



MAKERERE UNIVERSITY JOINT AIDS PROGRAMME (MJAP)

MJAP HIV/ AIDS fight Since 2010



Sam Lufanana Kiyingi, Expert Client, giving a health education talk.

MJAP will join the commemoration of this year's National World AIDS Day under the theme "Re-engaging Communities for Effective HIV Prevention", which underscores MJAP's Vision of "Universal and Equitable Access to Quality health Care for Healthier populations; and Mission- "To build partnerships and strengthen health systems to optimally respond to HIV/AIDS and other diseases of public health importance in Africa".

With funding from the US President's Emergency Plan For AIDS Relief (PEPFAR) and technical assistance from the US Centers for Disease Control and Prevention (CDC), as well as the United States Agency for International Development (USAID), the Makerere University Joint AIDS Program (MJAP) has contributed to the national HIV response since 2004. Throughout this time, MJAP has established and registered successes through key partnerships with several institutions including National Teaching & Referral Hospitals (Mulago, Mbarara and Butabika), 23 district local governments (e.g. Mbarara, Karamoja region), line ministries (Health, Gender, Labour & Social Development), among others.

In line with this year's theme for World AIDS Day, and the PEPFAR Facility-Community Engagement agenda, MJAP has effectively engaged community structures, including networks of People Living with HIV, in order to tap into their contribution to reducing new HIV infections, stigma, discrimination, and AIDS-related deaths.

Between 2010 and September 2017, MJAP received PEPFAR funds and technical assistance from CDC to support scale-up of HIV/AIDS services in Mulago, Mbarara and Butabika hospitals, as well as all lower level facilities in Mbarara district.

Summary of Key project achievements:

Services Provided	No. of individuals served
HIV counselling & testing, and receiving results	1,030,094
Abstinence, Being faithful, Condom use (ended in year 2 as a stand-alone service; later offered as part of the HIV prevention package)	79,765
Most At Risk Populations (MARPs)	73,625
Prevention of Mother to Child Transmission (PMTCT)	
• Pregnant women counseled, tested and given results for HIV	343,345
• HIV positive pregnant women who received Antiretroviral drugs to reduce transmission of HIV to their un-born babies	32,175
• Proportion of infants born to HIV positive mother who were tested HIV positive	3%
Safe Medical male Circumcision	69,036
Survivors of Sexual and Gender Based Violence (SGBV)	1,871
Orphans and Vulnerable Children (OVC)	29,520
Basic HIV Care and TB Management	50,030
Antiretroviral Therapy (ART)-adults and children, newly enrolled	46,317

HIV Prevention Interventions

MJAP supports provision of a combination prevention package of HIV interventions which includes: HIV testing, PMTCT, Safe Medical male Circumcision, services to Most At Risk Populations and comprehensive services to survivors of Sexual and Gender Based Violence, among others.

MJAP pioneered the establishment of a client-centered "one-stop Centre" for provision of comprehensive HIV services to sub-populations which are at a higher risk of acquiring and transmitting HIV (Key Populations) at the Mulago national referral hospital Sexually Transmitted Infections (STI) unit. This was done in partnership with the Most At Risk Populations Initiative (MARPI)

Antiretroviral Therapy (ART)

MJAP worked with the Uganda MOH and District Health Teams to decentralize ART service delivery through accreditation of all the Health center IVs, IIs and high volume IIs to offer ART services in Mbarara district. MJAP has already supported the roll out of the Uganda Ministry of Health "Test and Treat" policy in all the supported health facilities. MJAP established and runs the Mulago ISS Centre of Excellence that provides quality HIV care and ART to more than 15,000 HIV positive adults and children.

Provision of Basic HIV Care and TB Management

Integrated TB/HIV screening and treatment services were provided in all MJAP supported health facilities focusing on HIV and TB patients.

"While targets have become the framework for measuring our progress towards sustained HIV epidemic control, beyond the numbers are real people who struggle to take their medication every day, juggle their daily routines like work or school with going to the health facility for drug refills; and at times lack transport to the health facilities", said Professor Moses Kanya the Chairman Board of Directors, MJAP in the Annual Report 2016.

