The Republic Of Uganda

ANNUAL JOINT AIDS REVIEW REPORT 2020/21

FINAL REPORT

Uganda AIDS Commission

November 1, 2021

Table of Contents

List of Tables

List of Figures

LIST OF ACRONYMS

ADP	AIDS Development Partner
AGYW	Adolescents Girls and Young Women
AMICAALL	Alliance of Mayors Initiative for Community Action AIDS at Local Level
ANC	Antenatal Care
ART	Antiretroviral Therapy
ATF	AIDS Trust Fund
COVID-19	Corona Virus Disease
CSO	Civil Society Organization
DHIS2	District Health Information System
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother to Child Transmission
FP	Family Planning
FSW	Female Sex Workers
GBV	Gender Based Violence
GF/GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GOU	Government of Uganda
HLM	UN High Level Meeting
HMIS	Health Management Information System
HRH	Human Resources for Health
HTS	HIV Testing Services
IP	Implementing Partners
JUPSA	Joint UN Program of Support on AIDS
KARUNA	Karamoja United Nations HIV/AIDS Program
KP	Key Population
MARPs	Most at Risk Populations
MDA	Ministries Departments and Agencies
MGLSD	Ministry of Gender, Labor and Social Development
MNCAH	Maternal, Newborn, Child and Adolescent Health
MODVA	Ministry of Defence and Veteran Affairs
MOES	Ministry of Education and Sports
MoFPED	Ministry of Finance Planning and Economic Development
MOH	Ministry of Health
MoWT	Ministry of Works and Transport
MSM	Men who have sex with men
MWE	Ministry of Water and Environment
NACWOLA	National Community of Women Living with HIV/AID
NADIC	National AIDS Documentation and Information Cen
NAFOPHANU	National Forum of People living with HIV Network i Uganda
NASA	National AIDS Spending Assessment
NCPI	National Commitments and Policy Instrument
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitors
NPAP	National HIV and AIDS Priority Action Plan 2018/19
NSP	National HIV and AIDS Strategic Plan
ODI	One Dollar Initiative
OPM	Office of the Prime Minister
OVC	Orphans and other Vulnerable Children
OWC	Operation Wealth Creation
PEPFAR	Presidential Emergency Plan for AIDS Relief
PFTI	Presidential Fast Track Initiative
PIASCY	Presidential Initiative on AIDS Strategy to Youth
PLACE	Priorities for Local AIDS Control Efforts
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PP	Priority Population
PWD	Persons with Disabilities
PWID	People who Inject Drugs
RRHs	Regional Referral Hospitals
SAGE	Social Assistance Grants for Empowerment
SBCC	Social and Behavioral Change Communication
SCE	Self-Coordinating Entity
SGBV	Sexual and Gender Based Violence
SINOVUYO	A teen parenting program
SMC	Safe Male Circumcision
SRH	Sexual and Reproductive Health
TB	Tuberculosis
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UDHS	Uganda Demographic Health Survey
UGANET	Uganda Network on Law Ethics and HIV/AIDS
UNAIDS	Joint United Nations Program on HIV/AIDS
UNASO	Uganda Network of AIDS Service Organizations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UPHIA	Uganda Population HIV Impact Assessment
UWONET	Uganda Women's Network
YAPs	Young people and Adolescent Peer Support
VL	Viral Load

PREFACE

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

HIV Prevention

The Prevention goal is to reduce the number of youth and adult HIV infections by 65% and pediatric infections by 95% by 2025. In 2020/21, there was some progress in promoting behavioral change, biomedical prevention, and addressing socio-cultural drivers of HIV.

Socio-Behavioral Change Communication (SBCC): The National HIV/AIDS Communication Strategy 2021-25 was developed. Messages continued to be disseminated through various channels and platforms including radio talk shows, TV shows, music concerts, project interventions such as under the Social and Behaviour Change Activity (SBCA), Public Service Announcements (PSA) by the President, international events such as the World AIDS Day and the Candle Light Memorial, and events by cultural institutions. An estimated 14 million people were reached with HIV messages through PSAs, 12 million through the Candle Light Memorial events, and 7.1 million through radio talk shows in districts. However, schools which are a major platform of passing on key messages to in-school adolescents and young people in the country, remained closed due to the COVID 19 pandemic.

Comprehensive programming for Key and Priority populations: Efforts to reach priority groups for HIV prevention interventions were intensified. *Adolescent Girls and Young Women (AGYW):* There was continued focus on empowering adolescent girls and young women economically, promoting safer sexual behaviors, keeping girls in school, and providing psycho-social support. A total of 384,665 AGYW in 43/62 high burden Districts received comprehensive HIV prevention services; and 38,701 out of school AGYW were provided with HIV prevention messages through different media channels. Over 120,736 were reached with Violence and HIV prevention messages using the 'Journeys Plus' community-based curriculum. Other interventions and achievements include provision of economic strengthening and integrated ASRH services in 10 Districts, reaching 18,000 vulnerable girls in 39 Districts with school subsidy, capacity building and advocacy messages to create norms change for AGYW, training of 14 cultural institutions and 112 Districts on the use of 'safe pal' to report GBV cases, information sharing and interaction with online counsellors on HIV prevention among AGYW; and training of district staff on the Parenting Guidelines. Under the Young People and Adolescent Peer Support (YAPS) program which targets AYLHIV, a differentiated, multi-sectoral and multi-level intervention has been implemented, with services including HIV testing and linkage to treatment, distribution of self-test kits, and support to Index Client testing.

Key populations: There is more support from government for KP programming, compared to previous years. All policy documents incorporated KP programming issues and many KP-specific guidance documents have been developed such as the Harm Reduction guidelines, DIC guidelines, Peer training manual, DSD tool kit and a MARPS Priority Action Plan. There was a lot of capacity building for HCWs and peers in the provision of KP-friendly services in at least 20 selected districts. Up to 1,600 members of key populations received legal aid services and 1,169 received training and awareness sessions on human rights. Other interventions included expansion of KP friendly clinics at the regional referral hospitals and increase in DICs for KPs from 39 to 54 to improve access to comprehensive services. Regional multisectoral engagements helped to improve coordination and reduced police harassment. Program monitoring improved through adoption of KP data collection tools and the KP tracker data base. *Harm Reduction:* The implementation of Medically Assisted Therapy (MAT) for People Who Inject Drugs was a key addition to KP services, utilizing a harm reduction approach; the first MAT center was established at Butabika Mental Referral Hospital and by the end of the year 275 PWIDs were actively receiving treatment.

Biomedical HIV Prevention: There was continued roll-out of biomedical HIV prevention interventions. The National Comprehensive Condom Programming Strategy & Implementation Plan 2020-2025, that embraces a Total Market Approach, was launched. However, condom promotion and demand creation activities remained limited mainly due to the COVID-19 restrictions and lack of funding. Over 6 million individuals received HIV testing Services (HTS), identifying 151,861 HIV-infected, and linking 88.5% of these to ART which is 7 below the target of 95%. The HTS optimization plan was rolled out to some facilities to improve efficiency in testing. The national scale-up plan for HIV Self-Testing 2020-2023 was finalized. Pre-exposure prophylaxis (PrEP) services were scaled up to 259 sites, enrolling over 85,000 onto PrEP and increasing current beneficiaries to over 140,000, more than three times the previous year. Over 23,000 individuals received post-Exposure prophylaxis (PEP), including 12,590 survivors of sexual violence. Over 470,555 males were circumcised, 88% of these in the target age group of 15-29 years. This was a decline from 600,399 safe male circumcisions reported in 2019/20. In the PMTCT setting, 98% of pregnant women attending ANC were aware of their HIV status; 96% of the HIV infected mothers received ART, with 81% retained on ART 12 months after initiation. Among pregnant and breastfeeding mothers eligible for a viral load test, only 61% received a test with 93% and 95% virally suppressed respectively. Of the HIV-exposed infants (HEI), 81% received ARV prophylaxis, an increase from 77% in 2019/20; 88% had an EID test, an increase from 77% in 2019/20, while 74% had their 1st DNA-PCR within 2 months of birth, an improvement from 62% in 2019/20. EID positivity rate was 1.7%, an improvement from 1.8% reported in 2019/20.

Mitigating socio-cultural barriers: To mitigate underlying socio-cultural, gender, and other factors, there was continued implementation of key interventions including dialogues on stigma and discrimination targeting religious leaders, cultural leaders, local government technical and political leaders and PLHIV leaders; media campaigns facilitated by trained religious, cultural, PLHIV leaders across all regions of the country, working with media houses. Cultural leaders and communities were mobilized for social norms change towards reducing HIV, Gender Based Violence (GBV), child marriages, and other harmful cultural practices. There was training of champions to lead the fight against GBV and child marriage; dialogues on ending teenage pregnancy and child marriage; interactive dialogues by religious institutions with messages that denounce Violence against Women and Girls (VAWG) and other harmful practices. Male involvement activities were undertaken by cultural institutions, MGLSD and some CSOs, and these included sports events, mass media campaigns, work place programs, and service outreaches, and using strategies such as Male Action Groups and Positive Masculinity Champions. A key success was the rallying of different actors including religious and cultural leaders, government sectors, the private sector, local governments and communities to address GBV.

HIV care and Treatment:

The NSP goal is to reduce AIDS-related morbidity and mortality by at least 50% by 2025, thus improving quality of life pf PLHIV.

