

Preventing mother-to-child transmission of HIV: Impact of mothers2mothers programmes in eastern and southern Africa

The urgency of preventing mother-to-child transmission (PMTCT) of HIV is clear. An estimated 530,000 children were newly infected in 2006, mostly through mother-to-child transmission. Without treatment, half of the infants born with the virus will die before age two.

Significant reductions in mother-to-child transmission, however, can occur through implementation of basic but critical actions, such as identifying HIV-infected pregnant women by offering routine HIV testing, enrolling them in PMTCT programmes, ensuring that health systems are fully able to deliver effective antiretroviral regimens both for prophylaxis and for treatment, and supporting women in adhering to optimal and safe infant feeding.

Even when these services and interventions are available, many pregnant women do not access them because they do not receive the necessary information, they are afraid of attached stigma, or health-care workers are overextended. Lack of participation in programmes related to postpartum PMTCT is common in many countries, even if women have received PMTCT services during their pregnancy.

mothers2mothers (m2m) is an innovative, facility-based programme currently operating in 73 sites in South Africa and 15 sites in Lesotho. The programme adopts an approach using education and empowerment to prevent mother-to-child

transmission of HIV, combat stigma within families and communities, and keep mothers alive through treatment adherence. Founded by Dr. Mitch Besser in 2001, m2m is based on the premise that mothers themselves are among the strongest mentors and supporters of expectant mothers.

The aim of m2m is to bring women in antenatal care together with peer counsellors and mentors to discuss health, HIV prevention and postpartum childcare. The programme trains and employs HIV-infected mothers who have already benefited by participating in PMTCT programmes as peer educators or 'mentor mothers', and is working with local health-care facilities and non-governmental organizations to implement a model that can be integrated with national PMTCT efforts in sub-Saharan Africa. Mentor mothers are peer educators for pregnant women. Their training allows them to counsel on HIV infection and antiretroviral treatment, promote behaviours to help prevent mother-to-child transmission, discuss the importance of appropriate follow-up for the mother and child after birth, and offer approaches for negotiating safer sexual practices and nutritional guidelines for women living with HIV.

The organization is expanding rapidly. It already has international partnerships in Botswana and Ethiopia and is in the process of rolling out new programmes in Kenya, Rwanda and Zambia.

The importance of programmes like m2m cannot be overstated, given the growing escalation of treatment regimens and the stretched resources of many health facilities in settings of high HIV prevalence. New PMTCT guidelines from the World Health Organization are calling for introduction of more complex antiretroviral regimens in an effort to further reduce rates of transmission from mother to child. There is greater emphasis on increasing access of HIV-infected pregnant women to treatment for their own health, and a push to ensure that more children coming from PMTCT programmes receive early diagnostic testing. Programmes such as m2m, which involve committed, knowledgeable members of the community to promote the success of PMTCT initiatives, are increasingly vital in supporting health providers in the prevention and treatment of AIDS.

m2m strongly believes that mentor mothers should be appropriately recognized for their significant contributions. According to Dr. Besser, "Mentor mothers who have gone through PMTCT services themselves are recruited locally and paid a stipend for the work they do, making them professional members of the health-care team."

An independent evaluation of m2m was recently conducted by the Population Council's Horizons Programme. Several encouraging results associated with programme participation were noted, including the following:

- Postpartum women who had two or more contacts with m2m were significantly more likely to have disclosed their serostatus to someone than non-participants (97 per cent for participants against 85 per cent for non-participants; p-value <.01).
- Postpartum programme participants were significantly more likely to have received nevirapine to prevent mother-to-child transmission of HIV than non-participants (95 per cent for participants against 86 per cent for non-participants; p-value <.05).
- m2m programme participants were significantly more likely to report an exclusive method of feeding (either exclusive breastfeeding or infant formula but no breast milk) than non-participants.
- m2m participants were significantly more likely to undergo CD4 testing during their last pregnancy than non-participants (79 per cent vs. 57 per cent; p-value <.01). (CD4 cells are white blood cells that form a key part of the human immune system. They are also those most vulnerable to HIV infection. The lower the CD4 cell count, the weaker the immune system and the higher the risk of opportunistic infection.)

See References, page 107.