Malawi launched Option B+ in July 2011, a program for all pregnant or breastfeeding HIV-positive women to begin lifelong combination antiretroviral therapy (cART). This study characterizes the continuum of care within an antenatal setting in Lilongwe. Women testing HIV-positive at Bwaila Antenatal Clinic from July 2013 to January 2014 were included. HIV testing and counseling logs were examined, and HIV-infected women were linked to HIV mastercards and infant test records. Logistic regression models were used to analyze relationships between characteristics recorded on the logs and maternal cART initiation, retention, and return for infant testing. During this period, 578 women tested HIV-positive. Of these women, 490 (85%) were linked to an ART initiation record; of these women, 398 (81%) had at least one follow-up record; and of these women, 197 (49%) were retained with full adherence for three months. Two hundred twenty (38%) were linked to a record of infant testing. Women without an ART record (aOR = 0.19; 95% CI: 0.10, 0.35), women with no follow-up visits (aOR = 0.20; 95% CI: 0.11, 0.36), and women not fully adherent for three months (aOR = 0.56; 95% CI: 0.37, 0.84) were less likely to return for infant testing than women who were retained and adherent for three months. Even with a test-and-treat program, many women did not initiate cART, remain in care, or bring their infant for testing. Women lost are at highest risk for transmission, and were least likely to bring infants for testing. Facilitating care-seeking at all steps of the continuum remains an important unmet need.

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