ART coverage: By June 2021, ART coverage was 92% (1,303,101/1,414,183), an increase from 85% (1,241,478/1,461,370) the previous year. ART coverage was higher among adults (94.3%) than children (62.8%), while adult females 15+ years achieved the 95% target. The lowest ART coverage was among children 0-9 years (60%); adolescents 10-19 (58%); and young people 20-24 years. This is largely as a result of challenges in finding HIV-infected children and adolescents.

Adherence and Retention: Adherence to HIV treatment was 96%, slightly lower among children (94%) than adults. Retention on ART 12 months after treatment initiation declined from 79% reported in 2019/20 to 71.5% in 2020/21, lowest among adolescents 10-19 (56.2%) and KPs

(<40%). In support of long-term retention (>12 months), implementation of Differentiated Service Delivery models continued with 60% of all ART clients receiving routine HIV care in service delivery models for stable clients. Models for special interest groups have been scaled up including Young People and Adolescent Peer Support (YAPS) model which expanded from 45 to 72 districts; the Key Populations Drop in Centers which increased from 39 to 54; while Group ANC services reached 405 facilities, supporting young mothers to remain in care.

Viral load suppression (VLS): VLS among PLHIV on ART was 94%, an improvement from 91% in 2019/20, with adult females 15+ achieving the 95% target. Among those receiving a VL test, viral load suppression improved in all age groups compared to 2019/20; (children: 84% from 75%; adolescents: 87% from 56%; KPs 91%,from 65%; adults 94% from 91%). This was attributed to use of optimized ART regimens: about 98% of eligible adults and children weighing over 20kg were on TLD (Tenofovir-Lamivudine-Dolutegravir), the preferred regimen by June 2021. The lower viral suppression among children and adolescents is a result of gaps in adherence, retention, and higher prevalence of HIVDR.

HIV integration: HIV integration with other health services is ongoing; coverage for TB Preventive Therapy (TPT) was 72% among PLHIV with 92% completing the 6 months regimen. Implementation of Advanced HIV Disease management is ongoing although it is limited by the low baseline CD4 coverage of 44.6%. The cervical cancer screening program started in January 2021, reaching 45,042 women living with HIV (about 5% of total), of which 5.2% screened positive and 53% were linked to treatment. Among those PLHIV eligible for cotrimoxazole prophylaxis, 82% received the treatment. Access to therapeutic food remains a challenge with only 17% of PLHIV with severe malnutrition receiving supplemental food.

Social Support and Protection

The NSP goal is to strengthen social and economic protection to reduce vulnerability to HIV and AIDS and to mitigate their impact on people living with HIV, orphans and other vulnerable children, KPs and other vulnerable groups.

Addressing Stigma and Discrimination: The National Policy Guidelines on Ending HIV Stigma (2021) were finalized and launched. Over the review period, interventions to address stigma and discrimination have included engagement of religious and cultural leaders through dialogues on stigma and discrimination reduction, a national media campaign, training of religious, cultural, and PLHIV leaders who serve as campaign champions to deliver messages on the fight against stigma and discrimination; and a national Dialogue on HIV, TB and the Law. A total of 768 WLHIV were engaged and legal literacy provided through regional sensitization dialogues on stigma, discrimination and GBV in the context of HIV. The scaling up of DSD models for key populations and PLHIV service delivery is a key stride in minimizing stigma in accessing HIV services.

Socio-Economic Interventions: Economic support was extended to vulnerable groups through government's economic empowerment programs. A total of 746 youth groups with 5,600 members (52%M; 48% F) were supported under Youth Livelihood Program (YLP), of whom 2.8% were Young People Living with HIV; 4,041 women groups and 41,102 individual women were supported under Uganda Women Entrepreneurship Program (UWEP); and 313,771 older persons (41% M; 59% F) were supported through the Social Assistance Grant for Empowerment (SAGE) program. Up to 384,665 AGYW in 43 high burden districts received comprehensive HIV prevention services and 673,295 individuals were supported under the PEPFAR OVC program for children and families affected by HIV. In addition, 10,534 individual PLHIV and 2004 PLHIV households were supported with hygienic packs; 10,000 AGYW were equipped with vocational skills certified by the Directorate of Industrial Training; 500 AGYW were provided with Enterprise

Development Assistance; and 18,000 vulnerable girls in 39 high burden districts were supported with educational subsidies. While these interventions were useful in addressing social and economic vulnerability among the recipients, they have been rendered inadequate in the context of the COVID-19 pandemic and the associated lockdowns that have led to loss of jobs, closure or shrinking of businesses, and stifling of livelihoods especially among the poor and vulnerable.

Scale up Psychosocial support: Mental health challenges are reported to have worsened as a result of the various impacts of the COVID-19 pandemic. Over 4,000 survivors of GBV were provided with psychosocial support. Psychosocial support has also been provided to young people through the MOH YAPs program; to government workers living with HIV through the initiatives of various MDAs; and to PLHIV and vulnerable people by Implementing Partners (IPs) and CSOs using different models such as family support groups, expert clients, and the Community-Led Health Advocacy for Development Group (CHAG) model in fishing communities. Psychosocial support services remain inadequate both at HIV service outlets and in the community settings.

Prevention and Response to GBV: The period has been characterized by an increase in gender-based violence with a 44% reported increase between 2019/20 and 2020/21. A total of 200,096 survivors of sexual violence were reached with post-GBV clinical care, including 12,590 survivors of sexual violence reached with PEP. A total of 120,736 AGYW were reached with violence and HIV prevention messages; and more than 4,700 Women and Girls Living with HIV (WGLHIV) and KPs were reached with legal aid services. Over 14m people were reached through engagements on reducing GBV, Violence Against Women and Girls (VAWG) and harmful practices. These services are still inadequate and there are many PLHIV and vulnerable people who remain unreached. Some of the key outcomes from the above efforts include increased awareness about GBV among various communities and stakeholders; increased community response to report GBV cases; increased involvement of leaders in talking against GBV and denouncing social norms and practices that perpetuate GBV; and improved access to services for survivors of GBV.

Prevention and Response to Child Protection and Violence against Children: The period has been characterized by an increase in violence against children (VAC), with reports of increase in teenage pregnancies and early marriages. Uganda also had one of the longest closures of schools and it is feared that many girls and some boys will not return to school. Policy developments have included the revision of the National Child Policy (2020) and the Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings (2020). Interventions in response to VAC have been provided by CSOs, district local governments, health facilities, the police and the MGLSD. Actors have provided shelters, legal aid, psycho-social support, and referral and follow up. Special court sessions were held to expedite handling of cases involving children. Increased awareness about issues of VAC has led to increased demand for contraception and PEP services for girls that have been sexually abused. Overall, services remain inadequate amidst the escalated cases of violence against children sparked off by the COVID-19 pandemic lockdowns and school closures, with only 30.7% of the children that suffered sexual violence getting HTS, and only 20% of those who were supposed to get PEP receiving it.

Strengthening the Legal and Policy Framework: Policies relevant to social support and protection were formulated and/or revised, including the National Policy Guidelines on Ending HIV Stigma (2021); National Child Policy (2020); and Guidelines for Prevention and Management of Teenage Pregnancy in Schools revised (2020). There have been substantial advocacy efforts by CSOs focused on the need for legal reform, respect for human rights and stigma reduction. Trainings have been conducted targeting law enforcers, judicial officers, political leaders, MPs, and health workers to improve their attitudes and the environment for service provision to PLHIV, key populations and vulnerable groups. Other interventions have included legal literacy, legal aid

services and strategic litigation. More than 4,700 WGLHIV and members of KPs were reached with legal aid services. Key achievements include increased awareness of rights; increased access to HIV and legal services; and a progressive improvement in government and law enforcement attitudes towards key populations, resulting into expansion of services targeting KPs and less incidents of violence towards KPs orchestrated by law enforcement agencies. Nevertheless, the legal environment remains marked by punitive legal provisions in the Penal Code Act, Cap 120; in the HIV Prevention and Control Act 2015 (currently under legal challenge); in the Narcotic Drugs and Psychotropic Substances Control Act, 2016, which are not favourable to the effective utilization of HIV services by PLHIV, key population and priority populations

Systems Strengthening

The NSP goal is to have a resilient multisectoral HIV/AIDS service delivery system that ensures sustainable access to efficient and safe services for all targeted populations.

Governance and leadership: Over the review period, a Committee of Technical Experts (CTE) was constituted to replace the Partnership Committee. An Equity Steering Committee, with a secretariat at UAC, was formed, as a multi-sectoral committee to coordinate and monitor implementation of the Equity Plan. An assessment of the functionality of national and sub-national HIV coordination structures was conducted. The NSP was widely disseminated to stakeholders. At sector level, several operational policy guidance documents aligned to the NSP were developed and disseminated, including guidelines on Gender and Parenting under MOGLSD; Re-entry guidelines for prevention and management of teenage pregnancy in school under MOES; and Harm Reduction guidelines under MOH. Mainstreaming of HIV/AIDS into sector activities was strengthened: several government ministries, departments and agencies (MDAs) including districts were supported to develop HIV/AIDS strategic plans, establish and functionalise HIV/AIDS committees, and allocate the 0.1% funding. The budget vote output for the 0.1% mainstreaming funding was operationalized by MOFPED to facilitate tracking of funds. An assessment on 'Performance of Multi-sectoral HIV/AIDS Mainstreaming' was conducted.

Human Resource: The MOH launched the Human Resources for Health Strategic Plan Strategic Plan 2020-2030. MOH is recruiting 600 staff on contract to support COVID-19 and treatment units so existing staff are available to support HIV and other services.

