



Photo: Eric Bond/EGPAF, 2015



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## SAVING LIVES AT BIRTH

### Development of a Model for National Scale-up of the Pratt Pouch to Expand Infant Nevirapine Prophylaxis in Uganda, Prevent Mother-to-child Transmission of HIV, and Save Infant Lives

#### Background

Globally, Uganda has the fourth highest number of HIV-exposed infants (HEI).<sup>1</sup> Annually, 120,000 HEI are born in Uganda with 3,500 becoming HIV-infected.<sup>2</sup> Evidence shows that antiretroviral drugs (ARV) when taken by HIV-positive women can dramatically reduce the risk of mother-to-child HIV transmission (MTCT), and the World Health Organization (WHO) guidelines recommend all HEIs receive six weeks of infant Nevirapine (NVP) ARV prophylaxis beginning at birth to further reduce this transmission risk.<sup>3</sup> According to the Ugandan Ministry of Health (MoH), only 38% of HEIs receive NVP, which is distributed at labor and delivery, and postnatal care (PNC), but not antenatal care (ANC).<sup>2</sup> In Uganda the MTCT rate at six weeks stands at 1.3% and 2.9% post breastfeeding.<sup>4</sup> With 42% of infants born outside of health facilities, at least 50,000 HEIs born every year lack the proper access to NVP during the first critical 24 hours of life.<sup>5</sup> Even HEIs born in facilities may miss NVP initiation due to medication stock-outs or midwives who fail to distribute or educate women on NVP and its administration. Health workers are supposed to give a 100ml bottle of NVP and one syringe to all HIV-positive women and are expected to show the mother how to measure the high-viscosity liquid NVP and mark the syringe with the correct dosing line. But, the sticky liquid is difficult to measure and the syringe marking tends to rub off easily. Therefore, most mothers estimate rather than measure correct infant doses.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), in partnership with Pratt Pouch Consulting, are implementing the Saving Lives at Birth (SL@B) project which will introduce and scale-up the Pratt Pouch in ANC, delivery, and PNC services in at least 476 health facilities in 23 districts throughout Central and South West regions of Uganda.

The pouches will be centrally filled using an automated filling process to meet the high production needs, while ensuring strict quality standards.

Figure 1. Automated Filling Process



The easy-to-use pouches will empower women to immediately initiate NVP after delivery and encourage them to deliver in a health facility or bring their infants for PNC within 14 days. The primary endpoint will be the proportion of HEIs receiving the full NVP regimen from birth to six weeks, and the impact will be measured by the number of HEIs diagnosed with HIV from six to eight weeks of age. By achieving these outcomes, 40,000 infants will be reached in three years.

<sup>1</sup> <http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/uganda> Accessed on 18/11/16

<sup>2</sup> The Ministry of Health, DHIS2 Data 2015

<sup>3</sup> World Health Organization, 2016, Consolidated Guidelines on the Use of Antiretroviral drugs for treating and preventing HIV infection; Recommendations for a public health approach, online, <http://www.who.int>, Accessed on 16/11/2016.

<sup>4</sup> The Ministry of Health, MoH Spectrum estimates 2015/16

<sup>5</sup> Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. Uganda Demographic and Health Survey 2011. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

