

COP20 MoH Priorities

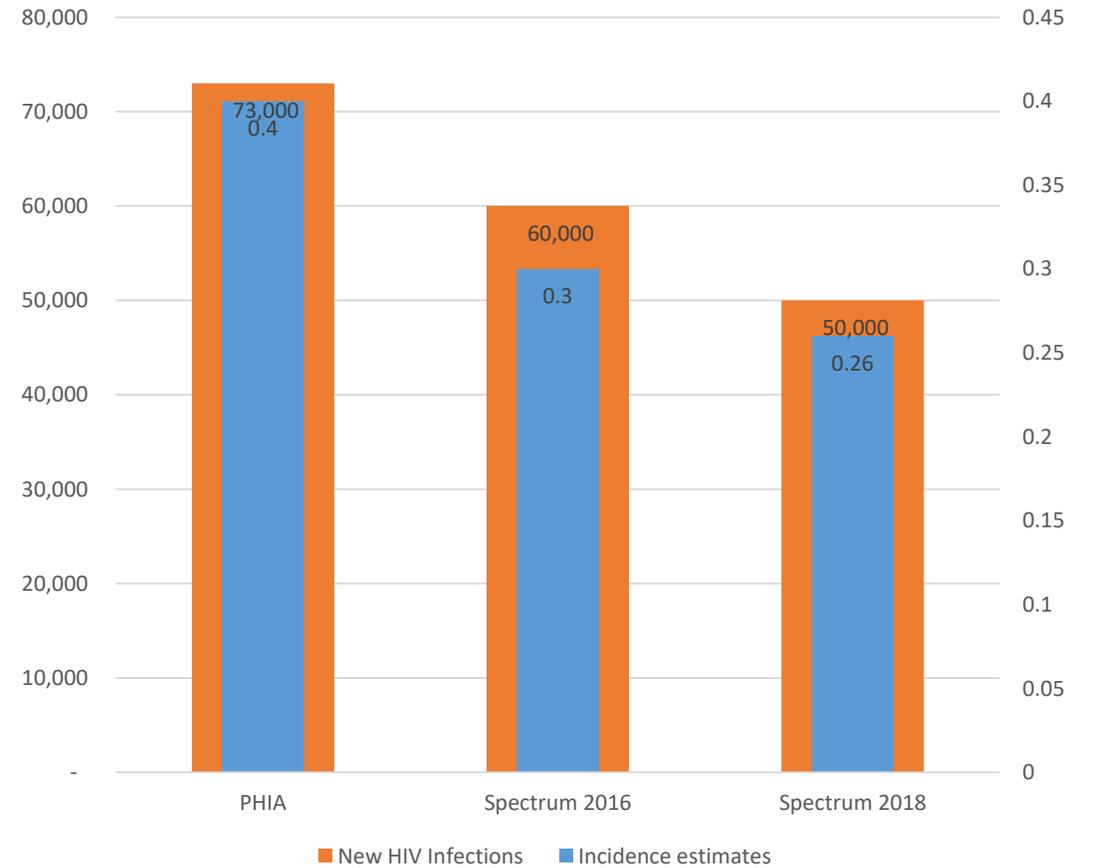
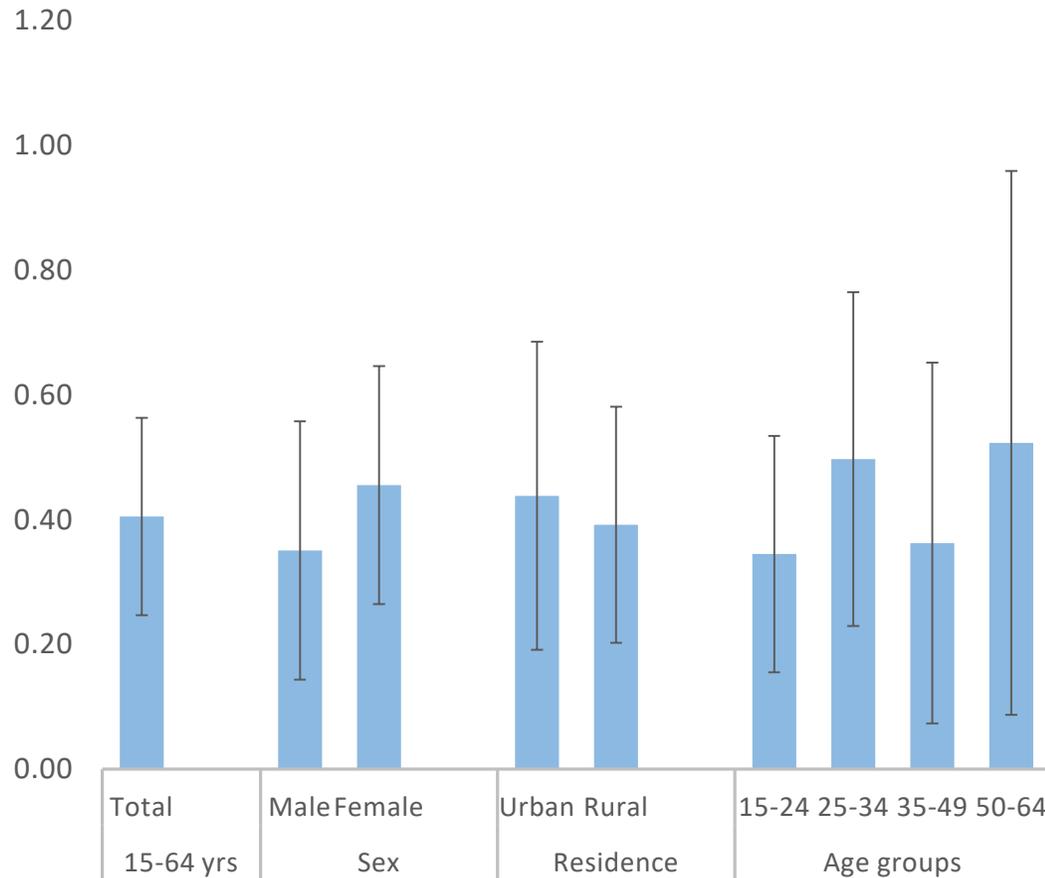
Country Operational Plan 2020 Retreat

