SUSTAINABILITY INDEX and DASHBOARD – 2019.

AN OPERATIONAL GUIDANCE TOOL FOR THE NATIONAL HIV/AIDS FINANCING TRANSITIONAL PLAN

November 18, 2019
1. INTRODUCTION
Sustainability of the national HIV response in Uganda, has been a long-term target, and has evolved over time. In PEPFAR 1, the major focus was on enrolling as many HIV infected persons onto treatment as possible, and this phase was implemented in an emergency mode. The second phase of PEPFAR focused more on program sustainability and health system strengthening to ensure that Uganda continued and consolidated its efforts in the fight against HIV/AIDS. Now in its third phase, PEPFAR places more emphasis on sustainable control of the epidemic, to reach the Joint United Nations Programme on HIV/AIDS’ (UNAIDS) the ambitious 90-90-90 global goals; 90% of people with HIV diagnosed, 90% of these to be enrolled on ART and 90% of those on ART being virally suppressed by 2020.

2. COUNTRY OVERVIEW
Since the mid-1990s, HIV/AIDS has been among the major leading causes of morbidity and mortality in Uganda. The national HIV/AIDS response has been structured along the continuum of HIV prevention, testing linked to treatment, care, and support. Since the 1990s Uganda has held consultative processes to develop policies and program design inclusive of public and private sector actors, including civil society. The PEPFAR Country Operational Plan, the Global Fund grant proposals and the National Strategic Plan for HIV are all developed with wide consultation, and with Government of Uganda taking leadership role. This participatory approach underscores collaboration and sustainability in the planning and coordinating functions of the response. The generation and use of financial and service delivery data has also attained encouraging levels of sustainability, although there is need to ensure that the budget documents such as the National AIDS Spending Assessments (NASA) and the National Health Accounts include funding for key and priority populations are cross-related. However, despite the expanded access to antiretroviral therapy (ART), and the rigorous monitoring of the results of HIV treatment, the delivery of HIV services in general, and domestic funding of the response continue to fall short of the desired sustainability levels. The situation is compounded by low technical and allocative efficiencies, which impacts heavily on commodity security and supply chain for HIV/AIDS services. Similarly, there is concern about the continued need of external support for human resources in order to mitigate the effects of the staffing gaps at subnational and national levels for service delivery and leadership and oversight capabilities.

3. THE SID CONCEPT AND TOOL
The HIV/AIDS Sustainability Index and Dashboard (SID) is a tool completed every two (2) years by PEPFAR teams and partner stakeholders to sharpen the understanding of each country’s sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 117 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 17 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with other contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.
4. THE PURPOSE OF THE SID

The SID is intended to:
- Support countries’ understanding of their sustainability landscape;
- Inform priority areas for PEPFAR investment in countries and monitor progress;
- Serve as a diplomatic advocacy or negotiation tool to dialogue with partner government and multilateral counterparts; and
- Communicate progress towards sustainable epidemic control to external stakeholders

5. THE SID PROCESS

The process of completing the SID 2019 was highly participatory. The process was spearheaded by the PEPFAR Coordination Office and co-facilitated by the UNAIDS Uganda team. The GOU technical teams also played the oversight, leadership and guiding role, the Ministry of Health, Uganda AIDS Commission, Ministry of Finance Planning and Economic Development, Ministry of Local Government, Ministry of Education and Sports, Ministry of Gender, professional regulatory councils and institutions both government and private, civil society (NGOs and FBOs), private sector (not-for-profit and for-profit), development partners, UNAIDS and the Global Fund were represented. Initial courtesy calls and meetings with senior government counterparts by the US Embassy leadership were held securing partner government buy-in, dispelling misconceptions, and framing the SID as a mutual exercise rather than an outside “report card”. The meetings also served the purpose of sharing the guidance, and the formation of Domain teams, taking into account the required expertise. Domain consultations took place on August 27th and 28th, to discuss the relevant elements, complete the tool, and share the outputs with the other Domain teams. The combined SID document was shared widely with the relevant stakeholders and was discussed in a one-day plenary session, on September 12th, 2019, with representatives of Government institutions, Global Fund, UNAIDS, Civil Society, and Private Sector. A few changes were made, by consensus, to the draft tool to reflect better the sustainability status of the national HIV/AIDS response.
6. THE SID DASHBOARD
The Dashboard provides a snapshot of the current state of HIV/AIDS sustainability in the country as well as element scores across multiple years, from 2015 to 2019) thereby demonstrating HIV/AIDS sustainability trends over time.
7.0. Narrative summary of the findings.

