



# **Retesting of HIV-negative Pregnant and Breastfeeding adolescents and Women as an integral part of routine MCH**

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**PATA 2024 SUMMIT**

# USAID Local Service Delivery for HIV/AIDS Activity (LSDA) - PROGRAM DESCRIPTION

**Goal:** To support the achievement of the Government of Uganda and PEPFAR goals of reaching and maintaining HIV epidemic control and ending AIDS by 2030 by providing managerial, financial and technical assistance to Private not for profit (PNFPs) including Faith-Based and NGO Health Facilities, and CSOs.

## Objectives



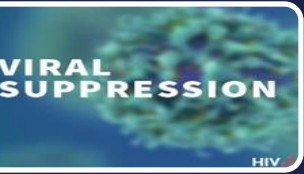
New HIV Infections prevented



95% of the target population living with HIV know their HIV status



95% of Target populations Living with HIV are on Treatment



95% of Target populations on Treatment Have Suppressed Viral Loads

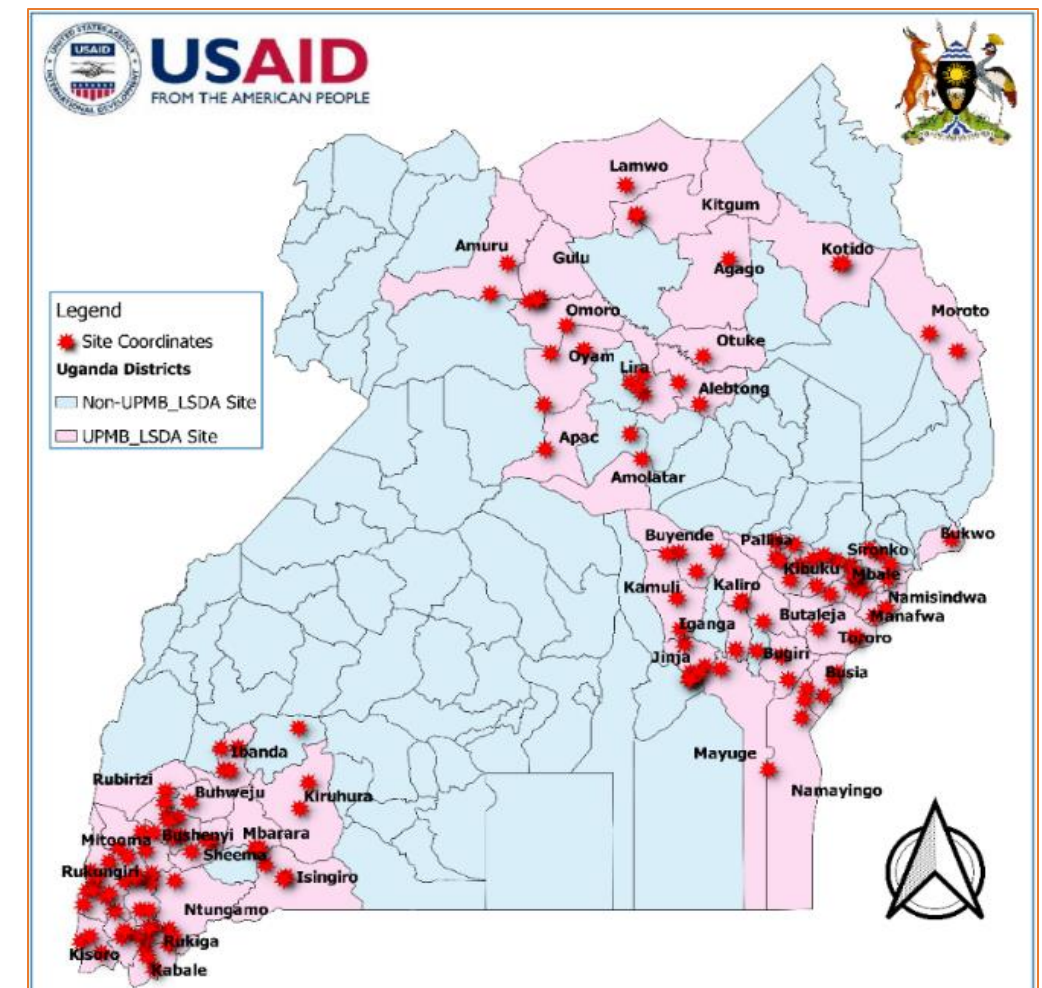


Select PNFPs have the institutional capacity to sustain epidemic control & maintenance

## Coverage

- Prime: Uganda Protestant Medical Bureau (UPMB)
- 67 districts
- 197 PNFP Health Facilities
- 21 CSOs