Funding: For the year 2020/2021, at least 649 million USD was mobilized to support HIV/AIDS activities which was about 89% of the projected budget of $732 million. GOU direct contribution increased from $79,512,159 in 2019/20 to $81,189,593 representing about 13% of the total budget, which is way below the 40% target. Through HIV/AIDS mainstreaming, additional funding was realized. As part of resource tracking, the 3rd National AIDS Spending Assessment (NASA) was conducted, covering the period 2017/18 and 2018/19.

Infrastructure: Several infrastructural improvements were realized over the review period. The laboratory network which supports centralized HIV viral load and EID testing at CPHL became more robust as a result of COVID-19 leveraging; eight additional vehicles were procured for sample transportation, while systems for sample tracking and results return were strengthened. Virtual technology such as Zoom was adopted to support training of health care workers and program coordination. Regional Referral Hospitals (RRHs) were equipped with Zoom licenses, cameras and screens to enable them participate in telemedicine sessions. NMS installed an integrated end-to-end digital supply chain drug information, quantification, ordering and tracking system. At facility level, the uptake of multi-month dispensing increased following COVID-19 and the mobility restrictions that were mandated. At community level, the community engagement

strategy was finalized and the roll out of the tool kit is ongoing. Implementation of the community-led monitoring of health service delivery for HIV/TB is ongoing.

Strategic Information: As part of strategic information management, monthly data cleaning at district level was adopted with significant improvement in data quality. Key population data collection tools were piloted with data entry into the KP tracker by participating sites. The Gender Response Dashboard (GRD) was operationalized. The National HIV&AIDS Research Agenda 2020-2025 was developed. Among the special studies conducted were the Uganda HIV Impact Assessment (UPHIA) and the Uganda National Household Survey (UNHS), which provide information on the status of the epidemic and impact of interventions. Although Uganda's bid to host ICASA was canceled, a scientific conference organized by UAC is scheduled in November 2021 and will provide a forum to share emerging scientific evidence.

COVID-19 impact on HIV service

Following the declaration of the Coronavirus disease (COVID-19) outbreak as a global pandemic in March 2020, the government responded with a range of measures including 'lockdowns' that entailed travel restrictions, closure of non-food businesses, restriction of public gatherings, closure of non-essential services, closure of schools and places of worship, and suspension of public transportation. The pandemic impacted HIV-related services, health systems, as well as the wider socioeconomic context making it harder for Uganda to achieve the goals set in the NSP, the NDP III, and SDGs. The disruptions in HIV services mainly affected community interventions such as community HIV testing, HIV prevention services, VMMC, KP services, and collection of blood for transfusion. Some PLHIV could not easily access their ARV refills due to travel restrictions during the total lockdown, while others lacked adequate food to sustain adherence to treatment. The closure of schools increased vulnerability of children and adolescents to HIV, GBV, and adolescent pregnancy. The socioeconomic decline was associated with increasing unemployment, increasing poverty, and increasing Sexual and Gender Based Violence (SGBV), and violence against children including child labor, all of which increase vulnerability to HIV infection. The social, health and economic hardships triggered by the pandemic contributed to mental and psycho-social problems, especially for people who were already vulnerable, including PLHIV, KPs and PPs. At institutional level, budget cuts affected implementation of planned activities as funds were diverted to COVID-19 control.

Overall, while the COVID-19 lockdown restrictions impeded access to facility-based HIV services, they stimulated interest and opened the opportunity for strengthening of community-based service delivery models. The COVID-19 experiences also challenge all actors to pay attention to the vulnerability and resilience of Uganda's heath care system, calling for more investments to build a more robust system that can withstand and respond to current and future epidemics and emergencies. The challenges in securing adequate vaccines for the nation point to the persisting global inequalities in access to essential medicines and technologies to address emerging epidemics, which needs to be addressed at the global level.

Introduction

Background and Rationale: Uganda made tremendous progress in combating the HIV and AIDS epidemic with a reduction in new infections, HIV prevalence, and AIDS related mortality over the past 10 years. Uganda is one of 14 countries globally that achieved the 90-90-90 targets by 2020 ensuring that 90% of People Living with HIV/AIDS (PLHIV) are aware of their HIV-positive status, 90% of those who test HIV positive are on treatment and 90% of these are virally suppressed. By end of 2020, Uganda had an estimated 1.4 million PLHIV, AIDS related deaths had declined by 61% from 56,000 in 2010 to 22,000 and new HIV infections had declined by 60% from 94,000 to 38,000 (Uganda HIV & AIDS Fact Sheet). Despite the achievements, the epidemic remains generalized, and heterogeneous across geographical, socio-economic and demographic population subgroups, implying challenges that need to be addressed.

Uganda's national response to combating the HIV/AIDS epidemic is mounted on a multi-sectoral approach based on the recognition that the challenges posed by the disease affect all sectors of national development. The National HIV/AIDS Strategic Plan (NSP) 2020/21-2024/25 is aligned to the third National Development Plan (NDP III) and provides overall strategic direction for the national response under four thematic areas: Prevention, Care &Treatment, Social Support & Protection, and System Strengthening. The NSP is aligned to the UN Sustainable Development Goals including; 'ending the epidemics of AIDS, TB, malaria and neglected tropical diseases by 2030' (SDG 3), and 'gender equality:- ending all forms of discrimination against women and girls everywhere' (SDG 5).

June 30, 2021 marked the end of Year 1 implementation of the NSP, the 6th year for the SDGs, and the 4th year for the Presidential Fast Track Initiative (PFTI) hence the need to review, document progress, and report to stakeholders. The COVID-19 pandemic, and interventions implemented to limit community transmission has led to disruptions in service delivery since the first case was reported in March 2020 and hence the need to examine the extent to which program outputs and outcomes were impacted. Furthermore, in June 2021, the UN General Assembly High Level Meeting (HLM) declared new global commitments aimed at accelerating progress towards achievement of the 2030 targets as well as promoting renewed commitment and engagement of leaders, countries, communities and partners to implement a comprehensive universal integrated response to HIV/AIDS. This is summarized in the revised Global AIDS Strategy 2021-2026. Countries are required to align with revised commitments hence the need to domesticate targets.

Purpose: The main purpose was to review performance in Year 1 of the NSP 2020/21-2024/25 implementation, and to establish and document the level of alignment between the Global AIDS Strategy 2021-2026 targets with the NSP.

Specific Objectives

- To review performance during the 1st year of the NSP 2020/21-2024/25
- To disseminate implementation progress on the Aide Memoire, 2019/ 2020 undertakings
- To review and provide highlights of the progress on the PFTI on Ending AIDS as a public health threat in Uganda by 2030
- To review the impact of COVID-19 on the national HIV Response
- To agree on undertakings for implementation for FY2020/21(Aide Memoire with key undertakings)
- To review the 2021 HLM political declaration targets alongside the NSP targets to ensure alignment and domestication

METHODOLOGY

Overview

A variety of methods were used including consultations with the UAC Prevention, Care and Treatment, Social Support and Protection, Gender, Systems Strengthening and Monitoring and Evaluation Technical Working Groups (TWG) and other stakeholders, document review, district interviews and national level key informant interviews. The interviews were used to validate some of the information that was derived from the document review, to address information gaps in the literature review especially in terms of identifying best practices and district experiences, progress and challenges. The indicators and targets for the NSP as well as the strategic interventions formed the basis for the review and interviews. In addition to the indicators and targets that were included in the NSP, the National Priority Action Plan (NPAP) expounded on priority activities.

Data collection methods

Document Review: We identified and reviewed several documents in consultation with the TWG and stakeholders. These included policies, plans, and program reports.

Secondary data analysis: Data abstraction from relevant data bases across various ministries for key performance indicators including HMIS, DATIM, HIBRID, dashboards for GBV, COVID-19, EID and Viral Load.

Key Informant interviews and stakeholder consultations: At national and subnational levels, including personnel from government Ministries (e.g. MOH, MOES, MGLSD), AIDS Development Partners (ADPs,) CSOs, focal persons from selected districts, Implementing Partners such as IDI, Baylor, beneficiaries of services including PLHIV, Youth, Key and Priority populations.

Meetings with TWGs, SCEs, selected Regional and District entities. These meetings helped validate the information derived from the document reviews, served as a forum to dialogue on Global AIDS strategy targets, and guided further consultations. The districts were selected in consultation with stakeholders including UAC. The criteria for the selection of districts included HIV sero-prevalence and previous performance based on document review. Given the COVID-19 situation, most of the interviews were virtual.

The TWGs provided oversight for the assessment, reviewed and approved the evaluation methodology, the data collection tools and provided input into the selection of the districts, stakeholders to be interviewed and the documents that were reviewed. The TWGs have representation from policy makers and implementers. The implementers are derived from the major HIV/AIDS care and treatment organizations in Uganda, including pediatric, adolescents and adult HIV/AIDS service providers. The team also had representatives from AIDS Development Partners (ADPs). We held consultation meetings to review and approve the methodology and tools, and to review the preliminary findings from literature review, and a follow-up meeting to review the draft report after incorporating the findings from the interviews. Additionally, the findings and recommendations were presented to the UAC top management team, in preparation for dissemination at the JAR meeting.

STATUS OF THE HIV EPIDEMIC IN UGANDA

Uganda has made significant progress in the fight against HIV/AIDS especially in the last 10 years and is one of 14 countries that achieved the 90-90-90 targets by 2020. Data from routine surveillance and population surveys indicate that the HIV prevalence amongst adults reduced from a peak of 18% in the 1990s to 6.2% in 2016. The country adopted the 95-95-95 targets for epidemic control in the new NSP. An estimated 1,414,183 individuals are living with HIV with females comprising 62% while 7% are children below 14 years of age (MOH Estimates). In 2020, there was an estimated 22,000 AIDS-related deaths.