7.1. Sustainability Strengths

- **Planning and Coordination (10.00, Dark Green)**: The national level strategic planning and coordination of the response is led by the Uganda AIDS Commission. This at process and governance level has attained maximum sustainability strength although the funding is heavily donor dependent. The active involvement of the Private Sector as a whole, and Civil Society adds strength to the sustainability of this element. At the district level, there is need to consolidate the planning function, and to improve coordination in respect of the private-for-profit. In order to ensure program sustainability, Uganda/Ministry of health needs to increase its visibility for coordination and leadership at sub national through empowerment of Regional Referral Hospital technical teams. These teams will among other functions ensure that all technical capacity building platforms are managed at regional level, technical support supervision being more readily available with less disruption of service delivery. The strategic approach to holding capacity building platforms will take on more of on-job training, mentorship and coaching than boardroom approach.

- **Private Sector Engagement (8.25, Light Green)**: The private sector, dominated by the Private-Not-For-Profit, continues to take maximum advantage of the available channels and opportunities to engage Government institutions responsible for HIV/AIDS at both the national and district levels.

- **Performance Data (8.33, Light Green)**: Government ownership of HIV/AIDS data continues to register an upward trend. Collection, collation, reporting, and utilization of data for HIV/AIDS management continues to improve significantly at both the facility and district levels. What remains is to focus the attention of service providers and managers on using the data for HIV disease control.

7.2. Sustainability Vulnerabilities

- **Commodity Security and Supply Chain (4.24, Yellow)**: This service delivery support function continues to fall at the tail end of the emerging sustainability spectrum. There has been substantial improvement in ARV domestic financing, now at 25 %, but other critical supplies like HIV test kits, condoms, and laboratory supplies are virtually donor funded. Domestic financing of the Supply Chain Plan remains low. However, the country team is adequately involved in ARV stock monitoring and management, through the use of the Web Based ARV Ordering and Reporting System (WAOS)

- **Technical and Allocative Efficiencies (4.23, Yellow)**: Whereas the country uses service delivery data for programmatic and performance monitoring, there remains a shortfall in triangulating the economic and health data to optimize HIV/AIDS outcomes within the available
resource envelope. The models (Spectrum and Modes of Transmission) are used for programmatic planning and not for resource allocation.

8.0. IN-DEPTH ANALYSIS OF SID 2019 RESULTS

8.1. DOMAIN – A: Governance, Leadership, and Accountability

Sustainability in the area of Governance, leadership and accountability requires that relevant government entities take action to create an enabling policy and legal environment, ensure good stewardship of HIV/AIDS resources, create space for and promote participation of the private sector, and provide technical and political leadership to coordinate an effective national HIV/AIDS response. On the whole, this domain is approaching sustainability, and the status of the elements is displayed in Table 2 and explained below.

8.2. Planning and Coordination

This element is rated as fully sustainable, with the existence of Country multiyear national strategy and having a coordinated Country HIV/AIDS response across all levels of government and key stakeholders, civil society and the private sector. However, there is room for improvement at the district level, in terms of robust data use for decision-making and for ownership of the district plans, performance monitoring against targets and outputs.

8.3. Policies and Governance

The policies, laws, and regulations to achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, are largely in place. However, the Key Populations are not protected and are therefore prone to stigma and discrimination.

