

Outcome Evaluation of Early Implementation of Option B+ in Cameroon

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ABSTRACT

Mother to child transmission (MTCT) of HIV constitutes a major source of new infections in Cameroon. The aim of this implementation research was to assess outcomes and effectiveness of providing life-long antiretroviral therapy (ART) for HIV-positive pregnant and breastfeeding women (Option B+). From October 2013 to July 2014, HIV-positive pregnant and breastfeeding women, not on antiretrovirals (ARVs), were recruited from 22 purposefully selected health facilities in the Northwest and South-west regions for a prospective, observational cohort evaluation. Option B+ was offered to participants and outcome indicators were measured. Out of 680 women eligible for this assessment, 669 (98%) were initiated on Option B+. Retention-in-care was 90% (95% CI, 87.85-92.61) and 79% (95% CI, 75.20-81.88) and loss to follow up (LTFU) was 7% (95% CI, 4.95-8.90) and 15% (95% CI, 12.06-17.56) at 6 and 12 months, respectively. Maternal mortality at 12 months after ART initiation was 2% (13). As of March 2015, 538 HIV exposed infants (HEIs) were enrolled and received postpartum Nevirapine prophylaxis within 72 h of birth and 84% (454) were on Cotrimoxazole at 6 to 8 weeks. By 8 weeks of age, 515 infants had HIV DNA PCR test with 486 (94.4%) negative, 12 (2.3%) positive and 17 (3.3%) had unknown results. In Cameroon, successful implementation of Option B+ increased retention-in-care to 79% at one year for pregnant and breastfeeding women and reduced MTCT rate below 5% for HEIs at 8 weeks of age. Long term retention, maternal and infant mortality and final MTCT rate after cessation of breastfeeding require further evaluation.

Keywords: Option B+, Implementation research, Prevention of mother to child HIV transmission, HIV exposed infants

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