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.

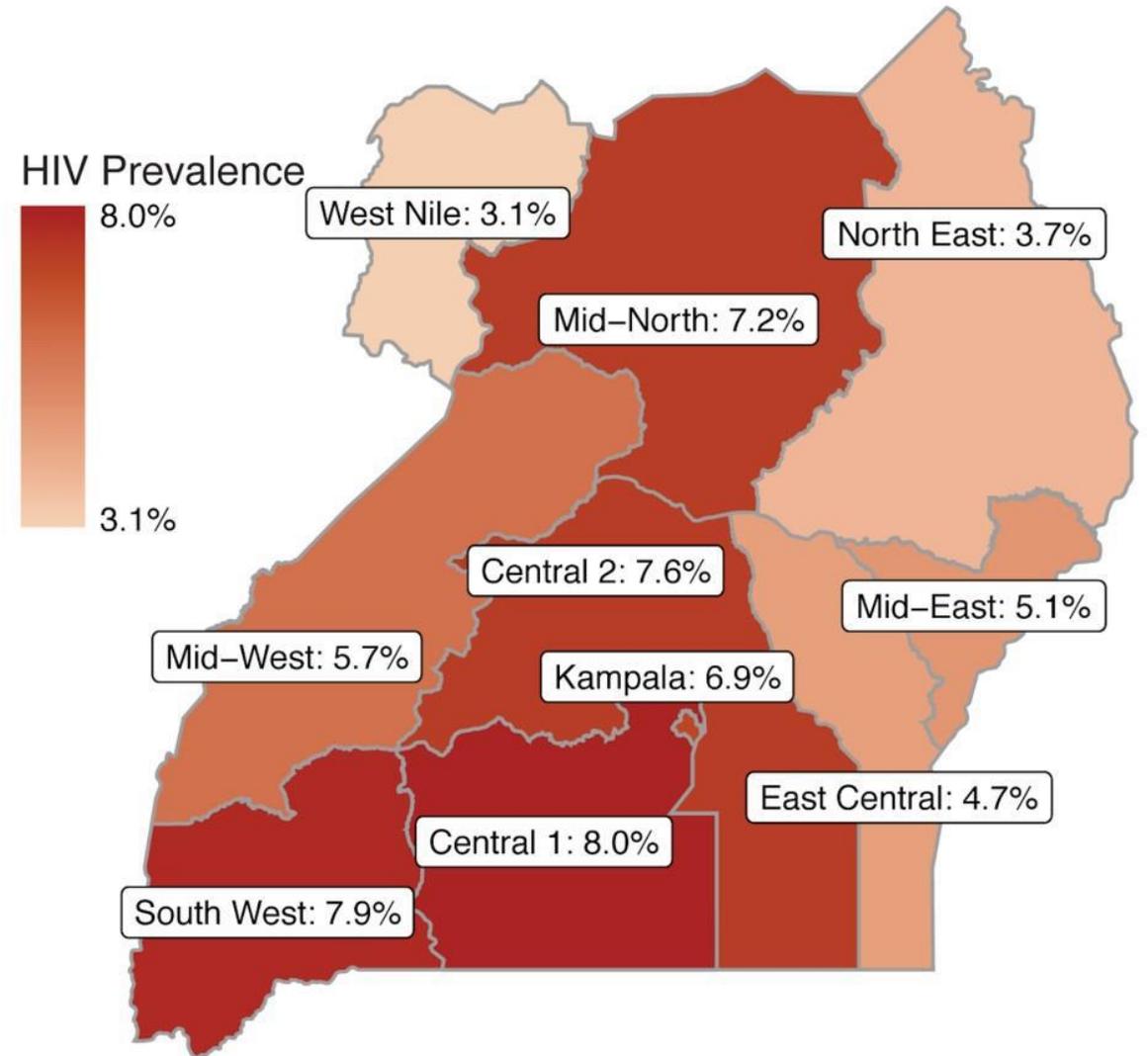
