THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

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FREE TO SHINE CAMPAIGN

"KEEP MOTHERS AND BABIES IN CARE TO END NEW HIV INFECTIONS."

FIRST LADY OF UGANDA
HON. JANET KATAAHA MUSEVENI

Hon. Dr. Jane Ruth Aceng
Minister of Health

INTRODUCTION

Progress in reducing mother-to-child transmission of HIV has been dramatic since the introduction in 2011 of the 'Global Plan towards the Elimination of New HIV Infections among Children, and Keeping their Mothers Alive' – largely because of increased access to eMTCT-related services and increased number of pregnant women living with HIV being initiated on lifelong antiretroviral medicines. But it has not been fast enough to reach the 2020 targets set by UNAIDS and partners as part of the Super-Fast-Track Framework to end AIDS. Acceleration of treatment for all pregnant and breastfeeding women living with HIV is still needed to achieve elimination of new infections among children and halve HIV-related deaths among pregnant women and new mothers.

BACKGROUND AND RATIONALE TO THE CAMPAIGN

In 2012, eMTCT stakeholders in a consultative meeting chose the First Lady of Uganda Hon Janet Kataaha Museveni as the eMTCT Champion. The Champion in turn came up with a program to hold regional eMTCT campaigns in 11 regions, based on the sero-survey regions in the country. In partnership with the PEPFAR, UN Agencies OAFLA, UAC, Civil Society Organization (CSOs) and the eMTCT Champion, the Ministry of Health has registered accelerated service provision in all regions.

Presently, eMTCT has been scaled up from 5 facilities in 2000 to 846 in 2010 to 3242 facilities presently. More than 95% of HIV positive pregnant and lactating women received lifelong Antiretroviral therapy in 2016 (UNAIDS, 2017) and 97% in 2017 (DHIS2 MOH). According to the Global plan progress report, new HIV infections among children reduced from 25,000 babies in 2009 to 3400 in 2015 with a slight increase to 4000 in 2016. Uganda achieved an 86% reduction in new HIV infections among children, becoming one of the 7 Global Plan countries in sub-Saharan Africa that reduced new HIV infections among children by 70% by 2015 (UNAIDS, 2017). Uganda is one of the countries on track towards elimination of Mother to Child Transmission of HIV and efforts are heightened to ensure that this is realized.

However, despite these achievements, challenges still remain: there still high number of new infections among adolescent and young women, male partner/couple testing is still low at only 31%, family planning options for WLHIV are limited with a lot of myths and misconceptions on family planning use, 40% of HIV positive women reported unmet need for family planning in a study by School of Public health, coupled with low male partner support, pregnant women in some districts are not attending ANC and not being initiated on ART. At the same time most of the mothers attend antenatal care late meaning they start ART late during pregnancy.

Retention of HIV+ pregnant mothers and their HIV exposed infants throughout the 18-month period post-delivery is important. For the individuals, benefits of retention include; better health and survival for the baby and mother, better immunologic and virological outcomes, lower morbidity, lower mortality and decreased risk of MTCT to the baby. At national level, high retention rates result in high viral suppression rates, lower transmission rates and lower rates of drug resistance translating into improved quality of care, coverage and effectiveness of ARVs. The late ANC presentation and the poor retention in care also signal more systemic and community challenges to better and sustainable maternal health care outcomes that need to be consciously addressed to enhance effective and sustainable service delivery

The Ministry of Health therefore will continue with this engagement with the eMTCT Champion the First lady of Uganda in order to sustain the gains so far registered.

In aligning with the regional AU and AOFLA the with OAFLA current strategic Direction for 2014-2018; OAFLA member states committed to launch 'Free to Shine Campaign' to contribute to efforts towards keeping mothers and babies to care as well as contribute to the National effort in reducing maternal and infant Mortality. The ministry of health working in close collaboration with OAFLA, UN Agencies, PEPFAR and CSOs will implement the bring mother and baby campaign in Uganda.

STATEMENT OF THE PROBLEM

Despite the gains in the PMTCT programs there are still some areas that need to be strengthened.
There still high number of new infections among adolescent and young women, male partner/couple testing is still low at only 31%, sexual and gender based violence (50.5%), low Syphilis testing and STI treatment (including Hepatitis B).

Family planning options for WLHIV are limited with a lot of myths and misconceptions on family planning use, lack of safe conception counselling services, coupled with low male partner support. 40% of HIV positive women reported unmet need for family planning in a study by School of Public health,

Some pregnant women in some districts are not attending ANC and not being initiated on ART. At the same time most of the mothers attend antenatal care late meaning they start ART late during pregnancy.

One of the major challenges of lifelong ART (Option B+) has been maintaining mothers in care during the MTCT risk period and afterwards. According to the retention analysis for 2017, 81% of mothers are alive and in care at 3 months. This drops to 68% at 6 months and then 70% at 12 months and 64% at 24 months (DHIS2, retention dashboard). Poor retention is attributed to both health system factors and client factors.

