

UGANDA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
New adolescent and young people HIV infections reduced by 10%.	ON TRACK	New HIV infection among young people aged 15-24 years declined from 29 000 in 2010 to 14 000 in 2020—a 53% decrease. In 2020, young people aged 15-24 years accounted for 37% of all new HIV infections in Uganda, and 79% of these new HIV infections occurred among young women within the same age range (GAM, 2021).
By 2021, 90% of people living with HIV know their status, 90% of them are on treatment, and 90% of those on treatment achieved viral suppression.	ACHIEVED	By the end of 2020, 91% of all adults living with HIV in Uganda knew their HIV status, of whom 95% were on treatment and 90% of those on treatment achieved viral suppression (GAM, 2021).
Prevention of mother-to-child transmission.	ON TRACK	In Uganda, mother-to-child transmission of HIV Uganda decreased by 77%, from 23 000 in 2010 to 5300 in 2020. Prevention of mother-to-child transmission of HIV (PMTCT) services were provided in 3242 out of 4441 health facilities with antenatal care services. As of December 2020, over 95% of pregnant women attend at least one antenatal visit, all mothers enrolled on antenatal care knew their HIV status including those already known to be living with HIV, and 95% of pregnant women living with HIV were on ART (GAM, 2021).
Health systems strengthening.	ON TRACK	HIV is placed as a national priority in sector programmes of the Third National Development Plan (NDPIII) 2020-2025; the National HIV/AIDS Strategic Plan and the Uganda HIV Investment Case for 2021-2025 were developed and implemented to guide programming and resource allocation for the national HIV response.

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, UNAIDS SECRETARIAT, FAO, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

In 2020, the Joint Team continued to support Uganda to scale up HIV prevention programmes, including expansion of integrated HIV and sexual and reproductive health (SRH), differentiated prevention and treatment service delivery among adolescent and young people, and behaviour change communication initiatives on gender-based violence (GBV). Specific assistance was provided to implement the Dolutegravir first line treatment regimen across the country and rollout integrated HIV services in humanitarian settings. The Joint Team also supported various initiatives ensuring food and nutrition security among women, young people, and other vulnerable populations, including people living with HIV. Healthcare workers at point-of-care sites were trained on early infant diagnosis strategies and PMTCT service providers benefited from supervision visits improving service delivery, referrals and specimen collection and transportation. Capacity building on data collection, analysis and use was provided to ensure integration and quality of HIV, SRH, and GBV. The Joint Team also mobilized additional resources, procurement and distribution of personal protective equipment, community sensitization, and contributed to assess the impact of COVID-19 on continuity of HIV services and people living with HIV.

HIV PREVENTION**POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

In 2020, the Joint Team provided technical support for the development of the Consolidated Guidelines for Prevention and Treatment of HIV that defined and integrated combination of biomedical HIV prevention approaches and services, as well as for the adoption and expansion of new prevention technologies including pre-exposure prophylaxis (PrEP) and HIV self-testing.

A high-level advocacy by the Joint Team resulted in revived momentum for implementing the Presidential Fast-Track Initiative on ending AIDS in Uganda by 2030, which is strongly anchored on HIV prevention. Under the umbrella of the National HIV Prevention Roadmap 2018-2025, technical assistance was provided for the development of the Adolescent Health Strategy and implementation plan; the national Adolescent and Young People Multisectoral HIV Coordination Framework; and the health sector strategy on adolescent girls and young women, which was used to inform the successful Global Fund catalytic proposal for HIV programmes targeting adolescent girls and young women. The Joint Team further facilitated the rollout of the National Sexuality Education framework and technically assisted the National Curriculum Development Centre for the establishment of comprehensive sexuality education learning materials for upper primary school.

