



The New Policy Guidelines Increase Utilization of Services for Elimination of Mother-to-Child HIV Transmission in Uganda: Demonstrate Research Gaps:

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Acknowledgement



-
- Maternal Health Task Force & Harvard School of Public Health
 - Government of Uganda (GoU)
 - Ministry of Health-Uganda (MoH)
 - All Stakeholders in eMTCT
 - All Mothers and Children



Rationale:

- ❖ Based on renewed global commitment of Virtual Elimination of vertical transmission to end new paediatric HIV infections

- ❖ Understanding that Concerted efforts and strategic investment could lead to attaining MDG's 4,5 & 6

- ❖ Quest in attaining other Global targets namely;
 - ❖ 50% reduction in HIV incidence in women of reproductive age;
 - ❖ 90% access to ART by eligible HIV-positive women.
 - ❖ "Zero new HIV infections, Zero Stigma and Discrimination, Zero AIDS related Deaths"





New eMTCT Policy Guidelines



Vision

A New Generation Free of HIV/AIDS in Uganda

Mission

Eliminate new paediatric HIV infections and improve maternal, newborn and child health and survival in the context of HIV

Objective

Reduce the number of new infections in children by 90% and reduce HIV-associated maternal deaths by 50% by 2015.



Design: Test and Treat pregnant and Lactating women for life (Option B+)

Phased roll out, District led



- Adopted Option B+ in June 2012 and actual implementation started in September 2012, in a phased manner
- ART Policy revisions undertaken to accommodate
 - Rational use of Human resources for Health (Task Sharing)
 - Nurse-led initiation of ART,
 - Decentralization of ART to lower HC IIIs level
- 6 & 13 Day training packages
- 240 ToTs available nationally, Over 3000 HW trained
- Recommended District Entry meetings
- National Coordination Task Force in place
- QPPU team in place



M & E task Force in place

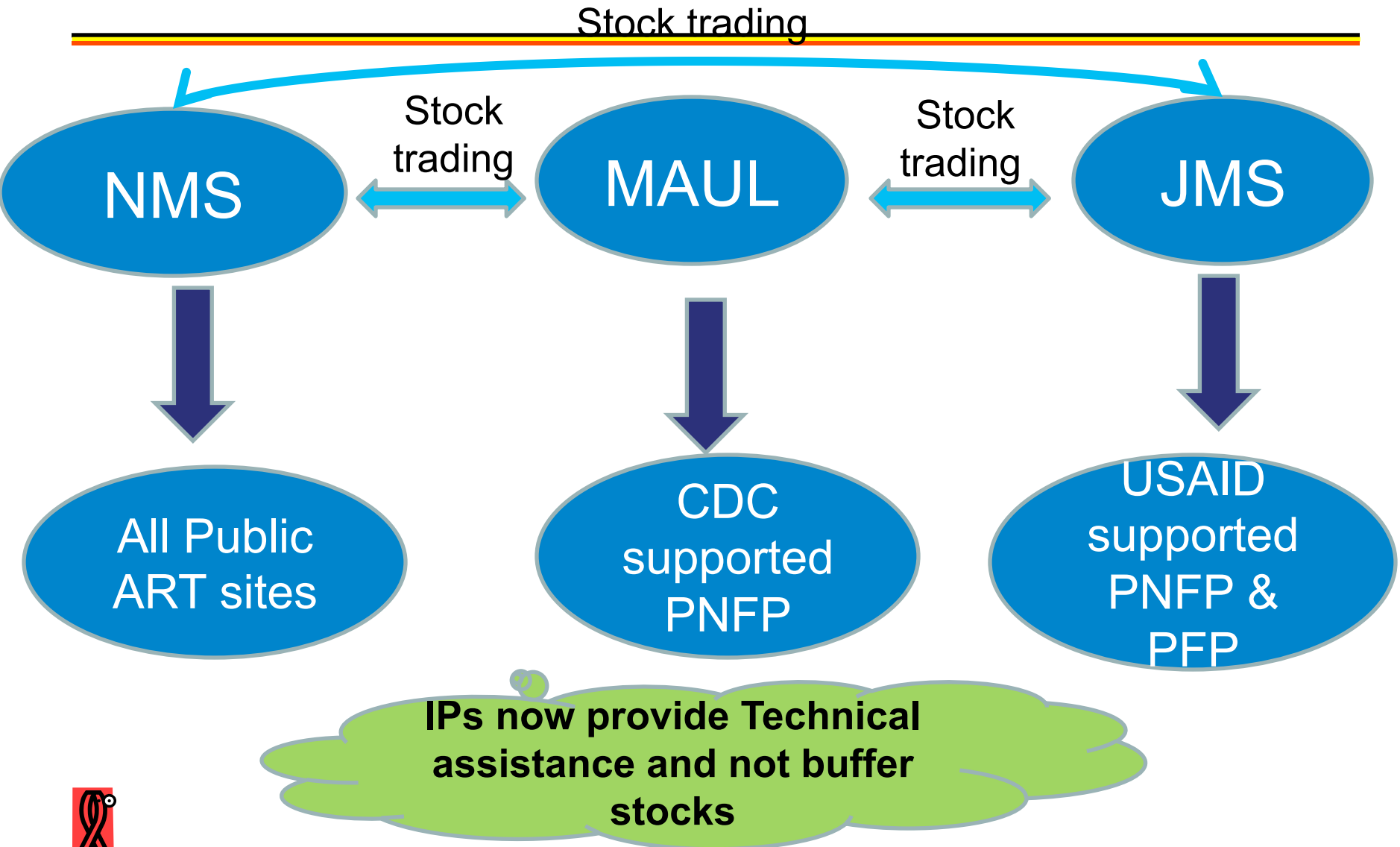
Innovative Approaches (I): Rationalization of Supply Chain System



