COP20 MoH Priorities

Country Operational Plan 2020 Retreat
27th January, 2020
Introduction

• Last 4 decades- Uganda has experienced a severe HIV & AIDS epidemic with significant incident infections, disease burden and associated mortality

• Robust response being implemented; premised on Combination HIV Prevention; comprising of Structural, Behavioral and Biomedical Interventions with significant gains in reduction of HIV incidence, and mortality.

• Data and estimates show that Uganda is well on course to meet the 2020 targets for HIV epidemic control and to ending AIDS as a public health problem by 2030.

• Leadership from GoU have facilitated excellent Partnerships for the Response – including United states Government through PEPFAR, Global Fund, United Nations Family, Civil Society Organizations, Multilaterals and Bi-laterals.

• There is an opportunity to optimize joint investments- GoU, COP20, Global Fund and UN planning cycles to consolidate the achievements and scale up interventions to fast track HIV epidemic control.
HIV Incidence Estimates

- **New HIV Infections** vs **Incidence estimates**

- **Age groups**:
  - 15-24
  - 25-34
  - 35-49
  - 50-64

- **Residence**:
  - Urban
  - Rural

- **Sex**:
  - Male
  - Female

**Incidence estimates**

- **PHIA**
  - 73,000
  - 0.4

- **Spectrum 2016**
  - 60,000
  - 0.3

- **Spectrum 2018**
  - 50,000
  - 0.26
## Magnitude of HIV / AIDS in the Country - 2018

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People Living with HIV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,388,127</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>562,790</td>
<td>41%</td>
</tr>
<tr>
<td>Females</td>
<td>825,337</td>
<td>59%</td>
</tr>
<tr>
<td>Children 0 - 14</td>
<td>102,106</td>
<td>7%</td>
</tr>
<tr>
<td>Young people 15 – 24</td>
<td>160,476</td>
<td>12%</td>
</tr>
<tr>
<td><strong>New HIV Infections</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>53,005</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>23,310</td>
<td>44%</td>
</tr>
<tr>
<td>Women</td>
<td>29,695</td>
<td>56%</td>
</tr>
<tr>
<td>Children</td>
<td>7,544</td>
<td>14%</td>
</tr>
<tr>
<td>15 – 24</td>
<td>18,548</td>
<td>35%</td>
</tr>
<tr>
<td><strong>AIDS Deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>23,197</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>13,480</td>
<td>58%</td>
</tr>
<tr>
<td>Women</td>
<td>9,717</td>
<td>42%</td>
</tr>
</tbody>
</table>
HIV Prevalence Among Adults by Age & Region

- **Males**
- **Females**
- **Total**

HIV Prevalence:
- **West Nile**: 3.1%
- **North East**: 3.7%
- **Central**: 7.6%
- **Mid-West**: 5.7%
- **Kampala**: 6.9%
- **Mid-East**: 5.1%
- **Central 1**: 8.0%
- **East Central**: 4.7%
- **South West**: 7.9%
Viral Load Suppression Among Adults Across Regions and by Age groups
Trends between 2010 and 2017: new infections declined by 51% and AIDS-related deaths declined by 49%

Estimated number of new HIV infections and AIDS deaths 1990 - 2017

Source: UNAIDS Estimates 2018
Clinical Cascade: National 95-95-95-95 (Sept 2019)

- Number PLHIV: 1,385,653
- Diagnosed: 1,228,200 (89%)
- Currently on ART: 1,224,149 (88%)
- Virally Suppressed: 971,599 (70%)

Diagnosed: 95%
Health Sector HIV and AIDS Strategic Plan

The Public Health Response is focusing on the following objectives;

1. Reduced new HIV infections among adolescents and adults by 50%;
2. Reduced mother-to-child transmission of HIV to <5%.
3. Optimised and high-quality HIV care and treatment with viral suppression in 95% of PLHIV on ART;
4. Improved capacity of health systems for delivery of HIV related services.
Rationale for the selected Fast Track Priorities

