



**Elizabeth Glaser Pediatric AIDS Foundation
Call to Action Project**

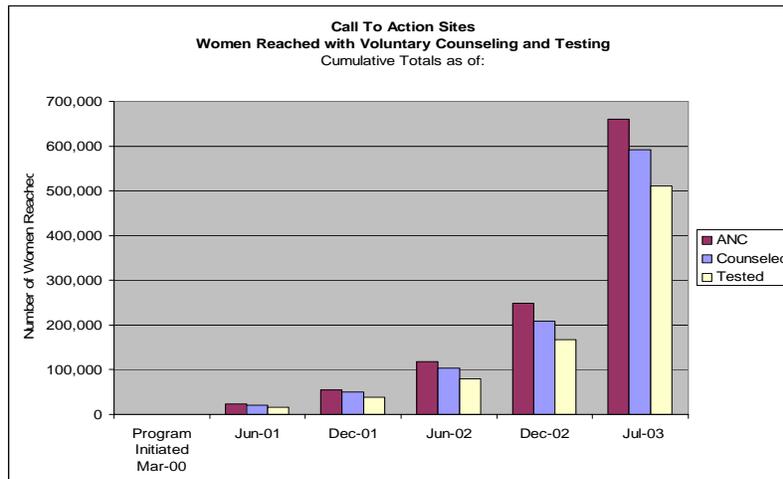
Cooperative Agreement GPH-A-00-02-00011-00

**Annual PMTCT Program Report
October 2002 – September 2003**

I. Introduction/Background

This annual report marks the progress of the first year of the Elizabeth Glaser Pediatric AIDS Foundations (EGPAF) cooperative agreement with USAID. EGPAF was awarded a five year cooperative agreement for its Call to Action Project, a program that was initiated in 1999 with private money that has reached 17 countries to date. The Call to Action Project is a multi-country approach aimed at preventing mother-to-child transmission (PMTCT) of HIV in resource-poor nations.

As of June 30, 2003 the Call to Action Project, with support from private and public funds, has trained thousands of healthcare workers and has provided counseling to 592,226 women. Our sites have achieved an average uptake rate of HIV testing of 86 %, equaling 510,183 pregnant women tested.



EGPAF’s Call to Action Program provides funding for community mobilization and training of healthcare workers, HIV counseling and testing, antiretroviral prevention regimens and infant feeding education. This work is done within the context of existing maternal child health clinics and enhances the general provision of care to women and children. The Call to Action program and its evaluation has provided and continues to provide a wealth of information that is defining models to expand PMTCT projects rapidly and effectively in a variety of settings. The successes of the first three years of the program attracted US government attention and support and now EGPAF is in the process of significantly expanding existing Call to Action sites and identifying and developing new sites in an effort to sharply mitigate the transmission of HIV to children.

Program Description

EGPAF supports programs for PMTCT by awarding sub-grants to healthcare facilities throughout the world that have identified solid plans for implementation and scale up of PMTCT services. Through a Request for Applications (RFA) process we have solicited and accepted

proposals year round. Proposals have gone through a careful process of peer review and revision before they are awarded, and all require support of the appropriate national authorities. We have a diligent process of site selection, reporting, accountability and decision-making.

The awarding of USAID funds will alter the granting process in some instances. Initiation of program activities may now come from USAID Mission requests for baseline needs assessments. EGPAF will then work with organizations already in the field and will identify leadership and provide technical assistance in drafting scopes of work. The scope of work may form the basis for submission of a request for funding to the Mission. The technical assistance, evaluation and monitoring of each project will take place as in the past.

EGPAF provides critical management and oversight to ensure that programs succeed. This includes:

- Site assessment, planning and design with local partners
- Assistance with proposal development as needed, especially with underserved organizations and regions
- Careful peer review and program refinement at all stages of the application process
- Pre-award audit and compliance review
- Development and management of all sub-award contracts
- Salary support for site personnel to ensure strong local management of programs
- Compliance training for all sites and regular tracking to ensure financial and programmatic accountability and compliance with federal guidelines
- Technical training and technical assistance for sites
- Regular monitoring and evaluation visits
- Quantitative and qualitative assessment every six months, including data collection and analysis on uptake of services
- Quarterly financial review of each site
- Coordination of annual meeting for all sites for training and sharing of best practices and lessons learned.

Call to Action Objectives:

1. Increasing Access to PMTCT Services

Over the programs five years, EGPAF will dramatically increase access to PMTCT services and access to care and support for families in multiple countries. EGPAF's efforts will be aimed at rapidly expanding PMTCT and related services through a variety of models that will include establishing initial sites in areas without access to services, expanding existing efforts to be substantially larger in scope, and/or providing scale-up of existing services in a region or nation to achieve universal provision of PMTCT and related services. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. Through these efforts EGPAF hopes to significantly reduce the number of pediatric HIV infections in communities and nations.

2. Expanding Care and Support Services

Basic PMTCT services will be enhanced at select sites to provide other essential care and support services for families including the provision of VCT for other support populations, psychosocial and legal support, antiretroviral therapy (ARTs) and management of opportunistic infections (OIs). This strengthening of services will be approached in a stepwise fashion according to the level of infrastructure at each site. EGPAF plans to make a comprehensive continuum of care available for families affected by HIV/AIDS that is responsive to their needs and the capacity of each site.

3. Facilitate Knowledge Sharing and Training

EGPAF facilitates the exchange of information among its network of Call to Action Project sites. This includes regular e-mail, conference calls, sharing of progress report data, and an established annual meeting of staff or cross-site staff. Staff from experienced implementation sites will help to train sites that are just beginning programs. This has proven to be extremely valuable in developing collaborations among the sites so that lessons can be shared.

4. Document Successful Models

EGPAF supports technical assistance and monitoring of programs to ensure their success. Data on progress is required from the Call to Action Project sites at 6-month intervals, in July and January of each year. EGPAF requires a narrative and quantitative assessment, which is entered into a database and analyzed. Sites will be subject to data collection and careful monitoring and evaluation to measure results. By rapidly expanding an array of PMTCT and care services and assisting governments in scaling up to universal delivery in provinces and/or nations, EGPAF expects to demonstrate the feasibility and desirability of making a continuum of treatment and care services universally available throughout the world.

By increasing access to PMTCT services and expanding care and support programs and by inspiring governments to pursue national coverage through sustainable programs, EGPAF hopes to have a dramatic impact on the pediatric HIV epidemic in the countries where it works. Through these programs, EGPAF will enhance training and knowledge sharing and will document successful models to increase sustainability of PMTCT and care and support services.

Achievements in the First Year

The first year of EGPAF's cooperative agreement were one of transition for Call to Action, as EGPAF carefully develops systems required for new USAID partners. The first item of accomplishment was the finalization of the cooperative agreement. Once this was completed, EGPAF staff developed a workplan for FY03 funding that included continuation and scale up of Call to Action programs that would be able to accept USAID funding as well as plans to develop programs with new partners and expansion into care and treatment activities. We also developed a sound compliance structure to meet all of USAID's reporting requirements and hired new technical and administrative staff for our domestic and new international offices. EGPAF's privately initiated programs have built the foundation from which USAID support will enable significant new expansion of PMTCT services.

Below is a summary of EGPAF accomplishments from 10/1/02 to 9/30/03.

Achievements in the First Year

- Put in place US-based organizational capacity to greatly expand PMTCT services within the context of USAID organizational structure and regulations
- Hired Vice President for Research and Programs, Senior Program Officer, Program Officer, Compliance Manager, Grants Manager, Field Compliance Officer
- As of September 30th, 8/15 subprojects which successfully underwent EGPAF review received USAID concurrence. Additional subprojects received concurrence at the end of the calendar year 2003. Please see the summary matrix below.
- Call to Action Annual Meeting: Representatives from over 22 countries and key USG and UN agencies shared information and demonstrated successful, quality PMTCT services can be provided in highly varied settings
- Online database for collection of CTA and PMTCT Presidential Initiative Indicators recognized as model by many health professionals, including UNAIDS officials
- In first year of USAID partnership, Field Support Funding provided from:
 - Uganda
 - Tanzania
 - South Africa
 - Rwanda
 - Swaziland
 - Russia
- Zimbabwe planned for Field Support- funding approved. As of September 30th, funds on hold pending clearance of political restrictions for support to Zimbabwe.
- Bilateral PMTCT leadership Cooperative Agreement in place with USAID/Tanzania
- Workplans provided to Uganda, Swaziland, Zimbabwe, Rwanda before field support provided.
- New EGPAF office and staffing plans finalized for Tanzania, Rwanda, Zimbabwe. Office plans near finalization for Swaziland, South Africa.
- EGPAF staff has completed key meetings with USAID Missions overseas to provide information on EGPAF programs and technical assistance on PMTCT measures in general. EGPAF's CEO, Scientific Director and International Programs staff have traveled to the following countries to provide support to field Missions in the year: DR Congo, India, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.

II. PERFORMANCE REVIEW

List of Technical and Analytical Documents and Presentations

PUBLICATIONS

The following publications by EGPAF staff, Drs. Etienne Karita and Catherine Wilfert or implementing partners using data from Call to Action sites.

Kowalczyk J, Jolly P, Karita E., Nibarere JA, Vyankandondera J, Salihu
Voluntary counseling and testing for HIV among pregnant women presenting in labor in Kigali, Rwanda. *J Acquir Immune Defic Syndr*. 2002 Dec 1;31(4):408-15.

Wilfert C. Prevention of mother-to-child transmission of HIV: reflections on implementation of PMTCT in the developing world. [Review] [16 refs] [Journal Article. Review. Review, Tutorial] *Acta Paediatrica*. 91(8):863-5, 2002.

Cathy Wilfert collaborated with Mona Moore of CHANGE to develop a discussion paper "A Behavior Change Perspective on Integrating PMTCT and Safe Motherhood Programs."

PMTCT Baseline Assessment Tool. Family Health International in collaboration with Call to Action sites completed and disseminated a monitoring and evaluation tool.

Thomas K. Welty, MD, MPH, Marc Bulterys, MD, PhD, Edith R. Welty, MD, Pius M. Tih, PhD, George Ndikintum, Godlove Nkuoh, Joseph Nkfusai, Janet Kayita, MD, MPH, John N. Nkengasong, PhD, Catherine M. Wilfert, MD. Integrating Prevention of Mother-To-Child HIV Transmission (PMTCT) into Routine Antenatal Care: The Key to Program Expansion in Cameroon. Submitted to *Lancet* 7/03.

Elliot Marseille, DrPH, MPP, Rebecca A. Woiwode, MPP, Thomas Welty, MD, MPH, Tih Pius Muffih, PhD, MPH. The Cost and Cost-Effectiveness of Scaling Up a Program to Prevent Mother-to-Child Transmission of HIV in Cameroon. Submitted to *Lancet*.