As a result of technical support to the Ministry of Health, the National SRH/HIV Linkages and Integration Strategy and Implementation Guideline were finalized, expanded capacity for SRH/HIV service delivery for adolescents and young people based on training of healthcare workers and mobilization of resources for service delivery. An estimated 200 000 adolescent and young people received comprehensive HIV, SRH, and GBV services in 45 districts. Another 50 000 adolescent and young people were reached with social and behaviour change communication campaign during the COVID-19 lockdown and linked to SRH, HIV and GBV services. Around 57 000 vulnerable and key populations also accessed these comprehensive services in 20 regional hotspots.

Following support provided in previous years to develop the National Family Planning Costed Implementation Plan 2016-2020, modern contraceptive prevalence rate increased from 27.5% in 2016 to 37.2% in 2020. The Joint Team also procured 1 317 000 couple years protection worth of family planning supplies improving commodity security in Uganda. The Joint Team also assisted the Government around procurement and marketing of condoms, resulting in the distribution of over 200 million male condoms and 1 million female condoms in 136 districts. An operational plan was also developed to achieve annual procurement and distribution 300 million condoms and consistent use in Karamoja region. A national condom demand generation campaign led by young people living with HIV was launched to promote consistent use of condoms and uptake HIV, SRH, and GBV services among the general population—implementation is underway in multiple regions.

HIV TESTING AND TREATMENT

ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

The Joint Team supported the Government to adopt the revised 2015 WHO Consolidated Guidelines for the Prevention and Treatment of HIV and AIDS and rollout Dolutegravir as preferred first line treatment regimen. Guidelines were also developed in 2020 for the implementation of the national point-of-care (POC) policy which includes strengthening of sample transportation system, especially in the Karamoja region. Viral load monitoring tools and the Open Electronic Medical Record System (Open EMRS) were evaluated to improve viral load testing and reporting.

The Joint Team supported the development and implementation of the national strategy for youth employment in agriculture, national fisheries policy, and national adaptation plan to climate change for the agriculture sector to ensure employment, food and nutrition security among women, young people, and other vulnerable populations, including people living with HIV. Around 1629 participatory cooking courses were also conducted in 181 community-based supplementary feeding sites in Karamoja sub-region. These courses resulted in increased positive nutrition and dietary choices among infants, children, mothers, and pregnant women attending ART clinics. Similarly, community health workers and HIV expert clients also conducted nutrition screening and counselling in households with children under five years old—all identified malnourished children were referred to nutrition points-for-care and follow-up. Around 380 health workers providing nutrition assessment, counselling, and support (NACS) services for people living with HIV, received on-job training in 40 ART sites in Karamoja and 23 sites in South-Western Uganda to improve ART and nutrition service integration and delivery.

The Joint Team provided technical and financial support to the Ministry of Health for the finalization of data collection on various indicators, including service linkage, treatment retention and adherence, and viral suppression to scale-up the Youth, Adolescents and Peer Support (YAPS) model in six districts. The YAPS is a differentiated service delivery model for HIV prevention, care, and treatment for adolescents and young people living with HIV using a peer support system. A total of 39 (33 female and 6 male) adolescent and young people were trained and received the YAPS kits comprising a bicycle and monthly stipends to provide peer support, referrals, and increase uptake of services.

Following advocacy and normative guidance, the Health Sector Integrated Refugee Response Plan was launched and is currently guiding the implementation of integrated services in humanitarian settlements, with districts taking lead. The Joint Team also provided technical support for the Uganda Prisons Service to develop the National HIV Testing Services Standard Operating Procedures for prison settings tailored to the unique characteristics of the prison environment.

PMTCT COVERAGE

POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

Uganda continues to make notable progress towards eliminating mother-to-child transmission of HIV. However, at 67%, the proportion of HIV-exposed infants tested for HIV by two months remains low due to low identification, testing, and retention of mother-and-baby pairs in PMTCT programmes (MoH reports/DHIS2, December 2020). Poor sample transportation, tracking, and referral mechanisms also contribute to the challenge. A total of 127 health workers were trained on early infant diagnosis (EID) strategies in 11 out of 33 EID point-of-care sites in the country. Additional 210 health worker is 35 health facility PMTCT sites received supervision visits to improve service delivery and referrals.

