



# Mobile Voluntary Counseling and Testing Services for Remote Populations in Haiti

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## Abstract

Most women in resource poor countries do not have access to mother-to-child transmission prevention (PMTCT) services. The lack of voluntary counseling and testing (VCT) is a major barrier to PMTCT. In Haiti, the poorest country in the western hemisphere, the rate of HIV is highest in the region. Antiretrovirals (ARVs) are available in Haiti through the Global Fund.

In order to improve access to HIV care for pregnant women in rural Haiti, VCT and Directly Observed Therapy (DOT) with ARV were introduced in June 2003 to serve a population of 200,000 people with 6,000 annual pregnancies by mobile clinics (MC). All pregnant women are eligible for monthly MC food provisions with antenatal care (ANC) starting at 28 weeks and nutrition assessments for the infant until age 2. HIV-positive women benefit from daily DOT worker ("accompagnateur") visits that continue for 9 months postpartum. Program implementation has encompassed a minimum package of basic services including safe water, transportation, and safe feeding options, establishing VCT, identifying and training accompagnateurs, training clinicians in HIV care, and scaling up laboratory services, with monitoring and evaluation.

In 7 months, VCT was introduced at 22 of 25 MC sites with 3215 women tested for HIV and 1.7% HIV seroprevalence. Most HIV-positive women obtained same-day test results, enrolled in the PMTCT program, and accepted DOT-ARV.

We have improved access to HIV testing for rural pregnant women in Haiti and linked HIV care to ANC and postpartum care. Unique strengths of the program include a monitored population registry allowing prospective comparison of infant mortality rate for infants born to HIV-positive and HIV-negative women, provision of food aid to people living with HIV without stigma, and MC DOT-ARV.



Photo by Libby Goff

## Results

- 3215 women tested in 7 months
- 1.7% HIV seroprevalence
- 3.6% syphilis seroprevalence
- 99.9% counseled accepting testing
- 100% tested receiving post-test counseling

### List of Essential Components of Mobile Clinic VCT for PMTCT

- Private room for ANC
- Private room for VCT
- Antibacterial hand cleanser
- Needle disposal container
- Scales for mother and baby
- Gloves
- Folate
- Multivitamins
- Iron tablets
- Metronidazole
- Amoxicillin
- Antiretrovirals
- Intramuscular penicillin
- Azithromycin
- Condoms
- Syringes
- Benadryl
- VCT counselor/phlebotomist
- Rapid HIV tests (2 different assays)
- Rapid RPR test
- Hematocrit
- Formula
- Bottles and nipples
- Safe delivery kits



Photo by Libby Goff



## Background

- Prevention of mother-to-child transmission (PMTCT) of HIV can reduce transmission from 30% to <2%. The challenge in resource poor countries (RPCs) is to identify pregnant women who are HIV-positive through voluntary counseling and testing (VCT) in settings where access to fixed delivery points is problematic.
- In Haiti - the poorest country in the western hemisphere, the rate of HIV infection is highest in the region. Historical data from Haiti suggests that MTCT without ARV is around 30%.
- Antiretrovirals (ARVs) are available in Haiti through the GFATM. In early 2003, a committee directed by the Haitian Ministry of Health developed guidelines for PMTCT with recommendations for short-course AZT.
- Management And Resources for Community Health (MARCH) is a non-profit organization that delivers health care to 200,000 persons in the villages surrounding Mirebalais (a town in Haiti's rural Central Plateau) through a hospital and mobile clinics (MC).
- The focus of services provided by MARCH is on prevention, nutrition education, and maternal and child health. Vehicles bring nurses, food, and health educators to a location easily accessible to villagers.
- In June 2003, MARCH added VCT and PMTCT services to the hospital and MCs. MARCH follows a system of modified directly observed therapy with ARV (DOT-ARV).



Photo by Libby Goff

Table 1. VCT for HIV and Syphilis Testing for Prenatal Women

Indicator	Total
<b>Total prenatal consultations</b>	3512
<b>Women seen at a prenatal visit offered VCT</b>	3216
<b>Women offered VCT who accepted testing</b>	3215
<b>VCT coverage</b>	92%
<b>Pregnant women with a positive HIV test</b>	54
<b>Eligible HIV+ pregnant women treated with ARV for PMTCT*</b>	77%
HIV seroprevalence in pregnant women tested	1.7%
<b>Pregnant women tested for syphilis (RPR)</b>	2448
<b>Pregnant women with a positive syphilis test</b>	87
<b>Pregnant women treated for syphilis</b>	87
<b>Syphilis seroprevalence in pregnant women tested</b>	3.6%

\*5 refused treatment, 3 left the area, 1 was diagnosed late, 1 was enrolled after delivery; does not include Beaumont data (11 women)

## Methods

### Clinical Setting

- For 20 years, MARCH has provided population-based community health services to the target population. The area is divided into 30 sectors, each with a team of a community health worker, assistant worker and family planning aide. For each sector, MARCH keeps a registry of all families and women reported by the health worker to be pregnant, along with an estimation of due date.
- The MARCH hospital is located in Mirebalais, a rural town in Haiti's Central Plateau. The hospital is staffed by 4 physicians, representing the specialties of Obstetrics, Pediatrics, Internal Medicine, and Surgery. There are two distant satellite sites, one at Savanette (4 hour drive from Mirebalais) staffed by a Cuban physician and nurse midwife and one at Beaumont (9 hour drive from Mirebalais) staffed by an obstetrician, 3 GPs, a nurse midwife, and nurses.
- The mobile clinic (MC) teams consists of two nurses, a food distributor, a phlebotomist/laboratory technician/VCT counselor, and PTME field coordinator.
- Population serviced: 200,000 with 6000 pregnant women seen annually.
- Services include a monthly food distribution to pregnant women beginning in their third trimester and continuing throughout the first 24 months of the child's life, a basic antenatal care (ANC) package that includes: weight, physical examination, obstetric evaluation, a complete blood count and RPR and screening for infant malnutrition.

### Intervention

- MC VCT including remote site testing, same-day syphilis and HIV test results and post-test counseling.
- HIV-positive patients are referred to Mirebalais or Beaumont hospital for DOT-ARV by an "accompagnateur" beginning at 36 weeks and continuing until 9 months after delivery or longer if the baby is sick.



Photo by Libby Goff

## Discussion

### Program Successes

- VCT coverage has been high during the first 7 months of implementation. A population census and registry of pregnant women along with a monthly food provision provide a unique arrangement to identify HIV-positive women prior to delivery and maintain monthly contact throughout the pre- and postpartum periods.
- Acceptance of HIV testing has been exceptionally high. Because the service and treatment are provided at no additional cost and the testing is done in concurrence with other antenatal blood testing patients are more likely to consent.

### Problems Encountered

- Local recruitment of qualified staff for rural mobile clinic VCT has been a limitation. We have found that nurse-midwives trained in Port au Prince are well adapted for this position but local nurses with less training are more retainable.
- VCT coverage has been limited by the lack of a designated VCT/PMTCT vehicle.
- Management of the HIV-positive pregnant woman requires referral to the provincial hospital. Providing transportation costs for monthly visits has improved follow-up.
- Mobile clinic testing for other sexually transmitted infections (STIs) remains a challenge.

### Conclusion

Mobile Clinic VCT improved access to HIV testing for rural pregnant women in Haiti and linked HIV care to ANC and postpartum care.

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