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<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td># Averted</td>
<td>% Difference</td>
<td># Averted</td>
<td>% Difference</td>
</tr>
<tr>
<td>ART (95%) + Efficiencies</td>
<td>178,918</td>
<td>45.5%</td>
<td>78,307</td>
<td>50%</td>
</tr>
<tr>
<td>SMC</td>
<td>66,515</td>
<td>16.9%</td>
<td>-3,138</td>
<td>-2%</td>
</tr>
<tr>
<td>Condoms</td>
<td>29,108</td>
<td>7.4%</td>
<td>-309</td>
<td>0%</td>
</tr>
<tr>
<td>PMTCT + Efficiencies</td>
<td>8,995</td>
<td>2.3%</td>
<td>2,935</td>
<td>2%</td>
</tr>
<tr>
<td>Sex Workers</td>
<td>5,020</td>
<td>1.3%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BCC</td>
<td>32,071</td>
<td>8.2%</td>
<td>-441</td>
<td>0%</td>
</tr>
<tr>
<td>PrEP</td>
<td>1,891</td>
<td>0.5%</td>
<td>31</td>
<td>0%</td>
</tr>
<tr>
<td>Cash Transfers</td>
<td>2,577</td>
<td>0.7%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Fast Track</strong></td>
<td><strong>232,899</strong></td>
<td><strong>59.3%</strong></td>
<td><strong>83,086</strong></td>
<td><strong>53%</strong></td>
</tr>
</tbody>
</table>
Priority Program Areas

• Prevention
  • HTS-commodities (Test Kits- RDTs and Self testing)
  • BCC/IEC-Prevention messaging
  • Condom programs
  • Expansion of PrEP,
  • PMTCT- target incident infections, and efficiencies
  • AGYW's and especially keeping Girls in School
  • Key and Priority Population Programming
  • Address human rights related barriers
Priority Program Areas

• **Care and treatment** - For 95:95:95
  • ART-commodities (ARVs, VL, CD4, CTX)
  • Differentiation of treatment and care
  • TB/HIV collaboration - full TPT

• **Program management**
  • Human Resources
  • Site level and patient level data for decision making

• **Monitoring and Evaluation**
HIV Prevention: Condom Programing

• Based on national quantification for general population, KPs, for HIV prevention and Family Planning
  • Procure and distribute condoms and accessories
  • Ensure quality – pre, post shipment testing & Market surveillance

• Support demand creation and distribution
  • Operationalize Total Market Approach
  • Use of Condom vending Machines & Dispensers
  • Population targeting and improved distribution channels
HIV Prevention: HIV Testing Services

1. Focus on HTS optimisation and further targeting efficiencies
   • Scale up Index client testing (APN, Social network testing)
   • Scale up HIVST targeting Men, Adolescents and KPs.
   • Scale up use of HTS screening tools

2. Policies and guidelines
   • Review, Evaluate and update the national HTS algorithm
   • Review and update the national HTS policy

Commodities – focus on reducing the number of tests over time
   • HIVST Kits; HIV testing kits (Oral fluid based, Blood based)
HIV Prevention: VMCC

- Strengthen policy and program implementation
- Maintain epidemic control targets- 1,000,000 across all sites
- Risk based HTS especially among the 10-19 years
- Scale up the use of non-surgical devices
- Ensure surveillance, prevention and management of AEs
HIV Prevention: Key Population Programming

• Deliver standard package: SBCC, SMC, HCT, Condoms, treatment
• Expand number of facilities offering KP services through establishing more Drop In Centers (DICs) from 28 to 52
• Differentiate Services for Key Populations
• Capacity building and scale up of PrEP delivery
• Interventions to reduce stigma, discrimination, etc.
• Address other populations: Fisher folk, truckers (hotspots), uniformed personnel
• Plan for modification of testing approaches- changes in APN!!
HIV Prevention: DREAMS & AGYW

• Improve coordination of activities- Global Fund and PEPFAR support
• Multi-sectoral, multichannel, & integrated programs
• Standardize approaches to delivery of a multi sector service uptake
• Interventions to enhance retention of girls in school- should be key!!
• Life and livelihood skills for targeted vulnerable groups
• Scale up Adolescent Friendly services
• Scale up of PrEP services- examine policy to ensure age appropriateness!!
• Address stigma and discrimination and legal barriers to care
Distribution of new HIV infection in children: Uganda

Focusing on pre and postnatal retention and Postnatal testing could halve new MTCT infections

- Maternal infection during pregnancy: 9%
- Maternal infection during breastfeeding: 21%
- Maternal infection during breastfeeding: 16%
HIV Prevention: EMTC T

• Refocus elimination targets -<1,000 infections/year); TLD optimization
• Target sources of MTCT infections and address cascade gaps
• Strengthen efficiencies- retention, adherence and Viral Load suppression
• Consolidate coverage for Option B+ for pregnant women > 95%
• Increased EID at two months to 80% in 2020
• RMNCH (syphilis, cervical screening, FP), TB integration
• EID: Enhance linkages with YCC e.g. community immunization services
• Support FSG, mentor groups to improve outcomes
HIV Prevention: Other Prevention

• Health promotion and Education
• BCC: across various modules—PMTCT, treatment, condom programming, AYP, etc.
HIV Care and Treatment-1

