

Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV

“CPN Papa”: Men as Change
Agents in the Democratic Republic
of the Congo

Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA), a UNICEF-supported initiative with funding from the Governments of Norway and Sweden, aimed to accelerate access to Option B+ for the elimination of mother-to-child transmission in Côte d'Ivoire, the Democratic Republic of the Congo, Malawi, and Uganda. Option B+ is an approach recommended by the World Health Organization in which all pregnant and breastfeeding women living with HIV are offered treatment with antiretrovirals for life regardless of their CD4 count.¹

The OHTA Initiative's primary focus was to strengthen the capacity of the primary health care system to deliver lifelong HIV treatment to pregnant and breastfeeding women; create demand for programmes aimed at preventing mother-to-child transmission (PMTCT), increasing uptake and timely utilization of PMTCT programmes by women, and retaining women in care; and strengthen monitoring and evaluation for decision making to improve service delivery.² The OHTA Initiative was implemented between 2012 and 2017 through in-country implementing partners.

“Where we sensitized a lot of the men, they accompanied their partners and the frequency of [ANC] increased”.

– MOH Official, Democratic Republic of the Congo

Crucial progress has been made in recent years in scaling up treatment and PMTCT programming in the Democratic Republic of the Congo. Between 2010 and 2016, new HIV infections and AIDS-related deaths have decreased by 38 per cent and 46 per cent, respectively. The Democratic Republic of the Congo has also seen an unprecedented 65 per cent decline in the number of children acquiring HIV. However, in 2016, there were 13,000 new HIV infections among the general population and 2,800 AIDS-related deaths among children 0 to 14 years old. Additionally, although 70 per cent of pregnant women living with HIV were receiving ART, approximately 2,900 children were newly infected with HIV in 2016 alone, and only 30 per cent of children living with HIV were on treatment.³



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Better service delivery and improved uptake, adherence, and retention in care are essential to the achievement of universal access to lifelong antiretroviral therapy (ART) for people living with HIV, and innovative approaches are often required. Around the world, including in the Democratic Republic of the Congo, men are key decision makers regarding family issues that affect their partners and children. However, in sub-Saharan Africa, male partner involvement in PMTCT is generally low, and the majority of pregnant mothers across these countries attend maternal health services unaccompanied by their spouses.⁴ Furthermore, it is not common for women in the Democratic Republic of the Congo to disclose their HIV status to their male partner for fear of rejection and stigmatization, which contributes to low levels of male engagement in antenatal care (ANC).⁵

“... Providers were able to receive more clients, test more couples, ‘CPN Papa’ allowed providers to sensitize male partners.”

– Implementing partner, Democratic Republic of the Congo

Evidence shows, however, that male involvement in PMTCT programmes increases attendance at ANC visits, and it increases both initiation of ART and retention in care among pregnant women living with HIV.⁶ Male involvement programmes have also been shown to reduce the number of pregnant women acquiring HIV.⁶ Therefore, male partner involvement strategies have been identified as a promising practice to support PMTCT outcomes in the Democratic Republic of the Congo.⁷

In the Democratic Republic of the Congo, the National Ministry of Health (MOH) and district health teams coordinated with the OHTA Initiative to implement the *CPN Papa* (*Consultations Prénatales Papa*, or “ANC Dad”) programme to increase uptake of ANC and PMTCT services in six health zones in the Katanga province and six health zones in the Nord-Kivu province. Overall, CPN Papa aimed to increase the number of men who accompany their female partners to ANC visits. Lessons learned from the implementation of CPN Papa under the OHTA Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART.

“Before the project, there were no men accompanying their partners, but now we are at close to 30 per cent. Men have also requested more counselling, more services, and have become more interested and involved in the health of their wife and how to make sure she eats and is healthy.”

— Health care provider, Democratic Republic of the Congo

What Is CPN Papa?

A woman visiting the health facility alone for ANC was given a personalized “CPN Papa” invitation, with her male partner’s name on it. The woman then delivered the invitation to her male partner inviting him to accompany her to future ANC visits (if she so desired). Some facilities also provided the woman with a travel reimbursement, mosquito net, or a birth kit as an incentive for attending ANC with her male partner. Couples who attended ANC together received group education sessions at the facility on the importance of HIV testing and counselling. In addition, local district-level authorities attended community events frequented by men, including church and sporting events, and men’s places of work to provide health education to men and recruit them into the programme. Male community leaders, including pastors, chiefs, and teachers, also recruited men through their networks and advocated for men to accompany their partners to ANC visits. These community leaders received an initial informal training facilitated by the MOH and implementing partners. The training covered topics

such as the basics of HIV testing, prevention and treatment, the importance of male involvement, and techniques for engaging men.

Some health facilities modified the hours they provided ANC care to accommodate men’s work schedules by, for example, offering ANC appointments in the early mornings or later in the evenings.⁴ Furthermore, some employers supported the programme by allowing men time off from work to accompany their partners to ANC visits.