**Life of Project/Timeline**  
 12<sup>th</sup> August 2020-  
 11<sup>th</sup> August 2025



# Ugandan Context - PMTCT

## New infections

- ❑ Mother-to-child transmission of HIV (MTCT) accounts for 18% of all new infections in Uganda (1), contributing 5,900 new infections (2)
- ❑ More than  $\frac{3}{4}$  (82%) of these infections occur among infants born to mothers who stopped HIV treatment or got infected during pregnancy and breastfeeding
- ❑ MTCT rate at 18 months is 2.8%, higher (3.7%) among infants born to mothers aged 15-24 yrs compared to 1.4% among those born to women aged 25+ yrs (2)
- ❑ MTCT rate is higher (18.2%) among mothers not on lifelong antiretroviral therapy (ART) compared to 1.2% among mothers on ART and 9.6% among mothers who are virally non-suppressed (2)

## Maternal retesting

- ❑ HIV Seroconversion during late pregnancy, Labor/delivery and breast-feeding period accounts for at least 40% vertical transmissions
- ❑ Maternal retesting for early identification of incident infections can potentially reduce MTCT rate
- ❑ By the end of December 2022, only 47% of eligible women were retested during pregnancy or labor and delivery at 197 LSDA supported PNFP sites

# Methods

## What was done & why

### Providers

- ❑ Orientation & mentorship
- ❑ Job aides & SOPs
  - Routine Screening of maternal cards to identify those eligible
  - Retesting tracker aids line listing eligible women

### Client

- ❑ Peer literacy materials in local languages
- ❑ Peer-led health education
  - Mothers empowered to demand for service

### Data capture & reporting

- ❑ Displayed PMTCT codes at service points
- ❑ Inclusion of retesting in monthly summaries
  - Simplified & accurate reporting

## Key gaps at baseline



- Limited understanding of retesting guidelines
- Passiveness in identifying eligible mothers



- Low literacy among mothers – not empowered to demand for services



- Poor data capture – wrong codes
- Under reporting

# HMIS reporting, tools & job aides

HMIS Reporting indicators for Maternal retesting	
AN35. Pregnant Women who retested later in pregnancy	Total (TR+ & TRR+)
	HIV+ (TRR+)
MA16. Women retested for HIV in labor	Total (TR+ & TRR+)
	HIV+ (TRR+)
PN04. Breastfeeding mothers retested for HIV during postnatal	Total (TR+ & TRR+)
	HIV+ (TRR+)