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- ❖ One site one supply (69% NMS, 20% JMS & 11% MAUL); QPPU supports Pharmacy Division to track procurement and consumption status across all the ware houses,
 - ❖ Harmonization of the PMTCT and ART regimens and order forms
 - ❖ Harmonization of the PMTCT & ART Master lists, shared with all ware houses, updated each month to include new sites
 - ❖ Initial push of FDC for 2 months to sites after training
 - ❖ Subsequent pull for refills using the integrated into Web based ART Ordering System (WAOS)
 - ❖ Stock status updates given monthly



Flow for ARVs in SCR



Innovative Approaches (2): HW Training, Mentorship Programmes & Online site accreditation



- ❖ 6 & 13 day training Packages
- ❖ Mentorship guide and schedule
- ❖ Mentorship programme's lead by Districts & IPs in collaboration with the Ministry of Health. Positive aspects identified and applauded, gaps highlighted, and corrective measures implemented
- ❖ Online accreditation, December 2012, Feedback given to districts and IPs on identified gaps for follow up, has eased accreditation, 700 sites accredited by



March 2013

Innovative Approaches (3): Involvement of Communities/PLWHIV



MOH Recommended Models;

Village Health Teams

- ❖ Increase access to PMTCT and other services at the local level
- ❖ Family Support Group concept Facility and community based

Other Models;

PLHIV Network Model

- ❖ Working with support agents/PLWHIV to strengthen linkages between communities and health facilities

Use of Mentor Mothers/Mentor Fathers

- ❖ Utilising mothers who have successfully gone through the EMTCT pathway




Peer Educator Concept



Innovative Approaches (4): Strengthening Male involvement



- Open Invitation letters
- Male friendly services
 - Use of Male Counselors
 - Prioritization of couples
 - Extended evening hours
 - Weekend clinics
- Men Engagement package. Standard healthcare package for men (wt, Bp, syphilis, circumcision, etc)
-  By – Laws



Innovative Approaches (5): Demand Creation by use of EMTCT Champions



- ❖ Ugandan First Lady HE Janet Kataaha Museveni as the National EMTCT Champion
- ❖ Cultural leaders such as the Queens of Buganda and Toro



Innovative Approaches to improve Adherence (6): Mobile Phones



- Use of mobile phones to follow up mother-child pairs



- Use of community structures;
 - Family Support Groups
 - Mentor mothers/fathers & Expert clients



Innovative Approaches (7): Strengthening tracking of Progress



Monthly reporting

28 core indicators on Option B + in the HIMS

Real time reporting

- ❖ Online IP reporting tool for tracking Training's and mentorships by the IPs
- ❖ Weekly SMS on 9 core indicators