Health system factors include; poor / non-use of chronic care tracking tools at the health facility, inadequate / poor quality counselling and psychosocial support for chronic care clients, lack of an, inter-operable electronic system between HIV care providers, lack of telephones / airtime to facilitate follow up, lack of transport to conduct home visits and under staffing.

Client factors include stigma (resulting in submission of false telephone numbers and residences), frequent migration for various reasons, self-referrals / transfers, non-disclosure and gender based violence which interfere with sustainability of chronic care for the individual. Poor retention negatively impacts on the HIV+ mother and her infant. Risks associated with poor retention include poor / non-adherence to ART, high viremia thus high risk of MTCT, morbidity and mortality for both mother and baby.
Challenges with Index client contact tracing for pregnant and breastfeeding women, community involvement & Facility-Community linkage, psychosocial support

JUSTIFICATION FOR THE CAMPAIGN

The eMTCT program has registered significant successes in Uganda since the adoption of Option B+ in 2012 and in order to sustain the gains, retention of Mothers and babies in care is critical. The 'Keeping Mothers and Babies in Care' initiative is a robust strategy that will address the community where the clients that need to be in care are, and the health facility where systems should be strengthened to ensure high retention in care. It will lay the foundation for a retention strategy even for the test and treat program that was rolled out early this year.

The free to shine campaign, focuses on strengthening healthcare services to prevent mother to child HIV transmission and fast track identification and treatment of HIV infected children. It provides an important opportunity for synergy with eMTCT including Validation for elimination and on the path to elimination.

OBJECTIVES

General objective:

TO KEEP MOTHERS AND BABIES IN CARE TO END CHILDHOOD AIDS.

To mobilize actions and unify efforts to end childhood AIDS in Africa, with a focus on strengthening healthcare services to prevent mother-to-child HIV transmission and fast-track identification and treatment of HIV-infected children.

Strategic Objective 1: (Advocacy): To provide a strategic platform for stakeholder engagement and advocacy to contribute to increased access and continuous utilization of RMNCAH and eMTCT services.

Sub -objectives:

1.1. To conduct targeted community mobilization for increased and sustained access and uptake of RMNCH services along the continuum of care
1.2. To conduct targeted community mobilization and behaviour change for increased identification of PWLHIV and mother-baby pairs for early enrolment and sustained retention in care
1.3 To advocate for increased access and utilization of quality RMNCH and eMTCT services to contribute to reduced MTCT rates especially, among breastfeeding mothers, newly identified positive PW (adolescents and Young Women)

Strategic objective 2: (Accountability mechanisms): To re-invigorate accountability for at all levels of the healthcare system and the community systems (health and community systems) that will facilitate continuous evidence based reviews and programming to achieve elimination of mother to child transmission

Sub-objectives

2.1 To increase national and sub-national leadership support through sustained governance, technical and financial commitment to eMTCT programs
2.2 To commit national and sub-national stakeholders to develop, implement and periodically review district specific data driven plans

Strategic Objective 3: (Sustainability): Ensure that all eMTCT interventions are sustained until we achieve the last mile in eMTCT and beyond

Sub-objectives

3.1 Advocate for sustained resource mobilization and allocation
3.2 Ensure Ownership and continuity of services for the interventions for eMTCT (Document and scale up best practices)
3.3 Ensure continuous stakeholder engagement for eMTCT strategies to keep the mothers and babies in care.

Expected Outputs

- Key stakeholders are re-invigorated in efforts to achieve the last mile in eMTCT
- An aide memoire or communique that captures all stakeholder commitments in form of measurable key actions that contribute to specified targets by region/district and/or facility
- Routine accountability reports on eMTCT service delivery with special focus on poorly performing regions
- EMTCT best practices on keeping mothers and babies in care shared, adapted and scaled up.
- Launch the Free to Shine Campaign as a renewed effort to achieve eMTCT and keep mothers and babies in care

Expected Outcomes and impact

- Improved retention of pregnant and breastfeeding mothers as well as their babies from 70% at 12 months to 95%
- Reduced new HIV infections in infants from 7.6% (UPHIA 2017) to less than 5% at 18 months by 2020

IMPLEMENTATION STRATEGY

The strategy to keep mothers and babies in care has two components, the advocacy component for improved services delivery at facility level and at the community level with targeted social mobilization as well as patient tracking component. The focus will be placed on the 2015, 2016 and 2017 birth cohorts. The interest is in HIV exposed infants registered in these periods and HIV positive mothers expected to have delivered in these periods that are lost to follow up.

A) Stakeholder consultation:

Stakeholder meeting targeting 400 people comprising of representatives from regional level, district level and Civil Society Organisations (CSOs); it will take place in Kampala the meeting will also include Members of Parliament, political leaders, religious leaders, cultural leaders and AIDS Development Partners (ADPs). The consultative meeting is designed to elaborately interrogate the high lost to follow up and the low retention of mother-baby pairs in care as well as other challenges in eMTCT. It is expected that this discussion will allow for stakeholders to gain consensus on accurate interventions along the continuum of care as well as along the health system structure that must be addressed in a bid toward attaining eMTCT. The scope of discussion will extend to analyse patient factors, structural, socio-behavioural and cultural barriers to service access, uptake and continuity with a focus on 'why mothers are failing to come and/or return for care'.

