

## **STRENGTHENING DISTRICT MATERNAL & NEWBORN HEALTH SERVICES AS A CRITICAL INGREDIENT FOR INCREASED ACCESS TO PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV PROGRAMS: LESSONS FROM RURAL UGANDA**

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**Background:** The World Health Organisation recommends integration of Prevention of Mother to Child Transmission of HIV (PMTCT) services within existing Maternal and Newborn health (MNH) services as a sustainable mechanism of eliminating new paediatric HIV/AIDS by 2015. To achieve this, developing countries must address the existing fractured MNH health systems. We share an early experience of the impact of health systems strengthening on a PMTCT program in rural Uganda.

**Methods:** We conducted a very early before (Oct 2010-Sept 2011) and after (Oct 2011-Sept 2012) analysis of results for a USG funded MNH pilot project [Saving Mothers Giving Life] being implemented in 3 rural districts with the aim of reducing maternal deaths by 50% in 1 year. Some of the project interventions have included recruitment, training and retention of critical staff majority being midwives, infrastructural upgrades, for over 78 Maternities and provision of essential MNH equipment. At baseline, Only 3 of 10 operating theatres had the capacity to provide comprehensive Emergency Obstetric & Newborn Health Services including a caesarean section. The project working with the local governments has since supported the 7 previously defunct operating theatres by equipping them, infrastructural support and staffing them with medical officers. In addition, Blood transfusion, Laboratory (including CD4 testing) & MNH logistic services have been strengthened. Routine counselling and testing for HIV services in all maternities was strengthened through onsite mentorships & logistical support. Furthermore, a robust ambulance system has been set up linking lower maternities to health facilities with operating theatres. To create demand for services, over 2079 Village health teams were trained and equipped to carry out community mapping of pregnant women, house to house mobilisation (including male involvement) and access to health facilities has been improved through a motorcycle transport voucher system. The district health Information Systems have been strengthened through training of district staff, improvement in data management at health facility and community level.

**Results:** A baseline situational analysis showed severe staff shortages, a high HIV prevalence (11%) with low antenatal & health facility delivery rates. Results of the Oct 2011-Sept 2012 period showed increase in staffing norm (45% to 60%), 4 ANC enrolment (21% to 44%) and health facility delivery rate was 53% (from 27%) by Dec 2012. All pregnant women (100% vs 88%) in ANC received an HIV test with a positivity rate of 10% (6% new & 4% known HIV +ve). 74% of HIV +ve pregnant women (vs 70%) received Anti-retroviral therapy (ART) prophylaxis including 18.6% (vs 11.6%) on Highly Active Antiretroviral treatment. 104% (vs 94%) of all HIV

exposed infants were tested for HIV DNA PCR with a 4% (vs 5%) positivity rate. 63% (vs 42%) of them initiated on Septrin within 2 months of life.

**Conclusion:** Overall, very early results indicate that strengthening maternal & child health services increases access to PMTCT services for HIV pregnant mothers. A Health Systems Strengthening Approach involving community mobilisation and mitigation of barriers to access (like transport) is critical for increased utilisation of PMTCT/EID services. This should be explored if developing countries are to achieve accelerated scale up & integration of Prevention or Elimination of Mother to Child HIV Transmission health services into existing primary health services.