



**THE OHIO STATE UNIVERSITY**  
COLLEGE OF PUBLIC HEALTH



# **EFFECTIVENESS OF CONDITIONAL CASH TRANSFERS TO INCREASE RETENTION IN CARE AND ADHERENCE TO PMTCT SERVICES: A RANDOMIZED CONTROLLED TRIAL**

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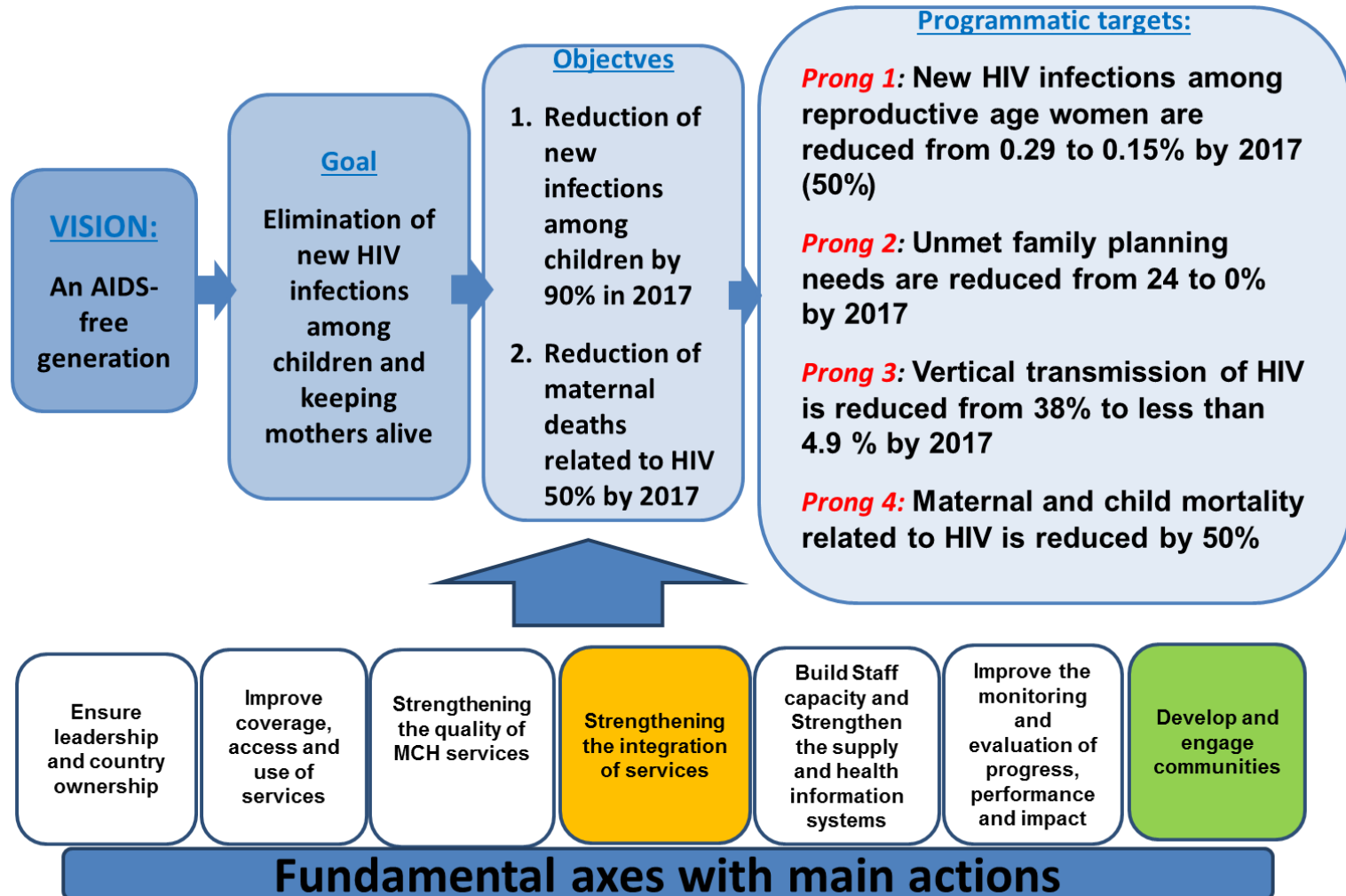
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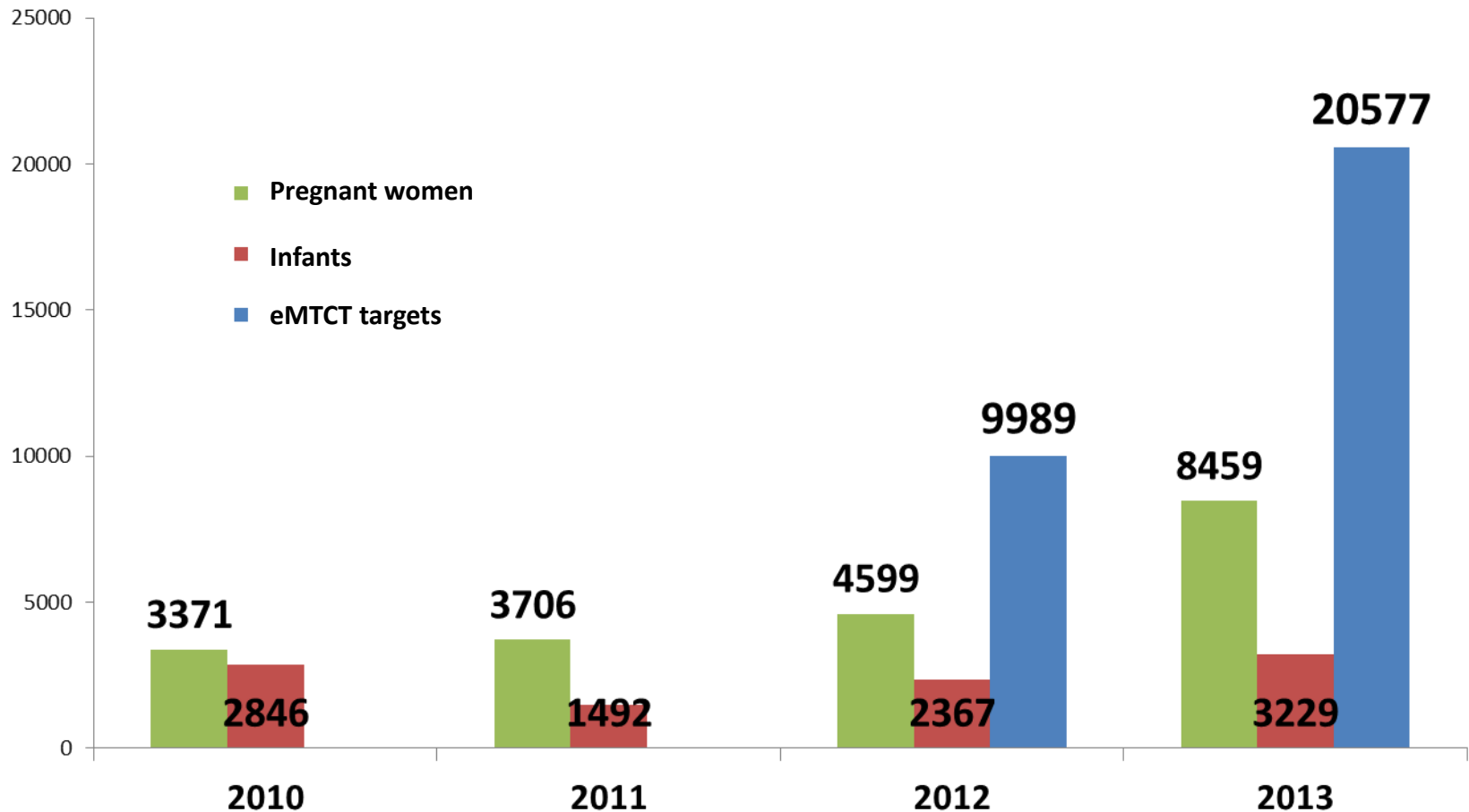


