



Rapid results: implementing new guidelines for promising outcomes in the prevention of mother-to-child transmission of HIV



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### 1. Background

In Rwanda, HIV prevalence among pregnant women is 6.9% and the mother-to-child transmission (MTCT) rate is 4.2% (DHS 2010). In November 2010, Rwanda adopted a new protocol corresponding to 2010 World Health Organization (WHO) guidelines for the prevention of MTCT (PMTCT) that aim to reduce transmission to <5% and <2% in breastfeeding (BF) and non-BF populations respectively. Azidothymidine-based monotherapy was replaced with tenofovir-based triple antiretroviral therapy (HAART) prophylaxis/treatment. HIV-exposed infants now receive once-daily nevirapine (NVP) from birth to six weeks.

### 2. Methodology

IntraHealth International's USAID-funded HIV/AIDS Clinical Services Program supported 39 health facilities to rapidly implement the new protocol. With district teams, IntraHealth supported training for health providers, drug requisition, and the provision of relevant tools. Site supervision and mentorship were intensified. IntraHealth also developed a multivariate system in Excel 2007 to track mother-infant pairs.



### 3. Results

From January 1-June 30, 2011, 303 HIV-positive pregnant women received PMTCT services at IntraHealth-supported facilities.

In total, 137 (45%) received short-term prophylaxis, 155 (51%) initiated lifelong HAART, and 9 (3%) received no treatment. Treatment data for two (1%) women were unavailable. The median gestational age of ART initiation was 20 weeks (range 8-38).

By June 30, 287 women delivered 293 infants, of which 4 (1.4%) died at birth or before 6 weeks.

Of 289 infants, 282 (98%) received NVP. By June 30, 275 (95%) infants underwent polymerase chain reaction (PCR) testing at six weeks; 2 (0.7%) tested positive and all received cotrimoxazole.

Follow-up will continue to 18 months when serological tests confirm their definitive HIV status. It is estimated that 245 infants were exclusively breastfed.



### 4. Conclusion

PCR results at 6 weeks indicate lower MTCT than the national average and WHO goals.

Rwanda's rapid implementation of the new protocol puts pregnant women enrolled in PMTCT on treatment early.



### 5. Acknowledgments

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