



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

SUMMARY FEEDBACK ON PRIORITY AREAS TO ADDRESS IN COP20

**Technical Consultation – January
23, 2020**

COP20 STRATEGIC INFO PRIORITY AREAS

1. EMR: Continue to expand electronic medical record and electronic patient management systems.

2. Support efforts to integrate information management systems

3. Unique Identifiers: Support Government of Uganda to develop and scale use of Unique Identifiers

4. Develop and roll out National M&E guidelines to support Health Sector/HIV plans

5. Support generation of empirical evidence on the status of HIV

6. Community monitoring: use score cards and other tools, coordinate with Community Health Dept/develop standard guidelines

Care and Treatment and lab

COP20 Priorities

1. Lab Network Optimization

2. Ensure adequate and consistent lab supplies

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3. Multiplex testing

4. Biosafety and waste management

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5. Lab equipment management - reduction in service interruptions due to equipment breakdown

6. Quality Management Systems

PRIORITY AREAS TO ADDRESS IN COP20: CARE AND TREATMENT

1. Maintain linkage, retention, and VLS at least 95% through strengthening client centered services
2. Scale tailored differentiated service delivery (DSDM) and multimonth dispensing (MMD)
3. Complete TLD transition and pediatric ARV regimen optimization
4. Optimize VL/EID
5. Close gaps in pediatric and adolescent cascade
6. PBFW offered prevention services including PrEP
7. TB Preventive Therapy provided to all PLHIV
8. Strengthen advanced HIV disease services

PRIORITY AREAS TO ADDRESS IN COP20: HEALTH SYSTEMS

Priority	
Human resources for Health (Targeted HR for service delivery)	<ul style="list-style-type: none">• Optimization of PEPFAR HRH to align to priorities and sites (finding men, LTFU, peds, APN)• HRH CQI- address HRH performance and productivity at site and community level to get results for epidemic control• HRH Transition plan• Support MoH with analytics for HRH financing, national HRH strategic plan 2020/2030 & restructuring for adequate HRH at site level• Community HW: MoH policy development for community workforce and standardization of community HW package
Supply chain: (Commodity security, Financing and commodity data visibility)	<ul style="list-style-type: none">• Expanded use of decentralized distribution models for ARVs• Increased use of local private sector supply chain partners for procurement, warehousing and distribution• Procurement of all-inclusive laboratory reagents through Vendor Managed Inventory (VMI) solutions via newly executed PEPFAR VL RFP• Increased data visibility through implementation of ERP to SDP• Increase government procurement and monitoring of locally manufactured comm• Operationalize Health Information Exchange for community, site and national levels

PRIORITY AREAS TO ADDRESS IN COP20: HEALTH SYSTEMS

Priority	
Health Financing	<ul style="list-style-type: none">• Support health financing and transition plan (MOFPED/MOH)• Support efforts for efficiency (Activity Based costing and Management- ABC/M)• High level budget advocacy
Policy, leadership & governance	<ul style="list-style-type: none">• Strengthen governance and oversight of health facilities through targeted Support supervision to areas with poor retention, unreached men and pediatric gaps• Expand Regional Referral Hospital support to improve performance of sites, targeted mentorship, CQI and capacity building for epidemic control

PREVENTION

Technical Area	Priorities
Condom programming	<ul style="list-style-type: none">• Total market analysis and market segmentation• Improve last mile distributions including use of CSOs for optimization• COP invest in interventions that improve risk perception, skills and confidence to use condoms among target populations• Condom- messaging : integrate the condom messaging (PrEP users -synergy of PrEP and condoms)
VMCC	<ul style="list-style-type: none">• Demand creation messaging/revamp – given the program shift to 15+• Scale-up shangring improve uptake (takes away pain from men)• Apply for the ambition funds: Justification for ambition funds- eligible age-group• Food for thought: Efforts for older men- consider use of incentives
PrEP	<ul style="list-style-type: none">• Recommendation for all populations at High risk – AGYW, SDC, PWBF in High risk geo areas and KP• MAUL agreed to repackage PrEP given the stigma associated with regimen<ul style="list-style-type: none">• Implications for increased cost ? Consider Truvada?• Consider event driven PrEP as a demonstration project for MSM• Demand creation- peer curriculum from PrEP?• Disseminate the communication strategy for PrEP; should include messaging for the community• Root cause analysis : reasons for disengagement from PrEP

PREVENTION

Technical Area	Priorities
HTS	<ul style="list-style-type: none">• Social Network testing (SNS)• Index client Testing (sexual partners, children, PWIDs)• HIV Self Testing (Men, KP/PP, adolescents, Index)• Highly Targeted community testing (KP/PP, Children, Men, Adolescents)• Targeted facility testing (screening tools, STI, TB, Paeds, Malnutrition, YCC, Inpatient,,)• Implement Recency Testing to scale (for mapping hot spots, micro targeting)• Reach high volume HC II with Index testing and HIVST• Active linkage (7, 14, 21, 30 days)
AGYW	<ul style="list-style-type: none">• Develop an AGYW harmonized integrated screening tool• Standardize approaches to delivery of a multi sector service up take• Scale up PrEP services for AGYW• Strengthen an exit risk reduction approach for all AGYW who have completed the program to reduce risk reduction
KP	<ul style="list-style-type: none">• PITC, ST, SNS, EPOA- Enhanced Peer Outreach Approach• Strengthen KP identifier code• Optimize male friendly services as a platform to reach MSM• KP-led Community Monitoring• Fully functionalize the KP combination prevention tracker for robust KP reporting