# DRC's STRATEGIES TO ELIMATE MOTHER-TO-CHILD TRANSMISSION OF HIV





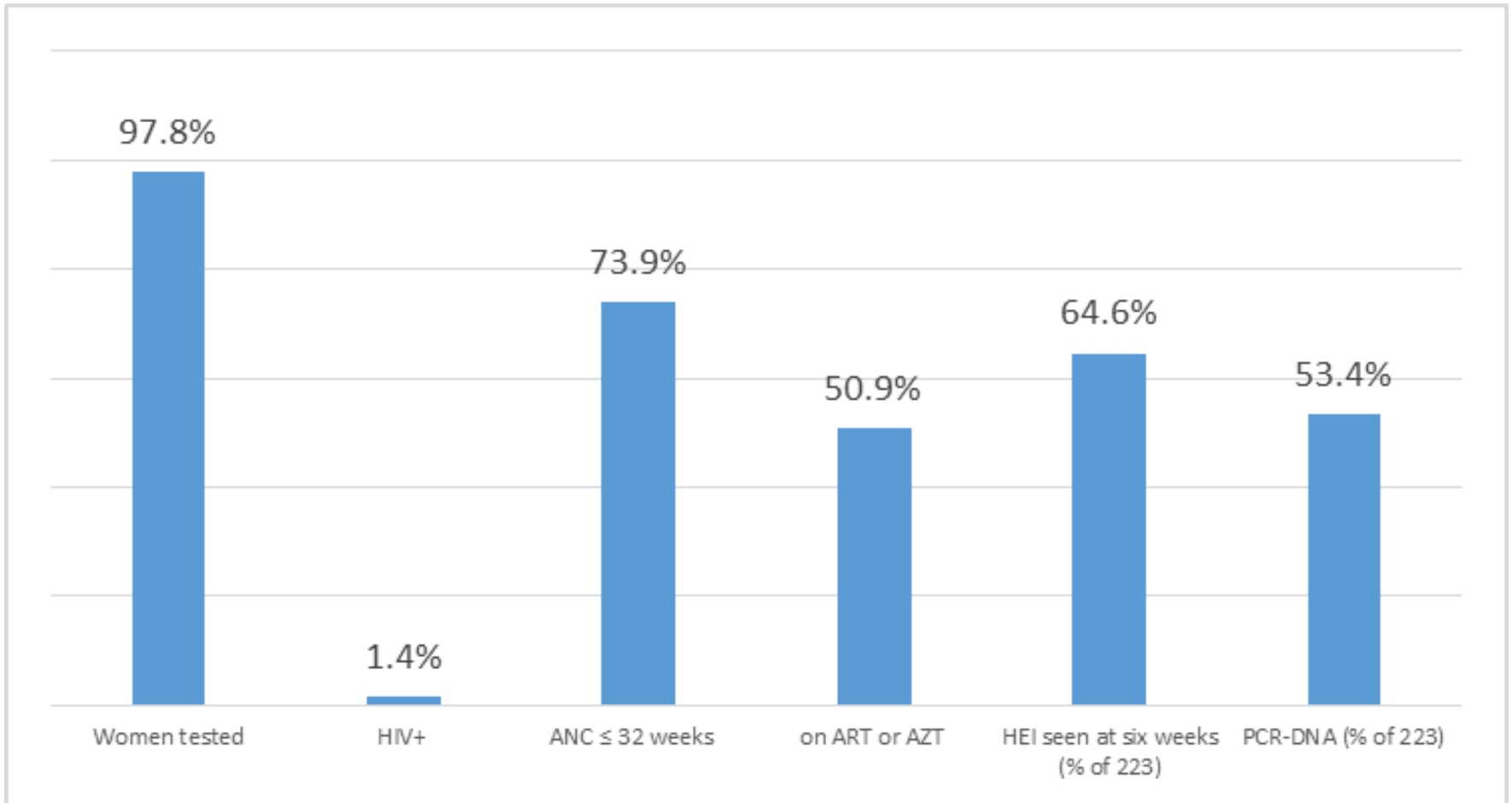
# Number of pregnant women and infants initiated on ARV in DRC: 2010-2013



Source: National AIDS Program, Progress report 2014



## Retention along the PMTCT cascade among 52,364 pregnant women in 36 maternal and child health clinics in Kinshasa: Jan-Dec. 2011





# Methods

- **Study Objectives**

- Evaluate the effect of conditional cash transfer on adherence to the PMTCT cascade and uptake of PMTCT interventions through delivery and the infant's six week visit.