Performance along the clinical cascade

Overall, performance stands at 94-98-91 against the NSP 95-95-95 target by 2025 (MOH Program data). The high performance across the cascade in the first year of NSP implementation is related to implementation of targeted HIV testing to find HIV-infected persons with scale-up of high yield approaches such as index client testing; consolidation of 'test and treat' initiatives; ARV regimen optimization; as well as improved program monitoring. Figure 1.

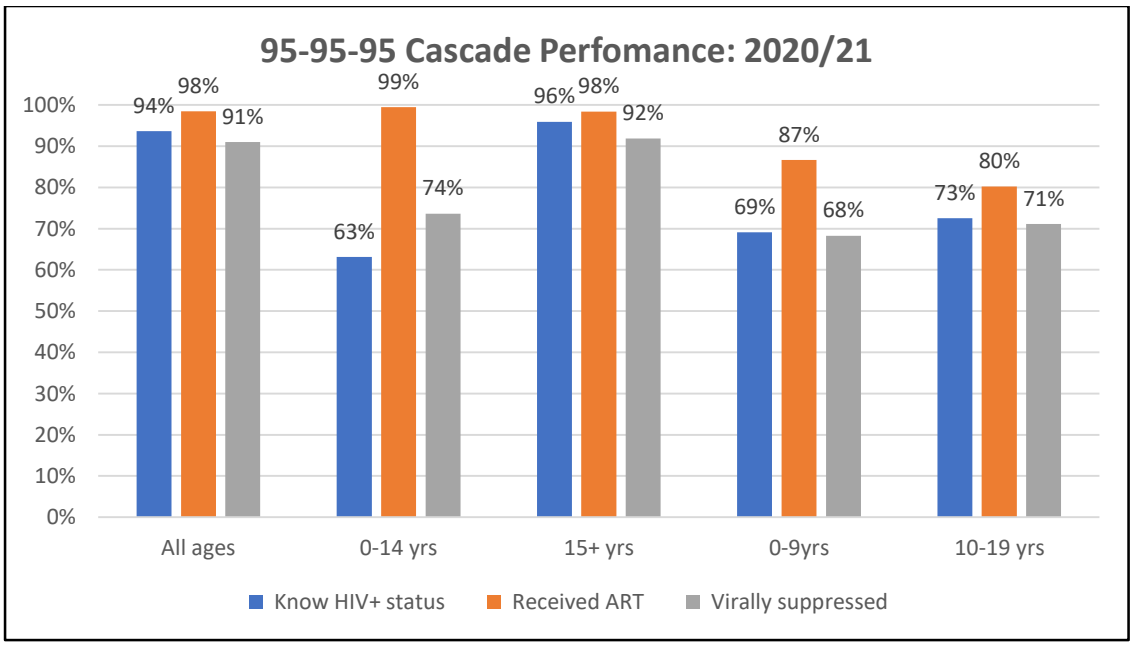


Figure 1: Conditional cascade 95-95-95

The clinical cascade for children and adolescents is the weakest whereby finding infected children (1st 95) is the biggest bottleneck. The 2nd 95 is also weak for children as a result of challenges in linkage from testing and retention on treatment, while viral suppression (3rd 95) is low due to poor adherence to treatment and higher prevalence of HIV drug resistance, when compared to adults. Overall, the 2nd 95 is the best performing for all populations with the 2025 target already surpassed among adults 15+ where 98% already on ART.

At population level, performance is estimated at 94-92-84 (MOH Program Data) which is close to the 2025 target of 95-90-86 for all ages but with poorer performance among children and adolescents. Figure 2.

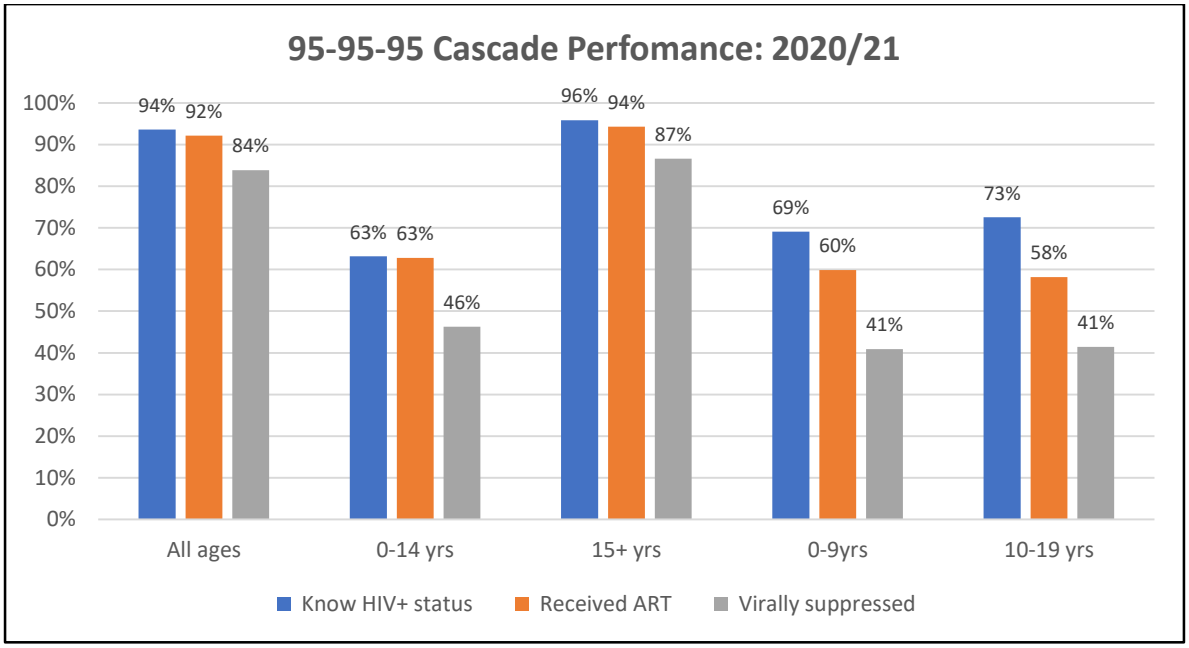


Figure 2: Unconditional cascade 95-90-86

Among children and adolescents, finding infected children and adolescents is the biggest challenge contributing to the low performance on the 2nd 95 i.e. 63% Vs the target 90%. Additionally, poor adherence to treatment, in addition to use of suboptimal regimens, and missing viral load testing are reflected in the low performance on the third 95 (target of 86%).

However, the number of new infections remains high. As of 2020 the estimated number of new infections was 38,000 of which 5300 were children (Source: AIDSinfo/UNAIDS https://aidsinfo.unaids.org/). It is estimated that over 60% of the new HIV infections are from adolescent girls and young women, key and priority populations. Among young people, young women account for 73% of the new infections due to vulnerabilities created by unequal cultural, social and economic status. Sexual and gender-based violence is also a key driver of HIV infection and negatively impacts access to services among women generally and especially the Adolescent Girls and Young Women (AGYW). Key populations, identified by UNAIDS as female sex workers, men who have sex with men (MSM), and injecting drug users, have the highest risk of contracting and transmitting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviors are often stigmatized, and even criminalized. In Uganda, HIV prevalence is estimated at 31% among female sex workers, 18% among partners of female sex workers, 12.7% among men who have sex with men, 18% among men in uniformed services. FSWs account for 20.2% of new HIV infections in Uganda, with clients of FSWs contributing 12.2%. In spite of the high risk among key populations, significant variances and inequities exist in HIV service coverage and interventions, with these populations experiencing the greatest human rights barriers and limitations to service utilization and poorer HIV prevention, care, and treatment outcomes.

Progress on NSP IMPLEMENTATION FOR FY 2020/2021

HIV Prevention

The HIV Prevention Sub-Goal in the NSP aims to reduce the number of youth and adult HIV infections by 65% and pediatric HIV infections by 95% by 2025 through 3 strategic objectives; i) Increase adoption of safer sexual behaviors and reduction in risky behaviors among key populations (KPs), priority population (PP) groups and the general population; ii) Expand coverage and uptake of quality biomedical priority HIV interventions to optimal levels; and iii) Address underlying sociocultural, gender and other structural factors that drive the HIV epidemic.

As part of the Presidential Fast Track Initiative (PFTI), key HIV prevention focus areas include; accelerating steps to decrease the spread of new HIV infections, particularly among adolescent girls and young women (AGYW); consolidating progress on elimination of Mother-To-Child Transmission of HIV eMTCT), expanding coverage and uptake of services along the four eMTCT prongs; and accelerating implementation of the 1st 95 ensuring all PLHIV are diagnosed. This section will highlight achievements in these areas.