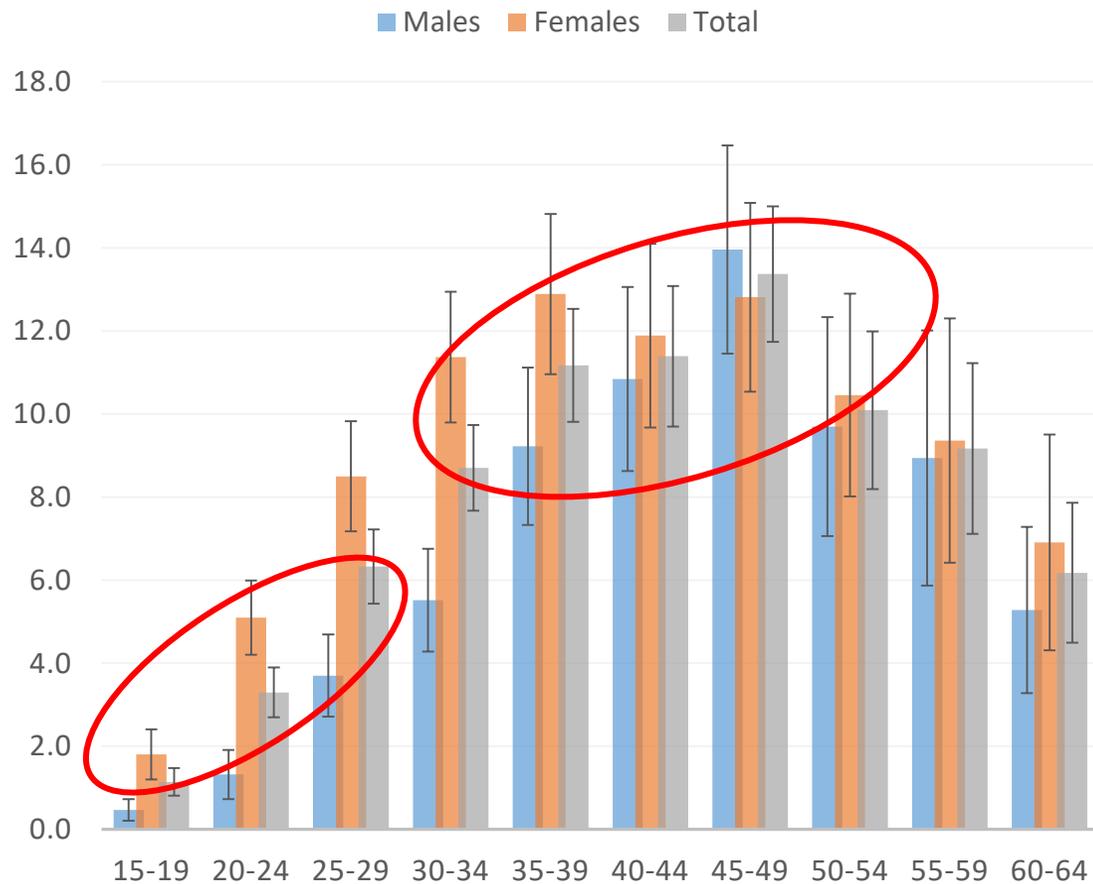
HIV Incidence Estimates



