

## IAS 2012 Abstract

### Track E: Implementation Science, Implementing HIV Programmes in Resource Constrained Health Systems

Title: *The Challenge of Translating Policy into Practice: The impact of revised prevention of mother-to-child transmission of HIV guideline implementation on uptake of infant antiretroviral prophylaxis in South-Western Uganda*

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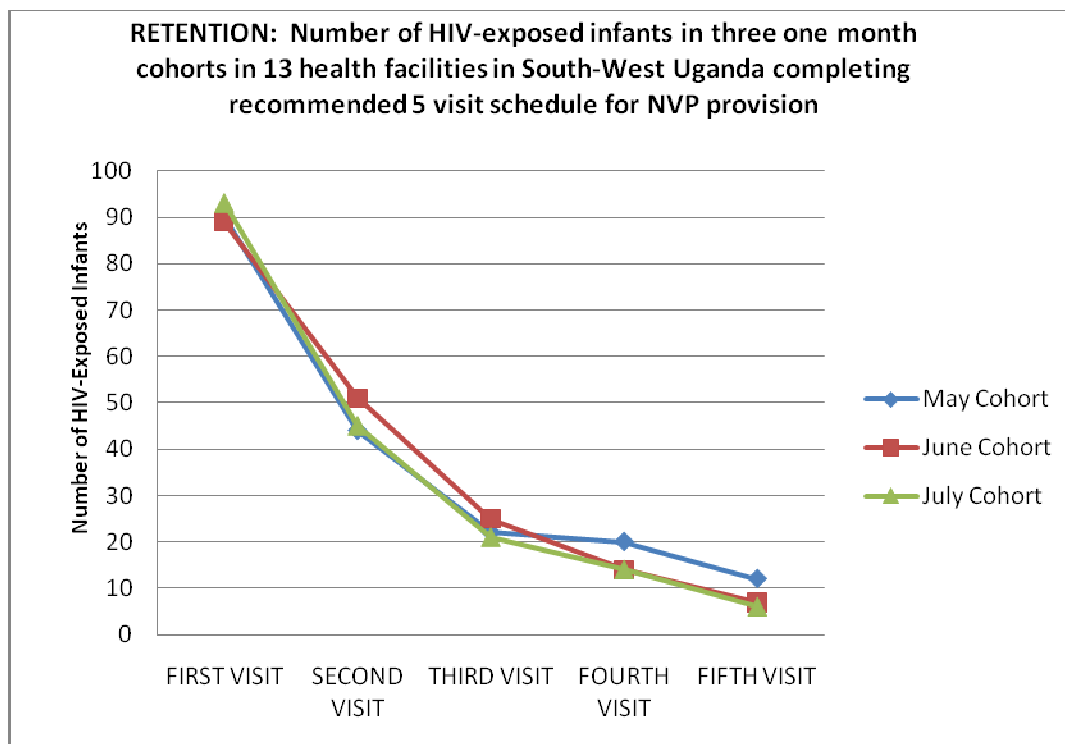
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**Background:** One of the most important but fragile steps in the PMTCT cascade is the provision of ARV prophylaxis to HIV-exposed infants. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), in partnership with the Uganda Ministry of Health (MOH), supports HIV and TB service delivery in 13 districts and 203 PMTCT sites in South-Western Uganda. As countries adapt the WHO 2010 PMTCT guidelines on extended nevirapine (NVP) dosing for infants, it is important to monitor their implementation. EGPAF reviewed infant ARV prophylaxis uptake before and after guideline revision and reviewed extended dose retention to assess the impact on infant prophylaxis.

**Methods:** Health facilities record infant prophylaxis data in MOH PMTCT registers. Quarterly data from 13 districts were reviewed before and after national guideline revision in September 2010 to determine trends in uptake. Infant uptake percentage was calculated by dividing number of HIV-positive women expected to deliver by the total number of infants receiving ARV prophylaxis at delivery. In a subset of 13 health centers, we reviewed infant retention for the extended dosing schedule by capturing three one-month cohorts of HIV-exposed infants starting any prophylaxis, sampled from PMTCT registers, and reviewed for completion of five follow-up visits.

## Results

Quarter	UPTAKE BEFORE GUIDELINE REVISION			UPTAKE AFTER GUIDELINE REVISION			
	July- Sept 2009	Oct - Dec 2009	Jan-Mar 2010	Oct-Dec 2010	Jan-Mar 2011	April-Jun 2011	July-Sept 2011
HIV-exposed infants receiving ARV prophylaxis in 13 districts	135/217 62.2%	107/222 48.2%	75/279 26.9%	504/1,586 31.8%	312/1,799 17%	429/2,306 19%	513/2,472 21%



**Conclusions:** Through implementation of revised guidelines, uptake of ARV prophylaxis in HIV-exposed infants declined and few infants completed the extended dosing schedule. During the time period after guideline revision, there was an increase in number of sites offering PMTCT services. It is not clear if the reduced uptake in infant ARV prophylaxis is due to the guideline shift or to challenges around site scale-up. Issues around NVP supply chain, health-care worker comprehension of revised guidelines and availability of user-friendly dosing tools and educational materials need exploration. Further assessments are needed to evaluate effectiveness of strategies aimed at improving infant ARV prophylaxis uptake and retention.