EGPAF IN UGANDA

Since 2000, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been supporting prevention of mother-to-child transmission of HIV (PMTCT) and HIV/AIDS care and treatment services in Uganda. EGPAF-Uganda is a leading provider of technical assistance to Uganda’s Ministry of Health, and provides clinical service delivery support at the facility, district, regional, and national levels. We work closely with Uganda’s Ministry of Health and other partners to increase access to comprehensive, high-quality HIV prevention, care and treatment, and tuberculosis (TB) services for women, children, and families living with and affected by HIV and AIDS. EGPAF-Uganda currently supports services at 623 health facilities in 16 districts of the Southwest Region.

KEY PROGRAM ACCOMPLISHMENTS**

- Enrolled more than 118,200 individuals in HIV care and treatment programs, including 34,950 children
- Tested more than 2.3 million pregnant women for HIV
- Provided health services to more than 3,033,000 individuals
- Initiated more than 170,900 women on ART
- Provided more than 13,000 individuals with TB identification and care and treatment services
- Provided more than 314,000 men with safe male circumcision services to prevent the spread of HIV

COUNTRY PROFILE*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>41,490,000</td>
</tr>
<tr>
<td>Number of people living with HIV</td>
<td>1,915,533</td>
</tr>
<tr>
<td>Adult (15-49 years of age) HIV prevalence</td>
<td>8%</td>
</tr>
<tr>
<td>Women aged 15 and older living with HIV</td>
<td>790,000</td>
</tr>
<tr>
<td>Children (0-14 years of age) living with HIV</td>
<td>96,000</td>
</tr>
<tr>
<td>Deaths due to AIDS</td>
<td>28,000</td>
</tr>
<tr>
<td>HIV-positive pregnant women receiving antiretroviral treatment (ART)</td>
<td>81%</td>
</tr>
<tr>
<td>Children living with HIV receiving ART</td>
<td>42%</td>
</tr>
<tr>
<td>Total TB cases notified in 2013 (per 100,000)</td>
<td>43,736</td>
</tr>
<tr>
<td>Previously treated TB cases, excluding relapse in 2012</td>
<td>67%</td>
</tr>
<tr>
<td>HIV/TB co-infected patients on ART</td>
<td>88%</td>
</tr>
</tbody>
</table>

EGPAF-UGANDA PROGRAM GEOGRAPHIC COVERAGE


** Data as of September 2017
The USAID RHITES-SW project supports 690 health facilities in the Southwest Region of Uganda. Its aim is to increase the availability, accessibility, and quality of integrated health services including HIV and TB prevention, care and treatment; maternal, neonatal, and child health (MNCH); nutrition counseling; malaria treatment; and other primary care services. To enhance the sustainability of services, EGPAF promotes district ownership of all activities, including all work planning and roll-out of new services, through provision of mentorship and supervision to district health offices, health centers, and facilities.

Through the Saving Lives at Birth Initiative, EGPAF, the Ugandan Ministry of Health and Pratt Pouch Consulting will introduce and scale-up the Pratt Pouch in antenatal care, delivery, and post-natal care facilities throughout the country. The Pratt Pouch is an improved infant antiretroviral prophylaxis delivery mechanism, which enables better dosing accuracy and expanded use of nevirapine. This project aims to reach 40,000 HIV-exposed infants in up to 20 districts to decrease the HIV infection rates among infants at six to eight weeks of age.

Pediatric Active Case Finding of HIV through Facility and Community-based Testing Strategies in Uganda (PedAC Study) (2017-2018)

This examines different service delivery strategies for actively finding HIV-positive children to determine levels of success with diagnosis, linkage to care and treatment initiation in Uganda. Study activities include enrollment of HIV-positive children and their caregivers into a two-month prospective cohort, and followed for two months to determine their linkage to care and treatment and extraction of facility-level data on HIV identification by strategy. This study will also aim to identify steps in the PMTCT cascade at the individual, facility, and community levels in which HIV prevention, diagnosis, and care and treatment services were missed.