8.4. Civil Society Engagement

Local civil society is indeed an active partner in the HIV/AIDS response through service delivery provision, advocacy efforts, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms in place for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions. However, there is minimal funding for these CSOs to conduct their HIV/AIDS related activities.

8.5. Private Sector Engagement

The national policy on HIV and the workplace has gone a long way in facilitating the engagement of the private sector in the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care need. However, when the private sector is disaggregated into PNFP and PFP components, there is a considerable difference. The PFP is still lagging behind in streamlining HIV/AIDS related activities into their daily activities.
8.6. Public Access to Information
The Government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information. However, HIV/AIDS expenditure assessments are not conducted routinely, and so the relevant data is not made available in timely manner.
<table>
<thead>
<tr>
<th>Element</th>
<th>Areas of Strength</th>
<th>Areas of Weakness</th>
<th>Score (Out of 10)</th>
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<tbody>
<tr>
<td>1. Planning and Coordination</td>
<td>- A multi-year national strategy in place</td>
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<td>- Full participation in national strategy development</td>
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<td>- Effective mechanism for internal coordination of HIV/AIDS activities</td>
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<td>- A formal link between the national HIV plan and sub-national service delivery</td>
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<td>2. Policies and Governance</td>
<td>- Following WHO guidance for ART initiation</td>
<td>- Policies / Legislation governing HIV service delivery not fully integrated in</td>
<td>7.21</td>
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<td></td>
<td>- No user fees for HIV services</td>
<td>overall health care service delivery</td>
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<td>- Policies that govern the protection of patient level data</td>
<td>- No policies that specifically protect Key Populations</td>
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<td>- Legal protection for victims of violence</td>
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<td>- Efforts in place to educate and ensure rights of PLHIV</td>
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<td>- Audits of the national HIV program and follow up action</td>
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<td>3. Civil Society Engagement</td>
<td>- No laws/policies restricting CSOs from providing oversight</td>
<td>- Minimal funding for HIV/AIDS related CSOs</td>
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<td>- Functional formal channels for Civil Society engagement</td>
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<td>- Civil Society engagement impacts HIV policy</td>
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<td>- Legal provisions for CSOs to be funded from Government budgets for HIV services</td>
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<tr>
<td>4. Private Sector Engagement</td>
<td>- Formal channels for private sector engagement</td>
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<td></td>
<td>- Systems and policies that allow private corporate contributions to HIV/AIDS programming</td>
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<td>- Private health providers allowed to deliver HIV services</td>
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<td></td>
<td>- Private sector has interest/expertise to contribute to HIV/AIDS services</td>
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<tr>
<td>5. Public access to information</td>
<td>- Institution in place to provide scientifically accurate information on HIV/AIDS</td>
<td>- HIV/AIDS expenditure data not made available timely</td>
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<td></td>
<td>- Service delivery data made available to the stakeholders in time</td>
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<td>- Surveillance data also made available in time</td>
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9.0. DOMAIN – B: National Health System and Service Delivery

Figure 3 shows that, apart from Quality Management, the other elements are in the realm of emerging sustainability. Apparently, the country institutions, the domestic workforce, and local health systems constitute the primary vehicles through which HIV/AIDS programs and services are managed and delivered. However, domestic financing of HIV/AIDS services as a whole is very low, and there is a considerable human resource shortfall at both the health facility and community levels. Table 3 provides further in-sights into the individual elements.

9.1. Service Delivery
National and sub-national health authorities have the capacity to plan and manage and deliver HIV/AIDS services. However, domestic financing of HIV/AIDS services is generally very low, and particularly so for Key Populations. The AIDS Control Program and Uganda AIDS Commission cannot fulfill their obligations because of a very insufficient budget.

9.2. Health Workforce
The country produces sufficient numbers and categories of competent health care workers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. PEPFAR therefore has had to pay for additional positions to be filled to enable efficient HIV service delivery with the understanding that they would be transitioned to the government. Most of the health worker salaries, are provided by Government. However, transitioning of donor supported health workers onto the Government payroll has fallen short of expectations, mainly due to wage bill limitations. The Government plan of deploying Community Health Extension Workers (CHEWs) has failed to materialize.

