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

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DRC’s STRATEGIES TO ELIMINATE MOTHER-TO-CHILD TRANSMISSION OF HIV

VISION: An AIDS-free generation

Goal: Elimination of new HIV infections among children and keeping mothers alive

Objectives:
1. Reduction of new infections among children by 90% in 2017
2. Reduction of maternal deaths related to HIV 50% by 2017

Programmatic targets:

Prong 1: New HIV infections among reproductive age women are reduced from 0.29 to 0.15% by 2017 (50%)

Prong 2: Unmet family planning needs are reduced from 24 to 0% by 2017

Prong 3: Vertical transmission of HIV is reduced from 38% to less than 4.9% by 2017

Prong 4: Maternal and child mortality related to HIV is reduced by 50%

Fundamental axes with main actions:

- Ensure leadership and country ownership
- Improve coverage, access and use of services
- Strengthening the quality of MCH services
- Strengthening the integration of services
- Build Staff capacity and Strengthen the supply and health information systems
- Improve the monitoring and evaluation of progress, performance and impact
- Develop and engage communities

Source: National AIDS Program
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

612 women identified at ANC registration

545 screened for eligibility

48 ineligible due to:
- Gestational age >32 weeks (22)
- Not newly diagnosed (19)
- Not pregnant (3)
- Severely ill (2)
- Plan to move away (1)
- Language (1)

64 excluded due to:
- Refusal of HIV status (22)
- LTFU (16), Abortion (8), delivery (3) before randomization
- Return to clinic after 32 weeks (7)
- Refuse to participate (3)
- Transfer out of the network (5)

433 Randomized

216 Intervention group
- 33 deliveries outside ANC facility
- 1 Abortion
- 7 Still birth
- 2 Maternal death
- 7 Neonatal death
- 1 infant death
- 23 LTFU by six weeks postpartum
- 7 refuse HIV care

217 control group
- 36 deliveries outside ANC facilities
- 1 Abortion
- 8 Still birth
- 3 Maternal death
- 6 Neonatal death
- 1 infant death
- 44 LTFU by six weeks postpartum
- 1 refuse HIV care
Retention and adherence at six weeks

Retention in care

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Control</th>
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<tr>
<td>80.6%</td>
<td>72.4%</td>
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PR = 0.70 (95% CI 0.50, 0.99)

Adherence

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<tr>
<th>Intervention</th>
<th>Control</th>
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<td>68.5%</td>
<td>52.1%</td>
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PR = 1.32 (95% CI 1.13, 1.55)
Loss to follow-up

LTFU before delivery

PR = 0.50 (95CI% 0.26, 0.98)

LTFU at six weeks

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

- Participants
- 90 MCH clinics
- UNC
- OSU
- KSPH
- Catholic Health Board
- Salvation Army
- National AIDS Program
- Ministry of Health
- CDC
- PEPFAR
- NIH R01 HD075171

- Profs. Okitolonda, Behets, Wembodinga, Moracco, Thirumurthy
- Drs. Kawende, Chalachala, Wenzi, Ravelomanana, Edmonds, Kiketa
- Mmes. Thompson, Chalachala, Matadi, Mindia, Nlandu, Salisbury
- Mr. Kihuma, Kleckner
- Administrative teams at KSPH, UNC, OSU
- PEPFAR Implementing partners EGPAF, ICAP