Delivering Technical Assistance (DELTA) Projects

Refining and Validating a Pediatric & Adolescent HIV Eligibility Screening Tool for Primary Health Care Providers in Uganda (2016-2018)

Under the U.S. Centers for Disease Control and Prevention-funded Project DELTA, EGPAF is currently implementing three assignment in Uganda. One assignment will develop and validate an HIV eligibility screening tool for use by primary health care providers in Uganda. This screening tool will be used to identify children and adolescents who are eligible for HIV testing and counseling and also to identify those who come to the health facility with known HIV-positive status.

Validating a Pediatric and Adolescent HIV Eligibility Screening Tool Among the Orphan and Vulnerable Children Population in Uganda (2017-2018)

This DELTA project will utilize the HIV eligibility screening tool which will be validated for use in the orphan and vulnerable children population by front-line health workers and counselors.

Rolling Out the Differentiated Service Delivery Model of Care in Uganda (2017-2018)

Project DELTA also supports an assignment that focuses on the roll-out of differentiated service delivery (DSD) models for HIV care throughout Uganda.

Under a previous assignment, EGPAF supported the development and inclusion of DSD in the revised Consolidated National 2016 ART Guidelines and the development of related DSD materials including an implementation manual, training curricula, and a national roll-out plan. Through the current DSD-related assignment, EGPAF will provide technical assistance to the Uganda Ministry of Health and implementing partners to successfully implement DSD in Uganda.

Closing the Adult-Pediatric Treatment Gap in Uganda (2015-2018)

With funding from The ELMA Foundation, EGPAF-Uganda is working to improve pediatric HIV identification, linkage, and retention into care and treatment in seven districts of Southwest Uganda. These efforts are expected to increase the proportion of HIV-positive children receiving care and treatment, and close the adult-pediatric HIV treatment gap. The program supports health facilities to implement key strategic interventions, which include: strengthening provision of HIV testing services among children and adolescents at all service points; increase access to early infant HIV diagnosis; create stronger linkage to care and treatment; and strengthen retention efforts through client tracing. EGPAF-Uganda works with the District Health Offices to provide support supervision to facilities which ensures ownership and sustainability of the interventions.

ADVOCACY

EGPAF works hand-in-hand with Uganda’s Ministry of Health to formulate evidence-based policies supporting all persons affected by HIV. EGPAF actively participates in national technical working groups and advisory committees including: the Pediatric HIV Working Group; the TB/HIV Subcommittee; the MNCH Technical Working Group; the Adolescent Health Technical Working Group; the National TB Technical Working Group; the National Advisory Committee on PMTCT; the TB Advocacy, Communication and Social Mobilization Committee; and the PMTCT Monitoring and Evaluation Subcommittee.

EGPAF played a central role in the revision and adaptation of the Consolidated HIV Prevention, Care and Treatment Guidelines in 2016, recommending treatment initiation among all HIV-positive persons. This included advocating for the adoption of globally recommended PMTCT and HIV care and treatment guidelines at all levels of the country’s health system to improve access to lifelong treatment.

RESEARCH

EGPAF-Uganda is dedicated to advancing basic and operations research to strengthen the effectiveness of the global HIV and AIDS response.

Prior Research Conducted and Published

• An assessment of the effect of a set of community-based interventions on demand for, access to, and retention in MNCH and PMTCT services at the community level (through Project ACCLAIM).

Approved Protocols

• Advancing Community Level Action for Improving Maternal and Child Health (MCH) /PMTCT: Evaluation of the Effectiveness of Selected Community Based Interventions to Improve MCH and PMTCT Outcomes in Uganda

• Advancing community level action for MNCH, PMTCT Outcomes, Formative and Baseline Research with Community Leaders, Community Members and Health Care Providers in Swaziland, Uganda, and Zimbabwe

• Effect of family support groups on retention in HIV care among HIV-positive women initiated on ART through PMTCT programs (Option B+) in selected EGPAF-supported health facilities in Uganda