9.3. Commodity Security and Supply Chain
Apart from having a national Supply Chain Plan, the rest of this element is far from attaining sustainability. Domestic funding for the Supply Chain Plan is generally very minimal, and virtually non-existent for condoms and HIV test kits. Domestic financing for ARVs has improved but stands at only 25%.

9.4. Quality Management
The element score is in the area of approaching sustainability. This is because there are structures that support Continuous Quality Improvement (CQI) at national, sub-national, and site levels. However, these structures are largely driven by the implementing partners.

9.5. Laboratory
There are sufficient quantities of qualified laboratory personnel at Diploma, Bachelors, and master’s level. However, the outdated GoU staffing norms do not provide adequately for the required quantities and skills in consonance with the current national laboratory service needs. As a result, there is a heavy reliance on task-shifting to lay testers (especially for HIV Testing Services), and on donor support for most of the trained laboratory personnel.
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<tr>
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| 6. Service Delivery | - HIV/AIDS services are largely provided by domestic teams  
- Public facilities are able to generate and accommodate demand for HIV services  
- Community based HIV services are well entrenched  
- National and sub-national health authorities have the capacity to plan and manage HIV/AIDS services | - Domestic financing of HIV/AIDS services is very low  
- Service delivery for Key Populations gets very little domestic funding, and is done with substantial external technical assistance  
- The national entity monitoring HIV service delivery has a very insufficient budget | 5.12 |
| 7. Health Workforce | - The pre-service education institutions are producing adequate numbers of both health care and social service providers  
- Government provides most of the health worker salaries, and officially recognizes that Community Health Workers can deliver HIV/AIDS services  
- Pre-service training curricula have updated HIV content  
- HIV In-service training is implemented satisfactorily  
- There is a functional Human Resource Information System (HRIS) | - Government’s plans to deploy Community Health Extension Workers (CHEWs) have been put on hold  
- Transitioning of donor supported health workers onto the Government payroll has been adversely affected by wage bill limitations | 6.47 |
| 8. Commodity Security and Supply Chain | - There is a national Supply Chain Plan  
- ARV stock monitoring is efficiently done  
- The Pharmacy Department of the MoH, has the authority to manage and monitor the supply chain activities | - Domestic financing for ARVs stands at 25 %  
- Domestic financing for condoms and HIV test kits stands at 0 %  
- Domestic funding for the Supply Chain Plan is in the range of 1-9 %  
- The national Supply Chain Assessment conducted in the last 3 years earned a score less than 80 %  
- The Quantification and Procurement Planning Unit (QPPU) is largely manned by donor supported staff, and has no specific GoU budget for its operations | 4.24 |
| 9. Quality Management | - A structure that supports Continuous Quality Improvement (CQI) at national, sub-national, and site levels is in place  
- HIV/AIDS specific QM/QI strategy and plan are in place  
- Health workforce competency building is largely achieved through In-service training programs  
- At national, sub-national, and site levels, the QM structures routinely review performance data for QI purposes | | 8.33 |
| 10. Laboratory | - HIV performance data is shared across the board to benefit from “best practices” | - A national Laboratory Strategic Plan is in place  
- There is sufficient Viral Load infrastructure | - Domestic financing for laboratory services is minimal  
- The staffing norms for laboratory services are outdated  
- The National Services and Diagnostics Department at MoH has insufficient staff and a limited budget  
- Monitoring of the quality of laboratories and POCT sites is effectively done in less than 50% of sites | 4.28 |
10.0. **DOMAIN – C: Strategic Financing and Market Openness**
Taking into account the findings in Domains A and B, it is not surprising that all the elements in this Domain fall in the realm of emerging sustainability. Domestic financing remains low, and the tools available to facilitate allocative efficiency are not fully utilized. Table 4 provides more insights into the different elements.