Key achievements in HIV prevention

- The National HIV/AIDS Communication Strategy 2021-25 was developed
- The National Comprehensive Condom Programming Strategy & Implementation Plan 2020 – 2025, that embraces a Total Market Approach, was launched
- Guidelines for Harm Reduction, and Drop-In-Center (DIC) operations were launched
- Over 15 new DICs were established to support KP services bringing the total to 54
- The 1st Medically Assisted Treatment (MAT) center was established for PWIDs at Butabika National Referral Hospital
- PrEP services were scaled up to 259 sites, enrolling 85,000 individuals, and tripling number of recipients from 45,000 to 140,619
- Over 23,000 individuals received PEP, including 12,590 survivors of sexual violence
- Over 6 million individuals received HTS: - new HIV diagnoses declined by 18% from 186,136 in 2019/20 to 151,861 in 2020/21. Among those testing HIV positive, 88.5% (134,361 /151,861) were linked to ART. The HTS optimization plan was developed and roll-out is ongoing. The national scale-up plan for HIV Self-Testing 2020-2023 was finalized.
- PMTCT: About 96% HIV infected mothers received ART. Among HIV exposed infants (HEI), 81% received ARV prophylaxis Vs 77% in 2019/20. 88% had an EID test, an increase from 77% in 2019/20, while 74% had their 1st DNA-PCR within 2 months, an improvement from 62% in 2019/20. EID positivity rate was 1.7%, an improvement from 1.8% reported in 2019/20.
- VMMC/SMC: The number of circumcisions performed declined from 600,399 in 2019/20 to 470,555, in 2020/21, with 88% in the target age group of 15-29 years.
- The National Anti-Stigma and Discrimination Policy was finalized and dissemination commenced

Outcome performance is summarized in Table 1.

Table 1: Outcome performance: HIV Prevention

Indicators	Baseline	NSP Targets	HLM targets	Achievement (2020/21)	Data source	Comment
Outcome 1: Increased adoption of safer sexual behaviours and reduction in risky behaviours among key populations, priority population groups and the general population						
1.1 Percentage of adult males and females (15-49 and 50+ years) who have had sexual intercourse with more than one partner in the last 12 months	**Male** 15-49: 20.6% 50+: No data	15-49: 10.5% 50+: 5%		**Overall:** Male 29.9. **By Age category:** 15-49: 30.7%; 50+: 17.7%% **By Region:** Acholi: 15.1%; East Central: 22.5%; Eastern: 27.5%; Karamoja: 1.4%; Lango: 12.4%; South Western: 21.2%	USAID LQAS 2020 Survey Report	Performance declined from the baseline. LQAS conducted in 64 USAID-supported districts spread over six key regions shows regional differences. *There is need to identify and implement effective behavioural interventions especially targeting adolescents and young people*
	Female 15-49: 2.3% 50+: No data	15-49: 1% 50+: 0.5%		**Overall:** 10.4%; 15-49: 10.4%; 50+: no data%; **By Region:** Acholi: 14.8%; East Central: 22.5%; Eastern: 27.8%; Karamoja: 2.2%; Lango:13.4%; South Western: 19.3%		
1.2 : % of young women & men aged 15-24 years who correctly identify 3 ways of preventing sexual HIV transmission and who reject 2 misconceptions about HIV transmission	Male: 45% (UPHIA 2016)	70%		Overall: 24.1% Male: 26.7% Female: 22.4%	USAID LQAS 2020	Declining performance *Need to improve awareness, educate your people about HIV prevention*
	Female: 46%	70%				
Outcome 2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up						
% of key and priority populations who have received an HIV test in the previous 12 months and know their results	86%	90%		For KPs groups 88% (285,583/ 324,150) (i.e. MSM, TG, SW, PWID and Prisons). 74% among PPs	KP tracker	Improvement noted among KPs due to community mobilisation through CSOs and increased access at DICs with the NSP target surpassed for MSM, PWID, and TG. NB: Access to community HTS was disrupted due to COVID-19 restrictions. Poorer performance among PPs (Truckers, Prisons, Uniformed) due to high mobility with challenges in access.
Sex workers	86%	90%	95%	89%(164129/183942)		
Uniformed Personnel	No data	90%	95%	79%(6672/8490)		
Fishermen	No data	90%	95%	74% (31865/42950)		
Men who have sex with men (MSM)	85%	90%	95%	95% (21785/22892)		
Truckers	No data	90%	95%	71%(7903/11136)		
Injection Drug Users (PWID)	No data	90%	95%	95%(9320/9798)		
Transgender persons	No data	90%	95%	94%(1450/1538)		
Prisoners	No data	90%	95%	84%(88899/105980)		
% of HIV-positive pregnant women who receive ARVs to reduce risk of MTCT	92%	95%	95%	96% (76,659/ 79,625)	DATIM PEPFAR	Target surpassed. Decline in performance from 2019/2020 performance.

Indicators	Baseline	NSP Targets	HLM targets	Achievement (2020/21)	Data source	Comment
Percentage of HIV-positive women in sexual relationships using family planning	No data	70%	95%	No data	Draft HSDPIII	Data is not routinely collected on FP& PLHIV. *Awaiting UPHIA and UDHS 2020 reports.*
% of HIV-positive breast- feeding mothers with VL suppression	No data	95%	95%	95%	DATIM	Target met (among tested), testing coverage is suboptimal.
Percentage of pregnant and breast-feeding mothers on ART at 12 months after initiation	No data	90%	95%	81% (14,315/17,749)	DHIS2	Target not achieved. Gaps in retention. *There is need to enhance retention through peer and other support mechanisms*
Percentage of HEI who have received ARV prophylaxis to reduce risk of MTCT of HIV	85%	90%	N/A	81%	MOH Reports	Decline in performance from baseline. Related to low facility delivery (74%)
Proportion of exposed infants testing positive with 1st DNA-PCR within 2 months	2.1%	1.3%		88% had EID (72,403/82,577; 74% (61,469/82,577) were tested within 8 weeks	DATIM	EID coverage improved form 77% but target of 95% is not met. *Review indicator for better understanding.*
Early infant diagnosis (EID) positivity rate	2% (under 2 months)	0%		1.7% (1,278/74,383)		On track to achieve the target. *However there is need to address the maternal retention gaps*
% of donated blood units adequately screened for HIV according to national or WHO guidelines in 12/12	100%	100%		100%	UBTS	Target achieved. However blood collection declined due to COVID-19 restrictions.
Prevention Outcome 3: Mitigated underlying socio-cultural, gender and other factors that drive the HIV epidemic						
3.1 Percentage of women (15-49 years) who experience sexual and gender-based violence	13%	5%	<10%		UDHS/GBV Dashboard	In Jan – March 2021, 937 GBV cases were reported 85% female aged 15-34 yrs; 16% were adolescent boys and girls aged 10-19. Access to post GBV clinical care was 5% for women 30-34 years while 0% of the males accessed care. 1% for adolescents.

The NSP aims to maximize the HIV prevention impact by targeting key and general populations, AGYW, adolescent boys and young men (ABYM); interventions to reduce stigma and discrimination, as well as prevention of GBV. The defined package of high impact HIV prevention interventions includes condom use, targeted HIV prevention services, HIV treatment as prevention, VMMC, eMTCT, PrEP, PEP, harm reduction for PWID, and programs for KPs.

To increase adoption of safer sexual behaviors and reduction in risky behaviors

Socio-Behavioral Change Communication

Social Behavior change interventions such as age-appropriate information, community mobilization and prevention programs among populations at greater risk of HIV exposure have been highlighted as critical for reduction of HIV infections. Strengthening access to comprehensive HIV information and life skills, with a focus on adolescents and young people, using innovative models and channels of communication is one of the critical game changers identified in the National Strategic Plan. In line with this, UAC and partners developed a National HIV and AIDS Communication Strategy, expected to guide stakeholders in both Government and non-government institutions to communicate accurate and culturally sensitive HIV and AIDS messages to communities countrywide.

For the reporting period, schools, which are a major platform of passing on key messages to in school adolescents and young people in the country, remained closed due to the COVID-19 pandemic. That notwithstanding, surveys conducted during this period indicated that young people continued to receive HIV prevention messages through mass media, including Radio, Television, peers and social media. During the reporting period, the main health communication program, "Obulamu', came to an end but individual regional implementing partners continued dissemination of HIV Prevention messages through local radio and TV stations. "Obulamu" was replaced by the Social and Behavior Change Activity (SBCA)

During the review period, His Excellency the President of Uganda who has been one of the leading champions in the fight against HIV recorded messages on Abstinence, HIV testing, Stigma, Adherence, eMTCT, role of leaders in the fight against HIV, and confidentiality of Health Workers which were packaged into the Public Service Announcements (PSA). The PSAs were disseminated through TV, Radios, digital billboard and also shared via social media reaching 14 million Ugandans.

Photo 1: The Former Minister for the Presidency, Hon. Esther Mbayo, the EU Ambassador, H.E. Attilio Pacifici, the US Ambassador, Amb. Natalie E. Brown, the UN Women Country Representative Dr. Maxime Houinato, at the Candle Light Memorial Cerebrations

Despite the COVID-19 pandemic, some of the national and international events which have been commemorated annually and used as platforms to convey and disseminate HIV information, such as the World AIDS Day (WAD) and the Candlelight Memorial were held, with fewer participants though. For instance, 12 MDAs participated in the WAD celebrations held at Office of the President, while other MDAs commemorated at their offices; 51 MDAs attended the celebration organized by UAC either virtually or physically at the Office of the President.

In partnership with UN Women and Next Media, UAC organized a music concert targeting the adolescents and young people on WAD dubbed the "Mixed Tape Concert" with popular DJs reaching young people with HIV prevention messages. In the spirit of ending Stigma and Discrimination of People Living with HIV, UAC commemorated the Candlelight Day on May 27th 2021 in partnership with National Social Security Fund reaching over 12 million through mass media, social media influencers and also through the NSSF social media pages.

Cultural institutions have continued to play a key role in communicating HIV prevention information to their populations, with specific emphasis on addressing negative cultural norms, beliefs and practices. The Buganda Kingdom has for instance, with the Kabaka as the UNAIDS Goodwill Ambassador for HIV Prevention (2017-2022) continued to hold sensitizations about HIV, through various events, including the Kabaka's 66th birthday in April 2021 which was celebrated under the theme "Youth should take leadership in the fight against HIV/AIDS".

