OUR PROGRAM: UGANDA
Working with Women, Children, and Families to Eliminate Pediatric AIDS

Country Overview
Uganda was one of the first developing countries to acknowledge HIV. Its campaigns and policies led to a dramatic decline in HIV prevalence in the late 1980s and early 1990s. Since 2005, however, HIV prevalence has been gradually increasing and is currently estimated to be 7.4 percent (approximately 1.4 million people). About 75 percent of HIV-positive pregnant women receive antiretroviral medicines (ARVs) to prevent the transmission of HIV to their babies; however, only 22 percent of the 200,000 children living with HIV in Uganda are receiving antiretroviral therapy (ART). Maternal and neonatal mortality rates remain high, and HIV/tuberculosis (TB) co-infection is a leading cause of morbidity and mortality. (UNAIDS, Gap Report, 2014)

About the Uganda program
The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been supporting prevention of mother-to-child transmission (PMTCT) of HIV and HIV/AIDS care and treatment services in Uganda since 2000. EGPAF has been a leading provider of technical assistance to Uganda’s Ministry of Health (MOH) and clinical service delivery support at site, district, regional, and national levels.

Today, EGPAF works closely with the MOH, the Uganda National AIDS Control Program, and the National TB and Leprosy Program to increase access to comprehensive, high-quality HIV prevention, care and treatment services and TB services for women, children, and families living with and affected by HIV and AIDS. EGPAF currently supports health services in 13 districts of the southwestern region.

Key Program Accomplishments
- Since 2000, EGPAF has closely collaborated with partners in Uganda to combat the national HIV epidemic by supporting them to:
  - Provide more than 2.6 million women with PMTCT services
  - Test more than 2.1 million pregnant women for HIV
  - Initiate nearly 135,000 pregnant women on ART to prevent transmission of to their babies
  - Initiate more than 30,000 individuals on ART
  - Provide more than 10,000 individuals with TB services
  - Provide more than 176,000 men with safe male circumcision services to prevent the spread of HIV

*Data cumulative from program start through December 31, 2013*
Key Projects and Activities in Uganda

EGPAF is supporting the MOH through important initiatives, including:

- **Strengthening the TB and HIV/AIDS Response in the Southwestern Region of Uganda (STAR-SW) Project (2010-2015):** The STAR-SW Project works to increase utilization of, access to, and coverage of quality comprehensive HIV/AIDS and tuberculosis (TB) services in Southwestern Uganda. EGPAF integrates cost-effective, family-focused services for HIV/AIDS care and treatment, PMTCT, and TB into health care facilities across the region using a multidisciplinary program of training, infrastructure development, and technical support. EGPAF strengthens decentralized service delivery systems and enhances sustainability by promoting local district ownership of all activities. All work planning and rollout of new services are led by the MOH at the district level. EGPAF has institutionalized activities to improve the quality of services and works closely with sites and districts to use service delivery data to inform decision-making. In addition, EGPAF strengthens networks and linkages between facilities and communities to increase the demand for and uptake of health services. This project is funded by the U.S. Agency for International Development (USAID) through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

- **Strengthening Partnerships Results and Innovations in Nutrition Globally (SPRING) (2012-2015):** The SPRING Project, led by John Snow Inc. (JSI), is a global project which seeks to strengthen global and country efforts to scale up high impact nutrition practices and policies and improve maternal and child nutrition outcomes. In Uganda, EGPAF is working with JSI to integrate the Nutrition Assessment, Counselling and Support (NACS) approach into health services in 9 priority districts in Southwestern Uganda. The NACS approach strengthens the capacity of facility- and community-based health care providers to deliver nutrition-specific services while linking clients to nutrition-sensitive interventions. The NACS approach also strengthens the broader health system by building technical capacity in nutrition, improving client flow within health services, identifying referral pathways, establishing protocols for supervision and commodity management, and improving data management. This project is funded by U.S. Agency for International Development (USAID) through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

- **Optimizing HIV Treatment Access For Pregnant Women (OHTA) (2013-2015):** This Swedish International Development Agency-funded project, led by UNICEF, is a two-year project which aims to optimize maternal and child survival by accelerating implementation of WHO PMTCT guidelines on Option B/B+ in Uganda, Malawi, Cote d’Ivoire, and the Democratic Republic of the Congo. In Uganda, EGPAF objectives are to optimize the delivery of Option B+ by strengthening the health system’s capacity to provide quality PMTCT/maternal, newborn, and child health (MNCH) services; to increase the demand, uptake and timely utilization of PMTCT/MNCH services; and strengthen real-time monitoring and evaluation for timely decision-making to improve health service delivery.

- **Advancing Community-Level Action for Improving Maternal and Child Health & Prevention of Mother-to-Child Transmission of HIV (ACCLAIM) (2012-2016):** Through the ACCLAIM Project, EGPAF aims to increase community demand for, uptake of, and retention in maternal and child health (MCH) and PMTCT services to improve country progress towards ending AIDS in children. With support from the Department of Foreign Affairs, Trade and Development Canada, the project implements and tests the effect of three community-based interventions in Uganda, Swaziland, and Zimbabwe. The community engagement intervention will train and build the capacity of community leaders to improve the demand for MCH/ PMTCT services in their communities. The community health day events will gather communities together for communication, information, and activities to improve awareness of important MCH/PMTCT services. The community peer group intervention provides individual-level support, information, and skills development around MCH/PMTCT services to men’s and women’s groups to increase and improve health behaviors. Focused operations research and analysis of routine monitoring and evaluation data will improve the evidence base for community interventions.

- **Promoting Constructive Male Engagement to Increase Use of Prevention of Mother-to-Child Transmission of HIV Services in Kabale District, Uganda:** In collaboration with FHI360, EGPAF recently conducted an operations research study which tested an initiative designed to support constructive male engagement in the full spectrum of PMTCT services, including family planning (FP). The primary objective of the study was to assess the intervention’s effectiveness at engaging men in the use of PMTCT services and FP decision making, measured by dual family planning method use (condoms along with another contraceptive) by clients in HIV care and treatment services. Study activities included training for HIV care and treatment providers; integration of couples FP counseling into HIV care and treatment services; recruitment and training of model men known as “Emanzi” and Emanzi-led workshops adapted from Engender Health’s Men as Partners curriculum.

To find out more about EGPAF’s work to eliminate pediatric AIDS, visit [www.pedaids.org](http://www.pedaids.org).