Timothy C. Granade, Bharat S. Parekh, Pius M. Tih, Thomas Welty, Edith Welty, Marc Bulterys, George Ndikintum, Godlove Nkuoh, and Samuel Tancho. Use of Dried Blood Spots for Quality Assurance of Rapid Prenatal HIV Testing in Rural Cameroon: Quality assurance of rapid HIV testing. Submitted to the *Journal of AIDS*

PRESENTATIONS

Presentations by EGPAF's Scientific Director, Dr. Catherine Wilfert:

October 21, 2003. Research Rounds, University of Virginia Medical School, department of

Medicine. International Research to Diminish Perinatal transmission and Initiate ARV treatment: Opportunities, Needs, and Politics.

October 20, 2003. Bowman Lecture at University of Virginia Medical School, Progress in Prevention of Mother to Child Transmission of HIV: Yesterday, Today, and Tomorrow.

October 11, 2003. John F Enders Lecture at Infectious Diseases Society of America , Global Prevention of Mother To child Transmission of HIV: Successes, Challenges, and Opportunities.

September 15, 2003. Programs to implement PMTCT in the Developing World at NCI at NIH.

August 6, 2003 – South Africa AIDS Conference. “*Nevirapine for PMTCT: Does it work?*”

Mar 31, 2003. Duke University Medical Center. “*Perinatal HIV Studies in the Developing World*”.

February 28, 2003. HIV Prevention Trials Network Meeting, Washington DC. “*The Status of pMTCT, After 012*”.

February 24, 2003; University of Maryland, Institute Human Virology. “*The Status of Implementation of pMTCT: How Can We Do Better?*”

January 22, 2003. Kasane Botswana for Network of pMTCT Research Workers. “*Implementation of pMTCT: How can we Do Better?*”

December 2, 2002. World AIDS Day Lecture at University of North Carolina. “*Prevention of Mother to Child Transmission of HIV in the Developing world.*”

November 5, 2002. Capetown South Africa to US Ambassadors in southern African region meeting. “*EGPAF CTA program*”

October 15, 2002. Pediatric Grand rounds at Duke University Medical center. “*Programs to Prevent Mother to Child Transmission of HIV.*”

October 18, 2002. EGPAF Workshop – HIV Vaccines in Seattle. “*Summary of Prevention Trials Network and CTA Status.*”

III. Summary Matrix of FY03 Activities

FY03 Activity #	Activity Scope (Global, Regional, Country)	Abbreviated Activity Name, Start and End Dates	Expected Results (outputs, outcomes, and/or impacts, as appropriate to activity)	Results Achieved in Period Oct 1 2002 – Sept 30 2003
1	Global	<p>Monitoring and Evaluation Technical Assistance</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>EGPAF provides technical assistance and monitoring to Call to Action Project implementation sites through partners and sub-contracts. This includes initial assessment visits, implementation planning, setting up monitoring and evaluation systems, and supporting evaluation.</p> <p>Results of this work include quality assurance of the EGPAF activities around the globe and data on the impact of EGPAF programs.</p>	<p>Monitoring and evaluation activities continue to be implemented in conjunction with Family Health International. EGPAF has sub-contracted with FHI to provide technical assistance and monitoring to all Call to Action implementation sites. Within the past year, FHI has provided monitoring to EGPAF sites in Cameroon, DR Congo, Georgia, India, Kenya, Rwanda, Malawi, South Africa, Swaziland, Tanzania, Uganda, Zambia and the Dominican Republic in FY03.</p>
2	Global	<p>Data Management</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>EGPAF will expand existing data management systems to respond to the project's expansion. Data on progress is collected at 6-month intervals, in July and January of each year. A narrative and quantitative assessment is collected and entered into a database and analyzed at Graceworks.</p> <p>EGPAF seeks to capture relevant data for monitoring all</p>	<ul style="list-style-type: none"> EGPAF has finalized a sub-contract with Graceworks, a data management company, charged with expanding EGPAF's data management system to respond to Call to Action's changing needs. Data on progress is required from the Call to Action sites at 6-month intervals, in January and July of each year. Sub-grantees submit

			components of care and support.	<p>a narrative and quantitative assessment, which is entered into a database and analyzed. The system developed with Graceworks allows EGPAF staff electronic access to raw data and relevant analysis on EGPAF program key indicators.</p> <ul style="list-style-type: none"> Data collection was completed for all Call to Action sites in December 2002 and July 2003.
3	Global	<p>Communication and Outreach</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>As new research and program experience enriches knowledge on new technical areas, materials must be kept up to date. EGPAF plans to revise communication materials; including brochures, posters, and videos that are used to communicate the message of the program.</p> <p>Materials and web-based communications will be developed to educate stakeholders on program results and best practices.</p>	<p>Communication and outreach materials were developed to educate USAID Mission staff about EGPAF's cooperative agreement and relevant programs. Mission briefings were prepared that detailed EGPAF programs and plans for individual countries. Briefings have been disseminated to key PHN staff at USAID Missions</p>
4	Global	<p>Field Office Capacity Building</p> <p><u>Start</u> 10/1/02</p> <p><u>End</u> 9/30/03</p>	<p>Equipment expenses include the purchase of vehicles for field staff and supplies such as computers, printers, copiers and fax machines for field offices.</p>	<p>New international offices are in the process of opening in Rwanda, South Africa, Tanzania and Zimbabwe.</p>
5	Global	<p>Office Expenses</p> <p>Start: 10/1/02 End: 9/30/03</p>	<p>Cover office operating costs based on current level of expenses and the expected expanded scope to accommodate the growth of the</p>	<p>Expenses covered for current and expanded domestic and field offices.</p>

			program including; additional compliance and reporting requirements, RFP, grant approval process and meetings, and compliance training.	
6	Global	Overhead and Direct Allocated Expenses Start: 10/1/02 End: 9/30/03	Cover overhead and direct allocated expense items such as depreciation, data communications, insurance and other miscellaneous expenses.	Expenses covered
7	Global	Field Staff Training Network (Human Capacity Building) Start: 10/1/02 End: 9/30/03	<p>Exchange information among CTA sites. Expertise that is shared within the group exceeds that available at any one site. CTA staff and implementing partner staff from experienced implementation sites help to train sites that are just beginning programs. This knowledge sharing increases the performance of sites as more effective strategies for counseling, testing, and delivery of the interventions are identified.</p> <p>Regular communication through meetings, conference calls, sharing of progress reports between members of the field staff that includes obstetricians with PMTCT experience, several trained internists with experience managing HIV infection and ART, pediatricians with ART and clinical trial experience, and a very experienced group of health care workers, counselors, nurses and midwives.</p> <p>A curriculum will be developed to train new sites that are just beginning programs. This</p>	<p>Call to Action Annual Meeting: Representatives from over 22 countries and key USG and UN agencies shared information and demonstrated successful, quality PMTCT services can be provided in highly varied settings.</p> <p>To date, the EGPAF site in Cameroon has produced a training video, which they have found to be very successful for educating health care providers and clients. Copies of this training video have been prepared and are being disseminated to other EGPAF sites</p> <p>CBC manual listed as a PMTCT training resource in the WHO/CDC/JHPIEGO/FXB PMTCT training curriculum in development - it is going to be pilot tested in Guyana.</p>

			<p>curriculum will be offered to all CTA sites.</p> <p>An annual conference will be held in South Africa with 250 participants total; 170 sub-grantees. Representatives from all CTA programs will attend.</p>	
8	Ethiopia	<p>Implementation of PMTCT Services: Shashmene and East Showa Districts</p> <p>ID: 182-02</p> <p>Start: 6/1/2003 End: 5/31/2005</p>	<p>The project goal is to reduce maternal transmission of HIV by introducing high quality PMTCT interventions that are accessible, empowering women to make voluntary and well informed decisions about PMTCT and supporting them in implementing those decisions. Using a district model, EngenderHealth, the MOH and NGO partners will collaborate to introduce core PMTCT interventions (VCT, peripartum ARVs, safer obstetrical practices and safer infant feeding counseling) within maternal care services as Shashemene General Hospital and Adama Hospital. The program will build the capacity of lower level facilities and community agents in support of PMTCT.</p>	<p>Program plan finalized 5/12/03 – concurrence requested. Concurrence from USAID/Ethiopia not obtained to date.</p>
9	Kenya	<p>PMTCT Implementation and Expansion, Kijabe Kenya</p> <p>ID: 196-03</p> <p>Start: 10/1/2003 End: 9/30/2005</p>	<p>Christian Health Association of Kenya (CHAK) PMTCT Expansion Program for Faith-based Healthcare Organizations in Kenya. This activity will continue and expand a successful pilot implementation of PMTCT services. Activities include the provision of testing kits and antiretroviral medication to Kijabe Hospital, which is the main teaching hospital in a mostly rural part of Kenya.</p>	<p>Concurrence requested 5/12/03</p> <p>Concurrence from USAID/Kenya not obtained to date. Discussion with Mission ongoing.</p> <p>Program initiated with private funds.</p>

			<p>The provision of needed materials will enable the existing community health education programs to increase awareness and acceptability of the antiretroviral program.</p> <p>Continued support will enable the expansion of services to other area partners.</p>	
10	Kenya	<p>PMTCT Implementation Grant, Kenya New Site #1</p> <p>Start: TBD End: TBD</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization Program will include capacity building for existing health infrastructure and community support building activities</p>	No new proposals are being developed for Kenya. Discussions with the Kenya Mission ongoing.
11	Kenya	<p>PMTCT Implementation Grant, Kenya New Site #2</p> <p>Start: TBD End: TBD</p>	<p>New sites and new partners are needed to expand access to PMTCT services.</p> <p>Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization Program will include capacity building for existing health infrastructure and community support building activities</p>	No new proposals are being developed for Kenya. Discussion with the Kenya Mission ongoing.
12	Kenya	Implementation of Care and Treatment for	Existing PMTCT sites will provide a foundation to launch extended service provision for	No new proposals are being developed for Kenya. Discussions with the Kenya Mission ongoing.

