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Lessons from East Central Uganda for improvement of PMTCT and Early Infant Diagnosis (EID) service provision through strengthening of referral processes for mother-baby pairs

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Background

Following WHO guidance, PMTCT implementation in Uganda has, in the interim, embraced 'Option A' which recommends enrollment of HIV positive mothers on efficacious ARV prophylaxis early in pregnancy, with exposed infants being covered for the duration of breast feeding. This prolonged ARV coverage approach while important in minimizing MTCT to less than 5% is associated with significant challenges of 'mother-baby' pair loss to follow up within facilities, between facilities and in the community.

Methods

To mitigate this loss to follow up, Uganda developed a robust PMTCT and EID referral strengthening process involving the creation of active mother-baby pair tracking points within facilities and the community solely to identify and refer those eligible to a central care point in the facility (usually ANC or ART clinic) to ensure retention.



A PMTCT-EID mentorship session at a health facility in East Central Uganda

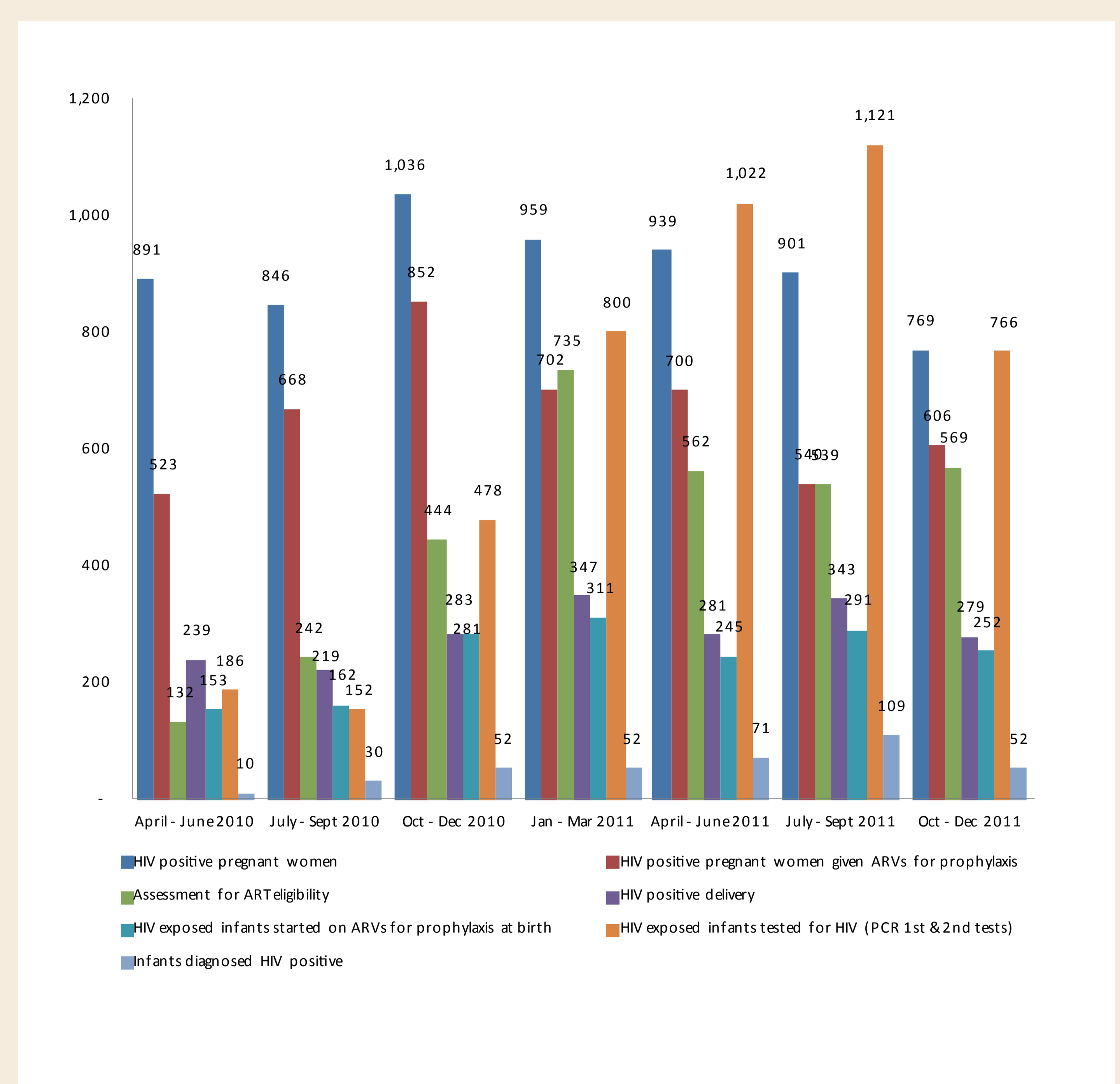
The Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC), a USAID funded district based program implemented by JSI, has supported the Ministry of Health in rolling out the PMTCT strengthening process to 85 facilities in nine districts in East Central Uganda. Operationally this involved training, regular mentorship, provision of registers and equipment, logistical support for EID; and communication facilitation between health workers, volunteers and the mothers.

Results

Comparison of data before (April – June 2010) and during this PMTCT strengthening process (October – December 2011) shows a remarkable improvement in the following key indicators.

- Enrolment of HIV positive pregnant women onto prophylactic ARVs significantly increased from 59% (523/891) to 79% (606/769), ($p < 0.0001$)
- HAART uptake increased from 6% to 14%
- ART eligibility assessment of mothers increased from 15% to 74%; and infant ARV prophylaxis from 64% (153/239) to 90% (252/279), ($p < 0.0001$)
- PCR tests also increased from 186 to 766

PMTCT-EID cascade for the East Central Uganda, April 2010 – December 2011



Conclusion

Strengthening 'mother-baby' pair referral and retention processes at facilities and within communities in East-Central Uganda has significantly improved PMTCT-EID service outcomes.

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