Assessment is underway to identify persisting challenges in hub operations and sample tracking system in 28 health facility laboratories. Meanwhile, actions were taken to optimize and integrate the viral load, EID, TB GeneXpert, and CD4 sample transportation using the national laboratory sample referral network. The Joint Team also provided technical support in the daily operations of the Amudat hub resulting in significantly improved sample transportation system in one of the hardest to reach districts of Karamoja.

Uganda implements Group Antenatal Care model since 2018 to empower pregnant women and mothers to take control of their own health through clinical care and peer support groups. In 2020, the Joint Team backed support supervision visits in 130 PMTCT sites providing antenatal care services to ensure programme implementation adheres to guidelines and addresses gaps in service delivery. Additional 84 health facilities implementing the Family Connect initiative in Kaabong, Moroto, Nakapiripirit, Nabilatuk, Abim, Wakiso, and Kamuli districts received supervision visits for quality control and technical assistance. Family Connect aims to improve loss to follow-up and retention of mother-baby pairs in care via short message service. Finally, a data quality assessment was conducted in 165 PMTCT sites to verify and validate the quality of PMTCT data, which is routinely reported in the District Health Information System 2 (DHIS2) for programme planning and decision-making in the HIV response.

HEALTH SYSTEM STRENGTHENING

ADVOCACY; POLICY DIALOGUE; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Ending the AIDS epidemic in Uganda requires swift scale-up of HIV prevention and treatment services entailing significant mobilization of new international and domestic resources. The Joint Team provided technical support to several donor resource mobilization efforts, including the development of the Global Fund grant proposal securing US\$ 602 million for the three diseases (tuberculosis, HIV, malaria) for the 2021-2023 period, establishment of the AIDS Trust Fund to boost sustainable financing, completion of the second National AIDS Spending Assessment (NASA), and dissemination of the HIV resource mobilization strategy.

Increased advocacy with the Ministry of Finance resulted in the endorsement of the National HIV Mainstreaming Policy Guidelines mandating the allocation of 0.1% of budget of all Government entities for the national HIV response—this effort is expected to mobilize and estimated US\$ 6 million a year.

The Joint Team improved capacity for data generation and use to inform implementation and prioritization of HIV programmes, including a harmonized data management system (DHISII) being used by Government and partners to meet national and international reporting obligations. Support was also provided for the development of various information products, including a consolidated Key and Priority Population Size Estimates for Uganda; country HIV status report; HIV estimates and projections for 2020, which is used to inform planning, prioritization and reporting of HIV programmes; Health Sector HIV/AIDS Strategic Plan 2018/19-2022/23 and HIV sector M&E plan; National HIV and AIDS Strategic Plan 2020/21-2024/25; HIV

Investment case; and Revised National Integrated Management of Acute Malnutrition (IMAM) guidelines. Eight districts prioritized by the Swedish International Development Cooperation Agency (SIDA) were also supported to strengthen their capacity to ensure the quality and use of integrated data on HIV, SRH and GBV.

CONTRIBUTION TO THE COVID-19 RESPONSE

This year saw unprecedented disruptions in HIV prevention and treatment services due to the COVID-19 pandemic. Heightened violence and human right violations further exacerbated the HIV infection risks and treatment challenges among adolescent girls, women, key populations, and people living with HIV. The Joint Team provided technical support to the government on COVID-19 infection prevention, awareness creation, and service continuity. Under the Global Fund COVID-19 Resource Mechanism (C19RM) a grant for 62 million USD was approved to help mitigate the impact made by COVID-19 on tuberculosis, HIV and malaria, to support COVID-19 response and to strengthen the community and facility health systems.