- **Eligibility criteria**

- < 32 weeks pregnant
- Newly diagnosed with HIV
- Intent to stay in Kinshasa through at least six weeks postpartum

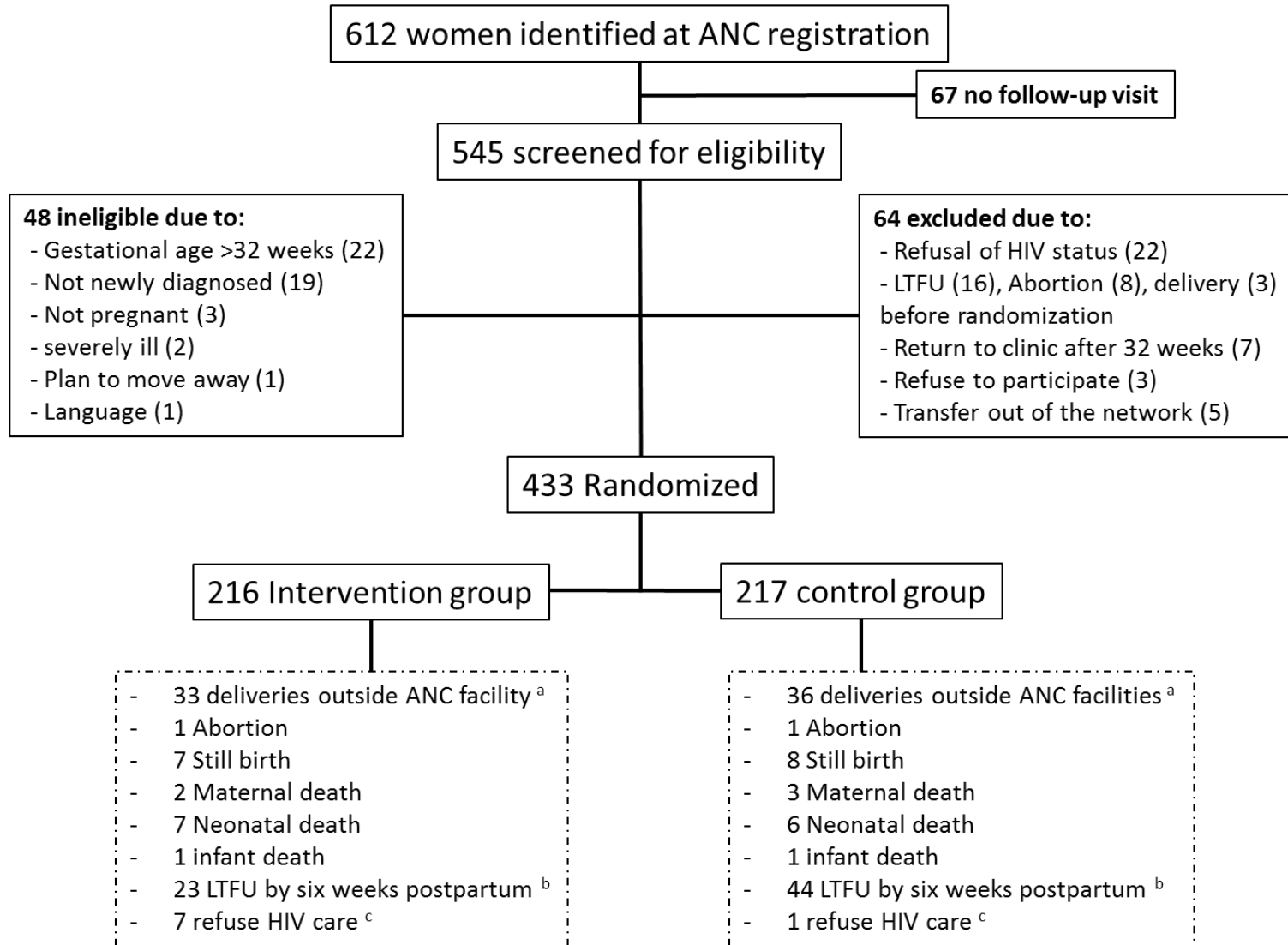


# Methods

- **Intervention**
  - After randomization (28-32 weeks)
  - \$5 at the first visit after randomization
  - **Escalating incentive:** \$1 + the amount paid at the last visit at subsequent visits
  - **Median incentive paid:** \$26 (IQR: \$18-\$35)
- **Primary outcomes**
  - **Retention in care:** known to be receiving HIV care at 6 weeks postpartum
  - **Adherence:** attended all scheduled clinic visits and acceptance of proposed services through 6 weeks