		<p>Children and Families, Kenya</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	
13	Malawi	<p>PMTCT Implementation and Expansion</p> <p>ID: 230-03</p> <p>Start: 12/1/03 End: 11/30/05</p>	<p>This activity will continue a successful collaboration and expand programs using the HTPN 012 single-dose nevirapine intervention at public healthcare facilities These facilities serve a population where the incidence of HIV infection among ANC clients is 25%.</p>	<p>EGPAF informed that only Presidential Initiative countries could be funded with core support.</p> <p>Support from USAID Malawi not anticipated.</p> <p>Program currently receiving private funds</p>
14	Malawi	<p>Implementation of Care and Treatment for Children and Families, Malawi</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>EGPAF informed that only Presidential Initiative countries could be funded with core support.</p> <p>No new Malawi programs are under development</p>

15	Namibia	<p>Implementation of National PMTCT Program</p> <p>ID: 187-02</p> <p>Start TBD</p> <p>End TBD</p>	<p>This project will provide a rapid scale up and expanded PMTCT program with new partners, including faith-based organizations. The funding listed here is for year one of a multi-year program</p> <p>Interventions planned include:</p> <p>Provision of prophylactic ARVs and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified - UNC</p> <p>Dr Robin Ryder met with USAID in Namibia in August 2003 to start planning for Namibia PMTCT program along the Namibian/Angolan border.</p> <p>Namibia Mission providing field support</p>

16	Russia	<p>Implementation of PMTCT Program: St Petersburg and Leningrad Oblast</p> <p>ID: 222-03</p> <p><u>Start:</u> 1/1/2004 <u>End:</u> 12/31/2004</p> <p>One year of three year project</p>	<p>This program was developed after a six month planning grant that included intensive meetings with local experts and input from outside consultants. The highest risk group of women are injection drug users who often not identified with the current health system. This program will serve as a model PMTCT program that will be sustainable and will serve as a model to move the rest of Russia towards a similar comprehensive and effective PMTCT program.</p> <p>The program has three components: 1. rapid testing and treatment of women presenting in labor with undocumented HIV status 2. Enhanced monitoring of perinatal HIV transmission indicators and 3. training of health care professionals.</p>	<p>Implementing partners identified: University of North Carolina and CDC</p> <p>Program plan finalized</p> <p>USAID Russia concurrence received 11/21/03</p>
17	Rwanda	<p>Nationwide Scale-up of PMTCT Services – Expanding the Kigali Pilot</p> <p>ID: 223-03</p> <p>Start: TBD End: TBD</p>	<p>A pilot project in Kigali used a referral system to achieve 100% access for all pregnant women to PMTCT services. This model will be scaled up to provide access nationwide. Attention will be paid to community support activities and health infrastructure in the plan for scaling up.</p>	<p>Program plan finalized with TRAC</p> <p>Workplan completed and submitted to USAID/Rwanda</p> <p>USAID Rwanda transitioned in a new PHN officer.</p>
18	Rwanda	<p>PMTCT Implementation: Ruhengeri Program</p> <p>ID: 140-02</p> <p>Start: 9/30/03 End: 9/29/05</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p>	<p>Implementing partners identified: Global Hope Foundation</p> <p>Program plan finalized</p> <p>Concurrence received: 7/24/03</p> <p>Program funds not available till the end of September. Sub-contract will be finalized and program</p>

			<p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	implementation to start shortly.
19	Rwanda	<p>Implementation of Care and Treatment for Children and Families, Rwanda</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	Additional program development currently on hold until 2004.
20	South Africa	<p>Expansion of PMTCT Services, KwaZulu Natal, South Africa</p> <p>ID: 93-02</p> <p>Start: 7/1/03 End: 4/30/04</p>	<p>This activity proposes to continue a successful pilot implementation to fully integrate MTCT activities within standard clinic and hospital antenatal care practices for this region.</p> <p>The program will enable the expansion of PMTCT services including VCT, single dose regimens of nevirapine, antibiotic therapy and breast-feeding alternatives.</p> <p>Staff training, and technical assistance will be provided as needed.</p>	This program has enough private funding to deliver services into 2004. FY03 funds not being considered.

21	South Africa	<p>Expansion of PMTCT Services, Rural South Africa ID: 159-02</p> <p>Original plan Start: 1/1/03 End: 12/31/03</p> <p>Effective dates now: 7/1/03 – 6/30/04</p>	<p>Expand Hlabisa District Pilot project in other rural areas of South Africa. In addition to offering rapid testing, drug therapies and counseling, community education is a strong focus to make information and services more widely accessible.</p>	<p>Program expansion plan finalized</p> <p>Initiate provider training</p> <p>Continuation of PMTCT services provided</p> <p>USAID concurrence received 10/20/03.</p> <p>New data will be available January 2004</p>
22	South Africa	<p>Expansion PMTCT Services, Soweto</p> <p>ID: 160-02</p> <p><u>Core Support</u> Start: 1/1/03 End: 12/31/03</p> <p><u>Field Support</u> Start: 1/1/2004 End 12/31/2004</p>	<p>Continue and the Soweto pilot project. Past grants have successfully provided PMTCT access to all pregnant women in Soweto through provision of rapid HIV testing, counseling, short course drug therapies for PMTCT, infant feeding and HIV prevention education, and other support services.</p>	<p>Concurrence received: 5/28/03</p> <p>Program plan finalized</p> <p>Initiate provider training</p> <p>Continuation of provision of PMTCT services</p> <p>For data collection interval 12/1/02 – 6/30/03</p> <p># of sites - 12 # health providers trained - 44 # deliveries – 2,444 # in ANC - 16,153 # women counseled – 15,550 # women tested – 15,509 # women received results - 13,969 # women found HIV+ - 4,566 #HIV+ women receiving NVP – 3,918 # infants of HIV+women receiving NVP - 2,394</p>
23	South Africa	<p>Implementation of PMTCT Services, South Africa</p> <p>Start: TBD End: TBD</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p>	<p>Current financial support is needed to continue ongoing programs. New partners being considered for FY04 funding.</p>

			<p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	
24	South Africa	<p>Implementation of Care and Treatment for Children and Families, Site #1 South Africa</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Current financial support is needed to continue ongoing programs. New partners being considered for FY04 funding.</p>
25	South Africa	<p>Implementation of Care and Treatment for Children and Families, Site #2 South Africa</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a</p>	<p>Current financial support is needed to continue ongoing programs. New partners being considered for FY04 funding.</p>

			stepwise fashion according to the level of infrastructure at each site.	
26	Swaziland	<p>Situational Analysis of PMTCT services in Swaziland</p> <p>Start: 5/19/03 End: 7/18/03</p>	<p>At the request of the USAID/South African Regional Mission, EGPAF is organizing a situational analysis of PMTCT services in Mbabane, Mankanyane, and Siteki Districts. FHI and Linkages are primary partners. The site visit will occur the week of May 19 with a report submitted shortly thereafter</p>	<p>Identify and contract necessary consultants. EGPAF to cover travel expenses</p> <p>Assessment completed</p> <p>Report prepared for USAID</p>
27	Swaziland	<p>Implementation of PMTCT Services</p>	<p>Program plan will be finalized once situational analysis is complete. New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Workplan under development to begin implementation in three sites to be identified by the Swaziland MOH.</p> <p>Identification of sites and EGPAF workplan to be submitted to USAID/South Africa Region in December.</p>
28	Tanzania	<p>Expansion and Scale-up of Hai District Pilot Provision of PMTCT Services</p> <p>Public funding will start in early</p>	<p>This activity will scale up the Nevirapine Outreach Pilot Program, which aims to reach HIV positive women at the time of delivery both inside and outside healthcare facilities. The goal is to reach all pregnant women with VCT and nevirapine if positive.</p>	<p>Expansion plan finalized</p> <p>Program currently receiving private funds till early 2004.</p> <p>.</p>

		2004	The project also improves general antenatal care in targeted districts and raises community awareness regarding VCT and nevirapine interventions	
29	Tanzania	Expansion and Scale-up of PMTCT Services, Kilombero District Public funding will start in early 2004	This activity will expand PMTCT services beyond the initial pilot implementation in this southeastern part of Tanzania. Implementation plans include: VCT available to all pregnant women in the district. NVP available to all HIV+ women in the district. Increase community awareness of and access to VCT and NVP interventions. Address infant feeding practices. Give cotrimoxazole prophylaxis to all HIV+ women to prevent opportunistic infections.	Expansion and scale up plan finalized Program currently receiving private funds till early 2004.
30	Tanzania	PMTCT Dar es Salaam ID: 67-01 11/21/2003 11/20/2005	New sites and new partners are needed to expand access to PMTCT services. Interventions planned include: Provision of prophylactic antiretrovirals and HIV test kits. Health care provider training Community sensitization Program will include capacity building for existing health infrastructure and community support building activities	Implementing partners identified: Muhimbili University Concurrence received: 5/28/03 Program redesigned after the Cape Town Call to Action meeting. Proposal resubmitted for concurrence Concurrence received 12/2/03.
31	Tanzania	Implementation of PMTCT Services, Arumeru District	The project goal is to reduce maternal transmission of HIV by introducing high quality PMTCT interventions that are accessible,	Implementing partner identified: EngenderHealth Program plan finalized

		<p>ID: 195-03</p> <p>Start: 8/14 /2003 End: 8/13/2005</p>	<p>empowering women to make voluntary and well informed decisions about PMTCT and supporting them in implementing those decisions. Using a district model, EngenderHealth, the MOH and NGO partners will collaborate to introduce core PMTCT interventions (VCT, peripartumARVs, safer obstetrical practices and safer infant feeding counseling) within maternal care services at Arumera Hospital and Selian Hospital. The program will introduce a set of complimentary facility and community based interventions that are specifically designed to address barriers that have hampered many PMTCT programs in the past.</p>	<p>Concurrence received: 5/28/03</p> <p>Program funds not available till end of September. Program to start implementing as soon as funds are available.</p>
32	Tanzania	<p>Implementation of PMTCT Services</p> <p>ID: 68-01</p> <p>Start: 9/30/2003 End: 9/29/2005</p>	<p>This program will support and strengthen two phases of implementation at the Sikonge Moravian Hospital in Sikonge, Tanzania. Phase one is a pilot study at the SMH and surrounding community. In phase two, EGPAF is supporting PMTCT implementation that will extend into the neighboring areas and finally throughout the entire Western Province. The first goal is to gain the support of all community leaders through government run HIV/AIDS training seminars. The second objective is to improve MCH clinics by offering free counseling and testing (VCT) and care to all pre-natal patients, including NVP for all positive women, providing STI testing and treatment, basic medications, pre-natal vitamins,</p>	<p>Implementing partner identified: Moravian Mission Board</p> <p>Program plan finalized.</p> <p>Concurrence received: 5/28/03</p> <p>Funds not available till the end of September. Program implementation to start as soon as funds become available.</p>