Community engagement

MJAP recognizes the critical role played by Community structures and individuals in increasing access to, and utilisation of, HIV prevention, care and treatment services. In line with the Greater Involvement of People Living with HIV/AIDS (GIPA) and Positive Health, Dignity and Prevention principles, MJAP actively engages People Living With HIV ("Expert Clients"), Key Population leaders/ peers, HIV positive peer mothers & fathers, adolescent peers, Village Health Teams, community-based and civil society organizations, Village Saving and Loan Associations (VSLA), among others to provide holistic HIV and related services. These individuals and organizations complement the facility-based services including serving as linkage facilitators; peer supporters; mobilisers; and following up their peers to enhance retention in care.

Health Systems Strengthening (HSS)

Since its inception MJAP has engaged in HSS strengthening approaches as a core principle of its programming. MJAP has focused on strengthening the six World Health Organisation (WHO) building blocks of the health system for greater impact and sustainability of the HIV/AIDS and other broader health services. The six blocks include: (i) service delivery; (ii) health workforce; (iii) health information systems; (iv) access to essential medicines; (v) financing; and (vi) leadership/ governance. The approach has been to facilitate full integration of HIV/AIDS activities and services among the already existing health services in the partner health facilities including the hospitals, down to the health centers.

Key HSS highlights:

- Leadership/ Governance:** MJAP facilitated the formation of Technical Advisory Committees, comprised of Senior MJAP Staff and Health Managers from the Partner Health Institutions. MJAP also built the capacity of the DHTs and the key stakeholders including health facility leadership to progressively have a greater role in the overall district/ facility planning process, service delivery, monitoring and evaluation with reduced technical and financial dependence on MJAP. MJAP has supported decentralization of laboratory services to the lowest level health facilities
- Service delivery:** In addition to supporting accreditation of more health facilities for HIV treatment, MJAP supported access to quality laboratory services for HIV, viral load and GeneXpert testing. MJAP implemented cost-saving approaches like Nurse- and Pharmacy-only visits in order to optimally utilize the limited resources.

- Access to essential medicines/ commodities:** The logistics support by MJAP has enabled setting up of a robust supply chain system and training of staff in logistics management. Areas of support have included drug selection, forecasting, quantification, inventory management and drug use. As a result, we achieved 100% order rates for HIV related commodities, improving their availability.

- Health information systems:** Through training, ensuring availability of equipment and tools, MJAP supported districts and health facilities to manage health information in line with the Ministry of Health guidelines. Key results included:

- improved timely and quality reporting by all facilities through the National (DHIS2) Reporting System
- Improved capacity of the districts and health facilities to regularly conduct performance reviews, and utilize these for Continuous Quality Improvement and learn from and address SIMS related review findings.

- Health Financing:** MJAP provided sub-grants to Mbarara local government, Mulago, Mbarara, Butabika and Makerere University Hospitals to support their planning, coordination, monitoring and evaluation of HIV/AIDS and related services.

- Health Care Work Force:** MJAP supported districts and partner facilities to recruit staff to fill critical gaps for service delivery with a progressive transition to the public sector consistent with PEPFAR-GOU HRH agreements. A total of 640 health providers were trained in various aspects of HIV service delivery, in line with Ministry of Health capacity building curriculum

Current work: Using its extensive experience, and in partnership with the Infectious Diseases Institute (IDI) and the Rakai Health Sciences Program (RHSP), MJAP supports delivery of comprehensive HIV services and HSS in Kampala, Gomba, Mpigi, Butambala and Sembabule districts.

Dr. Jennifer Namusobya, the Executive Director MJAP is optimistic that effective implementation of the evidence-based HIV interventions, using more efficient service delivery models, through strategic partnerships, will lead to achieving the Global Commitment to end AIDS by 2030.



Mrs. Happy Annet Walusaga, MJAP Linkages Co-ordinator, holding a community dialogue.

