

Report of the Regional PMTCT
meeting, Botanical Beach Hotel
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Presentation Outline

- Workshop Background
- PMTCT Country profiles
- Theme specific emerging issues
- Suggestions for the way forward

Background

Organization & participation

- Organizers: Academic Alliance for AIDS Care in Africa, IPH Mulago, MoH, UAC, Elizabeth Glaser Foundation, CDC Uganda.
- Financial support from the Forgarty International Centre of NIH US
- Participation: Policy makers, program managers, researchers and donors from Ethiopia, Kenya, Tanzania & Uganda

Background

Theme & objectives

- **“Healthy Mothers and healthy babies: increasing access to PMTCT Services”**
- Discuss emerging issues among various actors
- Build on the outputs of the Lusaka MTCT research meeting, August 2002
- Examine PMTCT programs within the context of child and family health
- Build consensus on the scope and resources for PMTCT programs
- Identify and strengthen promising practices

Background

Workshop program

- Plenary sessions:
 - thematic keynote presentations and discussions
 - Country profile presentations & discussions
- Group work – on themes
- Site visits:
 - MU-JHU, Mulago Hospital, Nsambya Hospital, AIC

Workshop Background

PMTCT Themes

- Comprehensive maternal care package
- Infant feeding in the context of HIV/AIDS
- Male involvement
- Beyond PMTCT- extending HIV/AIDS care to the family
- Scaling – up PMTCT programs

PMTCT Country profiles

Common issues

- All represented countries implementing PMCT, with institutional frameworks
- Implementation within health care delivery systems
- PMTCT costs largely for capacity development, community mobilization and overhead costs in PHC
- Drive to scale up from pilot to national coverage

PMTCT Country profiles

Challenges

- Delivery rates in HCF very low
- Coordination of multiple partners problematic
- PMTCT as vertical programs with implications for sustainability and standards
- PMTCT integration hindered by weak health care systems
- Weak M&E with limited support supervision
- Client drop off at every step of PMTCT

PMTCT Country profiles

Challenges cont'd

- Inadequate physical infrastructure
- Lack of human capacity
- Inadequate and inconsistent delivery of drugs and supplies
- Limited community mobilization & follow-up
- High stigma levels
- Infant feeding dilemma
- Beyond PMTC

Comprehensive MHC package

Emerging issues

- Clearly define MCH package, Re: PMTCT
- Address the 5 pillars of safe motherhood and factors affecting MTCT of HIV
- Promote increased and timely access to MHC services
- Set standards to ensure quality
- Promote VCT for informed decisions
- Include health education, infant feeding, FP counselling, nutritional support & OI treatment

Comprehensive MHC package

Challenges

- Pre-existing maternal and child health care facilities weak and under funded.
 - Unforeseen budgetary requirements
 - Quality of services
- PMTCT leads to increased ANC attendance
 - Though welcome, exerts a lot of pressure on the fragile system

Infant feeding

Research findings

- 30-50% of MTCT through breast milk
- Risk of transmission increases with continued BF
- BF in first 6 months more risky
- Some HIV sub-types more transmittable through breast milk
- Early knowledge of HIV status affects choice of feeding
- Home prepared feeds sub-optimal
- Good counselling enhances EBF rates

Infant feeding

Gaps & recommendations

- Knowledge gaps
 - Benefits of BF for HIV positive babies
 - IF options for women with advanced HIV disease
- EBF for 3-6 mths followed by safe transition to other feeds recommended but not defined
- Define IF guidelines in context of individual mother and her socio-economic environment
- IF options should be acceptable, feasible, safe, affordable & sustainable

Infant feeding Challenges

- Poor health worker knowledge and bias
- Limited feeding options
 - EBF difficult to sustain
 - Formula feeds: unmanageable, dependence
 - Risk of mixed feeding
- Lack of information on age appropriate feeds and weaning feeds
- Early detection of infection on babies

Beyond PMTCT:

Extending HIV care to the family

- Address on-going health needs of positive mothers and their families
- Promote comprehensive care rather than ART alone
- General care and IOs treatment:
 - Reduces morbidity & mortality, hospitalization thus cost saving

MTCT – Plus

Challenges

- Misconception that MTCT-plus synonymous with ART
- Promising support for life a challenge in resource constrained settings
- Poor health care delivery systems that affect service quality and sustainability
- Integration ideal but raises conflict of interest
- Lack of policy guidelines
- **BUT:** Initiate MTCT plus programs to promote child survival and facilitate system development

Male involvement in PMTCT

Challenges

- Involvement very low yet men play a key role in family decision-making
- Barriers to male involvement
 - Cultural norms(dominance & socio-econ status)
 - Low level education for both
 - Polygamy: attention to wives
 - Social & political support structures (rural/urban)
- Unfriendly health facilities, unsuitable timing, health worker attitudes to men, lack of family approach to MCH service delivery

Male involvement

Strategies for improvement

- Innovation in male involvement strategies: identification of types of men: the many indifferent/uninformed, some hostile ones and a few supportive ones
- Sensitize health workers, leaders and communities
- Involve men in health education, ANC
- Establish male friendly clinics

Scaling up PMTCT

Challenges

- Weak health care delivery systems
 - Inadequate infrastructure
 - Human resource & financial constraints
- Low PMTCT awareness
- Feasibility of long-term client follow-up
- Ensuring equity in service delivery
- Expanding and sustaining program coverage

Scaling up PMTCT

Facilitating factors

- Agreed policy and standards
- Capacity building
- Dependable procurement & distribution system
- Coordination to ensure harmony
 - Partnerships: optimization, check duplication
- Linking to other HIV/AIDS programs
- Intensified IEC and advocacy
- Strong M&E, Support supervision & OR

Further research/discussion

- Male involvement: what works
- Choice of HIV testing algorithm
- Role of Vitamin A supplementation
- Role of elective C-section in PMTCT in Africa
- Optimal PMTCT counselling training package
- Common regional PMTCT strategy?

Way Forward

- Re-assess workshop discussions within country contexts
- Engage country programs in discussions
- Utilize various fora to build partnerships
- Promote sharing of experiences from program implementation and research

**It would appear that the
challenges far out weigh
opportunities, but where there
is a will, there is a way**