			and subsidized care.	
33	Uganda	Expansion of PMTCT Services, Kampala, Uganda ID: 198-03 Start: 1/1/03 End: 2/28/05	This activity continues a successful collaboration and will expand the provision of voluntary counseling, rapid on-site testing, short course drug therapies to prevent MTCT, infant feeding and HIV prevention education and other support services by trained healthcare personnel This project will also impact primary prevention and promote widespread acceptance of HIV counseling and testing.	Program plan finalized Continued provision of PMTCT services Concurrence received 11/5/03. Program will be retroactively funded for 2003. Old and New Mulago results: For data collection interval 12/1/02 – 6/30/03: # of sites - 2 # health providers trained -2 # deliveries – 14,143 # in ANC - 17,376 # women counseled – 15,517 # women tested – 10,502 # women received results - 10,500 # women found HIV+ - 1,241 #HIV+ women receiving NVP – 985 # infants of HIV+women receiving NVP - 554
34	Uganda	Expansion of PMTCT Services, Rakai ID: 224-03 Start: 8/1/2003 End: 7/31/2005	Rakai District in order to reduce HIV/AIDS transmission and ensure sustainability of gains registered in the fields of education, health and economic development, intends to carry out community mobilization and education regarding prevention of MTCT, reorient health staff in delivery of PMTCT services, strengthen and supply reagents to laboratories for VCT, provide nevirapine, provide supplementary feeding and infant feeding counseling, follow up and monitoring of the progress of PMTCT Project. The	Program plan finalized Concurrence received 11/5/03

			activities will be implemented by staff in the existing health structure of the district. The implementation of the project will begin with sensitization of the district council, LC V executive and departmental heads so that they can advocate for the programme, be involved in dissemination of the messages as well as mobilization.	
35	Uganda	Scale-up of PMTCT Services, Uganda Start date to be determined	This activity will expand the Ugandan Ministry of Health PMTCT program to help enable it to achieve national scale up. Specific activities planned include: strengthening central coordination in the MOH, providing service provision in at least 15 sites, procuring needed equipment and additional supplies and providing program monitoring/evaluation	Program currently being redesigned to support individual district PMTCT implementation. Program currently still supported by private funds.
36	Uganda	Implementation of PMTCT Services, Bundibugyo District ID: 129-02 Original Start: 9/30/2003 End: 9/29/2005	New sites and new partners are needed to expand access to PMTCT services. Interventions planned include: Provision of prophylactic antiretrovirals and HIV test kits. Health care provider training Community sensitization	Implementing partners identified Program plan finalized Concurrence received: 7/21/03 Program implementation will begin when funds are available and sub-contract terms finalized.

			Program will include capacity building for existing health infrastructure and community support building activities	
37	Uganda	<p>Implementation of PMTCT Services, Jinja District</p> <p>ID: 142-02</p> <p>Original Start: 6/1/2003 End: 5/31/2005</p> <p>Start date to be determined</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Concurrence received 7/21/03</p> <p>Program implementation will begin when funds are available and sub-contract terms finalized</p>
38	Uganda	<p>Implementation of PMTCT Services; Mayuge District</p> <p>ID: 169-02</p> <p>Start: 7/1/2003 End: 6/30/2005</p> <p>Start date to be determined</p>	<p>New sites and new partners are needed to expand access to PMTCT services. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Concurrence received 11/5/03</p>

39	Uganda	<p>Implementation of PMTCT Services; Mpigi</p> <p>ID: 156-02</p> <p>Start: 6/1/03 End: 5/31/05</p> <p>Start date to be determined</p>	<p>In Year one, 4 Health units will provide services to mothers, their babies and their partners. These units have VCT services to some extent and will need to be strengthened and integrated with antenatal services. During the second year the remaining 17 health units with maternity services in the District will be included in the Family Health Program.</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Concurrence received 11/5/03</p>
40	Uganda	<p>Implementation of PMTCT Services; Mukono District</p> <p>ID: 174-02</p> <p>Start: 6/1/2003 End: 5/31/2005</p> <p>Start date to be determined</p>	<p>The following services will be offered through the Mukono District PMTCT Program: VCT to pregnant women and their spouses, health education to community, mobilization and awareness in the community, diagnosis and treatment of STIs, integration of PMTCT in routine reproductive services, development of staff capacity in PMTCT services.</p>	<p>Implementing partners identified</p> <p>Program plan finalized</p> <p>Concurrence received 11/5/03</p>
41	Uganda	<p>Implementation of Care and Treatment for Children and Families, Uganda ID; TBD</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Current financial support is insufficient to start care and treatment program.</p>

42	Uganda	<p>Implementation of Care and Treatment for Children and Families, Uganda</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Current financial support is insufficient to start care and treatment program.</p>
43	Zambia	<p>National Scale up of PMTCT Services, Zambia</p> <p>ID: 214-03</p> <p>Start: TBD End: TBD</p>	<p>This program will establish a PMTCT Expansion Resource Center (PERC) as a cooperating partner that will take primary responsibility for establishing fully operational perinatal HIV prevention programs in at least 14 health districts over the next 5 years. Funded districts will receive comprehensive support from the PERC through both direct financial support of specified key program elements and coordination of in-kind contributions of others. Interventions planned include:</p> <p>Provision of prophylactic antiretrovirals and HIV test kits.</p> <p>Health care provider training</p> <p>Community sensitization</p> <p>Program will include capacity building for existing health infrastructure and community support building activities</p>	<p>Implementing partners identified: University of Alabama.</p> <p>Proposal finalized and submitted to USAID/Zambia.</p>

44	Zambia	<p>PMTCT Scale-up of Lusaka Pilot Project</p> <p>ID: 192-03</p> <p>Start: 9/30/2003 End: 9/29/2005</p>	<p>This project will develop a sustainable VCT and nevirapine delivery infrastructure and expand services for all of Lusaka and other regions.</p> <p>Activities include: Provide training and develop an infrastructure to provide NVP. Universal access to NVP Upgrade ANC – insure micronutrient supplementation, syphilis testing, OI treatment and access to sterile deliveries.</p>	<p>Implementing partners identified: University of Alabama.</p> <p>Scale-up plans finalized</p> <p>Concurrence received 9/29/03</p>
45	Zambia	<p>Implementation of Care and Treatment for Children and Families, Zambia</p> <p><u>START</u> TBD</p> <p><u>END</u> TBD</p>	<p>Existing PMTCT sites will provide a foundation to launch extended service provision for HIV affected families. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections. Services will be approached in a stepwise fashion according to the level of infrastructure at each site.</p>	<p>Current financial support is insufficient to start care and treatment program</p>
46	Zimbabwe	<p>National PMTCT Assessment</p> <p>Start: 5/2003 End: 7/2003</p>	<p>USAID Zimbabwe has requested a PMTCT assessment of Zimbabwe to plan for a nation wide roll out of PMTCT services. EGPAF is coordinating consultants and scope of work. Strategy and program design will follow assessment report.</p>	<p>Identify and contract consultants</p> <p>Finish scope of work</p> <p>Assessment report produced and delivered to USAID/Zimbabwe</p>

47	Zimbabwe	<p>National Scale-up of PMTCT Services, Zimbabwe.</p> <p>Start: TBD End: TBD</p>	<p>This program aims to expand successful PMTCT services nationally. Program design and roll out will be based on national assessment results: Activities will include:</p> <p>Provision of VCT for all families</p> <p>Access to antiretroviral prophylaxis for HIV+ pregnant women</p> <p>Provision of comprehensive infant feeding counseling to HIV+ women</p> <p>Access to replacement feeding where appropriate</p> <p>Development of a Kapnek PMTCT office and training team</p>	<p>Kapnek PMTCT training team developed</p> <p>Provide technical assistance to Mission</p> <p>Program plan finalized</p> <p>USAID/Zimbabwe has directed EPGAF to utilize field support funds to cover October 1, 2003 through September 30, 2004</p>
48	TBD	<p>Implementation of Services, New Country #1</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections.</p>	<p>Additional programs have been reviewed by EGPAF. Additional USAID Mission support has not been obtained to date.</p>

49	TBD	<p>Implementation of Services, New Country #2</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections.</p>	<p>Additional programs have been reviewed by EGPAF. Additional USAID Mission support has not been obtained to date.</p>
50	TBD	<p>Implementation of Services, New Country #3</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and</p>	<p>Additional programs have been reviewed by EGPAF. Additional USAID Mission support has not been obtained to date.</p>

			prevention and management of opportunistic infections	
51	TBD	<p>Implementation of Services, New Country #4</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections</p>	<p>Additional programs have been reviewed by EGPAF. Additional USAID Mission support has not been obtained to date.</p>
52	TBD	<p>Implementation of Services, New Country #5</p> <p>Start: TBD End: TBD</p>	<p>New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and</p>	<p>Additional programs have been reviewed by EGPAF. Additional USAID Mission support has not been obtained to date.</p>

			support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections.	
53	TBD	Implementation of Services, New Country #6 Start: TBD End: TBD	New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections	Additional programs have been reviewed by EGPAF. Additional USAID Mission support has not been obtained to date.
54	TBD	Implementation of Services, New Country #7 Start: TBD End: TBD	New countries with existing need will be identified and new collaborative relationships formed. The provision of PMTCT services will be initiated in public and private settings within the existing maternal and child health infrastructure. PMTCT services will include community mobilization and sensitization, training of health care workers, provision of VCT, prophylactic ARV drug	Additional programs have been reviewed by EGPAF. Additional USAID Mission support has not been obtained to date.

			intervention, and counseling and support for infant feeding options. A program for the provision of essential care and support services for families will be developed and services could include: provision of VCT, psychosocial and legal support, antiretroviral therapy, and prevention and management of opportunistic infections	
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IV. Program Summaries by Country

EGPAF proposals have gone through a rigorous review process and the following summaries are of those programs that have been approved by a panel of experts and will be funded by the FY03 appropriation. The Soweto and Hlabisa ,South Africa programs and the Kampala Uganda program were the only implementation programs to deliver services using USAID funds during October 1, 2002 through September 30, 2003.

Russia

EGPAF Russia Team: Tabitha Keener, Chuck Hoblitzelle and Ken Eye

Location: City of St. Petersburg and Leningrad Oblast, Russia

This Call to Action program links all responsible governmental agencies involved in maternal and newborn child care in St. Petersburg, Russia and the surrounding Leningrad Oblast with the Centers for Diseases Control and Prevention, Atlanta (reproductive health epidemiologists, MTCT prevention clinical trials experts, enhanced perinatal HIV monitoring experts) and with the Department of Epidemiology at the University of North Carolina in Chapel Hill (HIV epidemiologists).

From 1998 to 2002 in St. Petersburg, HIV seroprevalence among pregnant women giving birth increased 100-fold, from 0.13% to 1.3%. In 2002, HIV seroprevalence in pregnant women with no prenatal care who gave birth in St. Petersburg was 7.7%, compared to 1.0% for women with prenatal care. Whereas 100% of HIV-positive women with prenatal care received intrapartum ART, only 41% of HIV-positive women with no prenatal care received intrapartum ART. These 41% received nevirapine prophylaxis due to a policy of prophylactic treatment for known or suspected injection drug users. Rapid tests were used only sporadically and unsystematically. Although CD4 and viral load testing are available, cost prohibits standardized use. In St. Petersburg, infant abandonment, which has been a problem of national scale since the 18th century reign of Catherine the Great, was especially common for HIV-positive women with no prenatal care: 26% of them abandoned their infants at birth, compared to 4% for HIV-positive mothers with prenatal care, and 1% for HIV-negative mothers. Infants abandoned at birth by

HIV-positive mothers are assigned to a special orphanage for perinatally-exposed infants, where they remain at least until the age of 12 to 15 months.