• Achieve and sustain 95-95-95 across all cascades

• Improve ART coverage and ART optimization
  • Index case identification and linkage
  • ART optimization to appropriate regimens, shift from NNRTI’s (Efavirenz & Nevirapine)
  • Prioritize Advanced HIV disease- identification, prophylaxis & treatment
  • Scale up drug resistance to optimize and provide third line

• Strengthen retention into care
  • Develop and scale up robust appointment systems
  • DSD approaches

• Improve VL suppression for children and adolescents
  • Strengthen programs for PSS including OVC, GBV
  • Introduce DSD approaches

• Ensure uninterrupted supply of ARVs and Laboratory reagents
HIV Care and Treatment-2

• Consolidate efforts of the National QI Collaborative -(VL, Retention, IPT, others,,)
  • National coordination for Regions and Implementing partners
  • Strengthen regional performance reviews across priority indicators

• Scale up models and approaches to care
  • Scaling up Differentiated models of care
  • Multi months scripting criteria – 3 months and 6 months
  • Ensure Quality for DSD

• Operationalize Community Engagement Models
  • Scale up guidance for peer models of care
  • Patient Treatment Literacy
Health Systems

• Strengthen collaborations, Coordination & Partnerships
  • TWG Meetings
  • Regular Coordination Meetings with PEPFAR Agencies and Implementing Partners
  • Program management and accountability at national and Sub-national levels

• Human Resources for Health & RRH Mechanism
  • National level
  • HR for RRH mechanism- Program & Finance

• Sustainable Financing
  • Expand support to the MoH CoAg
  • Address bottlenecks for GoU HR financing for PEPFAR activities

• Procurement and Supply Chain Management
Priority Commodities

- ARVs
- Cotrimoxazole
- Condoms
- HIV Test Kits
- Chemistry, Haematology CD4
- VL, EID, Hep B Viral load testing
- Crag LFA
- HIV drug resistance testing
- HPV-cancer Screening
## National ARV Requirement

<table>
<thead>
<tr>
<th>Period</th>
<th>2021 (USD)</th>
<th>2022 (USD)</th>
<th>2023 (USD)</th>
<th>Total (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NMS (Public Sector)</strong></td>
<td>106,471,134</td>
<td>109,669,701</td>
<td>112,737,283</td>
<td>328,878,118</td>
</tr>
<tr>
<td><strong>JMS</strong></td>
<td>14,784,532</td>
<td>14,676,242</td>
<td>15,071,263</td>
<td>44,532,037</td>
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<tr>
<td><strong>MAUL</strong></td>
<td>40,369,829</td>
<td>40,022,603</td>
<td>40,589,627</td>
<td>120,982,059</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>161,625,495</strong></td>
<td><strong>164,368,546</strong></td>
<td><strong>168,398,173</strong></td>
<td><strong>494,392,214</strong></td>
</tr>
</tbody>
</table>
# National ARV Gap Analysis

<table>
<thead>
<tr>
<th>Period</th>
<th>2021 (USD)</th>
<th>2022 (USD)</th>
<th>2023 (USD)</th>
<th>Total (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Need</td>
<td>161,625,495</td>
<td>164,368,546</td>
<td>168,398,173</td>
<td>494,392,214</td>
</tr>
<tr>
<td>Global Fund</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PEPFAR ***</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Funding Gap</td>
<td>122,151,811</td>
<td>124,894,862</td>
<td>128,924,489</td>
<td>375,971,162</td>
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</tbody>
</table>

* GOU Contribution of UGX 150bn per year (Exchange Rate 3800UGX Per 1 USD)
**GF Contribution to be determined
*** PEPFAR Contribution expected but unknown
## Co-trimoxazole Gap Analysis

<table>
<thead>
<tr>
<th>Warehouse</th>
<th>2021 (USD)</th>
<th>2022 (USD)</th>
<th>2023 (USD)</th>
<th>Total (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMS</td>
<td>2,023,049</td>
<td>2,240,466</td>
<td>2,411,224</td>
<td>6,674,739</td>
</tr>
<tr>
<td>MAUL</td>
<td>$838,473</td>
<td>$926,040</td>
<td>994,253</td>
<td>2,758,766</td>
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<tr>
<td>JMS</td>
<td>$292,270</td>
<td>$327,340</td>
<td>355,672</td>
<td>$975,283</td>
</tr>
<tr>
<td>Total cost</td>
<td>3,153,792</td>
<td>3,493,846</td>
<td>3,761,149</td>
<td>10,408,788</td>
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</tbody>
</table>
## Condom Gap Analysis

