In a retrospective, cross-sectional analysis, we examined the relationship between the number, type, and value of in-kind incentives received and mother to child transmission, virological suppression (VS), and treatment and appointment adherence.

**BACKGROUND**

In Mexico City, the HIV epidemic is characterized as a concentrated epidemic, with disparities arising in treatment retention amongst males vs. females (63 vs. 49%). National HIV/AIDS policies in Mexico have prioritized universal health care and ART access through Seguro Popular. Recent efforts in Mexico City and at La Clínica Especializada Condesa (CEC), specifically, have been targeted towards equalizing socioeconomic disparities among HIV positive females. CEC is one of the largest HIV clinics in the hemisphere, serving over 11,000 clients of low socioeconomic status. To prevent vertical transmission of HIV from mother to newborns, it offers comprehensive case-management and four non-monetary incentives to pre- and post-partum HIV positive women. These include: transportation cards, small groceries, baby formula, and a comprehensive package from an NGO.

**STUDY DESIGN**

- Setting: Mexico City, Mexico
- Preexisting data was provided by clinic staff in the Gynecology Unit on 96 patients
- Key inclusion criteria were: (1) delivery of the child, and (2) receiving at least one in-kind incentive. 67 patients were eligible for analysis

**OBJECTIVE**

In Mexico City and at La Clínica Especializada Condesa (CEC), specifically, women were able to achieve viral suppression post-partum, and 60 were able to prevent vertical transmission. The remaining 7 women had missing data, thus multivariate regression was not applicable to analyzing mother to child transmission.

**DATA ANALYSIS**

- Data cleanup, visualization, and descriptive statistics carried out categorized by those who did and did not achieve viral suppression
- Achievement of viral suppression was characterized by the last measured/knowed viral load
- Multivariate logistic regression was used to model odds of virological suppression, appointment and treatment adherence (measured as adherent to ≥ 80% of scheduled visits) and medical possession ratio (≥ 80%).
- Models were adjusted for known confounders such as: housing situation, income level, level of education (LOE), and previous HIV or HPV diagnosis

**RESULTS**

- Mother-Child Transmission: 45 women were able to achieve viral suppression post-partum, and 60 were able to prevent vertical transmission. The remaining 7 women had missing data, thus multivariate regression was not applicable to analyzing mother to child transmission.

**CONCLUSIONS**

- Current clinic and physician efforts prevent nearly all cases of vertical transmission for these acute HIV patients, however further inquiry into missing subjects is required to fully gauge impact.
- Receiving baby formula was associated with higher odds of achieving virological suppression.
- No association between total value of incentive or number of incentives and virological suppression, treatment adherence, or appointment adherence observed. A single small in-kind incentive was as effective for VS as more and larger incentives.

**REFERENCES**

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