This Call to Action PMTCT program, enabled by a previously awarded EGPAF Planning Grant, has been developed over an intensive series of meetings held by the local experts with occasional input from outside consultants. This program takes place in a setting where nearly universal HIV antenatal screening is currently being carried out. Yet, given that injection drug use is the current driving force behind the Russian HIV epidemic, the highest HIV-risk pregnant women, those actively injecting drugs and non-injecting sex partners of drug users, are not being identified within the system as it is presently structured. In addition, Russia already has an extensive program of prevention of mother-to-child HIV transmission. However, the present PMTCT program is uneven and would greatly benefit from the provincial and city planning/program structuring that this program would enable.

For these several reasons, the catalytic effect of this CTA program will enable local and provincial leaders to rapidly put in place a model PMTCT program that will be sustainable and will serve as a model to rapidly move the rest of Russia towards a similar comprehensive and effective PMTCT program.

The St. Petersburg and Leningrad Oblast PMTCT program has three key objectives:

- 1) To implement rapid testing and treatment of women presenting in labor with undocumented HIV status;
- 2) To implement enhanced monitoring of perinatal HIV transmission indicators, which will include prenatal care, testing, seroprevalence, maternal and infant therapies, infant feeding practices, and abandonment;
- 3) To provide training of health care professionals, including obstetricians, neonatologists, nurses and laboratorians in HIV MTCT, including opt-out VCT, rapid testing of women presenting in labor with undocumented HIV status, nevirapine treatment, as well as in use of family planning to prevent future unintended pregnancy and HIV transmission.

Rwanda

EGPAF Rwanda Team: Etienne Karita, Nicole Buono, Chuck Hoblitzelle, and Ken Eye

Location: Ruhengeri Province, Rwanda

The Ruhengeri Program is the implementation of an expanded community-based PMTCT program in Ruhengeri, Rwanda. The program's core components, nevirapine therapy and rapid HIV testing, were first launched on 15 October 2001 with the support of the applicant, the Global Hope Foundation (GHF). When the Ruhengeri Program is completely launched, it is conservatively expected that there will be up to 60,000 ANC visitors from the four targeted health districts accessing initial antenatal consultations, of which 45,000 will be counseled and tested for HIV through VCT offered during the inaugural 24-month period.

The Ruhengeri Program will serve the health districts of Ruhengeri, Nemba, Gitare and Gatonde in the province of Ruhengeri. The total population of these districts is approximately one

million. The program's services will be administered from Ruhengeri Hospital and the adjoining Dispensaire Urbain de Ruhengeri, but may later, to a lesser extent, be administered through the other referral hospital in the province located in Nemba.

This PMTCT program has been coordinated and planned with the staff at Ruhengeri Hospital, the Ruhengeri Provincial AIDS Commission (CPLS) and the Rwandan Ministry of Health's Treatment and Research AIDS Center (TRAC). The Ruhengeri Program is a two-year program that will provide the following inter-related and inextricably linked services:

- Rapid HIV primary tests, confirmatory tests and testing supplies.
- VCT training and support for Ruhengeri health care workers by Family Health International/ IMPACT-Rwanda.
- Targeted support to a province-wide youth association, the Association Des Jeunes Sclarisés Contre Le SIDA, to create community awareness about PMTCT and to publicize the Ruhengeri Program's PMTCT services among the province's communities.
- Medicines for the prevention and treatment of opportunistic infections in mothers, infant care providers and infants.

Location: National

The goal of the proposed program is to contribute to Rwanda efforts to reduce the transmission of HIV from infected mothers to their infants.

The specific objectives are:

- a) Continue to support and improve existing programs;
- b) Expand the program in the health districts of Muhima and Remera, and support these health districts to implement PMTCT services as an integral part of the health district package;
- c) Support TRAC to develop a set of national resources/references for PMTCT for use by all partners;
- d) Support TRAC to improve the management of PMTCT services at national level.

The primary expected outcomes for this program are:

- a) At least 75% of health care facilities in the health districts of Muhima and Remera will integrate quality PMTCT services into routine ANC by the end of the year 2004;
- b) At each of the PMTCT sites, all women attending antenatal clinic will receive counseling on HIV testing and PMTCT;
- c) At least 80% of new antenatal mothers who receive counseling will consent to HIV testing and will receive their results;
- d) At least 90% of HIV positive will receive nevirapine to take home with them from antenatal clinic;
- e) At least 50% of babies born to HIV positive women will ingest nevirapine within 72 hours after birth.
- f) Medical, psychosocial and nutritional support services will be made available at all the PMTCT sites participating in this program.

South Africa

EGPAF Country Team: Trish Karlin, Tabitha Keener, Chuck Hoblitzelle, and Diana Esposito

Location: Hlabisa, South Africa

This activity continues the successful privately funded Call to Action program in Hlabisa, which targets to provide VCT to all pregnant women and nevirapine to HIV-infected women and their infants. In the first six months of the program, from December 2001 to May 2002, 14 clinics were reached, 89% of ANC clients were counseled and 34 % of identified HIV+ women received nevirapine. We have seen significant improvement in the last six month data collection period, from January 2003 to June 2003, with 15 clinics reached, 99.5% of ANC clients counseled and 42% of identified HIV+ women receiving nevirapine. The continuation of this implementation program builds on the lessons learned and challenges faced in the first phase of the program.

Efforts will be focused on increasing the proportion of HIV+ women and their infants who actually receive nevirapine. Several strategies will be employed. Rapid testing of HIV is now in place at all facilities. The program is also considering offering NVP at first ANC visit and including the infant dose, since women are often seen only once and then do not return for the NVP. The program is holding workshops with providers to ensure their attitudes are conducive to the provision of high quality empathetic care. The hand held records now have encoded information regarding testing and status, which the provincial program will also require be present on the infant record. Efforts continue to further integrate PMTCT activities into routine MCH care and the program is increasing awareness-raising activities about MTCT among men in the community. An additional problem identified is that women in this community are highly mobile, often delivering in a different district. This makes expansion of the program to additional provincial facilities by the MOH very important.

The Africa Center has made significant progress in making the program sustainable. In the second year of the program, all drugs (Nevirapine and Co-trimoxazole), salary support for 3 HIV counselors previously paid for in the EGPAF grant, HIV rapid test kits for approximately 2,500 clients and all replacement infant formula will come from the KwaZulu-Natal Provincial government. As the provincial government program rolls out, more support is anticipated. EGPAF support in 2004 will bridge the transition to sustainable funding from the provincial government.

This program is in concert with and complements that of the Provincial Ministry of Health. Sites included in the program include: Hlabisa Hospital and ante-natal clinic, Kwamsane, Madwaleni, Mpukunyoni, Somkhele, Machibini, Zwelisha, Gunjaneni, Ntondweni, Macabuzela, Makhowe, Inhlawati, Nkundusi and Esiyembeni Clinics and 3 mobile clinics serving Hlabisa District.

Location: Soweto, South Africa

EGPAF's program in Soweto will continue the existing program for PMTCT, which the Perinatal Research Unit has been implementing since October 2000. An important barrier to implementation of a nation wide roll out of PMTCT is the lack of training of health care providers and lay counselors. The aim of the current program is to continue the existing activities for the prevention of MTCT in Soweto and to provide training for health care workers in the province. Certain feasibility issues that have been identified from the current program will

need to be addressed further. These issues are: the integration of maternal information into children's follow up, the provision of OI prophylaxis, and the strengthening of counseling on infant feeding, rapid testing and support groups.

The project covers all the antenatal clinics in Soweto and consists of thirteen sites: twelve midwifery units (primary health care) and Chris Hani Baragwanath Hospital. The project provides VCT to approximately 31,000 pregnant women, of which thirty percent are HIV positive and are offered NVP. HIV-positive women have access to PMTCT support groups to supplement the post-test counseling sessions at Chris Hani Baragwanath Hospital. Couple counseling, testing of the partner and disclosure will be encouraged.

Babies will be referred to immunization clinics. Co-trimoxazole prophylaxis is provided by the province, but very few babies are identified and given prophylaxis. Linkage of maternal PMTCT experience with infant well child care provides the necessary information to identify the exposed infants. The provincial program is incorporating linkage of this information. The majority of HIV-positive women in Soweto will choose not to breastfeed. Infant formula will be provided for free for the first 6 months of life by the government.

Swaziland

EGPAF Country Team: Allison Nowlin, Trish Karlin, Chuck Hoblitzelle, and Ken Eye

Resources and expertise will be utilized to assist with the implementation of the national MOH Program for PMTCT. Program objectives include:

Support for basic quality of PMTCT services

Technical assistance has been initiated through site assessments and, as needed will be provided to the program including training, identification of unmet needs, problems of staffing, supplies distribution, and weaknesses in the logistics of the programs. Additional support will be provided at central level for finalization of care protocols, policy, and training materials.

EGPAF will also provide assistance with a standard package of care as determined by local health authorities, including such services as antenatal vitamins, Fe/folate, syphilis testing, tetanus vaccine, and antimalarial prophylaxis.

Increase Access to PMTCT Services

In collaboration with the National program of the Swaziland National AIDS Program (SNAP)/MOH&SW, the new implementation programs will be assisted and expanded. These programs must be fully integrated MTCT activities within standard Public Health Units, hospital antenatal care and maternity services. The effort will be aimed at establishing high quality PMTCT and related services in the selected facilities. The provision of PMTCT services will be initiated within the existing maternal and child health infrastructure as designated by the MOH&SW strategic plan.

Programs will improve delivery strategies and coverage for PMTCT services including community mobilization and sensitization, training of health care workers, provision of voluntary counseling and testing (VCT), provision of a prophylactic antiretroviral (ARV) drug

intervention which is appropriate for the level of infrastructure at the site, and counseling and support for infant feeding options. Our ongoing work will focus on increasing the number of women who can access services, who accept testing and receive their results, and increasing the number of HIV positive women who receive NVP.

Tanzania

EGPAF Tanzania Team: Nicole Buono, Chuck Hoblitzelle, and Diana Esposito

Location: Dar es Salaam

EGPAF is partnering with the Muhimbili University College of Health Sciences in collaboration with the Harvard School of Public Health to implement a comprehensive program for HIV counseling and testing among pregnant women in selected MCH clinics in Dar es Salaam and provision of nevirapine for HIV positive mothers and their babies. This program will be integrated into existing MCH services and will be implemented by health care workers stationed in 6 MCH clinics in three municipalities. Health care workers will be trained on voluntary HIV counseling and testing and prevention of MTCT and strategies will be developed to promote these services among pregnant women in the communities served by the selected clinics.

