

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

“Mon Mari Mon Visa”: Men as
Change Agents in Côte d’Ivoire

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.

“Men are the leaders, they have the money, we want them to be involved so that needs are met for the woman. It increases the amount of visits that the mother goes to.”

– District Health Official, Côte d'Ivoire

Crucial progress has been made in recent years in scaling up treatment and PMTCT programming in Côte d'Ivoire. Between 2010 and 2016, new HIV infections and AIDS-related deaths have decreased by 20 per cent and 14 per cent, respectively. Côte d'Ivoire has also seen an unprecedented 40 per cent decline in the number of children acquiring HIV. However, in 2016, there were 20,000 new HIV infections among the general population and 2,600 AIDS-related deaths among infants and children 14 years and younger. Additionally, although 73 per cent of pregnant women living with HIV were receiving ART, approximately 3,300 children were newly infected with HIV in 2016, and only 25 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 Côte d'Ivoire, 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 male partners.⁴ Evidence shows that male involvement in PMTCT programmes increases attendance at antenatal (ANC) visits, ART initiation, and retention in care among pregnant women living with HIV.⁵ Male partner involvement programmes have also been shown to reduce the number of pregnant women acquiring HIV.⁵ Therefore, male partner involvement programmes have been identified as a promising practice to support PMTCT outcomes.⁶

The OHTA Initiative supported Femmes Actives, in conjunction with the National AIDS Control Programme and District Health Offices, to implement the Mon Mari Mon Visa (“My Husband, My Visa”) programme. The programme has been implemented in Côte d'Ivoire since 2014 in four districts – Bouake, Daloa, Portboue Vridi Koumassito, and Treichville – to reduce the risk of vertical transmission from mother to child and to develop standard procedures for male involvement. Lessons learned from the implementation of the Mon Mari Mon Visa programme under the OHTA Initiative can be used to inform future PMTCT programming and global efforts to achieve universal access to lifelong ART.

What Is Mon Mari Mon Visa?

The *Mon Mari Mon Visa* programme provided all pregnant women who visited the health facility alone for ANC a personalized invitation (“visa”) for their male partners to accompany them to future ANC visits. The primary goal of the programme was to engage male partners of pregnant women living with HIV; however, all women, regardless of their HIV status, received a visa. The programme aimed to increase the number of men tested for HIV, ART coverage for men, retention of pregnant women in ANC, postnatal follow-up, and male involvement in PMTCT and ANC programmes.

The *Mon Mari Mon Visa* programme was advertised in the community via local radio and TV ads. At the facility, community health workers (CHWs) facilitated group health education sessions for couples who attended ANC visits together. The sessions focused on a variety of topics including ART adherence, disclosure of HIV status, breastfeeding, and the importance of male involvement in ANC and HIV testing and counselling. Couples who were tested for HIV together received a formal certificate. Additionally, although not recommended by the OHTA Initiative, couples were prioritized in line at some sites. 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.⁷ Male involvement should not be a requirement for women to receive care.

Recruitment and Motivation of Mon Mari Mon Visa Participants

Women were identified and given a personalized invitation for their male partners during ANC visits at the health facility. One motivating factor for couples to participate was receiving priority in line at the facility. Men were motivated by having access to health information and supporting their partners.

Training and Supervision of Community Health Workers

CHWs that facilitated the group education sessions received an initial training session and were supervised by health facility nurses. Nurses also observed the group health information sessions to ensure CHWs provided accurate information. CHWs, nurses, District Health Officials, implementing partners, and the Ministry of Health met quarterly to assess programme results and address challenges.

Outcomes of the Mon Mari Mon Visa Programme

In 2016, in one district alone – Treichville – 10,900 women were tested for HIV and more than 1,600 men were counselled on HIV at the facility.⁸ Of these men, 73 per cent agreed to be tested for HIV.⁹

Additionally, throughout the duration of the programme, Mon Mari Mon Visa:

- Strengthened men’s knowledge about HIV and the importance of their role in PMTCT
- Nurtured a supportive community environment for PMTCT
- Increased men’s understanding of the importance of their support in PMTCT and ANC
- Strengthened community-facility linkages



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Essential Components and Factors for Success

Several factors were identified as essential to the success of the Mon Mari Mon Visa programme including:

Individual:

- Personalized invitations for male partners motivated men to attend ANC visits and made them feel recognized

Interpersonal:

- Women invited their male partners to accompany them to ANC visits
- Group education sessions for couples provided a safe environment to ask questions

Community:

- Local radio and TV ads helped to sensitize the community about the programme

Facility:

- Group education sessions at the facility for couples provided a safe environment to ask questions
- Strong coordination and communication between the different health worker cadres at the facility helped ensure success of the programme

Structural:

- The programme leveraged existing ANC and PMTCT services provided by the facility and used existing cadres of health workers at the facility level

Considerations for Scale-Up and Sustainability

Through the OHTA Initiative, the *Mon Mari Mon Visa* programme supported male partner involvement in PMTCT activities. Several factors should be weighed when considering replicating or scaling up this programme 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 can 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 partner involvement programmes.
- **Male-friendly services:** The provision of male-friendly services at the health facility, including testing for non-communicable diseases, testing for sexually transmitted infections, and providing referrals for male circumcision should be considered to motivate additional participation and sustain health care-seeking behaviour.
- **Incentives:** While CHWs in this context were volunteers, small monetary or non-monetary incentives should be considered to maintain motivation and participation.
- **Stakeholders:** Strategies to include religious and community leaders in the *Mon Mari Mon Visa* programme

should be considered to support sustainability and encourage male participation in the programme.

- **Health workforce:** Strategies to leverage existing cadres of health workers, such as CHWs, should be considered in every context to support feasibility and strengthen sustainability.

References

1. World Health Organization (WHO). *Use of Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants*. Geneva: WHO; 2012.
2. United Nations Children's Fund (UNICEF). *Optimizing HIV Treatment Access for Pregnant and Breastfeeding Initiative 2015 Annual Report*. New York: UNICEF; 2015.
3. Joint United Nations Programme on HIV/AIDS (UNAIDS). *UNAIDS data 2017*. Geneva: UNAIDS; 2017.
4. United Nations Children's Fund (UNICEF). *Case study 1: Male partner involvement in MNCH/ PMTCT services in OHTA supported countries*. New York: UNICEF; 2016.
5. Morfaw F, Mbuagbaw L, Thabane L, et al. Male involvement in prevention programs of mother to child transmission of HIV: a systematic review to identify barriers and facilitators. *Syst Rev* 2013; 2: 5. doi: 10.1186/2046-4053-2-5.
6. Gulaid LA. *Community-Facility Linkages to Support the Scale Up of Lifelong Treatment for Pregnant and Breastfeeding Women Living with HIV. A Conceptual Framework Compendium of Promising Practices and Key Operational Considerations*. New York: UNICEF; 2015.
7. Webb R, Monteso Cullel M. *Understanding the Perspectives/Experiences of Women Living with HIV Regarding Option B+ in Uganda and Malawi*. Amsterdam: Global Network of People Living with HIV (GNP+) and International Community of Women Living with HIV/AIDS (ICW); 2013.
8. *Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA) Initiative*, UNICEF. Country: Cote d'Ivoire. *Optimizing HIV Treatment Access for Pregnant & Breast Feeding Women Initiative*. Poster presented at: Annual Meeting; 15-16 June 2017; Nairobi, Kenya.
9. *Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA) Initiative*, UNICEF. Market place: male partner involvement en Cote d'Ivoire. [New York: UNICEF; 2016].

Methodology for Documenting the Mon Mari Mon Visa 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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