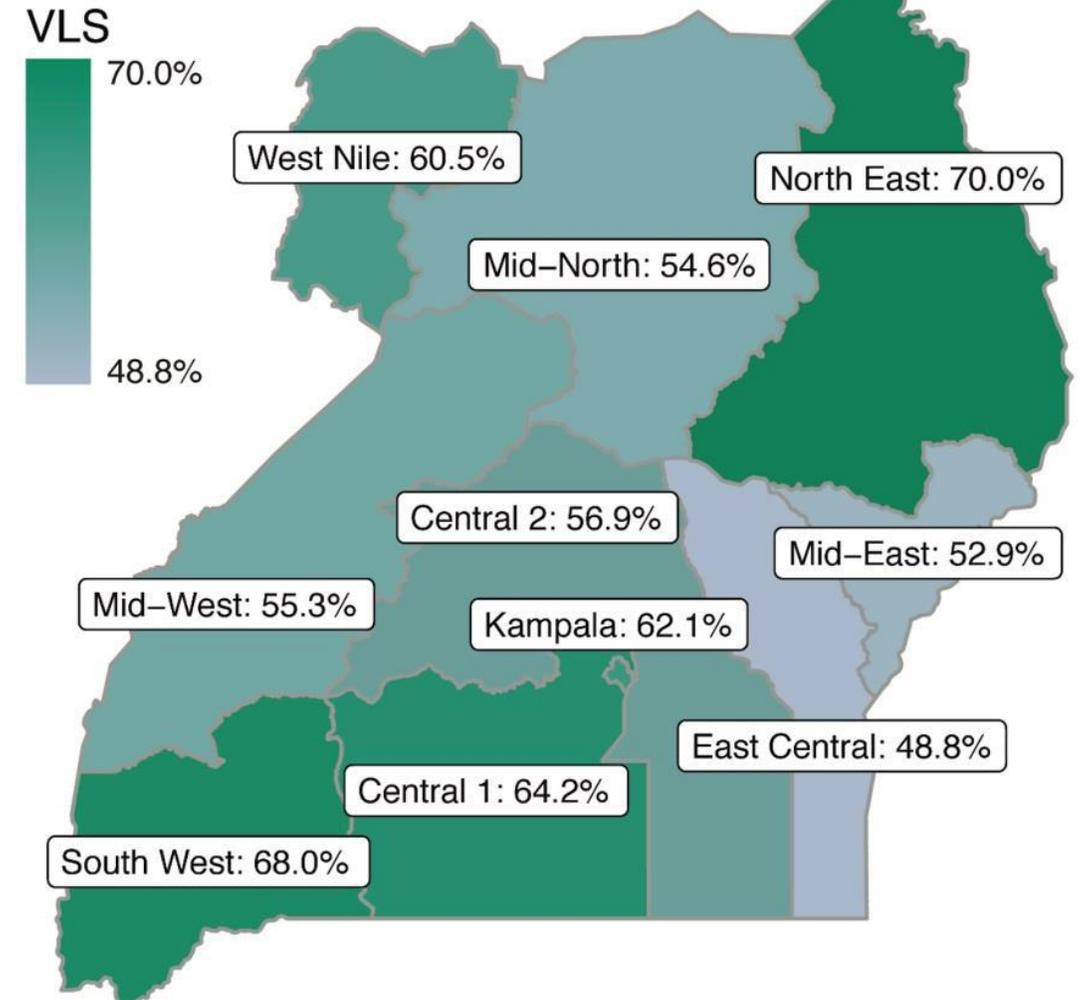
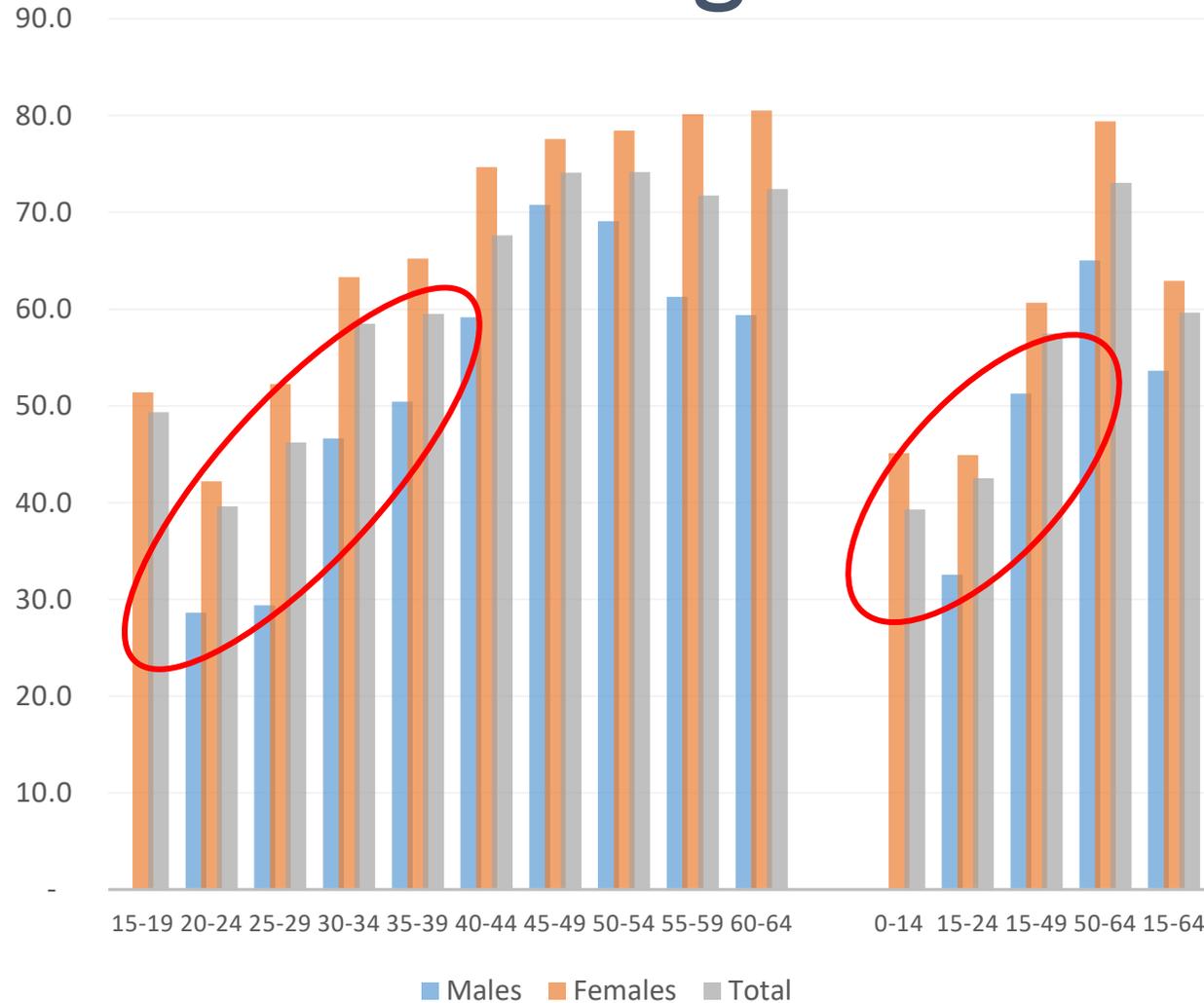
Magnitude of HIV / AIDS in the Country- 2018

