



THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND

To Fight AIDS, Tuberculosis & Malaria

UGANDA COUNTRY COORDINATING MECHANISM (CCM) GF PRIORITIES FOR NFM 3 (2021 – 2023)

PEPFAR Uganda COP 2020 Strategic Planning Meeting

Hotel Africana, Kampala

27th – 28th January 2020



Mandate & Role of the CCM

- The core mandate of the UCCM is to mobilise resources from the Global Fund and subsequently oversee this investment for HIV, TB, Malaria and Resilient and Sustainable Health Systems to ensure the supported programmes achieve their targets, contribute to the reduction of the three epidemics and facilitate Uganda to achieve universal healthcare goals.
- The CCM focuses on strategic oversight that addresses bottlenecks in grant management and implementation, ensures that the grant strategy is translated into effective implementation approaches and the grants are effectively harmonised with other in-country initiatives.

GF Grant Allocations for NFM 3



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Eligible disease component	Allocation (US\$)	Allocation Utilization Period
HIV	289,203,023	1 January 2021 to 31 December 2023
Tuberculosis	29,773,958	1 January 2021 to 31 December 2023
Malaria	260,024,950	1 January 2021 to 31 December 2023
Total	579,001,931	

Uganda is eligible for additional **catalytic matching funds** beyond the allocation amount above.

Priority Area	Allocation (US\$)
Adolescent Girls and Young Women in High Prevalence Settings	4,700,000
Condom Programming	2,500,000
Differentiated HIV Service Delivery (Self-Testing)	2,900,000
Finding Missing People with TB	6,000,000
Human Rights	4,400,000
Improved Data Science in Community Health	3,000,000
Total	23,500,000



NFM 3 Priorities - HIV



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• Prevention

- HTS-commodities (Test Kits- RDTs and Self testing)
- BCC/IEC - Prevention messaging
- Condom Programming
- Application of new biomedical technologies - Prep,
- PMTCT - (retention, EID)
- AGYWs and especially keeping Girls in School
- Key and Priority Population Programming
- Reduce human rights-related barriers to HIV services

• Care and treatment- For 95:95:95 by 2020 and beyond

- ART-commodities (ARVs, VL, CD4, CTX)
- Differentiation of treatment and care
- TB/HIV collaboration
- **Program management**
- Human Resources and coordination
- **Monitoring and Evaluation**
- **RSSH and Community SSH**

NFM 3 Priorities - TB



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• Care and Prevention

- Prevention - Target >90% of eligible persons (Increase TPT Coverage; Strengthen tracing & evaluation of U5 and other Contacts)
- Key populations (prisoners, health workers, school and household contacts of TB cases)
- Raise awareness about TB
- Increase coverage of TB diagnosis-(Detection of TB Cases)- Target >90%
- Engaging all care providers
- TB Treatment
- Treatment completion. TSR>90%

• TB/HIV

- TB/HIV collaboration (TB/HIV Prevention and Diagnosis)

• MDR TB

- Case detection and diagnosis
- Treatment

• Reducing human rights and gender related barriers to TB services

- Stigma and discrimination reduction & community mobilization. Target all the 90,90,90

• Resilient Sustainable Systems for Health - RSSH

- Community system strengthening (Target 90,90,90)
- Commodities & supplies for TB

• RSSH and Community SSH

- Strengthen HIS and M&E Systems
- Operational research/surveys

• Program Management

- Human Resources - Coordination and management of national disease response
- Financing

NFM 3 Priorities - MALARIA



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- Sustain and scale up VC interventions LLINs, IRS, and LSM through innovative approaches
- Commodity security (ACTs, RDTs, LLIN)
- Strengthening Primary Health Care through targeted and institutionalized community-based services delivery (Targeting high risk and hard-to-reach populations)
- Improve quality of care (Severe malaria, MiP)
- Support the operationalization of MAAM at all levels national, Regional and sub national levels
- Sustain and strengthen human resource capacity at all levels to deliver malaria control /elimination interventions (Guidelines, Supervision etc)
- Data-Informed Decision-Making for impact along the continuum to malaria elimination (Health facility, private sector and Community, E-health platforms)
- Strengthen Epidemic preparedness (IDSR, integrated response, multisector)
- RSSH-Infrastructure development (Building NDPC Centre; MAL/TB/ HIV Home)



NFM 3 Priorities - RSSH

- Community systems strengthening in a people oriented, resilient health system/Data science catalytic funding
- Health information using appropriate state of the art information technology
- Service delivery including commodity management considering that about 80% of the program area allocation is always earmarked for commodities
- Governance and ownership
- Human resource capacity building
- Infrastructure building
- Health promotion with effective communication system

Key Unfunded Priorities



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- Strengthening CCM Strategic Oversight of the Global Fund Investments
- Commodities and Supplies;
 - ARVS - 375,971,162 USD
 - Cotrimoxale - 10,408,788 USD
 - Male Condoms - 74,426,319 USD
 - HIV/AIDS Lab Requirements - 235,935,541 USD
 - TB medicines - 31,860,276.57 USD
 - TB Lab supplies - 47,491,972.60 USD
- Medical Waste management in public health facilities
- Traceability and accountability of medicines at all levels
- Integrated community services through engagement of community based organizations and networks
- IRS for regions with high malaria burden
- Storage capacity at lower level health facilities for health commodities