Photo 2: Owek. Charles P. Mayega, The Buganda Kingdom Katikkiro (Prime Minister) addresses Kingdom Officials on HIV Prevention during a function convened by MoH in April 2021

As part of these celebrations, activities included media campaigns, provision of HIV services, and training of Sengas, Kojjas, health workers and women leaders in HIV prevention, distribution of Auto boards with Kabaka's HIV messages to Gombololas, ebyoto (camp fires), outreach HIV services, and the Kabaka Run. It is important to note that HIV prevention messages were integrated with COVID 19 prevention messages. Other cultural institutions including Inzu ya Masaaba, Ker Kwaro Alur, Ker Kwaro Acholi, Tieng Adhola, and Ikumbania Bwa Bugwere have undertaken activities to create awareness about negative cultural practices and norms such as GBV that contribute towards HIV prevalence. They have also used their cultural events to disseminate HIV prevention messages and provide services such as HIV testing. Others have worked through PLHIV to disseminate HIV prevention messages.

With support from the Global Fund, UAC and partners conducted a countrywide orientation of the District AIDS Committees (DACs) in 133 districts on integration of HIV and AIDS and COVID 19. After each orientation meeting, a radio talk show was held integrating HIV and AIDS and COVID 19 prevention. A total of 35 radio talk shows were held reaching 7.1 Million Ugandans with messages on HIV and AIDS and COVID 19 prevention.

UAC continued to engage one of its key self-coordinating entities, the media, through Press Briefings and also oriented journalists in 4 regions of Uganda (Ankole, Busoga, Bugisu and Bunyoro) on HIV/AIDS and COVID 19 in a move aimed at integrating reporting of both pandemics. The engagement opened the space for discussion on HIV/AIDS prevention and also acted as a springboard for renewed interest and reporting on HIV/AIDS on television, radio, newspapers and social media.

As shown in Table 1, however, available data shows that the prevalence of multiple sexual partnerships among people aged 15-49 in the last 12 months has increased from 20.6% (males)

and 2.3% (females) at baseline and 10.5% (males) and 1% (females) at midline to 30.7% (males) and 10.4% (females) respectively in 2020. In the same vein, levels of comprehensive knowledge about HIV among young people (defined as the percentage of young women and men aged 15-24 years who correctly identify three ways of preventing sexual transmission of HIV and who reject two misconceptions about HIV transmission) have declined from 45% (males) and 46% (females) at baseline and 70% for both genders at midline, to 26.7% (males) and 22.4% (females) in 2020 (USAID LQAS, 2020). This trend is worrying and can partly be attributed to reduced investment in SBCC over the past few years as more attention turned to treatment, and general complacency among the population regarding the threat of HIV. This situation highlights the need for re-invigorating HIV IEC and SBCC campaigns. It calls for more concerted and innovative ways of reaching people, especially young people with accurate information about HIV.

Condom Programming

For the reporting period, a new National Comprehensive Condom Programming Strategy & Implementation Plan 2020-2025, that embraces a Total Market Approach, was launched. The Total Market Approach seeks to increase the involvement of private sector actors in condom distribution and marketing through commercial, social marketing, and distribution approaches. However, for the year under review, the condom program remained heavily reliant on external funding, mainly from UNFPA, and GFATM & USAID, and focused on public sector commodity procurement and distribution. The role of the social marketing sector declined during the reporting period, mainly due to lack of funding, while the commercial sector continued to play a modest role that is not well quantified. Condom promotion and demand creation activities remained limited during the period mainly due to the COVID-19 SOPs and lack of funding. There was also limited deliberate effort in targeting the free public condoms to those with limited means to pay.

While there was an intention of ensuring last mile delivery of condoms and their availability to users at the right time, the supply chain management system remained with a number of limitations to deliver the quantified need. The recently introduced distribution strategy of 'one warehouse - one facility' for RH products impacted the route for condoms and distribution stalled as a result. To improve last mile delivery, USAID partnered with JMS for last mile distribution, mapping the community distribution points to enable tracking of stocks, and ensuring continued availability of stocks at community level. However, this currently only applies to USAID procured condom stocks. Discussions are ongoing with the Condom Logistics Management Information System team to get other distribution outlets on board. A recent assessment conducted by MOH on the condom dispensers distribution mechanism, revealed challenges in placement of dispensers and stock replenishment, in addition to limited engagement of the private sector. The M&E systems for the Condom Program remained weak, with no guiding M&E framework, limited data and market analytics, and management and use of evidence for condom programming decision making.

For the reporting Period, 181,574,979 pieces of free male condoms were distributed, out of which 126,068,595 (69%) pieces were distributed through the Alternative Distribution System (ADS). A total of 827,531 pieces of free female condoms were distributed through the ADS during the reporting period. Against an estimated Universe of need of 288,788, 198 pieces of female and male condoms, the distributed condoms accounted for 68% of the need. Figure 3. This is largely attributed to gaps in demand as well as bottlenecks in distribution arrangements.

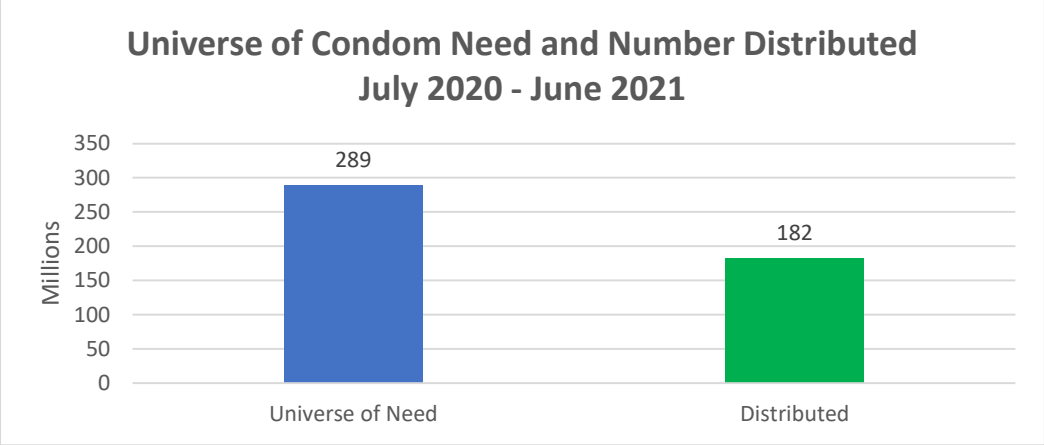


Figure 3: Condom need and distribution

Based on available data, condom use remains much lower than the need. According to UPHIA (2017) 36.7% adults aged 15-64 years (men 45.2%; women 29.0%) reported having sex with a non-marital, non-cohabitating partner. Of these, 33.4% (men 37%; women 28.3%) reported using a condom with a non-marital, non-cohabitating partner; very little data is available to understand use by key and priority populations. Reported condom use as per the UNAIDS Country Factsheets 2020 stands as follows: sex workers is 69%; Men having Sex with Men (39%); PLHIV couples is low at 35%. For condom use among Priority population available data from the Uganda RMNCAH quantification workbook shows- truckers at 55%, fisher folks at 54%, plantation workers at 55% and uniformed personnel at 63%.

Key challenges for condom programming;

- Ensuring last mile condom delivery and availability of condoms to users at right time& place
- Balance between free and TMA approaches. The free condom approach does not align with the TMA approach
- Limited availability of lubricants
- Limited demand creation, insufficient segmentation for priority populations
- Weak M&E systems, limited data and market analytics, management and use evidence for condom programming decision making;
- Condom quantification is based on demographic composition and characteristics, not actual demand or need.
- Commercial sector data hard to come by and the commercial sector in general is not engaged in the condom programming
- A significant stock of condoms was destroyed in a fire that gutted one of the JMS warehouses in April 2021, including all female condoms, which caused a major setback.

Recommendations

- Conduct a survey to establish a baseline for condom demand and market performance
- Develop a comprehensive M&E framework addressing existing gaps and incorporate TMA (includes cLMIS review and scale up)
- Develop and operationalize a condom advocacy plan
- Develop vision for healthy condom Market and design and implement a TMA plan
- Conduct Market segmentation and develop condom demand creation guidelines outlining key messages and concepts; integration in to ensure condom messages are delivered within SRH/FP/HIV Treatment and other prevention interventions
- Targeted coordination & review meetings (national & sub national)
- Engage and involve the private in TMA planning, coordination and implementation activities

Reaching adolescent Girls and Young Women (AGYW) with prevention services

Adolescent Girls and Young Women (AGYW) remain at disproportionately higher risk of HIV infection. Young people aged 15-24 years accounted for more than one-third of all new HIV infections in 2020, with 78% of these attributed to young women. Adolescents aged 10-19 years accounted for 16% of all new HIV infections, with 92% of these recorded among adolescent girls. HIV prevalence among young women aged 15-24 years was 2.8% among young women compared to 1.1% among male counterparts, which shows improvement compared to 2017 when the UPHIA showed an HIV prevalence among young women of 3.3% compared to 0.8% among male counterparts. In addition, 25% of adolescent girls have had a child or are pregnant, while 49.5% have reported experiencing violence including sexual and gender-based violence (UDHS 2016).

To reduce the risk of HIV infection in this population, the country is implementing multiple interventions. An AGYW HIV Prevention strategy, implementation guidelines and monitoring and evaluation framework are in place. There are defined age-specific prevention packages provided using a multisectoral approach. The different programs such as AYP, DREAMS and YAPs focus on empowering adolescent girls and young women economically, promoting safer sexual behaviors, keeping girls in school, and providing psycho-social support.