		Number	Percent
People Living with HIV	Total	1,388,127	
	Males	562,790	41%
	Females	825,337	59%
	Children 0 - 14	102,106	7%
	Young people 15 – 24	160,476	12%
New HIV Infections	Total	53,005	
	Men	23,310	44%
	Women	29,695	56%
	Children	7,544	14%
	15 – 24	18,548	35%
AIDS Deaths	Total	23,197	
	Men	13,480	58%
	Women	9,717	42%

HIV Prevalence Among Adults by Age & Region

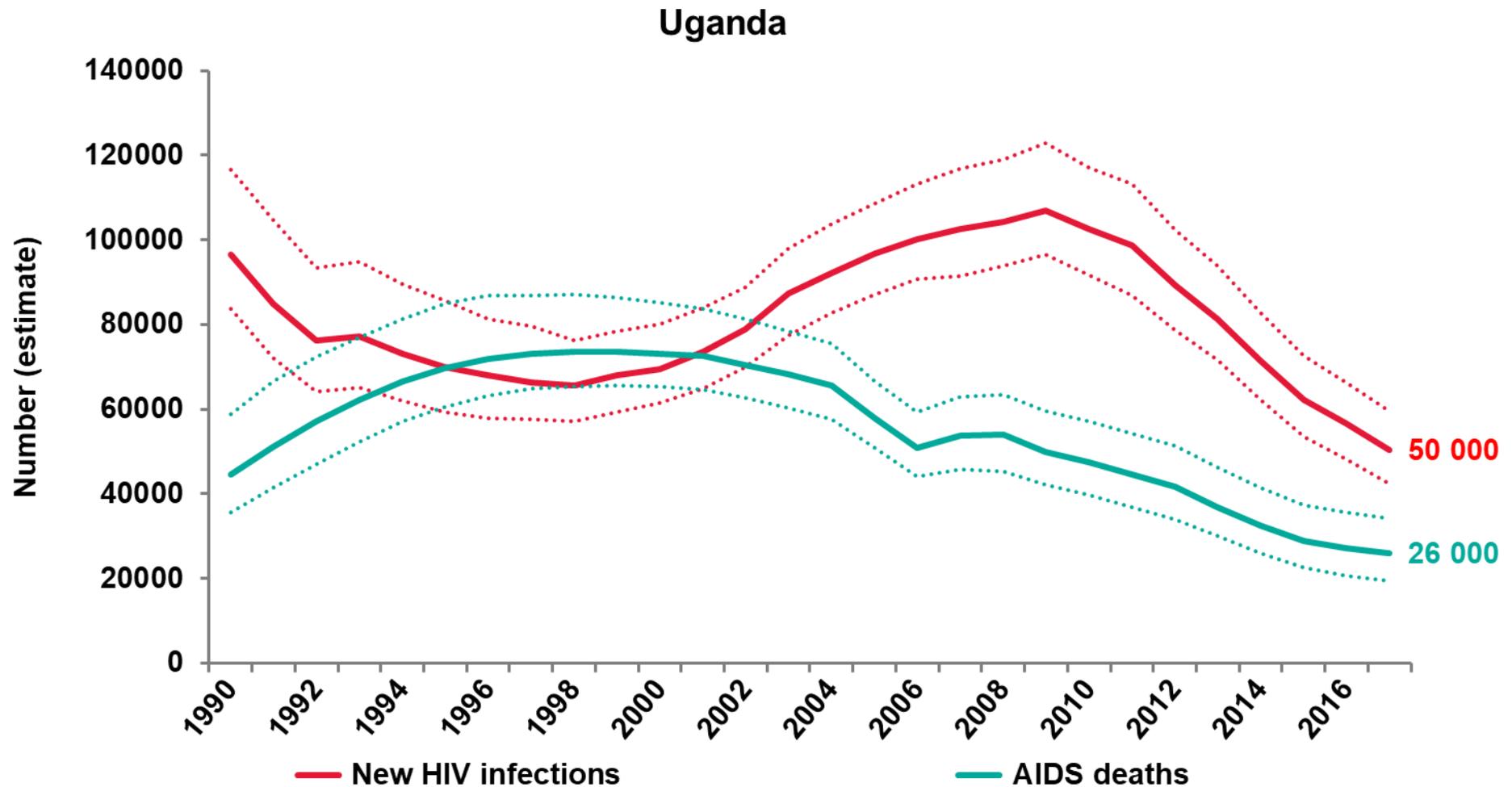


Viral Load Suppression Among Adults Across Regions and by Age groups

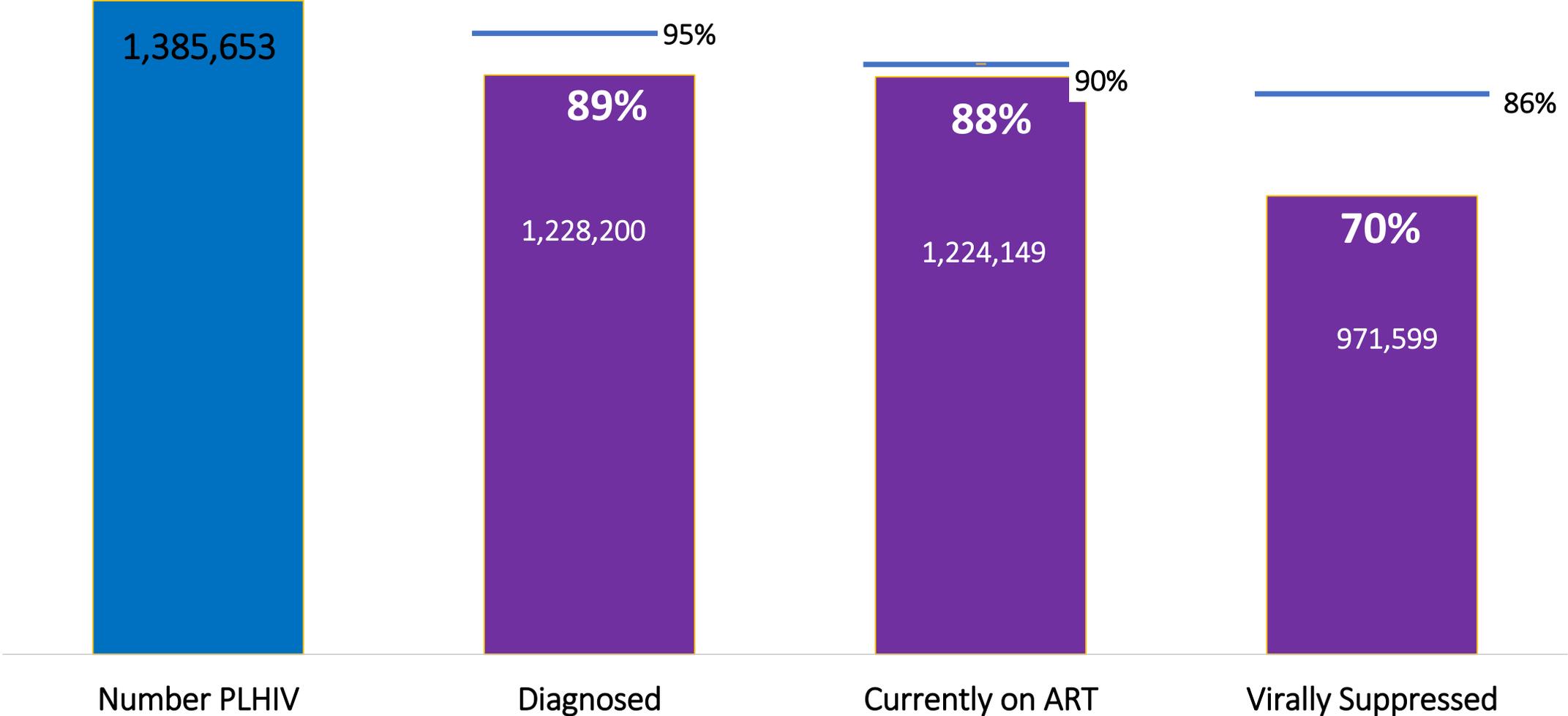


Trends between 2010 and 2017: new infections declined by 51% and AIDS-related deaths declined by 49%

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



Clinical Cascade: National 95-95-95 (Sept 2019)



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

Intervention	New HIV Infections (2018 – 23)		AIDS-Related Deaths (2018 – 23)	
	# Averted	% Difference	# Averted	% Difference
ART (95%) + Efficiencies	178,918	45.5%	78,307	50%
SMC	66,515	16.9%	-3,138	-2%
Condoms	29,108	7.4%	-309	0%
PMTCT + Efficiencies	8,995	2.3%	2,935	2%
Sex Workers	5,020	1.3%	-	-
BCC	32,071	8.2%	-441	0%
PrEP	1,891	0.5%	31	0%
Cash Transfers	2,577	0.7%	-	-
Fast Track	232.899	59.3%	83.086	53%

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
- AGYWs 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 Programing