The initial program expects to provide voluntary HIV counseling and testing to 8,000 pregnant women/year at selected MCH clinics and to provide access to NVP to HIV infected mothers and their babies when full implementation is in place, This activity will develop capacity at the selected MCH clinics for conducting HIV testing by using rapid assay kits, and to raise awareness of stakeholders on prevention of MTCT in the Dar es Salaam region. With a HIV seroprevalence of 12%, it is anticipated that approximately 1000 HIV+ women would be identified if VCT uptake was 100%. A more realistic projection based on EGPAF worldwide data would be that approximately 70%-80% of women would chose VCT, resulting in 700 to 800 HIV+ women identified.

Location: Hai District

EGPAF is currently working with Axios International to initiate PMTCT services in Hai District, which has an HIV/AIDS seroprevalence of 20% amongst women attending ANC. This project will reach HIV positive women at the time of delivery, both inside and outside healthcare facilities, so that women and infants can be treated with nevirapine to prevent MTCT. This program invests in developing systems and mechanisms to reach all pregnant women with VCT and, if positive, with nevirapine. This model improves the quality of antenatal care in general, as well as the capacity of the health system to collect and analyze relevant health information data on maternal and child health.

The program objective is to make VCT available to all pregnant women and nevirapine available to all HIV-positive pregnant women and their infants at the time of delivery in health care facilities and at mobile clinic sites in the district. This program has the potential to reach almost 9,000 pregnant women per year with VCT once full implementation is in place. The program will cover the entire Hai District, including 3 hospitals, 4 health centers, 57 dispensaries and 70 village health posts.

Location: Kilombero Districts

EGPAF is also working with Axios International in the Kilombero District to initiate PMTCT services where the prevalence for pregnant women is estimated as 15%. This program follows the same model as the Hai District program described above, using a nevirapine outreach approach to reach HIV positive pregnant women wherever they are, both inside and outside healthcare facilities.

The program objective is to make VCT available to all pregnant women and nevirapine available to all HIV-positive pregnant women and their infants at the time of delivery in health care facilities and at mobile clinic sites in the district. The program has the potential to reach 16,000 women per year with VCT once full implementation is in place. The project covers the entire Kilombero District, which includes two hospitals, St Francis Ifakara and Kilombero Sugar Factory Hospital with additional health centers and public and private dispensaries that will also provide services.

Location: Arumeru District:

EGPAF is partnering with EngenderHealth to initiate a multi-site program for the prevention of mother-to-child transmission of HIV in Arumeru District which has an estimated seroprevalence of 10%. The overall project goal is to reduce MTCT by introducing high quality PMTCT interventions that are accessible, empowering women to make voluntary and well-informed decisions about PMTCT, and supporting them in implementing those decisions. Using a district model, EngenderHealth and its MOH and NGO partners will collaborate to introduce core PMTCT interventions (voluntary counseling and testing (VCT), prophylactic peripartum ARVs, safer obstetrical practices, and safer infant feeding counseling) within existing maternal care services. This program will also build the capacity of lower level facilities and community agents in support of PMTCT.

It is estimated that 1,400 pregnant women will accept VCT in the first year of program implementation and as the program matures it will have the potential to reach 2,800 women in the second year. The proposed project sites are Arumeru District Hospital, Selian Hospital and referral linkages will be formed between these hospitals and four rural health centers in Arumeru District.

Location: Sikonge District

EGPAF plans to work with the FBO, Moravian Board of World Mission, in Sikonge District with an estimated seroprevalence of 11%. The program plan is divided into two phases: the first component is to thoroughly inculcate all community leaders through government-run HIV/AIDS training seminars. If the project is to succeed, these individuals must openly support HIV/AIDS prevention programs. The second objective is to improve the maternal child health (MCH) clinics by offering free voluntary counseling and testing (VCT) and care to all pre-natal patients and free nevirapine to those testing positive, providing sexually transmitted disease (STD) testing and treatment, basic medications, pre-natal vitamins, and subsidized care.

The program has the potential to reach 3,800 pregnant women with VCT per year. In phase two of the program implementation activities will be extended throughout the Sikonge District and neighboring areas and finally throughout the entire Western Province.

Uganda

EGPAF Uganda Team: Fred Nuwaha, Tabitha Keener, Chuck Hoblitzelle, and Diana Esposito

Location: Kampala, Uganda

The Mulago Hospital Prevention of Mother-to-Child HIV Transmission (PMTCT) program has been operating in Kampala, Uganda since April 2000. To date, the program has provided HIV education and counseling to approximately 50,000 of the 55,000 women who attended the Mulago antenatal clinics during this period, provided HIV testing to approximately 35,000 of these women and distributed nevirapine to 2,700 HIV-infected women and their infants.

This program will continue the PMTCT program at Mulago hospital and expand to a second Kampala hospital, Rubaga Hospital. In addition to the PMTCT programs, EGPAF will provide support to continue and expand two complementary programs - the community (and health care worker) PMTCT education program and the men's access program. Both programs have been developed to increase the general knowledge of HIV PMTCT, encourage more pregnant women to access the PMTCT services, and to increase the support that women receive from their partners and communities. The men's access program provides an opportunity for male partners of antenatal clinic attendees to come to the antenatal clinic (ANC) in the evening in a male friendly environment and receive general obstetric and reproductive health information, HIV and sexually transmitted infection (STI) education, individual or preferably couple HIV counseling, and syphilis and HIV testing.

Location: Rakai, Uganda

Rakai district is located in Southwest Uganda with a population of 472,000. It contains 23 sub-counties, 3 town councils, 850 LC I villages, 2 hospitals, 2 upgraded health centre VIs and 22 health centre IIIs. The district is estimated to have 24,500 pregnant women in the year 2004.

Rakai has an HIV prevalence of 12%, compared to the current national prevalence of 6.1%. During 2003-2005, in order to reduce HIV/AIDS transmission and ensure sustainability of gains registered in the fields of education, health and economic development, the district plans to carry out community mobilization and education regarding prevention of mother-to-child transmission of HIV (PMTCT) services, reorient health staff in the delivery of PMTCT services, strengthen and supply reagents to laboratories for voluntary counseling and testing (VCT), provide nevirapine, provide supplementary feeding and infant feeding counseling, and follow up and monitoring of the progress of the PMTCT project. The overall objective is to reduce the mortality and morbidity related to HIV/AIDS in infants and children under five years of age.

Health staff in the existing health structure of the district will implement the program activities. The implementation of the project will begin with sensitization of the district Council LC V Executive, Councilors, LC I and LC III Chairmen and Departmental Heads so they are able to advocate for the program, be involved in dissemination of the messages as well as mobilization. The health education will involve conducting village meetings, talks on local FM radios,

seminars, and local IEC materials will be designed and disseminated in local languages. The health workers will be trained to offer a package for PMTCT services and nevirapine will be made available to all Level III Units, Health Centre IV and Hospitals where deliveries are conducted.

Outreach VCT services will be carried out throughout the district to enable pregnant mothers to know their serostatus and hence access PMTCT services. Parish mobilizers (community resource persons) will mobilize mothers to attend antenatal care, accept VCT and access nevirapine for those HIV-positive pregnant women.

During implementation, progress will be monitored using set indicators. Information will be collected on these indicators weekly and compiled in a monthly report that will be given to the funding agency and the Ministry of Health. At the end of the two-year period, the project will be evaluated to assess its overall impact.

Location: National

EGPAF's support to the Ministry of Health in Uganda serves as a catalyst to their government achieving its nationwide MTCT implementation plan for 2001-05. This ambitious plan aims to have MTCT services available to all pregnant women in Uganda by the end of the year 2005. The MTCT program is a high priority within the Ministry of Health, however the program lacks sufficient financial and human resources to complete its goals for national expansion. Provision of support for these services will advance the program significantly and provide tens of thousands more women access to these PMTCT interventions.

This program fills gaps that exist in the plan for the current Ministry of Health expansion programs including improved monitoring, data gathering, community follow-up of program participants, and quality assurance of the programs. The Ministry of Health plans to have MTCT programs operational in the entire country by 2004. Call to Action supports strengthening of central coordination in the Ministry of Health, service provision at 15 sites, procurement of equipment and additional supplies and program monitoring/evaluation.

Location: Bundibugyo,

World Harvest Mission, an NGO operating in Bundibugyo District since 1989, in collaboration with the Uganda Ministry of Health District Health Office, has developed a Call-to-Action (CTA) Implementation project for Bundibugyo District Uganda.

Bundibugyo District, a remote border region, has formerly been buffered from the high levels of HIV infection in the rest of Uganda by its geographic isolation. The advent of a guerilla war in 1997 resulted in massive population shifts from rural subsistence farms to densely populated internally displaced peoples' (IDP) camps. The influx of the military in addition to the social chaos experienced in these displaced peoples' camps has placed these persons at extremely high risk for HIV infection. Currently, there is no HIV testing available for anyone in Bundibugyo District.

The primary objective of this program is to prevent transmission of HIV from mothers to their children. This will be accomplished by initiating VCT for HIV among antenatal clinic attendees

in the Ministry of Health Bundibugyo District Hospital and the Nyahuka Health Center (Grade 4 Health Unit) in order to identify HIV infected mothers and enroll them in a Nevirapine Prophylaxis Program. One unique aspect of this project is the community-based collaborative involvement of traditional birth attendants (TBAs) for tracking, support, and follow-up of pregnant women and their newborn infants.

Secondary objectives are to establish the prevalence of HIV infection among pregnant women and to increase awareness of HIV/AIDS as an emerging problem in this population of displaced persons. Additionally, capacity building of current MOH staff and community-based TBAs for HIV/AIDS education, prevention, and intervention in the ANC setting is a major long-term objective of the program.

Location: Jinja District, South-Eastern Uganda

In Jinja District, South-Eastern Uganda, all key reproductive health services except PMTCT are routinely offered. HIV prevalence among pregnant women in the district is estimated to be 8.3% (national average 6.1%). 75-80% of pregnant women attend antenatal care at least once during their pregnancy.

The primary objective of this program is to prevent transmission of HIV from mothers to their children in Jinja District. Specific project objectives include:

- Increase access to VCT to at least 60% of pregnant women.
- Provide the recommended package of antenatal care to at least 60% of pregnant women.
- Make ARVs (nevirapine) available to all HIV positive pregnant mothers and their babies.
- Provide comprehensive postpartum care to at least 50% of mothers and infants at PMTCT sites.
- Investigate the most acceptable infant feeding recommendation for HIV infected mothers in Jinja District.