Consensus from these discussions will be translated into practical key actions for the various stakeholders targeting both community and facility level; the key actions for community will be delivered through a social ecological framework. It is expected that from the key actions H.E. the First Lady will commit to conduct an advocacy campaign coined around key actions that address the generated cross-cutting themes including: -

1. Call the mothers to 'come back', with their spouses and the babies for care
2. Address structural, behavioural and socio-cultural barriers to access and uptake of SRMNCAH and eMTCT services
3. 3. Address knowledge gaps at community level especially the adolescents and young women

H.E. the First Lady, will then embark on attaining commitment from all present stakeholders to the generated key actions by way of a communique/aide memoire.

B) Implementation and Service Integration

On-going initiatives including the Presidential Fast Track Initiative, PEPFAR SURGE, etc. will be leveraged to consolidate and sustain gains made.

H.E. the first lady will continue to advocate and hold accountable the MoH, regional implementing partners, DLGs leadership to provide sustained technical, financial and administrative oversight to the targeted health facilities.

Service delivery:

The health facilities' in-charges will retain the mandate to consistently provide quality RMNCAH and eMTCT services. The district PMTCT Focal persons will provide oversight for the services through mentorship and support supervision of the sites. The following steps in the service delivery are proposed:-

Activity 1: Line list HIV+ mothers and babies that are lost in the birth cohorts of 2015, 2016 & 2017. Also consider HIV+ mothers that were expected to deliver at the health facility in that month. The facility team will:

1. Review the ANC/ART registers and HEI register from July 2014 to date alongside the ART care cards and HEI care cards and list the HIV positive mother ever attended care
2. Review the HEI register and HEI care cards focusing on birth cohorts of January 2015 to date.
3. Line list all mothers identified HIV+ who don't have a registered HEI yet their EDD is more than 2 months from the review date
4. Line list all mother baby pairs that are lost / missed appointment in the HEI register
5. Zone and distribute the mothers on the line list among all those available and willing to do follow up at the site so that they can track these mothers
6. Provide the team that is doing follow up with tracking tools where they will update each mothers' status as they follow up.
7. Update all relevant HIV care tools with follow up information (ART care cards, ART register, HEI care card, HEI register)

On-going activities:

8. Pre-appointment giving for pregnant mothers at MBCP for continued tracking to bring baby for care and services
9. Weekly reviews of appointment books to follow up pregnant women and mother-baby pairs that do not keep their appointments during the week
10. Monthly reviews of birth cohorts at 12 and 24 months as well as 6 and 12 months retentions for HIV positive pregnant and breastfeeding women.

Activity 2. Hold weekly meetings to update the facility team on progress of follow up
Activity 3. Monthly reports: Make a monthly report on the Keeping Mother & Baby in care campaign to the district PMTCT FP. The IP will collect these reports and forward to the ACP.

The implementing partners will ensure that each health facility is facilitated to conduct follow up of clients in the community through phone calls and home visits. The IP will ensure that inter facility phone calls are possible to track self-referrals within a district or a region.

C) Accountability and Sustainability

A larger National event that will target all national and sub-national stakeholders including Development partners, implementing partners, MoH and Line Ministries, District Local Governments (DLGS), CSO will be held. It will primarily seek to disseminate the key actions taken by various stakeholders to address the earlier identified gaps with measurable outputs and outcomes shared as stipulated within communique/aide memoire. This meeting will also be chaired by the First Lady.

Additionally, targeted regional and district accountability fora will be conducted for the poor performing districts and/or facilities to provide technical support for data driven programming that prioritizes addressing the performance gaps

National Steering committee:

A National steering committee for Free to shine will be formed. This committee will provide oversight and coordinate the Free to shine events. The committee will comprise; UN (UNICEF, UNAIDS, WHO, UN Women), PEPFAR (USAID/ CDC), UAC, MOH (PM ACP, PMTCT team), representative of PLHIV networks, UAC (Prevention), DHO (Chair of the DHOs), Regional IPs.

D) MONITORING AND EVALUATION

The district PMTCT FP and health facility In-charges will be tasked with monitoring the keeping mother and baby in care campaign with support from the Implementing partners. They will ensure that each health facility receives the tracking log and reporting templates. They will also ensure that their teams make the line lists and initiate follow up.

On-going mentorship and supervision targeting the poorly performing districts based on the data shared will be done.

The effectiveness of the campaign will be evaluated from the retention reports at 1, 3, 6, 12, 24, 48 & 72 months following ART initiation. The rates will be compared to the baseline which is the period prior to the campaign. The campaign will also be evaluated through the HIV exposed infant outcomes report.