Real-time Reporting Indicators

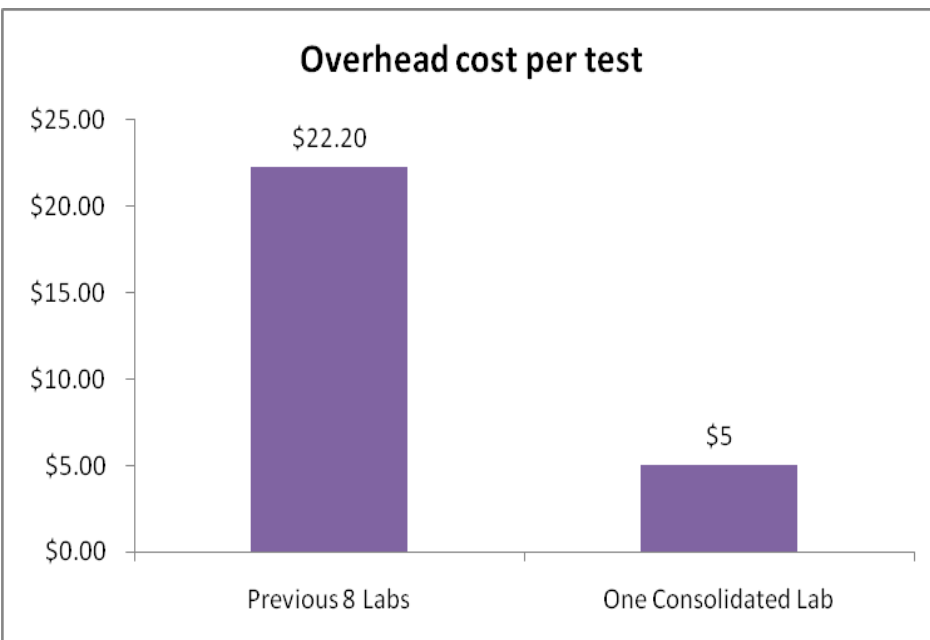
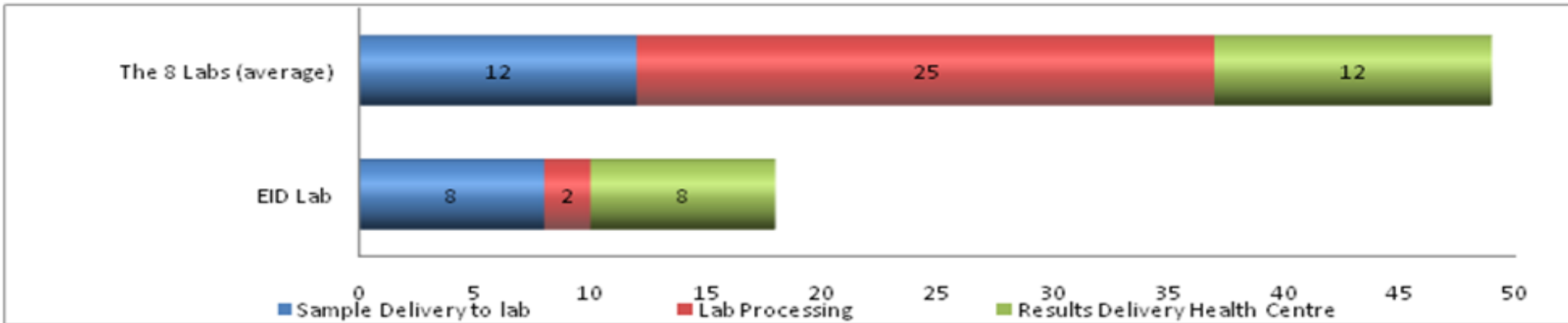


	Indicator	SMS Code	Dummy data
1	Total No ANC visits	a	400
2	Total No ANC tested	b	359
3	Total HIV retest	c	50
4	Total ANC visit 1 known HIV +	d	98
5	Total initiating Option B+	e	10
6	Total ANC 1 on ART before	f	50
7	Total missed appointment	g	4
8	HIV kits available	h	N
9	ARVs available	i	Y



Innovative Approaches (8): Establishment of Consolidated National EID Reference laboratory