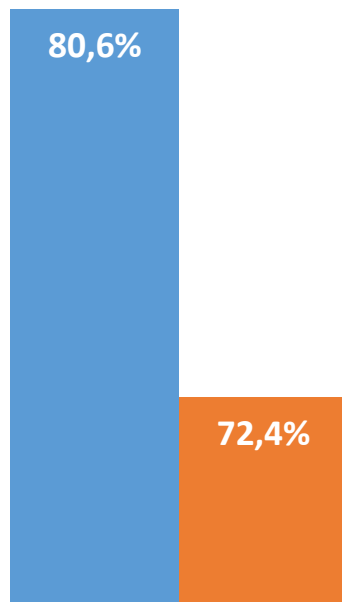
# Results: Participants





# Retention and adherence at six weeks

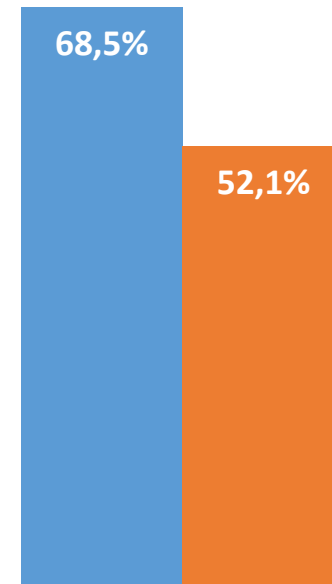
## Retention in care



PR = 0.70 (95%CI 0.50, 0.99)

## Adherence

■ Intervention  
■ Control



PR = 1.32 (95%CI 1.13, 1.55)

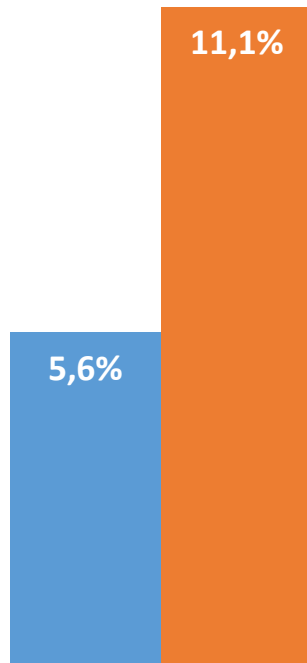




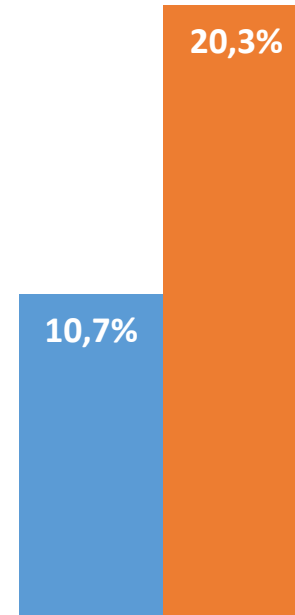
# Loss to follow-up

**LTFU before delivery**

**LTFU at six week**



■ Intervention  
■ Control



**PR = 0.50 (95CI% 0.26, 0.98)**

**PR = 0.53 (95CI% 0.33, 0.84)**



# Conclusions

- Modest economic incentives were effective in improving PMTCT programmatic outcomes
  - Reduction of non-retention by -30% (CI 95%: -50%, -1%)
  - Increase adherence to full PMTCT services by 32% (CI 95%: 13%, 55%)
  - Reduction of loss to follow-up by -47% (CI 95%: -67%, -16%)
- This research contributes to growing evidence that economic incentives are effective in achieving improve health care behaviors in low-income countries



# Acknowledgements

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