The success of antiretroviral therapy in reducing mother-to-child transmission of HIV from around 15-35% to less than 1% has placed it at the forefront of global HIV prevention. Given that 90% of HIV-positive children are infected during pregnancy, labor, or breastfeeding, pregnant women’s treatment uptake and retention is central to reduction of pediatric HIV infection.

Papua is the most affected province in Indonesia with an HIV prevalence of 2.3% among the general population, most of whom were infected through unprotected heterosexual sex. Treatment for the prevention of mother to child transmission (PMTCT) of HIV is available in Papua, but various structural, geographical and cultural challenges have limited PMTCT success. Following five years of implementation, PMTCT results are suboptimal with an overall uptake of 70% and retention of 29%.

Although there is evidence of increasing coverage of women with PMTCT treatment, little is known about women’s reasons for PMTCT uptake (or not) and retention (or not).

This study proposes to investigate facilitators and barriers to PMTCT uptake and retention through surveying PMTCT program managers, and interviewing health workers and HIV-positive women, with the aim of identifying effective and feasible strategies to minimize the barriers and promote the enablers of PMTCT.

The study findings will be useful for improvement of PMTCT treatment uptake and retention in Papua, Indonesia.