In partnership with the Adolescent Sexual Reproductive Health, a series of webinars and media engagements were conducted advocating for active youth participation in the COVID-19 response and in defending sexual and reproductive health rights for all. GBV services were included in the national service continuity guidelines to improve services for rising GBV cases during the lockdown. Personal protective equipment (PPE) worth US\$ 30 000 was donated to Male Action Groups (MAGs) to conduct door-to-door visits to raise awareness on positive and equitable behaviours in their communities. A total of 5495 people, of which 2348 females and 3147 males were reached through these visits. Ambulance services were also provided to transport 6037 pregnant women to health facilities during the lockdown.

Multiple rapid assessments were conducted to identify impact of the epidemic and service disruption on people living with HIV, young people, and key populations. Results from the assessments were used to inform advocacy and programme adjustment efforts. Eight districts were supported to establish a multi-sectorial team and assess the impact of the pandemic and continuity of essential services in all health facilities in their respective districts, leading to improved access to services. Another 40 districts received financial and technical support to ensure coordination and continuity of HIV services, including transportation for health workers.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team supported critical measures to improve gender equality and minimise stigma and violence against women. Tremendous progress has been made to channel increased HIV funding towards programmes advancing gender equality, women's empowerment, equity, and human rights, particularly for women, people living with HIV and key populations. The government also increased funding for prevention and management of violence against women and girls—one of the key drivers of the AIDS epidemic.

The Ministry of Gender, Labour and Social Development launched a policy regulation on Employment HIV Non-Discrimination to enforce fair employment within the private sector. The Joint Team supported implementation and rollout of tools including the Gender Bench Book (GBB) to guide adjudication of GBV cases by Judicial Officers and the Gender Policy Action Plan for the Uganda Police Force (UPF) to promote gender responsiveness, non-discrimination, just and fair treatment in the provision of general policing services.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The COVID-19 pandemic had a direct impact on HIV and tuberculosis services. In August 2020, a rapid online survey showed that 69% of respondent people living with HIV had only one month or less antiretroviral drug supply left, and more than half of these could not get refill or managed partial refills. Loss of jobs and livelihoods worsened the health and food security of people living with HIV and vulnerable populations.</p>	<p>Provide technical support to strengthen the tracking and utilization of HIV and tuberculosis collaborative interventions, including capacity building on isoniazid preventive therapy and enhanced tuberculosis screening in health facilities, especially among people living with HIV.</p> <p>Support HIV and tuberculosis focal persons in about 80% of the high burden districts to conduct monthly meetings; and provide technical assistance for district biostatisticians and strategic information team from the Ministry of Health to conduct quarterly data quality assessments in over 100 districts.</p> <p>Support the Government to develop and implement Standard Operating Procedures for HIV testing and tuberculosis screening to enhance existing surveillance systems and provide capacity building to boost collaboration and coordination of HIV and tuberculosis efforts.</p> <p>Facilitate training and mentorship of 600 health workers around management of co-morbidities, including HIV and tuberculosis.</p>
<p>Low comprehensive knowledge and high information gap on HIV, SHR, and GBV among adolescents and young people, especially during COVID-19 related school closures. Teenage pregnancy remains high in Uganda and increased stigma towards people from key populations present significant challenges in the HIV response.</p>	<p>Support expansion of combination HIV prevention services among high-risk populations, including adolescent girls and young women, and key populations.</p>
<p>Uganda's HIV response is extremely dependent on external resources where 90% of the response, mainly HIV drug and commodity supply, relies on donor funding. There is also a significant funding gap for HIV prevention and programmes needed to address social and cultural drivers of the epidemic.</p>	<p>Increase advocacy for increased and sustainable domestic financing, including increased government budget allocation for the health sector.</p> <p>Support the implementation and scale up the National HIV Mainstreaming Policy Guidelines mandating 0.1% budget allocation for HIV across Government sectors and agencies.</p> <p>Provide technical support to strengthen financial tracking, efficient use, and sustain strong collaboration with current HIV development partners.</p>

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