

Scaling up PMTCT Programmes in Uganda

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HIV / AIDS is still a major health problem in Uganda. About 15 - 20% of HIV/AIDS cases acquire the infection through mother to child transmission (MTCT). Over 90% of the children <15 years acquire AIDS through MTCT. Each year over 24,000 children become infected through MTCT. With interventions, significant reductions in this mode of transmission are possible.

The PMTCT program started as a pilot project in 2000 with 5 sites in 3 districts. The sites included: Nsambya Hospital, Mulago Hospital, Mengo Hospital, Arua and Lachor Hospitals.

The main goal of the program is to provide a recommended package of care to pregnant mothers in order to reduce the transmission of mother to child transmission of HIV and ultimately contribute to reduction in infant mortality and morbidity.

Objectives: The objectives were to:

Initiate counseling and testing for pregnant women and their partners in all districts of Uganda by the year 2005

Provide recommended package of antenatal care to 75% of pregnant women attending MTCT sites

Avail ARVS to all HIV positive pregnant mothers and their babies at the implementing sites

Provide comprehensive care intrapartum and postpartum to mothers and their infants

Increase the participation of male partners

The program has registered significant success. There has been capacity development in which training manuals have been developed; training of service providers is going on and training of trainers. By June 2004, about 160 health facilities were implementing PMTCT programmes. These include: all the Regional hospitals, 73% of all the district hospitals, 21% of all the Health Center IVs, 10 health center 3s, 20 private Clinics and 2 projects.

The program covers 79% of all the districts of Uganda and aims at targeting 10% of the expected pregnant women counseled and 6% tested for HIV.

The program is faced with the problems of high implementing costs, inadequate staffing, dropouts of PMTCT service provision, low involvement of male partners infant feeding and low coverage - inaccessibility of services

To improve the program, the following has to be done:

Need to address issues of human resources and infrastructure development which are affecting RH in general

More effort is required to increase access to PMTCT

Need to strengthen advocacy and social mobilization

Need to strengthen other components of PMTCT e.g. infant feeding and family planning

More resources and commitment are required from all the stakeholders

Conclusion: Government is committed to scaling up PMTCT but faces a number of challenges. The success of the program requires commitment of all the stakeholders