Photo: Eric Bond/EGPAF, 2015

Elizabeth Glaser Pediatric AIDS Foundation

THE REPUBLIC OF UGANDA MINISTRY OF HEALTH

Pratt Pouch CONSULTING

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

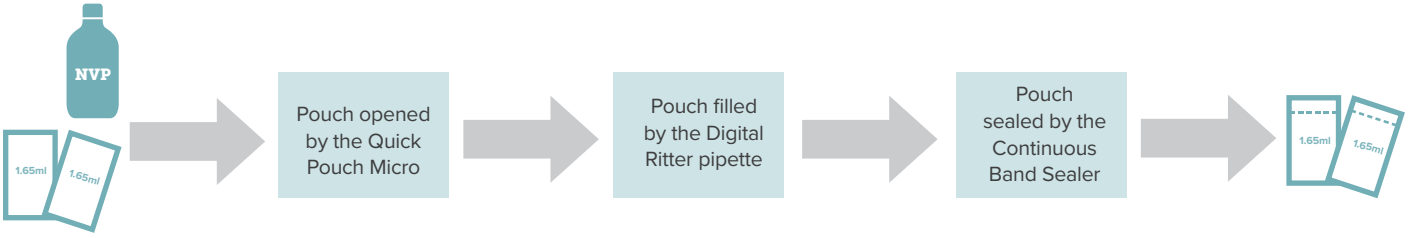
Background

Globally, Uganda has the fourth highest number of HIV-exposed infants (HEI).[1] Annually, 120,000 HEI are born in Uganda with 3,500 becoming HIV-infected.[2] 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) prophylaxis beginning at birth to further reduce this transmission risk.[3] 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).[2] In Uganda the MTCT rate at six weeks stands at 1.3% and 2.9% post-breastfeeding.[4] 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.[5] 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, is 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 527 health facilities in 22 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 further reducing Mother to Child Transmission (MTCT) and contributing to the virtual elimination on MTCT of HIV.

[1] http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/uganda Accessed on 18.11.16

[2] The Ministry of Health, DHIS2 Data 2015

[3] 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.

[4] The Ministry of Health, MoH Spectrum estimates 2015/16

[5] 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.

Objectives

1. Increase infant NVP prophylaxis uptake
2. Simplify dosing with improved dosing accuracy by providing women with pre-measured, single NVP doses in each pouch, without the need for syringe draws
3. Increase mother/infant PNC visits
4. Improve access to infant NVP for home births to empower women to immediately initiate prophylaxis with NVP after delivery
5. Simplify counseling messages and instructions resulting in decreased health care worker time in labor/delivery and PNC
6. Decrease wastage of NVP by only providing those doses required to complete six weeks of prophylaxis

Key Achievements and Program Successes

- Start-up activities including the full recruitment of project staff and meeting with stakeholders.
- The SL@B project was presented to, ratified, and endorsed by the Prevention of Mother-to-Child Transmission National Advisory Committee, Monitoring and Evaluation Technical Working Group (TWG), Medicines Procurement and Management TWG, and Commodity Security Group.
- The project was presented to the National Drug Authority who have provided technical assistance and regulatory approval for the repackaging facility to be remodeled and equipped.
- A task team has been constituted by the Director General of Health Services and Chaired by the Program Manager AIDS Control Program. Members include MoH technical staff, Medicines Warehouses, implementing partners, Hospice Africa Uganda, and representatives of people living with HIV to provide technical oversight and advise future scale-up.
- The identification of the repackaging facility and the procurement of a series of customized automated filling and sealing machines.
- Additional indicators to monitor the project have been identified and endorsed by the task team.
- Job aids and standard operating procedures (SOPs) for health workers to use while dispensing the Pratt Pouch have been adopted from current MoH tools.
- Training curriculum and a roll-out plan are being developed and have been presented to the task team for ratification.
- Protocols for the baseline and effectiveness studies have been developed and presented to local internal review boards awaiting approval.
- Design of the primary packaging: Pratt Pouch
- Design of the secondary packaging: Sets of 14 pouches

Hope for Future Project Years

Completion of start-up activities

While a number of activities were completed within the first project year, other activities include the installation of the customized filling system for the Pratt Pouch, remodeling and equipping the facility, hiring key production staff, and adapting counselling messages, job aides, and SOPs to include relevant information on the Pratt Pouch.

Capacity building of health workers and NVP Pratt Pouch roll-out

The training of health workers from over 527 health facilities in 22 districts will focus on areas such as client education, stock management, dispensing, data management, and reporting. These health workers will be continuously mentored by EGPAF staff in partnership with the MoH on the use of the repackaged NVP and trained in the roll-out of the Pratt Pouch distribution plan and monitoring of the logistical supply chain process.

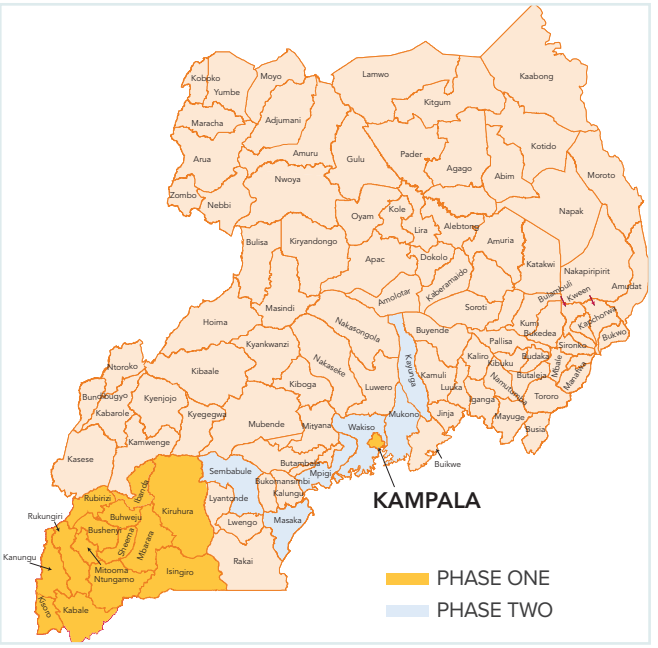
Implementation

Active implementation will commence to ensure all eligible mothers are enrolled into the program and provided with the correct messaging on the dosing and suspension, timely initiation, and completion of the full, six-week regimen of prophylaxis. Ten thousand HIV-positive pregnant and lactating mothers and their HEI will be enrolled into the program in project year two, and 30,000 will be enrolled in year three.

Monitoring and Evaluation

Routine program data will be collected monthly to monitor outputs of the project. Evaluations on effectiveness, acceptability, and feasibility will also be conducted.

Proposed Scale-up Map



SAVING LIVES AT BIRTH: A GRAND CHALLENGE FOR DEVELOPMENT

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