Integration of PMTCT into Maternal and Child Health care services: an opportunity for improving maternal and child health

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Present Situation
Rich Poor Divide:

- Malnurished women
- 15-18 yrs giving birth
- Women using contraceptives
- 3 ANC visits
- Birth Attended SBA

Source: Population Reference Bureau 2004

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Changing Causes of Maternal Mortality due to Increasing HIV Prevalence in a Zambian Hospital: Making a Case for Linking Maternal Health Care and PMTCT

Direct causes: Abortion, toxemia, hemorrhage, sepsis, ruptured uterus, other
Indirect causes: Malaria, tuberculosis, respiratory illness

Number of visits for antenatal care

<table>
<thead>
<tr>
<th>Region</th>
<th>4+ visits</th>
<th>2-3 visits</th>
<th>1 visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America/Caribbean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle East/North Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia [a]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing countries [a]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Source: WHO and UNICEF, 2003)
Global PMTCT Response by 2004
Countries with established PMTCT programs per region

North Africa & Middle East
Asia South, East and Pacific
CEE/CIS
Latin America and Caribbean
Sub-Saharan Africa
Total

Countries with PMTCT Programs
National Service Coverage

Source: United Nations Children Fund Annual Reports, 2004
Recognition
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Recognition → Referral → Responsiveness
Health System Response
Training of midwives in safe motherhood, by district, Mwanza region, SAM 2005

<table>
<thead>
<tr>
<th>District</th>
<th>Midwives per 10,000 population*</th>
<th>Registered and enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ilemela</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>Nyamagana</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>Geita</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Kwimba</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Magu</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Misungwi</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>Sengerema</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Ukerewe</td>
<td>1.6</td>
<td></td>
</tr>
</tbody>
</table>

Facilities with at least 1 staff trained in safe motherhood (Region: 43%)

<table>
<thead>
<tr>
<th>District</th>
<th>Percent of facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ilemela</td>
<td>49%</td>
</tr>
<tr>
<td>Nyamagana</td>
<td>65%</td>
</tr>
<tr>
<td>Geita</td>
<td>66%</td>
</tr>
<tr>
<td>Kwimba</td>
<td>66%</td>
</tr>
<tr>
<td>Magu</td>
<td>60%</td>
</tr>
<tr>
<td>Misungwi</td>
<td>0%</td>
</tr>
<tr>
<td>Sengerema</td>
<td>25%</td>
</tr>
<tr>
<td>Ukerewe</td>
<td>68%</td>
</tr>
</tbody>
</table>

*Registered and enrolled
Safe motherhood - Commodities

Availability of delivery and maternity beds, Mwanza region, SAM 2005

Delivery beds per 10,000 population (Region: 1.3)

- Ukerewe: 1.5
- Sengerema: 1.5
- Misungwi: 1.6
- Magu: 1.4
- Kwimba: 1.2
- Geita: 0.9
- Nyamagana: 2.1
- Ilemela: 0.8

Maternity beds per 10,000 population (Region: 2.3)

- Ukerewe: 2
- Sengerema: 1.5
- Misungwi: 3.2
- Magu: 1.6
- Kwimba: 3
- Geita: 2.4
- Nyamagana: 5.3
- Ilemela: 1.1

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Health facilities with specific drugs in stock, Mwanza region, SAM 2005

**Ergometrine (Region: 86%)**

- Ilemela: 86%
- Sengerema: 95%
- Misungwi: 92%
- Magu: 82%
- Kwimba: 89%
- Geita: 82%
- Nyamagana: 82%
- Ukerewe: 93%

**Magnesium sulphate (Region: 35%)**

- Ilemela: 77%
- Sengerema: 8%
- Misungwi: 8%
- Magu: 3%
- Kwimba: 17%
- Geita: 8%
- Nyamagana: 65%
- Ukerewe: 74%

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Using SAM to look at inequities:
Health staff by district: (ass.) doctors, nurses, and midwives per 10,000 population, excluding Kampala and Jinja districts
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Number of doctors per 100,000
Service Availability Mapping, Uganda 2004

Legend
- blue: no data available
- green: 10+
- yellow: 5-9
- light yellow: 3-4
- yellow-green: 1-2
- light green: lakes

Data Source: Ministry of Health, Uganda in collaboration with the World Health Organization/Evidence and Information for Policy and Public Health Mapping and GIS

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Location of ART sites in Uganda - Early 2004

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: SAMI
Map Production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization
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Percent of districts with ART, Uganda, 2004

- Early: 11 districts with no facility, 25 districts with one facility, 64 districts with two or more facilities
- Mid: 22 districts with no facility, 30 districts with one facility, 48 districts with two or more facilities
- Late: 28 districts with no facility, 27 districts with one facility, 45 districts with two or more facilities

Informing national program M&E

Sources: MoH, SAM, USG, WHO; 2004
Percent of facilities in district with electricity available
Service Availability Mapping, Zambia 2004

Legend
- Provinces
- Lakes
- None
- <50%
- >50%
- All
- No data available

Data Source: Ministry of Health, Zambia in collaboration with the World Health Organization/Evidence and Information for Policy and Public Health Mapping and GIS

Estimations of coverage
Communication equipment
Service Availability Mapping, Zambia 2004

Legend
- Provinces
- Lakes
Communication
- Radio only
- Basic telephone
- Cell phone
- Phone and radio
- No data available

Availability of specific resources

Data Source: Ministry of Health, Zambia in collaboration with the World Health Organization; Evidence and Information for Policy and Public Health Mapping and GIS

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Number of nurses, Jinja

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Map Production: Public Health Mapping & GIS
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PMTCT sites in Kiboga district, Uganda
Programme Objective

- Keeping HIV negative mother negative and preventing future pregnancy
- Preventing HIV transmission to the newborn
- Follow up and care for HIV positive mothers
- Follow up HIV positive newborns
No more poor options for poor people