

UKWIMYA LULU
YAKUPWISHA
AKASHISI KA
HIV/AIDS
MU BANA

CAMPAIGN
TO END
PEDIATRIC
HIV/AIDS

CAMPAGNE POUR
L'ÉLIMINATION
DU VIH/SIDA
PÉDIATRIQUE

OLUTALO OLWO
KUMALAWO
MUKENENYA
MU BAANA

KUFARITSA **KUSIRIDZA**
KALOMBA **KA HIV**
NAMATENDA YA AIDS
MUBANA BANGO'NO

CAMPAÑA PARA
A ELIMINAÇÃO
DO VIH/SIDA
PEDIATRICO

KAMPENI YA
KUMALIZA
MAAMBUKIZI
YA VVU KWA
WATOTO

UGANDA NAAP

Presented by: _Franco Wandabwa

NAAP Development Process

Step 1:

- ❑ Identifying of allies with key competencies per objective.
 - ❑ Convened a stakeholder meeting with allies and partners to give a brief on CEPA objectives and goal.
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Step 2.

- ❑ Briefed partners on the process of developing the Uganda NAAP.
 - ❑ Partners were divided into teams based on their comparative advantage per objective.
 - ❑ Developed a draft NAAP with a bigger team.
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Step 3.

- ❑ Process of reviewing and researching on bottlenecks was started.
 - ❑ Smaller committee was set up to review and refine the NAAP.
 - ❑ Feed back from members after review of NAAPs was incorporated.
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Members of the CEPA task team to date.

- ❑ Africa Network for Care of Children Affected by HIV&AIDS (ANECCA).
 - ❑ Coalition for Health Promotion and Social Development- (HEPS Uganda).
 - ❑ Uganda Pediatric Association.
 - ❑ Mama's Club.
 - ❑ The AIDS Support Organisation(TASO).
 - ❑ World Vision Uganda.
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- ❑ Elizabeth Glazier Pediatric Foundation
 - ❑ Save The Children In Uganda.
 - ❑ Joint Clinical Research Centre.
 - ❑ PATA
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State of Play in Uganda

- ❑ Uganda is a politically stable country with a growing economy at 7% P.a.
- ❑ Uganda has developed national strategic and policy frameworks to support the HIV&AIDS response e.g National HIV&AIDS Strategic Plan, Health Sector Strategic Plan ii, Policies including(PMTCT, HCT, cotrimoxazole guidelines etc) and Uganda AIDS Commission as a coordination entity.

Opportunities for Advocacy

- ❑ Existing policies present a basis for advocacy.
 - ❑ Some international guidelines have not been adopted and disseminated at country level.
 - ❑ Process of developing the HIV bill provides an opportunity for advocacy.
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Advocacy Outcomes and Outputs: Family Centered Care and Nutrition

Bottlenecks	Outputs	Outcomes
<p>Limited access to PMTCT +services which do not reach all women in need. (30% in 2007 of all expected HIV positive pregnant women receiving ARVs for PMTCT)</p>	<ul style="list-style-type: none"> • MOH commitment to producing and disseminating PMTCT+ guidelines. • Commitment from civil society on the prioritisation of PMTCT +. 	<ul style="list-style-type: none"> • Setting of PMTCT targets by civil society. • Dissemination of PMTCT+ guidelines to stakeholders.
<p>Inadequate nutritional supplementation and support for children exposed to or living with HIV.</p>	<ul style="list-style-type: none"> • MOH support to developing minimum nutritional healthcare package. • FCC guideline developed. • Best practice report on FCC. 	<ul style="list-style-type: none"> • Guide on the minimal nutritional supplements package disseminated. • Production and distribution of IEC materials. • Guidelines incorporating FCC and promote service delivery design changes to address continuum of care. • Sharing of best practice report with stakeholders to improve programming.

FCC conti.

<p>Lack of universal institutionalisation of a FCC model of care for families and children affected by HIV/AIDS</p>	<ul style="list-style-type: none">• Documented evidence of FCC model.• Brief developed and presented by the ART subcommittee on FCC model.	<ul style="list-style-type: none">• Sharing of FCC model to Ministry of Health and AIDS Control Program.• Adoption of the FCC model by government and development partners in response to HIV&AIDS.
<p>Widespread stigma and discrimination against PLWA has negative impact on PMTCT and paediatric care, support and treatment services.</p>	<ul style="list-style-type: none">• Commitment by government and development partners to support the Stigma and Discrimination strategy.	<ul style="list-style-type: none">• Government and development partners roll out anti-stigma campaign.