10.1. **Domestic Resource Mobilization**
Uganda has a comprehensive health financing strategy that covers HIV/AIDS services. Government has shown willingness to allocate more funds to HIV/AIDS by ring fencing resources for ARV procurement. However, there has been a general tendency to rely on extra-budgetary donor funds for HIV/AIDS service delivery. On a happy note, there are indications that URA will start collecting revenue for the AIDS Trust Fund beginning with next Financial Year. This will have a ripple effect on many of the sustainability elements.

10.2. **Technical and Allocative Efficiencies**
HIV/AIDS epidemiological data, health service delivery, and health workforce data is available to the relevant institutions. However, this data is applied to Spectrum and Modes of Transmission models for program planning purposes, but not for resource allocation. As a result, populations in geographical areas with the highest HIV/AIDS burden, receive minimal resources. To make matters worse, continues to procure ARVs from Quality Chemicals/CIPLA at almost twice the international benchmark price. In practical terms, Government contribution to ARV procurement would double the current levels if the procurement was made competitive.

10.3. **Market Openness**
There are no undue restrictions on access or provision of HIV/AIDS services. However, the limitation of Government procurement of ARVs to one supplier, Quality Chemicals/CIPLA, because of Buy Uganda Build Uganda (BUBU), negates the principles of market openness. If Quality Chemicals/CIPLA was supplying the ARVs at internationally competitive prices, then the BUBU principle would have a justifiable application.
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| 11. Domestic Resource Mobilization | - Uganda has a comprehensive health financing strategy that covers HIV/AIDS services
- The national budget includes HIV goals and targets, and exhibits a 90% execution rate | - Domestic financing for the national HIV/AIDS response stands between 1-9% annually
- Neither MoH nor Ministry of Finance routinely collects all donor spending for HIV services
- Funding cycle re-programming is policy driven, but not based on data
- The AIDS Trust Fund has remained on paper for a long time | 4.84 |
| 12. Technical and Allocative Efficiencies | - The DSDM has resulted into service delivery efficiency gains
- Costs of HIV testing and ART delivery have been routinely done | - Spectrum and Modes of Transmission models are used for program planning but not for resource allocation
- Minimal resources are targeting the highest HIV burden geographical areas
- The Government continues to incur ARV costs that are 10-50% higher than the international market prices | 6.46 |
| 13. Market Openness | - No restrictions on who provides HIV services or training
- Accreditation requirements equally applicable to both Government and Non-Government service providers
- Patients have the liberty to choose their preferred provider
- All service providers are held to the same standards of quality
- No geographical barriers | - Government procurement of ARVs is limited to one supplier, Quality Chemicals/CIPLA | 6.67 |
11.0. DOMAIN – D: Strategic Information
Service delivery data collection and management have attained a high sustainability level. General population HIV epidemiological data is regularly collected, even though the process has a substantial technical assistance input from external agencies. Financial data collection is not as regular as needed and has not been streamlined. HIV data is not integrated with other relevant administrative data. Table 5 gives more detailed information on each of the Domain elements.

11.1. Epidemiological and Health Data
Domestic financing for general population surveys is minimal, while for Key Population surveys and surveillance, it is almost nonexistent. As a result, Surveys and surveillance activities are planned and implemented by domestic institutions, but with substantial technical assistance from external agencies.

11.2. Financial/Expenditure Data
The National AIDS Spending Assessment (NASA) 2018 covered the periods 2015/16; 2016/17; and 2017/18. However, it is faulted for not being comprehensive enough. To make things worse, National Health Accounts (NHA) and NASA are still being conducted independently. There is need to harmonize the collection of HIV/AIDS financial data, as well as improve the quality of the process and outcomes.

11.3. Performance Data
The routine collection of HIV/AIDS reports, data analysis and sharing of HIV/AIDS service delivery data, is sustainable. Service delivery data are analysed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention, and viral load testing coverage and suppression.