In Year 1, Phase One of the MTCT intervention will be implemented, targeting Jinja Regional Referral Hospital, Kakira Hospital, and the following health centers: Walukuba, Mpumudde, Bugembe, Buwenge and Budondo. Phase Two (Year 2) will scale up to include 15 additional health centers in the district. Over the two years of the project, an estimated 22,950 pregnant women and 8,000 husbands will be counseled and tested for HIV.

Proposed interventions include: routine antenatal VCT; community mobilization/education; and strengthening the reproductive health care service delivery (including integrating new PMTCT activities). Program activities include: staff development; health service system development; community mobilization/education; and monitoring and evaluation. It is expected that there will be at least a 50% reduction in the rate of mother-to-child HIV transmission in infants receiving nevirapine.

Location: Mayuge District, Uganda

Implementation of the Mayuge District Prevention of Mother-to-Child Transmission of HIV Program will be predominantly community-based. The main objective of the program is to decrease morbidity and mortality amongst children below five years of age in Mayuge District. Specifically, the objective is to reduce the rate of mother-to-child transmission of HIV by 30% within the program's two years, through increased access to and availability of voluntary counseling and testing (VCT) and prevention of mother-to-child transmission of HIV (PMTCT) services.

The program will utilize already existing human resources, who are knowledgeable in reproductive health and in the delivery of the PMTCT services to the community in an integrated manner. EGPAF support will be used for advocacy, sensitization, and health education for purposes of community mobilization for PMTCT, as well as human resource capacity building. Free nevirapine prophylaxis will be provided to HIV-positive mothers, and to their newborn infants. Mothers will receive a standard prenatal, natal, postnatal care package, VCT for HIV, and syphilis screening. Presumptive treatment of malaria in the pregnant women and nutritional supplementation will be offered. Mothers will be counseled on alternative infant feeding methods other than breast-feeding, according to the Uganda Ministry of Health feeding guidelines in the context of HIV. In Year One, the four sites will offer full VCT and PMTCT static services. They will also offer services through eight outreach sites. In the second year, access of mothers to VCT/PMTCT services will be increased through another twelve outreach sites (clinics). An estimated 1,363 mother-infant pairs will benefit from the ViraMune prophylactic treatment program. An estimated averted 187 deaths due to HIV/AIDS is expected as a result of the program intervention. An overall increase in the use of maternity services in all the health units is expected as well as behavioral change, which shall result eventually in the decrease in prevalence of HIV/AIDS in the community.

Location: Mpigi District, Uganda

Presently, prevention of mother-to-child-transmission of HIV (PMTCT) services are not available in Mpigi District, Uganda. Since the set up of the District Administration, the District Director of Health Services Office has been responsible for the implementation of the Uganda Government Health Policy. Mpigi District plans to implement a phased, two-year Family Health Program in the district.

In Year One, 4 Health Units will provide services to mothers, their babies and their partners. These units already have VCT services to some extent and will need to be strengthened and integrated with antenatal services. During the second year, the remaining 17 health units with maternity services in the District will be included in the Family Health Program. The objectives of this Family Health Program are:

- To increase knowledge on prevention of mother-to-child transmission of HIV among community members in Mpigi District.
- To provide testing of HIV and sexually transmitted infections (STIs) to at least 26,088 pregnant women in Mpigi District during the 2 years of the program.
- To reduce the risk of mother-to-child transmission of HIV through administration of single doses of nevirapine to mother and infant for at least 2,348 mother-infant pairs during the 2 years of the program.

- To reduce the incidence of STIs among the sexually active population of Mpigi.
- To provide treatment of malaria to the families of mothers who are part of the Mpigi District Family Health Program.

The main activities will include:

- Community mobilization and education.
- Conducting out-reach visits to carry out voluntary counseling and testing of pregnant women and provision of nevirapine to those who are HIV positive.
- Follow-up of HIV-positive mothers, the babies born to HIV-positive mothers, and testing a sub-sample at 6 months of age.
- Training of local nurses/midwives at the 21 VCT sites as Counselor Assistants and appropriate training of Clinicians.
- Provision of STI treatment to infected mothers and their partners.
- Provision of malaria treatment to the families of mothers in the Family Health Program.

It is expected that with these activities implemented, the Mpigi District Family Health Program will help avert HIV infection among an estimated 265 infants out of approximately 1,732 babies receiving nevirapine and also treat STIs and incidences of malaria in 19,222 pregnant women, their partners and families.

Location: Mukono District

Mukono District has basic reproductive health services apart from prevention of mother-to-child transmission of HIV (PMTCT). The prevalence of HIV among pregnant mothers is 10.5% (6.1% national rate).

The objectives of the PMTCT program in Mukono District are:

- To reduce mother-to-child transmission of HIV by 50% through increasing accessibility of pregnant mothers to voluntary counseling and testing (VCT) services.
- To provide nevirapine to HIV-positive mothers and their babies.
- To provide postpartum care and to improve the quality of postnatal care to mothers and babies in Mukono District.
- To recommend alternative feeding methods for babies of HIV-positive mothers who opt not to breastfeed exclusively.

In Year One, the District Hospital (Kawolo), Nyenga, Nkokonjeru, Naggalama Hospitals and Mukono Town Council Health Center will be targeted. Year Two will scale up to include Kojja, Buikwe and Kasawo Health Centers. Over the two years of the program, a total of 30,562 mothers and approximately 9,168 spouses will be offered VCT services. The following services will be offered through the Mukono District PMTCT program:

- VCT to pregnant mothers and their spouses.
- Health education to community.
- Mobilization and awareness in the community.
- Diagnosis and treatment of sexually transmitted diseases (STDs).

- Integration of PMTCT in routine reproductive services.
- Development of staff capacity in PMTCT services.

Zambia

EGPAF Zambia Team: Tabitha Keener, Chuck Hoblitzelle, and Ken Eye

Location: Lusaka, Zambia

Zambia is among the world's poorest nations and is experiencing one of the worst HIV epidemics. In the capital city of Lusaka, where one-fifth of the country's ten million people reside, as many as one-third of women presenting for antenatal care are infected with HIV.

The Lusaka District Health Management Board, directed by Dr. Moses Sinkala, oversees the 26 clinics throughout the city that provide antenatal and delivery services. With the support of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Call-to-Action Initiative (CTA), the Lusaka District has implemented perinatal HIV prevention services in 25 of its clinics in under two years. To date, the program has counseled over 17,000 women, tested over 12,000, identified 2,900 HIV-infected women, and dispensed nevirapine to approximately 1,700 women. This renewal program plans to: 1) continue support for clinics with existing PMTCT services; 2) expand CTA to include every public obstetrical facility in Lusaka, including the University Teaching Hospital; and 3) institute measures to encourage program sustainability in the years following the EGPAF award.

Due to the magnitude of the epidemic in Lusaka, and the sense of urgency felt by CIDRZ, the Lusaka CTA program has to date focused on the rapid implementation of basic PMTCT services in as many clinics as possible. This renewal program reflects the following basic philosophy: the greatest number of infant infections can be prevented by maximizing access to NVP prophylaxis in the population, and by using performance indicators to understand program weaknesses and make improvements where necessary.

Location: National, Zambia

Each year in Zambia, nearly 30,000 otherwise healthy babies are infected with HIV. While a few years ago this figure occasioned only hopelessness, recent activities in Zambia and elsewhere have shown that many of these infants can be saved through the provision of simple and inexpensive PMTCT services. Accordingly, the primary aim of this proposal is to substantially reduce the number of new pediatric HIV infections in Zambia through the coordinated development of district-based PMTCT programs.

This program will establish a *PMTCT Expansion Resource Center (PERC)* as a cooperating partner that will take primary responsibility for establishing fully operational perinatal HIV prevention programs in at least 14 health districts over the next 5 years. Under the direction of the Central Board of Health and the National Technical Working Group, the PERC will solicit grant applications from health districts and fund them through a competitive mechanism. Funded districts will receive comprehensive support from the PERC through both direct financial support of specified, key program elements and coordination of in-kind contributions of others. Training in all aspects of program planning, implementation, and maintenance will be available from the PERC through dedicated mobile technical training teams. Monitoring and evaluation of

programs will be performed using standardized data collection instruments and a novel surveillance system. A mechanism of tapering assistance will be employed to encourage districts to integrate their newly-created PMTCT programs into routine services with hopes of fostering sustainability in the long term.

Other proposed activities include:

- 1) Strengthening government capacity to coordinate and administer a national scale-up of PMTCT activities through the hiring of a national MTCT coordinator for the Central Board of Health, and an administrative assistant to the MTCT Technical Working Group chair.
- 2) Working with the MTCT Secretariat and other stakeholders to ensure consistency and standardization of materials, messages and approaches to maximize the efficiency and success of all PMTCT scale up activities in Zambia.
- 3) Incorporating perinatal HIV issues and VCT training into the curricula of Zambian nursing, midwifery, and medical schools.

Bridging infected mothers and their family members to antiretroviral treatment, opportunistic infection management, and broad-based HIV care as it becomes available.

Zimbabwe

EGPAF Zimbabwe Country Team: Anna Miller, Trish Karlin, Tabitha Keener, Chuck Hoblitzelle, and Ken Eye.

Since early 2001, the EGPAF CTA program has funded 3 key partner groups to initiate and contribute to the development of the national PMTCT program:

- Kapnek Charitable Trust
- Institute of Public Health, Epidemiology and Development of the University of Bordeaux, France (ISPED)
- Zimbabwe AIDS Prevention Project (ZAPP)

To date, these three groups have succeeded in establishing and supporting programs in 19 districts, across 8 Provinces, and 1 municipality. Substantial qualitative inputs have also been given to the MOHCW National PMTCT Program. Working collaborations have been developed with many other partners and programs, over “many cups of tea”.

Although informal but supportive relationships between these three CTA programs already exist, these partners have recently come together to form a more formal Zimbabwe CTA Partner Consortium. EGPAF are fortunate to have this highly complementary range of international expertise and local implementation experience, which has been harnessed to form an overall CTA strategic framework for Zimbabwe

Summary of attributes of Zim-CTA:

- Enthusiasm, commitment and “team spirit”, with supportive and friendly interpersonal relationships
- Wider existing “team spirit” with other key individuals and organizations

- Existing in country operating systems (when streamlined, maximizes resources available for activities)
- Positive existing agreements and relationships with local and national government
- Flexibility in developing MOHCW working relationships
- Complementary expertise to each other, to the objectives of the CTA program, and to the national PMTCT program
- Demonstrated ability to harness and use additional funds as individual institutions
- Sharing on salaries and TOR issues thereby limiting “competition” in current recruitment environment (?can set the standard for collaboration with other groups on this difficult issue, by starting internally with CTA partners)

These core strengths are reflected in the revised Project Agreements developed for each of the three partners. This process will assist in developing mutual respect and cooperation between all partners, with the ultimate aim of maximizing the results achieved.