In the year under review, about 384,665 AGYW in 43/62 high burden Districts received comprehensive HIV prevention services. Figure 4.

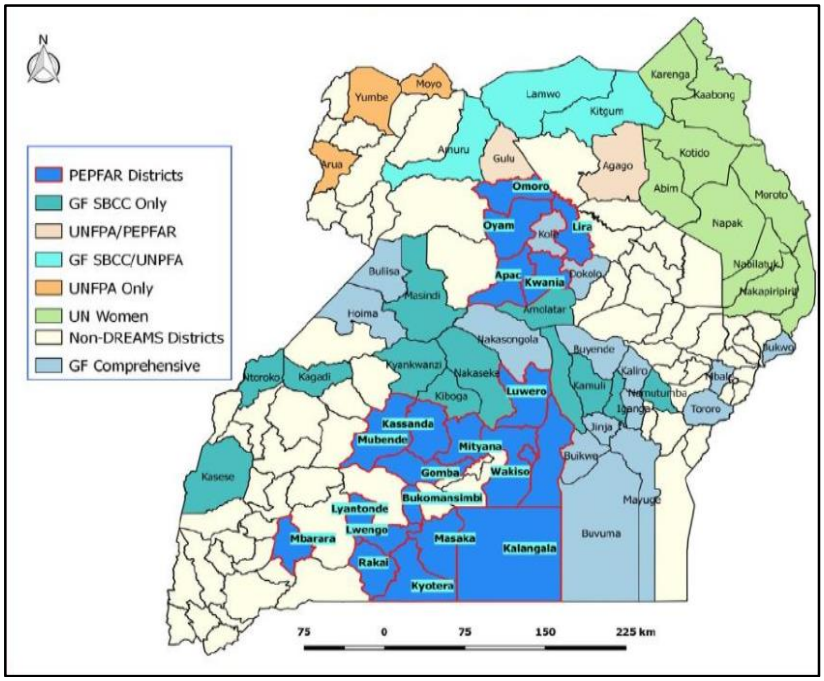


Figure 4: Districts with AGYW interventions

With reference to the map above, apart from the 43 districts supported under PEFAR and Global Fund where a comprehensive package of services is provided, the rest of the supported districts only receive partial services for AGYW. The UN agencies also provided economic strengthening and integrated Adolescent SRH (ASRH) services in 10 Districts whereby young people were trained on ASRH. Ministry of Education reached 18,000 vulnerable girls in 39 Districts with the school subsidy and Ministry of Gender continued to reach key stakeholders through capacity building and advocacy messages to create norms change for AGYW. Fourteen (14) cultural institutions and 112 Districts trained on the use of 'safe pal' an app used for reporting GBV cases, information sharing and interaction with online counsellors on HIV prevention among AGYW; 40 Community Development Officers (CDOs) and Probation and Welfare officers were trained

on Parenting Guidelines. Overall, 57% of the AGYW received age specific primary service package and 46% received primary service package and an additional secondary service package.

HIV prevention: The AGYW program provided tailored HIV prevention services at 'safe spaces' and at community level. In the year under review, 38,701 out of school AGYW were provided with HIV prevention messages through different media channels and some were referred and received some services as shown below. Figure 5.

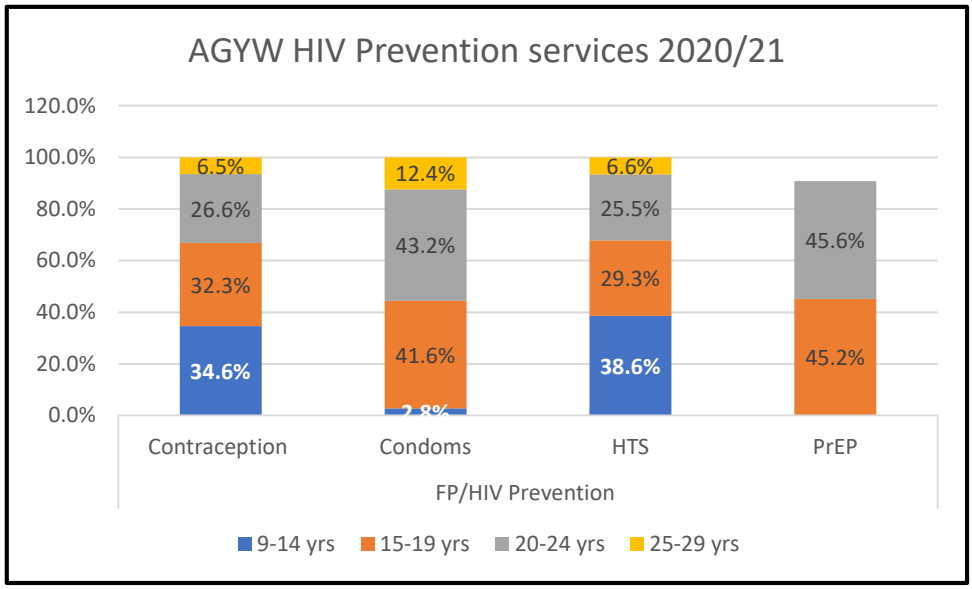


Figure 5: AGYW DREAMS Services 2020/21

The AGYW 9-14 years received Family Planning information while discussing Menstrual Hygiene management and a few sexually active ones received condoms as well. Demand for contraception was however across all age groups, while condoms were mainly demanded by older adolescents 15-19 years (41.6%) and young people 20-24 years (43.2%). The majority of PrEP recipients were 15-19 (45. 2%), and 20-24 (45.6%). It was noted that although AGYW 9-14 years are mandated to abstain, the numbers of those sexually active are quite significant and should not be ignored.

Violence prevention: Violence Prevention and response is a priority to address structural and change community norms that affect utilization of HIV prevention services among AGYW. The community based services were affected by COVID-19 restrictions. At safe space level, violence prevention messages were provided through a tailored approach developed by the Ministry of Health 'Journeys plus' community based curriculum. Over 120,736 were reached with Violence and HIV prevention messages using this curriculum. Violence prevention mainly targeted 9-14 year-olds (80%) while post violence care was mainly accessed by the same group (61%). 'No means No' intervention supports AGYW build resilience to defend themselves against perpetuators of Violence. Figure 6.

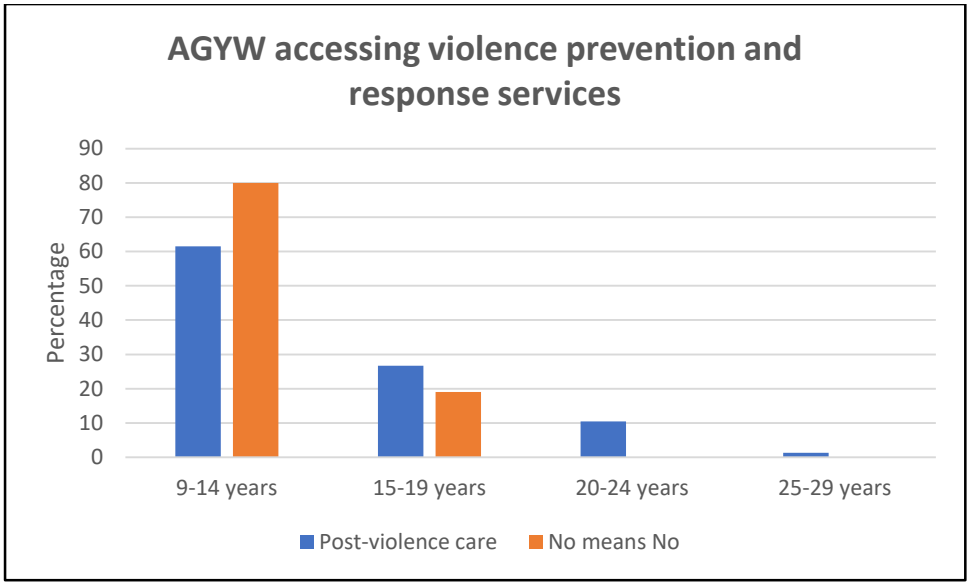


*Figure 6: AGYW accessing Violence prevention and Response services (***DREAMS UDTS).**

Social economic strengthening: This is an evidence-based intervention that empowers AGYW economically and builds their resilience to make informed decisions regarding their lives. The focus is on economic literacy education, savings, and vocational skilling using set guidelines and standards developed by the MOES and MGLSD. In the review period, 98,353 AGYW participated in economic strengthening approaches; 10,000 were equipped with vocational skills like hair dressing, tailoring, welding, mechanic, leather tanning, knitting, bakery and catering, among others and certified by the Directorate of Industrial training (DIT); 500 AGYW that own viable businesses were provided with Enterprise Development Assistance in form of training and additional capital to their businesses.

School subsidy: Keeping Girls in school has been proved to reduce vulnerability of AGYW to HIV and working with the MOES a standard school subsidy has been put in place. 39 high burden Districts were identified and 18,000 vulnerable AGYW received school subsidies to keep them in school, with over 73% of beneficiaries girls aged 9-14 years. Figure 7.

