

Background Prevention of mother-to-child transmission (PMTCT) option B+ makes effective the virtual elimination of HIV (<5%) among African children effective. Some major challenges remain, such as accessibility to PMTCT-services and male-partner involvement. To improve PMTCT-interventions/expansion, we evaluated PMTCT-service uptakes within a typical African context, using a holistic approach.

Methods As part of monitoring and evaluation of the 'Save the Families for Africa', a comparative assessment of PMTCT-uptake was conducted within the Likuni Mission Hospital catchment area in Likuni, Malawi. Four performance indicators were measured before (July-November 2015) and during (December 2015-May 2016) project-interventions: i) HIV-infected pregnant women enrolled for antenatal care (ANC)/PMTCT-services; ii) HIV-related deliveries at the hospital; iii) male-partner involvement into PMTCT; iv) PMTCT community-outreach interventions. Comparison was performed using Mann-Whitney test ($p < 0.05$ considered significant).

Results During project-interventions, provision of free coupons for ANC/PMTCT-related services (including CD4/Haemoglobin point-of-care monitoring) and for nutritional supplements, invitation notes and counselling intensification for male-partners, as well as provision of a mobile unit (new ambulance) for PMTCT-services expansion to remote/rural communities, were implemented. Overall, target performances appeared to increase over time after interventions. Indeed, the total number of women enrolled before intervention was 58, and sharply increased thereafter (182). The median [interquartile] number of HIV-infected pregnant women enrolled per month for ANC/PMTCT-services was doubled (before *vs* during: 11 [10–13] *vs* 26 [22–43], $p=0.0043$); HIV-related deliveries per month increased 12 times [11–13] *vs* 17 [11–22], $p=0.3160$); male-partner involvement to PMTCT per month became effective [0% *vs* 23.1% [9.3–33.3%], $p=0.0260$); PMTCT community-outreach per month increased by 12 fold (1 [0–2] *vs* 12 [6–14], $p=0.0286$). Maternal mortality and HIV-vertical transmission were 0% throughout project-interventions.

Conclusions Our findings highlight that there is room for improvement of PMTCT, starting from option B+, by implementing a holistic interventional model. This can greatly contribute to eliminating MTCT and in ameliorating the well-being of the entire family (children, mother and father) living with HIV/AIDS in sub-Saharan Africa.

PA-100 **IMPACT OF A HOLISTIC INTERVENTION ON PMTCT UPTAKE WITHIN SUB-SAHARAN AFRICA: EVIDENCE FROM 'SAVE THE FAMILIES FOR AFRICA' IN MALAWI**

Joseph Fokam,¹ Maria-Mercedes Santoro,¹ Chrissie Musolo,² Isabel Chimбири,² Gloria Chikwenga,² Ruth Deula,² Riccardo Massari,³ Agness Lungu,² Carlo-Federico Perno¹. ¹University of Rome Tor Vergata, Italy; ²Likuni Mission Hospital, Malawi; ³AVIRALIA Foundation, Italy

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