<table>
<thead>
<tr>
<th>Period</th>
<th>2021 (USD)</th>
<th>2022 (USD)</th>
<th>2023 (USD)</th>
<th>Total (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Condoms</td>
<td>24,031,956</td>
<td>25,141,667</td>
<td>25,252,695</td>
<td>74,426,319</td>
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## HIV/AIDS Laboratory Commodities -1

<table>
<thead>
<tr>
<th>Test Category</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Test kits and Accessories</td>
<td>$12,881,081</td>
<td>$13,255,421</td>
<td>$13,718,612</td>
<td>$39,855,115</td>
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<tr>
<td>Hepatitis B screening for Pregnant Women</td>
<td>$929,709</td>
<td>$896,141</td>
<td>$958,360</td>
<td>$2,784,210</td>
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<tr>
<td>HIV Self Testing Kits</td>
<td>$4,123,660</td>
<td>$4,469,649</td>
<td>$4,641,594</td>
<td>$13,234,903</td>
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<tr>
<td>Viral Load</td>
<td>$30,920,577</td>
<td>$31,044,600</td>
<td>$31,153,606</td>
<td>$93,118,783</td>
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<tr>
<td>HIV Drug Resistance Testing</td>
<td>$1,001,457</td>
<td>$1,017,821</td>
<td>$1,028,183</td>
<td>$3,047,462</td>
</tr>
<tr>
<td>EID- Conventional</td>
<td>$4,557,507</td>
<td>$4,051,086</td>
<td>$3,630,143</td>
<td>$12,238,736</td>
</tr>
<tr>
<td>EID- POCT</td>
<td>$3,148,341</td>
<td>$4,352,211</td>
<td>$5,847,456</td>
<td>$13,348,008</td>
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</table>
### HIV/AIDS Laboratory Commodities - 2

<table>
<thead>
<tr>
<th>Test Category</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>Total Public Sector Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD4</td>
<td>$3,285,531</td>
<td>$3,285,424</td>
<td>$3,282,092</td>
<td>$9,853,046</td>
</tr>
<tr>
<td>Cag LFA</td>
<td>$298,756</td>
<td>$298,533</td>
<td>$290,175</td>
<td>$887,464</td>
</tr>
<tr>
<td>Chemistry</td>
<td>$2,335,810</td>
<td>$2,380,159</td>
<td>$2,548,641</td>
<td>$7,264,610</td>
</tr>
<tr>
<td>Hematology</td>
<td>$1,945,194</td>
<td>$1,379,543</td>
<td>$1,574,008</td>
<td>$4,898,745</td>
</tr>
<tr>
<td>Hepatitis B VL testing</td>
<td>$1,173,238</td>
<td>$1,208,787</td>
<td>$1,208,787</td>
<td>$3,590,813</td>
</tr>
<tr>
<td>Blood Sample Collection and other accessories</td>
<td>$399,748</td>
<td>$390,233</td>
<td>$399,553</td>
<td>$1,189,534</td>
</tr>
<tr>
<td>HPV - Cervical Cancer Screening</td>
<td>$1,718,584</td>
<td>$1,977,761</td>
<td>$2,200,557</td>
<td>$5,896,902</td>
</tr>
</tbody>
</table>
# Summary of HIV/AIDS Lab Requirements

<table>
<thead>
<tr>
<th>Sector</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>Total Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Sector</td>
<td>$68,719,194</td>
<td>$70,007,368</td>
<td>$72,481,768</td>
<td>$211,208,330</td>
</tr>
<tr>
<td>Private Sector</td>
<td>$8,009,196</td>
<td>$8,183,564</td>
<td>$8,534,451</td>
<td>$24,727,211</td>
</tr>
<tr>
<td>Total</td>
<td>$76,728,390</td>
<td>$78,190,932</td>
<td>$81,016,219</td>
<td>$235,935,541</td>
</tr>
</tbody>
</table>
Commodities

• Funding gaps annually for the following interventions
  • ARVs between $15-20m for public sector
  • ARVs for the private sector $ 50m annually

• Both Public and private sector, funding gaps for the laboratory
  • HIV test kits between $ 7- 10m & HIV self testing kits $ 4m
  • Viral Load $ 30m
  • Hepatitis B screening $ 500k
  • Drug resistance testing $ 1m
  • EID $ 4M USD
  • CD4- $ 2m
  • Chemistry and Hematology $ 2m

• Total estimated request : $ 115m
Conclusion

• The Country has made significant strides in HIV epidemic control efforts – through HIV incidence declines, coverage of services & VLS

• However the HIV cascade points to significant undiagnosed, untreated and unsuppressed sub-groups that should be identified and targeted.

• We will need to align in country investments- PEPFAR, Global Fund, UN, bilateral and multilaterals etc to maximize program impact.

• Grateful for the excellent In-Country partnership with PEPFAR