Average TAT before consolidation of EID testing and after



- The lab consolidation has had positive impact on efficiency, cost effectiveness and improved program monitoring

Innovative Approaches (9): Establishment of Regional Hubs for DBS specimen

The hubs include:

- Aber Hospital
- Arua R R Hospital
- CPHL
- Hoima RR Hospital
- Jinja RR Hospital
- Gulu RR Hospital
- Kabale RR Hospital
- Kagando RR Hospital
- Kamuli Hospital
- Kitgum Hospital



Legend

- ★ Operational Hubs
- 72 Hubs
- Uganda Districts



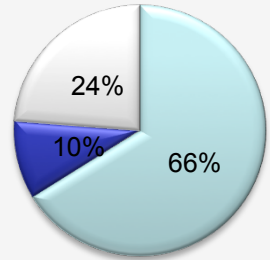
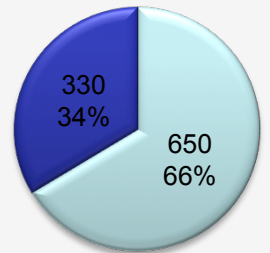
Innovative Approaches (10): Establishment of web based district specific dashboards

Implementing Partner: Baylor Uganda (or could be district name)

Number of test

	Actual	Target
No. of all Infants Tested	2300	
No. of DNA PCR tests	980	
No. of first DNA PCR tests	650	
No of second DNA PCR tests	330	
Median age of testing (1st PCR)	2 months	
Median age of testing (2nd PCR)	28 months	
Positivity Rate for 1 st PCRs	6%	

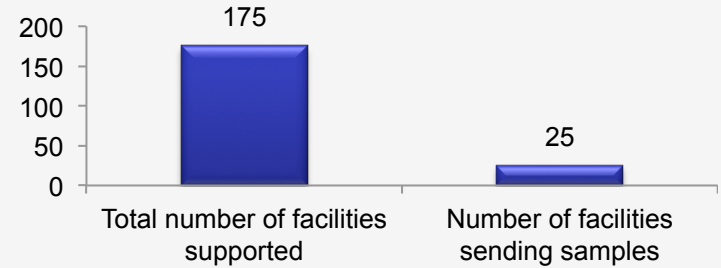
Number of 1st versus 2nd DNA PCR tests conducted. Disaggregation of EID test results:



- No. of first DNA PCR tests
- Negative EID results
- Positive EID results
- Rejected samples

