PEPFAR
U.S. President's Emergency Plan for AIDS Relief

USAID
FROM THE AMERICAN PEOPLE

The Republic of Uganda

XIX International AIDS Conference, Washington D.C., USA
22nd – 27th July, 2012

What does it take to transition from one PMTCT prophylactic regimen to another? Lessons from East Central Uganda

Vivienne Mulema, Francis Kazibwe, Emmanuel Tibenderana, Ronald Kimuli, Samson Kironde
JSI Research & Training Institute, Inc./Strengthening TB and HIV&AIDS Responses in East Central Uganda (JSI/STAR-EC)

Background

90% of all HIV infections in infants and young children are through mother-to-child transmission (MTCT). In the absence of interventions, the risk of MTCT is 20-45%. The risk of MTCT can be reduced to less than 2% with a package of evidence-based interventions including ARV prophylaxis. The World Health Organization (WHO) first issued recommendations for the use of antiretroviral for PMTCT in 2000. These were gradually revised in 2004, 2006 and 2010 following successive discovery of more efficacious regimens.

Methods

Between July 2010 and December 2011, STAR-EC, a five-year USAID-funded program implemented by JSI, in collaboration with Ministry of Health, trained health workers in the integrated management of adult illnesses (IMAI) and integrated management of pregnancy and childbirth (IMPAC) including the 2006 PMTCT guidelines.

Following the recommendations by WHO in 2010, STAR-EC adopted the new PMTCT guidelines, specifically the 'Option A' protocol. STAR-EC supported training of health workers in accurate quantification of PMTCT commodities. Store managers and Health Management Information Systems, focal persons were also oriented on accurate quantification of relevant medicines to be able to make orders when nurses or midwives were not available. This was followed by two successive mentorship sessions per site.

District PMTCT coordinators were then facilitated to support the health centres to place accurate and timely orders for commodities to the national supplier. New order forms for supplies that excluded sub-optimal regimens were printed and distributed. Collaboration with other implementing partners for buffer stock ensured relatively consistent availability of required medicines.

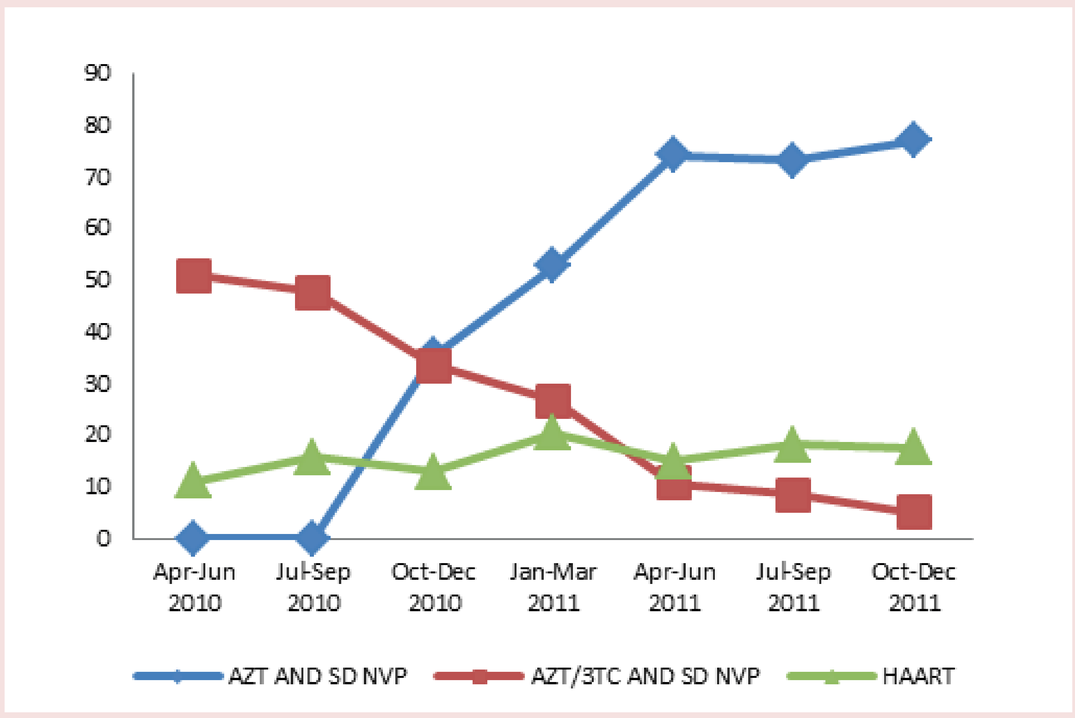
Mentorship to a nursing assistant on PMTCT supplies quantification

Delivery of PMTCT supplies to a hospital following regimen change in 2010

Results

- There has been gradual shift from sub-optimal to more efficacious regimens sequentially corresponding to WHO recommended guidelines as shown in the graph below
- The greatest progress towards appropriate regimens was realised when there were adequate supplies in the national medical stores system for requisition by the health workers
- The sharp increment in HAART enrolment in the period Jan- Mar 2011 was due to increase in the number of facilities that were able to provide chronic care services from 80 to 91. These were then able to offer referral services for eligible HIV positive pregnant women to ART accredited sites.

Figure 1: Changes in PMTCT regimens



Conclusion

- A holistic approach to capacity building undertaken should include clinical practice, logistics and data management to ease transition to new treatment guidelines at the health facility level
- For an effective shift, adequate quantities of supplies have to be readily available both in stock and in the pipeline for requisition by health facilities at the national level
- Collaboration amongst implementing partners ensures relative availability of medicines through redistribution of relevant commodities

This work was done with funding from the U.S. President's Emergency Fund for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement 617-A-00-09-00007-00

For Further Information
Please contact:
Dr. Samson Kironde,
Chief Of Party, STAR-EC
P.O Box 829 Jinja Uganda
info@starecuganda.org

JSI

STRENGTHENING TB AND HIV & AIDS RESPONSES IN EAST CENTRAL UGANDA
STAR-EC