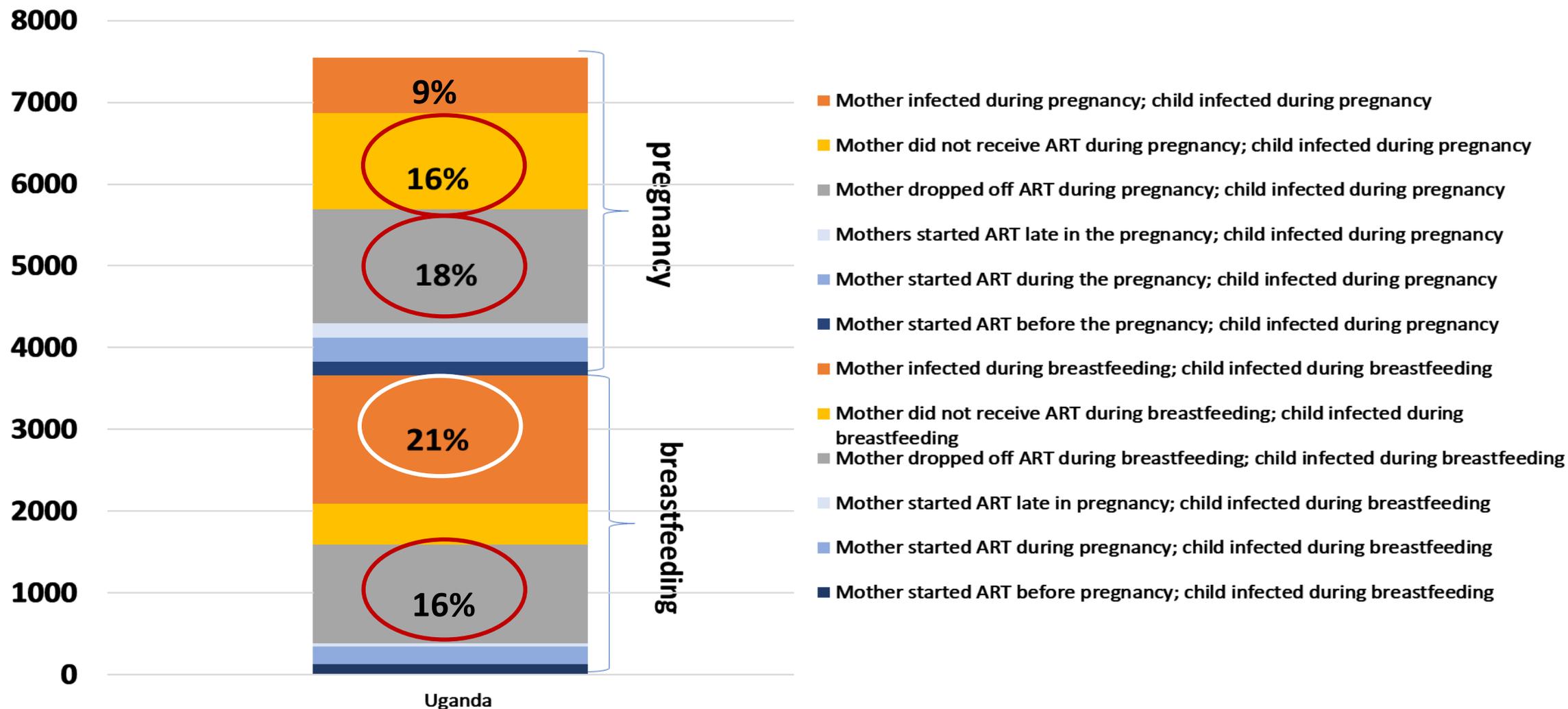
- Deliver standard package: SBCC, SMC, HCT, Condoms, treatment
- Expand number of facilities offering KP services through establishing more Drop In Centers (DICs) from 28 to 52
- Differentiate Services for Key Populations
- Capacity building and scale up of PrEP delivery
- Interventions to reduce stigma, 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



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

Period	2021 (USD)	2022(USD)	2023(USD)	Total (USD)
NMS (Public Sector)	106,471,134	109,669,701	112,737,283	328,878,118
JMS	14,784,532	14,676,242	15,071,263	44,532,037
MAUL	40,369,829	40,022,603	40,589,627	120,982,059
Total	161,625,495	164,368,546	168,398,173	494,392,214

National ARV Gap Analysis

Period	2021 (USD)	2022 (USD)	2023 (USD)	Total (USD)
National Need	161,625,495	\$164,368,546	168,398,173	494,392,214
GOU *	39,473,684	39,473,684	39,473,684	118,421,052
Global Fund **				0
PEPFAR ***				0
Funding Gap	122,151,811	124,894,862	128,924,489	375,971,162

* *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

Warehouse	2021 (USD)	2022 (USD)	2023 (USD)	Total (USD)
NMS	2,023,049	2,240,466	2,411,224	6,674,739
MAUL	\$838,473	\$926,040	994,253	2,758,766
JMS	\$292,270	\$327,340	355,672	\$975,283
Total cost	3,153,792	3,493,846	3,761,149	10,408,788

Condom Gap Analysis

Period	2021 (USD)	2022 (USD)	2023 (USD)	Total (USD)
Male Condoms	24,031,956	25,141,667	25,252,695	74,426,319

HIV/AIDS Laboratory Commodities -1

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

HIV/AIDS Laboratory Commodities -2

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

Summary of HIV/AIDS Lab Requirements

Sector	2021	2022	2023	Total Need
Public Sector	\$68,719,194	\$70,007,368	\$72,481,768	\$211,208,330
Private Sector	\$8,009,196	\$8,183,564	\$8,534,451	\$24,727,211
Total	\$76,728,390	\$78,190,932	\$81,016,219	\$235,935,541

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