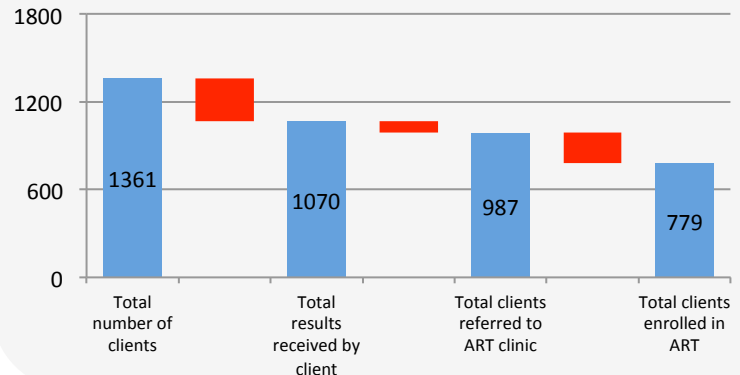
Facilities Supported

Number of regional facilities supported vs facilities sending



Treatment

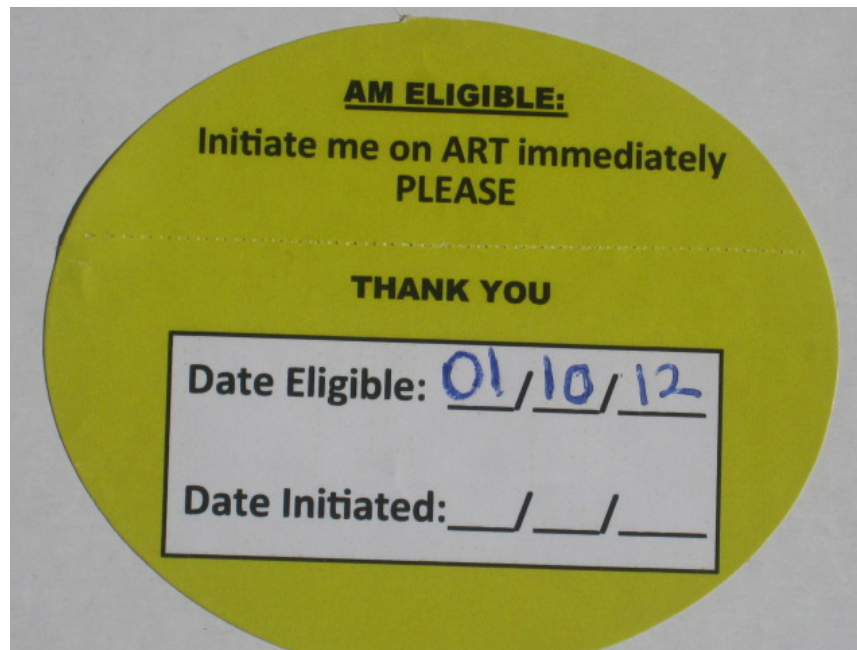
HIV + EID Cascade:





Innovative Approaches (11):

Use of Stickers to Improve Paediatric ART Initiation





Rationale- Sticker will highlight eligible patients hence easy identification and initiation

091089

FILE NO.	
NAME OR SUBJECT	

RAPID

AM ELIGIBLE:
Initiate me on ART immediately
PLEASE

THANK YOU

Date Eligible: 01/10/12

Date Initiated: 9/10/12





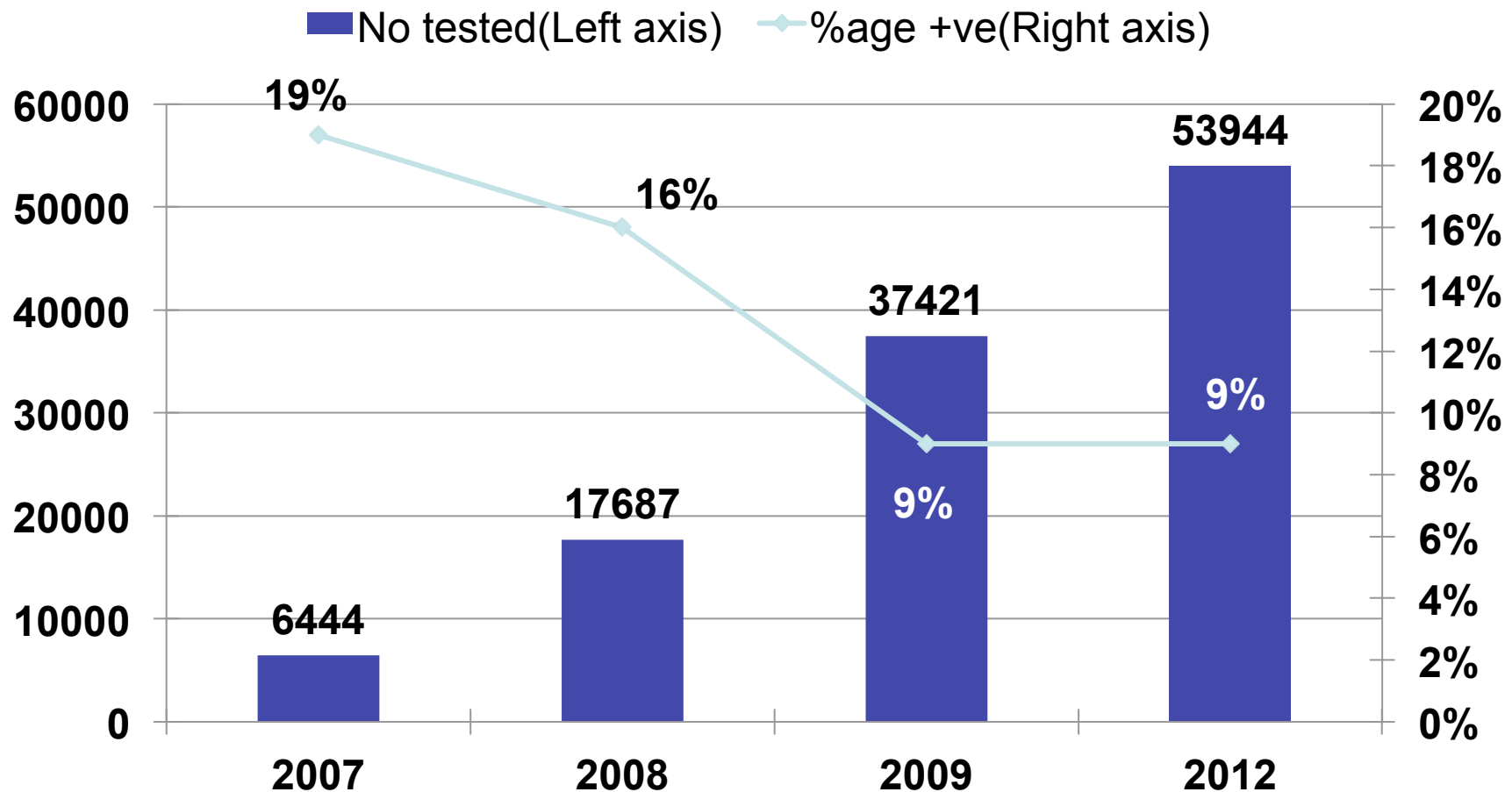
Programmatic impact of innovations Comparing Oct to Mar Performances