11.4. Data for Decision-Making Ecosystem
Census data is regularly collected, and the requisite population variables disseminated. The Civil Registration and Vital Statistics (CRVS) system is not functional across the country. At the HIV/AIDS service delivery level, there is no Unique Identifier system to enable the health system to track the service beneficiaries as they enjoy their preferred provider privilege. This will potentially reduce on the likely duplicative efforts that leads to resource wasting.
## Table 5: Sustainability of Domain D Elements

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| 14. Epidemiological and Health Data | - UBOS and ACP/MoH have the mandate to manage HIV/AIDS epidemiological surveys  
- Government collects HIV prevalence and incidence data every 5 years  
- There are national strategies, with standards and procedures for data quality assurance  
- Viral Load coverage data is collected for more than 75% of PLHIV | - The ACP/MoH is insufficiently staffed and insufficiently funded  
- Surveys and surveillance activities are planned and implemented by domestic institutions, BUT with substantial technical assistance from external agencies  
- Key Population surveys and surveillance activities are primarily planned and implemented by external agencies  
- Domestic financing for general population surveys is minimal (1-9%), and none at all for Key Population surveys and surveillance | 4.87 |
| 15. Financial/Expenditure Data | - The Government collects comprehensive HIV/AIDS expenditure data with some external technical assistance  
- NASA 2018 covered the periods 2015/16; 2016/17; and 2017/18 | - NASA and NHA are still conducted independently | 7.50 |
| 16. Performance Data | - The national data management system, DHIS 2, that reports HIV/AIDS data, is managed by the Government with some technical support from external agencies  
- Government finances most of the routine HIV/AIDS data collection  
- The package of HIV/AIDS data is comprehensive, regular, and timely  
- Structures and standard procedures are in place to ensure data quality  
- Service delivery data is routinely analysed for program performance assessment | 8.33 |
| 17. Data for Decision-Making Ecosystem | - A Civil Registration and Vital Statistics (CRVS) system exists  
- Census data is regularly collected and disseminated  
- The boundaries of sub-national administrative units are made public | - The CRVS system is not operational across the country  
- There is no national Unique Identification System that can be used to objectively track the beneficiaries of HIV/AIDS services  
- HIV data is not integrated with other relevant administrative data | 4.67 |
12.0. **KEY SUSTAINABILITY CHALLENGES**
The assessment of the sustainability status of the four Domains, and seventeen Elements, provides a bird’s eye view of a number of sustainability challenges that have to be overcome if Uganda is to attain and maintain HIV epidemic control.

1. Lack of policies to protect Key Populations
2. Low domestic funding levels for:
   - HIV services in general
   - General population surveys and surveillance
   - Key Population surveys and surveillance
   - Civil Society activities
   - Private for-profit activities
   - The Supply Chain as a whole
   - Procurement of condoms and test kits
   - ARVs
   - Laboratory supplies
   - Unit cost analysis for the complete spectrum of HIV/AIDS services
3. Insufficient HRH at facility level, especially laboratory staff
4. Insufficient HRH at community level
5. Harmonizing NASA and NHA for greater efficiency and improved financial data quality
6. Strengthening national entities like ACP, QPPU, Pharmacy Department, National Services and Diagnostics department in terms of HR and operational funding
7. Utilizing the available epidemiological, health service delivery, and human resource data for optimal resource allocation in consonance with the HIV burden
8. Development of a Unique Identifier system
9. Reducing on the high price currently paid for domestic procurement of ARVs
10. Getting the AIDS Trust Fund to become operational

13.0. **THE SID AND HIV FINANCING TRANSITION PLAN**
Uganda has embraced the global HIV investment framework and is committed to transition from the current HIV financing scenario that is largely external, to improving domestic resources for HIV/AIDS services. In this respect, the SID becomes a useful tool in two respects:

1. It identifies the strengths and vulnerabilities in the sustainability landscape, and in the process sets the agenda for the national HIV/AIDS sustainability plans to address the key sustainability challenges
2. Over the years, the SID will provide visual evidence of sustainability gains or losses, thus acting as a monitoring tool of the sustainability plans.