The concept of “Lead Partners” has been developed within the CTA consortium. CTA partners will take responsibility for specific CTA programs according to their comparative advantage. Selection of lead partners has involved consideration of several factors, including duration and geographical focus of field activities, international expertise, existing local capacity, and “philosophy” of PMTCT within each organization.

Other Country Activities

EGPAF has an open RFA posted on the website for proposals with particular emphasis on, but not limited to, the Presidential Initiative countries. EGPAF has several proposals in various stages of the review process.

Call to Action Site Meeting : Cape Town, August 2003

The annual Site Directors Meeting provides the opportunity for the largest number of persons involved in actual provision of PMTCT services in the world to share outcomes and improve their programs. The Call to Action 2003 meeting was held in Cape Town, South Africa with nearly 200 participants.

EGPAF staff, site directors and site personnel (including obstetricians with PMTCT experience, several trained internists with experience managing HIV infection and ART, pediatricians with ART and clinical trial experience and a very experienced group of health care workers, counselors, nurses and midwives) meet once a year to facilitate sharing of outcomes and technical information. Representation from all of our sites and key stakeholders, including our USAID partners is encouraged.

At the most recent meeting, the enhanced uptake of testing observed with the opt out approach was discussed and shared. The enhanced uptake of maternal and infant nevirapine observed with giving the mother the nevirapine to take at onset of labor along with the infant dose to administer if delivery occurred at home was shared. Subsequent communication with CTA sites has indicated they are either pilot testing these approaches or incorporating them into their routine.

The main topics of discussion during the 2003 meeting included the incredible advances in our prevention of mother-to-child transmission (PMTCT) projects, the challenges we encounter in our implementation efforts, and our goals for the future and expansion of this program. Due to the incredible participation and input from the CTA partners, the meeting was tremendously successful and productive. The presentations addressed in Cape Town included:

“Call to Action: Where Are We Now and Where Are We Going?”

Dr. Cathy Wilfert (EGPAF)

“Lessons Learned from National PMTCT Expansion Assessment, Zimbabwe”

Dr. Anna Miller and Dr Agnes Mahomva (Zimbabwe)

“Scaling up PMTCT in the Western Cape”

Dr. Fareed Abdullah (South Africa)

“Lusaka Model: Vision of National Scale-up and Process”

Dr. Moses Sinkala (Zambia)

“Faith Based and Public Sector Partnerships: Reaching Rural Communities in Cameroon”

Professor Pius Tih (Cameroon)

“Model of Scale-up with District Health Officers: Partners and Process within the Ugandan MOH”

Dr. Saul Onyango (Uganda)

“PMTCT Scale-up in Thailand”

Dr. Siripon Kanshana (Thailand)

“CHALLENGES IN REACHING RURAL POPULATIONS IN WESTERN UGANDA”

Dr. Ellioda Tumwesigye (Uganda)

“Challenges with Different Health Care Systems: Separate ANC and Maternity Locations in Kigali, Rwanda” Dr. Joseph Vyankandondera (Rwanda)

“Urban Clinics with Referral Maternity in Soweto, South Africa”

Dr. Avy Violari (South Africa)

“Differences and Similarities in Urban and Rural Zimbabwe”

Challenges in Rural Zimbabwe – Theresa Mandendera (Zimbabwe)

Challenges in Urban Zimbabwe – Caroline Marangwanda (Zimbabwe)

“Challenges with PMTCT Implementation in the DR Congo”

Dr. Richard Matendo (DR Congo)

“Challenges with Implementation of PMTCT Program in Lilongwe, Malawi”

Dr Agnes Moses (Malawi)

“Challenges with PMTCT Implementation in Rural Kenya.”

Dr Fred Sawe (Kenya)

“Challenges in Delivering and Tracking NVP Dose for Infants”

Felicity Hatendi (Zimbabwe)

“Challenges in Monitoring PMTCT Activities through Routine Data Collection in Developing Countries”

Dr. Daudi Simba (Tanzania)

“Determination of Infant Status: Current Problems”

Dr. Philippa Musoke (Uganda)

“Care and Support in South Africa”

Dr Eric Goemaere (South Africa)

“Wellness Clinics for HIV Positive Adults and Children, South Africa”

Dr. Avy Violari (South Africa)

“Preparation to Add Care and Support in Zambia”

Dr. Elizabeth Stringer (Zambia)

“Integrating PMTCT, VCT and Care in Uganda - Challenges”

Professor F. A. Mmiro (Uganda)

“MTCT Plus: Care, Support and Treatment Issues of Women and Children”

Dr. Nirmala Skill (India)

“PMTCT and the US Policy Environment”

Natasha Bilimoria (EGPAF)

“President’s MTCT Initiative: Goals and Interagency Organization”

Amanda Gibbons, PhD (USAID/Washington)

“President’s MTCT Initiative: Country Planning Process and Status”

R.J. Simonds, Ph D (CDC)

“USAID Mission Roles: Responding to the Presidential Initiative”

Michele Moloney-Kitts (USAID/South Africa)

“The PMTCT Presidential Initiative: Impact on the Call to Action Program”

Felice Apter, PhD (EGPAF)

“Contraception & HIV”

Dr. James McIntyre, (South Africa)

“The Benefits of Providing Family Planning Services at VCT and PMTCT Sites”
Nomi Fuchs, (USAID/Washington)

“How Can FP Be Strengthened within PMTCT Programs?”
Dr. Saul Onyango (Uganda)

“Assessing Integration of FP into PMTCT Sites”
Dr. Janet Kayita, (FHI/USA)

“IEC Materials for the National Level”
Dr. Gregg Powell (Zimbabwe)

“IEC Materials for Community Mobilisation and Awareness”
Sosten Moyo (Zimbabwe)

“IEC Materials in Cameroon”
Tih Pius Muffih, MPH, PHD; Nkfusai Joseph Fonyuy; Nkuoh Godlove (Cameroon)

“Overview of Call to Action Programs in India”
Dr. Sai Subhasree Raghavan, Columbia University, New York and SAATHII, India

“Unique Models of Counseling, Training and Education for PMTCT in the Private Sector in India”
Dr. Vinay Kulkarni, Prayas, Pune, Maharashtra

“Universal Access to PMTCT Interventions at District Level in Rural India: A Reality”
Dr. NM Samuel, MGR Medical University, Chennai, TamilNadu.

“Scaling-up of PMTCT Interventions at District Level in Urban India: A Model for Collaboration between NGO and Private Sector”
Dr Sanjeev Rai, Father Mullers Medical College and Asha Kirana, Mysore, Karnataka

“Scaling up of PMTCT Interventions in the Private Sector and Faith Based Organizations: Successes and Challenges (technical and logistic)”
Dr. Gloria Alexander, Asha Foundation, Bangalore, Karnataka

“Socio-economic and Cultural Factors Influencing Decision Making Regarding PMTCT Interventions in India: Focus on Testing, Counseling, Mode of Delivery and Infant Feeding Choices in the Private Sector and Missionary Hospitals”
Dr. Troy Cunningham, Freedom Foundation, Hyderabad, Andhra Pradesh

“Traditional Birth Attendants in Tanzania”
Hores Isaac Msaki (Tanzania)

“Using Off Duty Staff as Counselors in Zambia”

Dr Moses Sinkala (Zambia)

“Community Members for Sensitization in Murambinda, Zimbabwe”

Tarisai Mukotekwa (Zimbabwe)

Community Mobilization in Hlabisa South Africa

Sibongile Nzama & Nqobile Mkhwanazi (South Africa)

Management Issues

As of January 30, 2002, Dr Dirk Buyse, the International Programs Director based in Uganda officially left his position.. The Call to Action department is going through a re-organization. New scopes of work have been drafted and EGPAF’s Human Resource Department is actively recruiting to fill administrative and technical support positions to be based in EGPAF’s Kampala, Washington, DC and Santa Monica offices and new offices are opening in Rwanda, Tanzania, Zimbabwe and South Africa. Several new staff members have already started who bring experience working with USAID cooperative agreements.

Problems and Constraints

Issues

- Time required to receive subgrant concurrence is extremely slow and receipt of positive concurrence has been unpredictable. In 2003, EGPAF received concurrence for 8 subgrants, however, 7 subgrants are still awaiting concurrence
- Workplan proposal received USAID/W concurrence-including worldwide activities—however, core funding level significantly lower than that required to carry out workplan
- Implementation of the approved workplan has been severely impeded by only receiving core funding through PMTCT budget line item which is geographically restricted

Suggested Resolutions:

- USAID provide consistent communications with implementing partners to enhance transparency regarding length of and exact steps required to access PMTCT funding
- Increase and regularize communications with USAID Missions on status of core-funded subgrants awaiting concurrence
- Enhance awareness of EGPAF’s successful program-where many countries could quickly reap the benefits of EGPAF’s past private investments

Issue

- Lower than expected funding will decrease EGPAF's ability to implement programs in PI countries where core and field support cannot cover the entire EGPAF planned program. For example, in Uganda, an additional 4 programs could dramatically expand access to between 30,000 and 50,000 women.

Suggested Resolution

- Provide core funding from both PI PMTCT and non PI HIV funds, so that the workplan, as approved by USAID/W, can be implemented

Issue

- Misperception of the CTA program as being solely clinic-based and vertical
- Suggested solutions:
- Provide a showcase for EGPAF to provide history and successes of CTA program to USAID/W and Field Offices

Issue

- Field support funding was not provided until the last days of FY03, however, many Missions incorrectly believed that EGPAF had access to funding-leading to misperceptions of non-responsiveness

Suggested solution

- Increase communication with missions on the status of field support obligations
- Disseminate and reinforce that because of the newness of EGPAF's partnership with USAID, there were not pipelines that could be drawn upon to forward fund activities

EGPAF Call to Action Staff

Washington DC Office

Felice Apter, PhD, Vice President of Research and Programs

Nicole Buono, MPH, Senior Program Officer

Located in North Carolina

Cathy Wilfert, MD – Scientific Director

Santa Monica Office

Trish Karlin, Programs Director

Chuck Hoblitzelle – Program Officer

Tabitha Keener, MPH – Program Officer

Joanna Robinson, MSc – Grants Coordinator

Kampala Office

Etienne Karita MD – Technical Advisor (moving to Rwanda at the end of 2003)

Fred Nuwaha, MD – Technical Advisor

Edward Kibirige – Director of Field Administration

Sajedul Talukder – Compliance Officer

Country Director (to start 2004)

Zimbabwe Office

Anna Miller, MD, Technical Advisor

Maurice Adams, MD – Country Director (to start FY04)

Offices to open early 2004

Tanzania

Rwanda

South Africa/Swaziland