Advocacy Outcomes and Outputs: Early Infant Diagnosis & Treatment

Bottlenecks	Outputs	Outcomes
Complex and rather difficult to use EID algorithms	<ul style="list-style-type: none"> • Revised EID algorithms. • Job aids developed. 	<ul style="list-style-type: none"> • Improved EID/T service delivery.
Inadequate functional linkages between health care facilities (some regional hospitals, district hospitals and health centres) and infant HIV virologic test centres; including non-existent or poorly functioning and inefficient courier networks for transporting test specimens and results.	<ul style="list-style-type: none"> • Increased awareness on functional linkages between healthcare facilities. • Involvement of courier service providers to reduce the turn around. 	<ul style="list-style-type: none"> • Improve in coordination and service delivery for EID/T.
Inadequate community level awareness about availability of diagnosis treatment services, including their impact on improving the health and quality of life for children affected by HIV.	<ul style="list-style-type: none"> • Dissemination of information on EID/T by MOH and development partners. 	<ul style="list-style-type: none"> • Increased access to EID/T.

Increased opt out by pregnant women as testing is not a law.	<ul style="list-style-type: none">Brief on EID/T developed and submitted to Uganda Law Reform Commission.	HIV&AIDS Bill highlighting Comprehensive EID/T.
Inadequate access to ART for children(including specialized formulations and dozing)	<ul style="list-style-type: none">Agreement by government and development partners to continue supporting to ART.	Increased commitment towards supporting Paediatric ART.

Advocacy Outcomes and Outputs: Access to Medicines

Bottlenecks	Outputs	Outcomes
National PMTCT policy, National Treatment Guidelines, EML, NSSP are silent on infant HIV/AIDS treatment.	<ul style="list-style-type: none"> • Utilisation of findings by relevant authorities. •Parliamentarians and key officials understand issues in report 	<ul style="list-style-type: none"> •PMTCT Policy and Treatment Guidelines that spell out issues of paediatric ART
Stock out of drugs at the health facilities	<ul style="list-style-type: none"> •Increased awareness on availability of paediatric ARVs •Improved delivery of paediatric ARVs 	<ul style="list-style-type: none"> •MOH, National Medical Stores, Health facilities commitment to stop stock outs
Inefficiency in the Procurement & supply chain systems	<ul style="list-style-type: none"> •MOH officials, media use reports in their meetings and for planning 	<ul style="list-style-type: none"> •Government commits to creating Information management system to control stock outs
Registration of new formulations is slow and prohibitive	<ul style="list-style-type: none"> •NDA uses report to inform its drug registration process 	<ul style="list-style-type: none"> •NDA discusses consideration of improving registration guidelines for ARVs

Advocacy Outcomes and Outputs: Full Funding

Bottlenecks	Outputs	Outcomes
Under budgetary allocations for paediatric HIV/AIDS by government	<ul style="list-style-type: none"> •Paediatric HIV/AIDS and PMTCT budget funding briefing paper 	<ul style="list-style-type: none"> •Budget Funding levels in respect to Paediatric HIV/AIDS and PMTCT revealed to stakeholders for action • Recommendations to government for actions on paediatric HIV/AIDS and PMTCT budget prioritization
Inadequate funding for paediatric HIV/AIDS and PMTCT by development partners	<ul style="list-style-type: none"> •Briefing paper on state of development partners funding for HIV/AIDS and PMTCT •Development Partners' PMTCT and Paediatric HIV/AIDS - funding levels matrix 	<ul style="list-style-type: none"> •Recommendations to donors on how to fill gaps on paediatric HIV/AIDS and PMTCT and meet their obligations
Lack of transparency and accountability	<ul style="list-style-type: none"> •Report on PMTCT and Paediatric HIV/AIDS funding •Media and CSOs HIV funds monitoring matrix 	<ul style="list-style-type: none"> •Empowered media and CSO partners to monitor the use of HIV/AIDS Funds

2010 Implementation Plan

(Key Activities)

- ❑ Pediatric Centered Policy reviews and development of briefs for policy makers
- ❑ Consensus building/advocacy forums with line ministries(Ministry of Health, AIDS control Program, Uganda AIDS Commission, Ministry of Finance etc.)
- ❑ Advocacy forums with development partners(PEPFAR, Civil Society Fund, UNICEF, CHAI etc)

Implementation Partners

- ❑ ANECCA.
 - ❑ Coalition for Health Promotion and Social Development- (HEPS Uganda).
 - ❑ Uganda Pediatric Association.
 - ❑ Mama's Club.
 - ❑ TASO Uganda.
 - ❑ PATA
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Challenges, Risks, etc

- Limited timeframe provided to research on existing country bottlenecks.
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Next Steps

- ❑ Refining of the NAAP.
 - ❑ Launch of CEPA in Uganda.
 - ❑ Implementation of activities as planned and mobilisation of civil society around CEPA objectives.
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THANK YOU

