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

Dr. Esiru Godfrey;
National PMTCT Coordinator;
Ministry of Health – Uganda
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 III s 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

- One site one supply (69% NMS, 20% JMS & 11% MAUL); QPPU supports Pharmacy Division to track procurement and consumption status across all the warehouses,
- Harmonization of the PMTCT and ART regimens and order forms
- Harmonization of the PMTCT & ART Master lists, shared with all warehouses, 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

Stock trading

NMS
All Public ART sites

MAUL
CDC supported PNFP

JMS
USAID supported PNFP & PFP

IPs now provide Technical assistance and not buffer stocks
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 Kataaaha 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

<table>
<thead>
<tr>
<th>Indictor</th>
<th>SMS Code</th>
<th>Dummy data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No ANC visits</td>
<td>a</td>
<td>400</td>
</tr>
<tr>
<td>Total No ANC tested</td>
<td>b</td>
<td>359</td>
</tr>
<tr>
<td>Total HIV retest</td>
<td>c</td>
<td>50</td>
</tr>
<tr>
<td>Total ANC visit 1 known HIV +</td>
<td>d</td>
<td>98</td>
</tr>
<tr>
<td>Total initiating Option B+</td>
<td>e</td>
<td>10</td>
</tr>
<tr>
<td>Total ANC 1 on ART before</td>
<td>f</td>
<td>50</td>
</tr>
<tr>
<td>Total missed appointment</td>
<td>g</td>
<td>4</td>
</tr>
<tr>
<td>HIV kits available</td>
<td>h</td>
<td>N</td>
</tr>
<tr>
<td>ARVs available</td>
<td>i</td>
<td>Y</td>
</tr>
</tbody>
</table>
Innovative Approaches (8): Establishment of Consolidated National EID Reference laboratory

- 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

Date: 7/19/2012
Innovative Approaches (10): Establishment of web based district specific dashboards

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

### Number of tests

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of all Infants Tested</td>
<td>2300</td>
<td></td>
</tr>
<tr>
<td>No. of DNA PCR tests</td>
<td>980</td>
<td></td>
</tr>
<tr>
<td>No. of first DNA PCR tests</td>
<td>650</td>
<td></td>
</tr>
<tr>
<td>No of second DNA PCR tests</td>
<td>330</td>
<td></td>
</tr>
<tr>
<td>Median age of testing (1st PCR)</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td>Median age of testing (2nd PCR)</td>
<td>28 months</td>
<td></td>
</tr>
<tr>
<td>Positivity Rate for 1st PCRs</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

### Facilities Supported

- Total number of facilities supported: 175
- Number of facilities sending samples: 25

### Treatment

**HIV + EID Cascade:**

- Total number of clients: 1361
- Total results received by client: 1070
- Total clients referred to ART clinic: 987
- Total clients enrolled in ART: 779

**Disaggregation of EID test results:**

- No. of first DNA PCR tests: 66%
- Negative EID results: 10%
- Positive EID results: 24%
- Rejected samples: 34%
Innovative Approaches (11): Use of Stickers to Improve Paediatric ART Initiation
Rationale- Sticker will highlight eligible patients hence easy identification and initiation
<table>
<thead>
<tr>
<th>Indicator</th>
<th>SAR FY 2012</th>
<th>SAR FY 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HF offering option B+</td>
<td>0/1,800</td>
<td>1400/2087</td>
</tr>
<tr>
<td>Total pregnant women with HIV known status</td>
<td>597,763</td>
<td>703,112</td>
</tr>
<tr>
<td>Total pregnant women HIV +ve identified</td>
<td>40,208</td>
<td>64,015</td>
</tr>
<tr>
<td>Total HIV +ve women given prophylaxis</td>
<td>34,533</td>
<td>53,451</td>
</tr>
<tr>
<td>Option B+</td>
<td>NA</td>
<td>20,485</td>
</tr>
<tr>
<td>Option A</td>
<td>48,967</td>
<td>17,604</td>
</tr>
<tr>
<td>Pregnant women receiving ART for own Health</td>
<td>2,769</td>
<td>10,473</td>
</tr>
<tr>
<td>Exposed infants who received ARV prophylaxis</td>
<td>15,269</td>
<td>17,551 (27.4%)</td>
</tr>
<tr>
<td>Number of sites offering ART</td>
<td>510</td>
<td>705</td>
</tr>
<tr>
<td>Number of adults and children with advanced HIV infection receiving ART</td>
<td>314,186</td>
<td>425,072</td>
</tr>
<tr>
<td>Number of adults and children with advanced HIV infection newly enrolled on ART</td>
<td>26,917</td>
<td>54,992</td>
</tr>
</tbody>
</table>
Increasing Number of children accessing 1st PCR testing

<table>
<thead>
<tr>
<th>Year</th>
<th>No tested (Left axis)</th>
<th>%age +ve (Right axis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>6444</td>
<td>19%</td>
</tr>
<tr>
<td>2008</td>
<td>17687</td>
<td>16%</td>
</tr>
<tr>
<td>2009</td>
<td>37421</td>
<td>9%</td>
</tr>
<tr>
<td>2012</td>
<td>53944</td>
<td>9%</td>
</tr>
</tbody>
</table>

% Need met:
- 2007: 7%
- 2008: 19%
- 2009: 41%
- 2012: 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 drugs.

- 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;

- 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