Although not recommended by the OHTA Initiative, at some sites couples who attended ANC together received priority in line. Practices such as these can result in negative consequences such as women attending with men who are not their partners and further stigmatizing women who are unable to attend with their partners.⁸ Male involvement should not be a requirement for women to receive care.

Recruitment and Motivation of CPN Papa Participants

Women and men were recruited into the programme through ANC visits at the health facility. The men who participated liked having a safe and trusted space to talk and share information. They also liked being perceived as leaders in their communities and enjoyed supporting their families’ well-being. The personalized “CPN Papa” invitation motivated them to participate. In some areas, couples who attended ANC together were also motivated by receiving small incentives such as a mosquito net or birth kit for attending visits. Male community leaders were motivated to help recruit participants in the programme because they wanted to strengthen their communities and improve the health of community members.



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Outcomes of the CPN Papa Programme

From 2013 to 2016, more than 52,000 pregnant women were screened for HIV in the Katanga province and over 790 tested positive for HIV.² More than 3,750 of their male partners were tested and counselled for HIV, of whom approximately 120 tested positive for HIV.² Over a one-year period in the Nord Kivu province, more than 66,000 pregnant women were tested for HIV including more than 21,600 male partners – 417 pregnant women and 180 of the male partners tested positive for HIV.² Additionally, more than 1,160 ANC kits were distributed to couples who attended an ANC visit in the first trimester of the woman's pregnancy.²

Throughout the duration of the programme, CPN Papa:

- Strengthened men's knowledge about HIV and the importance of their role in PMTCT
- Nurtured a flexible and supportive work environment that allowed men to take time off to accompany their partners to ANC visits
- Strengthened male support networks through peer-to-peer education
- Improved accessibility of ANC services to couples by changing ANC hours to accommodate men's work schedules
- Strengthened community-facility linkages
- Increased demand for HIV testing services among men

“Yes, we passed our goal. ‘CPN Papa’ because it supports already existing practices and is low cost, effective. The strategy overall may cost, but the results are worth it.”

– Implementing Partner, Democratic Republic of the Congo

Essential Components and Factors for Success

Several factors were identified as essential to the success of CPN Papa including:

Individual:

- Men were motivated to attend ANC visits with their partners because they liked having a safe and trusted space to talk and share information, being a leader, receiving incentives, receiving a personalized invitation to join, and supporting their families' well-being

Interpersonal:

- Men who attended ANC visits with their partners became peer-to-peer educators, encouraging other men in the community to also attend ANC visits
- Influential chiefs and other community leaders were leveraged to recruit and motivate men to join the programme

Community:

- Chiefs and other community leaders helped to build community awareness continually

Facility:

- Provision of monetary and non-monetary incentives, such as transportation reimbursement, ANC kits, and mosquito nets, helped motivate couples to attend services together
- Flexibility of health facilities to modify ANC hours to accommodate men's work schedules improved couples' access to services

Structural:

- The programme leveraged existing ANC and PMTCT services provided by facilities

Considerations for Scale-Up and Sustainability

Through the OHTA Initiative, CPN Papa – with its personalized ANC invitation letters to male partners – strengthened community-facility linkages, engaged male partners to attend ANC visits, and supported PMTCT activities. Several factors should be weighed when considering replicating or scaling up this practice nationally or in other settings.

- **Unintended consequences:** Practices such as prioritizing couples who attend services together or providing an incentive for women to attend with a male partner may potentially negatively impact those who are not able to attend with a male partner. A woman who is already stigmatized because she is living with HIV could be further stigmatized if she does not have a male partner and may be motivated to ask a man who is not her partner to accompany her to the facility to receive the incentive. Unintended consequences such as these need to be

carefully monitored alongside intended results in order to continue improving the implementation and impact of male involvement approaches.

- **Adaptability:** Male involvement approaches should be modified to fit the context of each community. In some communities, women might not want their husbands to attend the health facility with them for personal and financial reasons. In other areas, men might not be allowed to attend ANC visits. Additionally, information for men and health care providers should be adapted to their context and level of education to ensure accurate information is provided.
- **Integration:** Consider partnering with the National Department of Education to sensitize boys on the importance of male involvement in family health and well-being and to strengthen sustainability of male involvement approaches.

“Among the HIV-positive women, some were able to integrate their partner in their activities, and they [the male partners] were able to reach out to other men. They became leaders and became sort of peer educators for other men. We tried to break down barriers to share information through creating a space for men to share information.”

— Officer, National AIDS Programme, Democratic Republic of the Congo

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Methodology for Documenting the CPN Papa as a Promising Practice

The Johns Hopkins Center for Communication Programs (CCP) supported the documentation of this promising practice. Information and data were collected through a desk review of existing OHTA Initiative documents, including annual reports, partner reports, and presentations. Site visits by CCP and project staff were also conducted, including interviews and focus group discussions among implementing organizations, Ministries of Health, and programme implementers.

For more information about the OHTA Initiative, visit <http://childrenandaids.org/optimizing%20HIV%20treatment%20access>.

For more information about UNICEF’s HIV and AIDS programme, visit childrenandaids.org.

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