics reported full implementation of most core components (see table 1).

Implementation Gaps

- Documentation of rendered activities.
- Failure to follow-up and mobilize the served communities.
- Failure to identify and ascertain HIV status of HIV exposed children

CONCLUSION

Table 1. Study Informants’ Perceptions of Implementation of Option B+ Guidelines

<table>
<thead>
<tr>
<th>Core Components</th>
<th>LP-1</th>
<th>LP-2</th>
<th>HP-1</th>
<th>HP-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community sensitization and mobilization activities.</td>
<td>1.5</td>
<td>3</td>
<td>2.6</td>
<td>2.8</td>
</tr>
<tr>
<td>2. HIV testing of all pregnant and breast-feeding women at each visit.</td>
<td>2.5</td>
<td>3</td>
<td>2.6</td>
<td>2.8</td>
</tr>
<tr>
<td>3. Checking health passport to determine HIV status at each visit.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>4. Routinely offering an HIV test through provider-initiated offering and counseling to all pregnant and breastfeeding women who seek healthcare services at this clinic.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>5. Conducting health education that is designed to inform the HIV-infected women and their family members that once antiretroviral drugs (ARVs) are started, they must be taken every day for life.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>6. Initiation of lifelong ART, such as tenofovir disoproxil fumarate (FTC) or stavudine (D4T), to all identified HIV infected pregnant and breastfeeding women on the day of or within seven days of HIV diagnosis regardless of women’s CD4 count or the clinical stage.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>7. Supplying three bottles of 25mls each of Nevirapine (NVP) syrup to all identified infants whose mothers are HIV-infected at time of birth.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>8. Initiating the integrated mother/future follow-up.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>9. Accepting HIV status for all the HIV-exposed children by collecting at least one desipramine anti-polymerase chain reaction (DNS-PCR) sample from each HIV-exposed child from the age of six weeks.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>10. Accepting HIV status for all the HIV-exposed children by collecting at least one recommended HIV test for the HIV-exposed children?</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>11. Proper documentation of all rendered PMTCT activities in correct registers or cards.</td>
<td>3</td>
<td>3</td>
<td>2.6</td>
<td>3</td>
</tr>
</tbody>
</table>

Overall Rating

2.5 2.8 2.7 3.0

Note: Core Components with bold ratings showed the most variation

- After three years’ experience implementing the Option B+ guide-lines, all four Malawian rural clinics reported full implementation of most of the guidelines’ core components.
- Further research is required to develop and test implementation support strategies that may enhance:
  a. Community awareness
  b. Quality documentation
  c. Early identification of HIV exposed children in order to prevent mother-to-child transmission of HIV in Malawi.