**FACT SHEET FOR LEADERS ON ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV IN UGANDA**

**Introduction:**
This factsheet was developed for political leaders for the purpose of generating awareness about the new approach targeting elimination of mother to child transmission of HIV and to solicit support for the programme. It provides basic information on the HIV epidemic and the need for elimination of mother to child transmission of HIV. The goal of this new initiative is elimination of new infections among children and keeping the mothers alive.

**Global context**
Globally, approximately 33.3 million people are living with HIV of which 15.9 million are women of child bearing age, representing 48% (UNAIDS 2010). In Sub-Saharan Africa, 22.5m are living with HIV; 12.1 million (53.7%) are women and 2.3 million (10.2%) are children.

**National Situation**
The HIV epidemic in Uganda is mature, generalized and heterogeneous, affecting different population subgroups. The results of the 2011 Uganda AIDS Indicator Survey (UAIS) indicate that 7.3% of adults age 15-49 in Uganda are living with HIV and among children under age five the HIV prevalence is 0.6%. HIV prevalence is higher among women (8.3%) than men (6.1%). In addition, HIV prevalence increases with age until it peaks at age 35-39 for women (12%) and at age 40-44 for men (11%). Four percent of young adults age 15-24 are living with HIV. Women in urban areas have a higher HIV prevalence than those in rural areas (11% versus 8%); there is no urban-rural difference in HIV infection among men (6.1%, each). HIV prevalence is highest among widowed women and men (32.4% and 31.4%, respectively) and lowest among women and men who have never been married (3.9% and 2.0%). HIV prevalence varies by region, from a low of 4.1% in Mid-eastern region to 10.6% in Central Region.

The proportion of women age 15-49 years who have ever been tested for HIV and received their results is 66% in 2011, an increase from 13% in 2004/5. The increase among men has been from 11% in 2004/5 to 45% in 2011. Almost three in four pregnant women (72%) were tested for HIV and received results as part of their antenatal care.
About 1.2 million people are living with HIV; out of these about 610,000 (50.8%) are women and 150,000 (12.5%) are children. In the year 2009 alone, 120,000 Ugandans were newly infected with HIV, 20,000 were children and the country lost 64,000 people as a result of AIDS related deaths (UNAIDS 2010). These results demonstrate indisputably that HIV/AIDS remains a significant health problem for Uganda and should serve as a call to action for us all.

Uganda has an HIV prevalence of 6.5% among pregnant women. Mother to Child Transmission (MTCT) is the only source of infection among children under five and it is the second most common mode of transmission contributing 18% of new infections (MOT study 2009) in the country. Out of the estimated 1.6 million women who get pregnant annually in Uganda, 6.5% are living with HIV, which translates to 104,000 pregnant women whose babies are at risk of acquiring HIV each year. With an average transmission rate of 30%, it is estimated that about 31,200 babies would be infected with HIV in 2012 alone through MTCT without intervention.

What is EMTCT?
EMTCT stands for Elimination of Mother to Child Transmission of HIV. It involves interventions carried out to reduce the risk of HIV transmission from an infected mother to her baby during pregnancy, labor, delivery and breastfeeding to less than 5% nationally. This is a transition from PMTCT introduced in 2000 by Ministry of Health. The program aims at contributing to the global goal of eliminating new pediatric HIV infections by 2015 using four broad strategies: prevention of new HIV infections among women, prevention of unintended pregnancies (family planning) among women living with HIV, providing the services that reduce HIV infection from the pregnant women living with HIV to their children, and comprehensive care for the mother and her family after delivery.

Currently the national HIV response in line with the global drive is focusing on adaptation of interventions which reduce mother to child transmission to less than 5% (virtual elimination of mother to child transmission). The Ministry of Health is introducing option B plus which entails giving ARVs to pregnant women living with HIV from 14 weeks of pregnancy, throughout labour and breast feeding and for life.