## Maternal retesting Tools and Job aides

*Double-click the icons below to access the documents*



SOP for Maternal Retesting



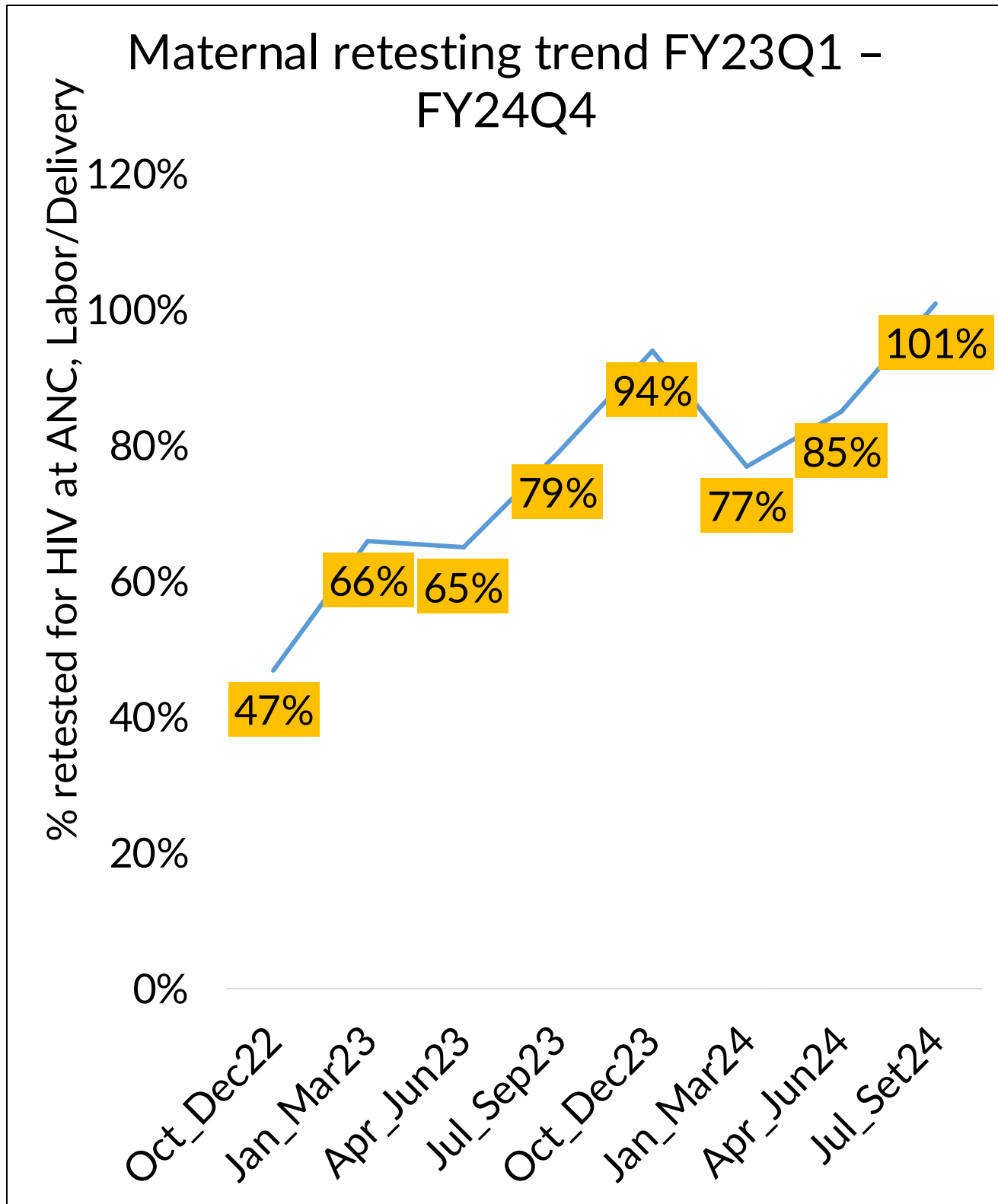
Maternal Retesting Tracking Fo



Patient Literacy Material



# Results: % of eligible women retested progressively increased, Higher sero conversion rates in Ankole and Acholi sub regions, more mothers testing positive in labor, breast feeding period.



Region	Pregnancy			Labour		Total retested during pregnancy and L&D	% age Retested	Breast feeding		Overall		Sero-conversion
	ANC1 HIV Negative	Retested	HIV +ve	Retested	HIV +ve			Retested	HIV +ve	Retested	HIV +ve	
Acholi	12266	6575	13	2459	18	9,034	74%	3331	10	12365	41	0.3%
Ankole	12217	7989	17	3842	18	11,831	97%	8785	29	20616	64	0.3%
Bugisu	4485	2560	1	1564	2	4,124	92%	3846	0	7970	3	0.0%
Bukedi	6608	3468	1	783	1	4,251	64%	3331	2	7582	4	0.1%
Busoga	15811	7809	0	2917	3	10,726	68%	8433	6	19159	9	0.0%
Karamoja	7719	3745	1	4144	2	7,889	102%	4593	3	12482	6	0.0%
Kigezi	11264	7707	5	4809	7	12,516	111%	8991	7	21507	19	0.1%
Lango	9086	6034	6	4386	4	10,420	115%	6022	4	16442	14	0.1%
<b>LSDA Total</b>	<b>79456</b>	<b>45887</b>	<b>44</b>	<b>24904</b>	<b>55</b>	<b>70,791</b>	<b>89%</b>	<b>47332</b>	<b>61</b>	<b>118123</b>	<b>160</b>	<b>0.1%</b>

% Retested at ANC, Labor & Delivery = (# retested during late pregnancy + L&D)/Total number of HIV Negative women at ANC1 \* 100

# Lessons learnt and recommendations

- Pregnant and breastfeeding women (PBFW) are at substantial risk of HIV acquisition
- There is need for interventions to minimize new HIV infections among PBFW, and to conduct further investigations to determine region-specific risk factors associated with incident HIV infections
- Optimal retesting of PBFW aids in early identification of incident infections and linkage to antiretroviral therapy, significantly minimizing vertical transmission of HIV
- Peer mothers are credible messengers for delivering health education to pregnant and breastfeeding women
- The provision and utilization of appropriate job aides and simple peer literacy materials effectively strengthened provider skills and maternal literacy

## REFERENCES

1. Uganda AIDS commission 2023 HIV estimates  
<https://www.uac.go.ug/media/attachments/2024/01/23/hiv-aids-factsheet-2023.pdf>
2. National PMTCT Impact Evaluation (2017 - 2019) report  
<https://www.health.go.ug/wp-content/uploads/2022/06/Press-Statement-PMTCT-Impact-Evaluation-31052022-AK.pdf>



# Thank you

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## Contact

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