Indicator	SAR FY 2012	SAR FY 2013
Number of HF offering option B+	0/1,800	1400/2087
Total pregnant women with HIV known status	597,763	703,112
Total pregnant women HIV +ve identified	40,208	64,015
Total HIV +ve women given prophylaxis	34,533	53,451
Option B+	NA	20,485
Option A	48,967	17,604
Pregnant women receiving ART for own Health	2,769	10,473
Exposed infants who received ARV prophylaxis	15,269	17,551 (27.4%)
Number of sites offering ART	510	705
Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	314,186	425,072
Number of adults and children with advanced HIV infection newly enrolled on ART	26,917	54,992



Increasing Number of children accessing 1st PCR testing



% Need met

7%

19%

41%

56%



Challenges

-
- Slow progress of mentorships and accreditation & Missed opportunities for ARV (12% missed ARVs)
 - Inadequate supply of HIV test kits
 - Some districts lack Web Based ARV Ordering System
 - Monitoring adherence and retention for mothers still a big challenge and information has already shown that there is substantial loss to follow ups
 - Poor documentation coupled with a big number of tools needed to monitor the HIV positive mother and her baby and poorly motivated work force
 - Stack with Option A medicines
 - Poor infrastructure at lower HF





Poor infrastructure at lower HF





Emerging Research Gaps (1):



- ❖ **Treatment needs of women in B+?** (retention and adherence counseling and other support, retention and adherence monitoring, clinical and laboratory monitoring, adequate access to HR at sites for initiation, retention, adherence activities, other)
- ❖ **Effective model of care**
 - Provision of Long-term ART in MNCH setting versus referrals 6 wks, 18 months or end of BF
- ❖ **How Improve the EID programs**
 - Suitable location for the services MNCH or Treatment (ART) clinics? care of Infected children despite the PMTCT programs etc





Emerging Research Gaps (2):

- ❖ Integration of PMTCT and ART

- ❖ How to positively influence community Perspectives of ART for life
 - Avoid abortions for fear of dugs.

- ❖ Making treatment user friendly e.g. inform of depot injection, quarterly pills as opposed to daily pills etc.

- ❖ How do we best address issues of stigma and disclosure as they are the main causes of non-adherence and loss to follow up



Emerging Research Gaps (3): Strengthening integration and Linkages



- What are the different HR needs at each site (numbers/ training/ supervision/ mentoring) to accommodate large numbers of reproductively active women on ART in any of the service delivery models either the Treatment clinic or the MCH clinic?





Moving forward;



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- Consolidate the new guidelines to achieve less than 5% reduction of the Vertical HIV Transmission rate while improving the Health of women living with HIV in Uganda
 - Collaborate with researchers to Conduct Demand Driven Evaluations & Operations research to provide answers to the identified/remaining gaps
 - Strengthen Programing for Prongs 1 & 2



Finally, Thank you for listening to Uganda