**POLICY ENVIRONMENT**

- Costed PMTCT scale up plan (2010-2015) in place
- WHO Option B plus is the preferred option and was initiated in Uganda in September 2012 and will be rolled to the whole country in 12 months

**Demand for EMTCT services:**
Countrywide, about 94% of pregnant women come for the first antenatal visit, but this drops to only 40% of pregnant women attending all the four recommended visits during pregnancy. Delivery under skilled care is at 59% and delivery in health facilities is at 57%. It is recommended that all pregnant women deliver under skilled care so that complications can be detected early and managed accordingly. Most HIV positive pregnant and lactating mothers do not come back for EMTCT services as most of them do not attend all the recommended four visits and do not deliver under skilled care. Mass mobilization and education of communities on PMTCT will increase the number of women testing for HIV and accessing other services. This needs to be a combined effort of all political leaders.

**Strengthening Linkage to ART for Mother–Baby pair:**
It is important to link the mother-baby pair to HIV Care and Treatment for the following reasons:

- Mothers’ health is improved.
- The pair is offered support on feeding practices.
• Growth monitoring services are provided.
• Better involvement of partner and community.
• Quality services provided.
• Linkage to care and treatment programme.
• The spread of HIV is reduced.

**Funding for EMTCT services:**

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<thead>
<tr>
<th>BUDGET ENVIRONMENT</th>
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<tbody>
<tr>
<td><strong>Donor support</strong></td>
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<tr>
<td>• Global Funds (GFATM) recipient: R 1.3 &amp; 7 [10]</td>
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<tr>
<td>• Limited re-programming of GFATM R7 phase 2 funds available for PMTCT [1]</td>
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<tr>
<td>• PEPFAR Program Country</td>
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<tr>
<td><strong>Domestic Health Financing</strong></td>
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<tr>
<td>• Government expenditure on health, as per cent of total government spending: 9.8% [6]</td>
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<td>• Total Health Financing: [11]</td>
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**Where are EMTCT services?**

These services are provided in all hospitals; all health centres IVs, most health centre IIIs and 15% of health centre IIs.

**Roles of leaders in reducing new HIV infections among children and keeping mothers alive**

- Act as role models by adopting the four key practices described above in your own lives.
- Mobilise and allocate resources for elimination of mother to child transmission of HIV.
- Mainstream EMTCT services in all the HIV interventions.
- Mobilise communities for EMTCT services.
- Recruit staff to provide EMTCT services.
- Advocate for timely provision of EMTCT services.
- Encourage men to get HIV counselling and testing and protect their spouses from HIV.
- Support and encourage linkages between PMTCT and ART clinics.
- Disseminate the key message below in all forums and available opportunities.

**Key Messages**

- All pregnant women should attend ANC early in pregnancy and attend at least four regular antenatal clinic visits.
- The only way to know if you have HIV is to be tested for it and if negative learn how to protect yourself and your baby from getting HIV. If HIV positive, access services which can reduce the chances of infection to the baby and other care and treatment for better health for the pair.
- All pregnant women should plan to deliver their babies in a healthy facility, where there are skilled service providers who can help in case of problems.
- Women and newborns need to be seen by a health worker 6 hours, 6 days, 6 weeks and 6 months after delivery. This is important in identifying and responding to the needs and complications in women and newborns after delivery.

**THE BOTTOM LINE:**

If we are to eliminate mother to child transmission of HIV by 2015, the following actions are critical:

- Expanding PMTCT services to all antenatal and delivery services.
- Preventing new infections among women, and improving access to family planning services among women living with HIV.
- Improving equitable access to skilled attendants at delivery for all women.
- Government spending on health should increase to the Abuja Declaration Commitments of 15%.
- Increasing access to combination ARVs and treatment for HIV-positive pregnant women.
Conclusion

There is a critical need to eliminate mother to child transmission of HIV and this can only be realised through collective efforts by all stakeholders including leaders.

REFERENCES:
[5] Progress for Children, Statistical Tables
[7] Demographic and Health Surveys 2006

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