

Background

- The Rwanda overall HIV prevalence since 2010
- In the absence of interventions, the risk of MTCT is 20-45%,
- Over 90% of new infections in infants and young children occur through MTCT.
- Ministry of Health launched a -Zero new HIV infection in 2015
- The risk of MTCT can be reduced to less than 2% with a package of evidence-based



MEDSAR

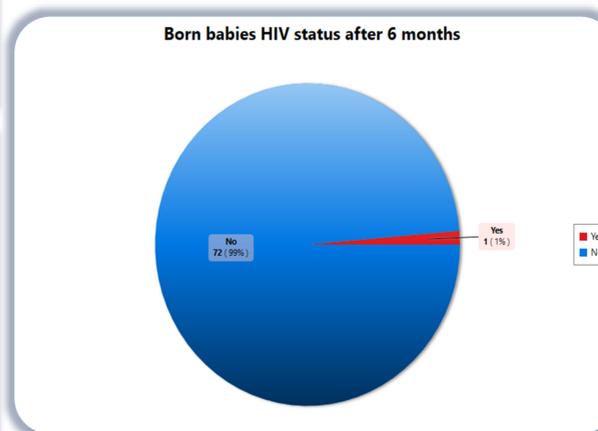


Methods

- Systematic review of the MoH, RBC reports.
- National strategic plan on HIV, 2013.
- retrospective study on HIV+ pregnant women consulted MUHIMA District Hospital for PMTCT services From 22nd August 2015 to 31st December 2015.
- All data has been processed using Epi Info 7.

Objectives of the study

- Evaluate the INPUT of PMTCT in reduction of pediatric HIV new infections.
- prevalence of HIV in new bones
- Adherence of ARVs in pregnant women



Means

	Obs	Total	Mean	Var	Std Dev	Min	25%	Median
AGE	99	2978	30.0808	24.0342	4.9025	19.0000	27.0000	30.0000

Frequency

BORN IN	Frequency	Percent	Cum. Percent	Exact 95% LCL	Exact 95% UCL
AUGUST	3	3.03 %	3.03 %	0.63 %	8.60 %
DECEMBER	22	22.22 %	25.25 %	14.48 %	31.69 %
NOT YET	26	26.26 %	51.52 %	17.93 %	36.07 %
NOVEMBER	19	19.19 %	70.71 %	11.97 %	28.34 %
OCTOBER	29	29.29 %	100.00 %	20.57 %	39.29 %
TOTAL	99	100.00 %	100.00 %		

Results

- MTCT of HIV has reduced significantly to 12 % countrywide in 2015
- In 100 mothers followed and delivered at Muhima DH, average age was 30.07;
- 31% had detectable viral load with a therapeutic failure of 13% after a 6 months period of therapy with good adherence,
- The tendency of failure is 26.3%.
- Patient on: 3rd line=1%, 2nd line=1% and 98% on first line of Antiretroviral Drugs (ARVs).
- Until August, 2016, only one baby has been confirmed to be HIV positive in 73 babies, yet born

DISCUSSION

- Patients knowledge and acceptance plays a role on adherence on ARVs
- Recording is still not respected
- Availability of services and men contribution are being improved
- The high risk remains during breast feeding

Conclusion and recommendation

- ARVs with virological monitoring is a good strategy **to minimize avoidable harm and improve** women and their babies' lives
- Despite the therapeutic failure of 13% at this center, where HIV prevalence of 7.3%, **the prevention is almost achieved**
- **zero new infection is possible.**
- Policies for sustainability are recommended.

References:

1. Prevention of Mother-To-Child Transmission (PMTCT) Briefing Note October 1st, 2007 Department of HIV/AIDS Pdf
2. Rwanda MoH strategic plan on HIV, 2013
3. Histoire Naturelle Du VIH Et Stades Cliniques OMS Top 2013, lecture by Epiphanie, RBC, Kigali Rwanda.
4. Julie's Story: Improving the Lives of HIV-Positive People with Disabilities in Rwanda(/globalaids/success-stories/rwanda-julie.html)
5. <http://www.cdc.gov/globalaids/global-hiv-aids-at-cdc/countries/rwanda/>