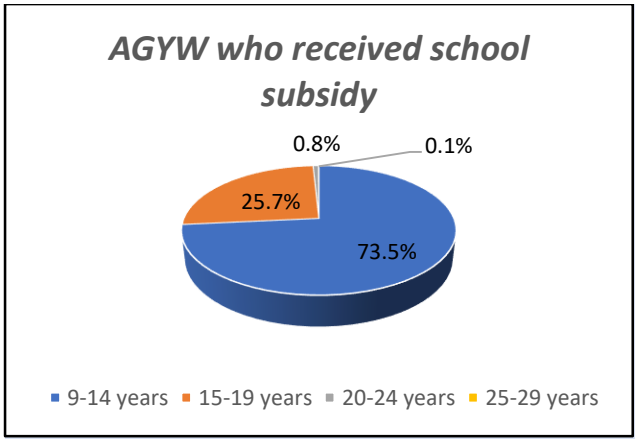


Figure 7: AGYW received school subsidy

Partner services: The program makes a deliberate effort to track partners of AGYW and link them to HIV prevention and care services such as HTS, condoms, VMMC, and ART. The majority of partners of AGYW were 15-24 years of age. Figure 8.

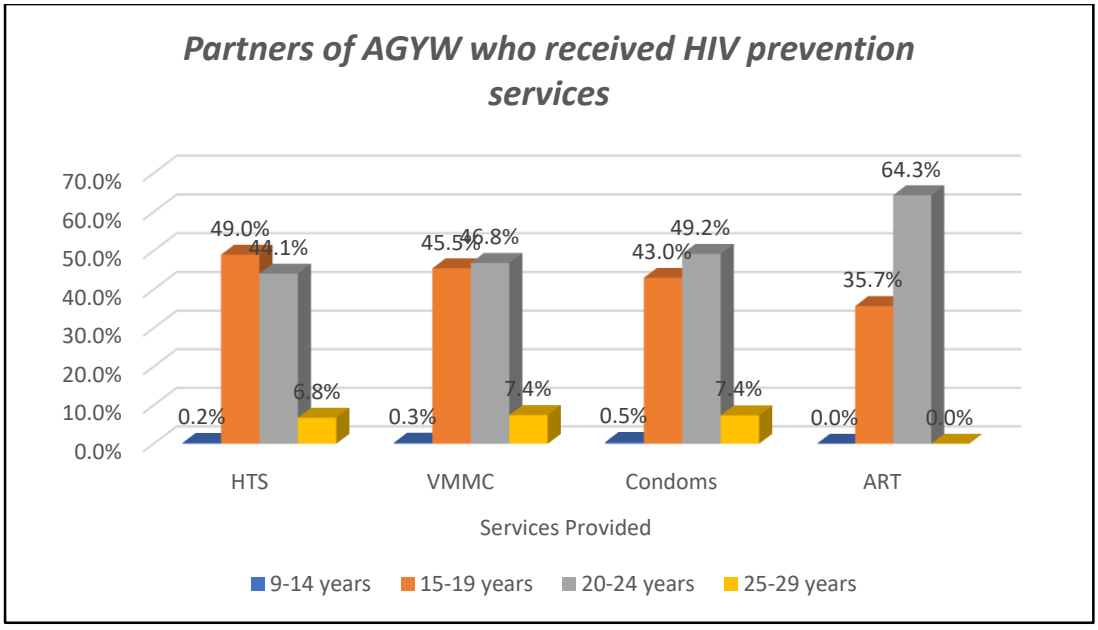


Figure 8: Partners of AGYW receiving HIV services

Young People and Adolescent Peer Support (YAPS) initiative: Under the YAPS program which targets Adolescents and Youth Living with HIV (AYLHIV), a differentiated, multi-sectoral and multi-level intervention has been implemented. HIV prevention activities under the YAPS package include HTS, linkage to treatment, distribution of self-test kits, and support to Index Client testing.

Lessons learned

- Comprehensive packages that are integrated with socio-economic empowerment create more significant impact to the AGYW as compared to non-comprehensive packages.
- Economic empowerment is a vital addition to the HIV prevention package for vulnerable girls.
- Continuous provision of correct information coupled with empowerment of AGYW, changes the behavior of girls as opposed to one-off sessions
- Peer-led approaches yield better results
- The multisectoral approach to implementation provides a harmonized approach

Challenges

- Overwhelming number of vulnerable girls in the communities compared to available funds
- Married girls may not get permission from spouses or in-laws to participate in the program
- COVID 19 restrictions slowed down activities in the community and in schools e.g. the roll-out of the sexuality education framework and school health policy were halted.
- District coverage is still limited, as few districts have been reached.
- Data collection and reporting are not yet harmonized.

Comprehensive programming for Key and Priority populations

A number of actors have continued to target key populations including sex workers, MSM, transgender persons and PWIDs with HIV prevention interventions. KP-friendly services are provided through both static and community outreach models. Over the review period, one key achievement is the government recognition and support to KP programming. All key policy framework documents incorporated KP programing activities with defined intervention packages. Specific KP-specific guidance was developed such as the Harm reduction guidelines, the DIC guidance, Peer training manual, and the KP-Differentiated Service Delivery Model (DSD) tool kit.

Capacity building of HCW and peers in provision of KP-friendly services was a major activity in the year under review for example under the USAID Local Service Delivery for HIV/AIDS Activity (LSDA), supported IPs (IDI, Baylor and MARPI), and working through 168 PNFP health facilities (mainly under UPMB and UCMB) and CSOs in five USAID regions (East Central, Eastern, Acholi, Lango and SW Uganda) have trained health facility staff, KP peer leaders and security personnel on KP-friendly services; identified facility KP focal persons; trained teams to report data into the KP Tracker database; conducted regional hotspot mapping; established DICs; conducted KP-led outreaches; supported access to commodities; and rolled out the Enhanced Peer Outreach Approach (EPOA)[1].

The expansion of specialized clinics and DICs for KPs to cover all regional referral hospitals has improved access to HIV related services. In addition, there are CSO and PNFP DICs in different parts of the country, offering a wide range of services including free condoms and lubricants, peer education, IEC materials, HTS, PrEP services in collaboration with facilities, ART refills, SRH services including family planning and, in some cases, cervical cancer screening, linkage and referral services, and harm reduction services for people who use or inject drugs. The DICs are distributed at RRH, along trade routes, and in proximity to hotspots. The implementation of MAT is a major addition to the services targeting PWIDs using the harm reduction approach. Multisectoral coordination meetings have greatly contributed to reduced police harassment of KPs. Through peer mobilization, HIV testing among KPs in the year under review improved to 88% with MSM and PWIDs exceeding the 95% target. Figure 9**.** The mobility of priority populations such as truckers, uniformed, and fishermen is contributing to challenges in access to testing.

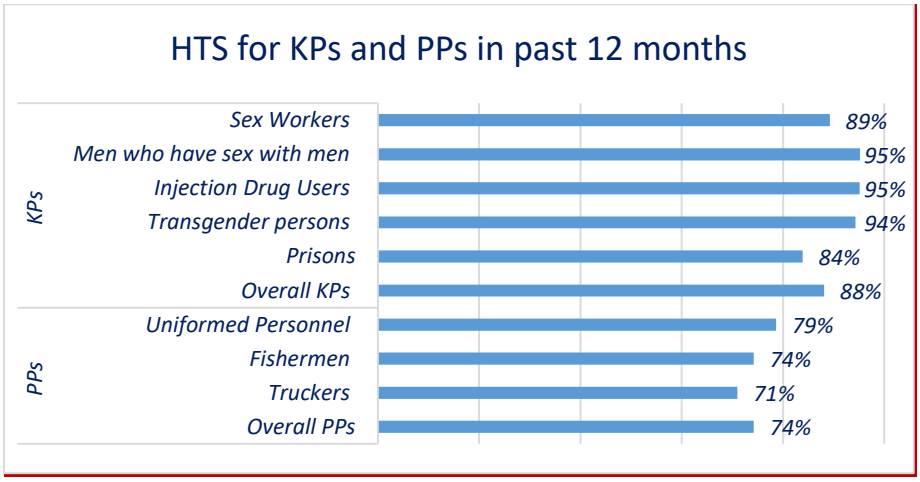


Figure 9: HTS among KPs and PPs

Other outcomes in terms of HIV prevention service delivery include improving PrEP coverage across KP groups (ranging from 31% to 54% (Figure 20); linkage to ART for the HIV-infected KPs (Figure 29), psychosocial support, and legal services.

Key challenges in providing KP targeted services: (i) Capacity gaps in providing KP friendly services at facility level; (ii) Human rights abuses by police; (iii) Data quality gaps for KPs/PPs given the lack of unique client identifier. *Lessons learnt in providing HIV services to KPs:* Feedback from KP peer leaders is vital in reaching KPs and improving services. Continued interface between health workers and KP peer leaders supports responsiveness to KP needs

[1] Kasozi D (2021): Scaling up quality KP services at PNFP facilities. PP Presentation for the 2021 2nd Quarterly PEPFAR Uganda Scientific Summit, June 11th, 2021. USAID Local Service Delivery for HIV/AIDS Activity (LSDA).

Scaling up Harm reduction programs

Injection drug use is on the rise in Uganda, especially in the urban and peri-urban centers. A 2019 National Key Population Size Estimate (KPSE 2019) revealed about 7,356 (1,839-11,034) People Who Inject Drugs (PWIDs), with majority of them based in Kampala, Wakiso and Eastern Uganda. The 2018 Kampala PLACE Study estimated 18,000 PWID nationally with HIV and Hepatitis B (HBV) prevalence reported as 17% and 20% respectively. WHO recommends medically assisted therapy (MAT) as part of a package of interventions to reduce HIV spread and harm among drug users. MAT is the use of opioid agonist prescription medications under medical supervision alongside other interventions for achieving defined treatment outcomes among persons with opioid use disorders.

In the year under review, the first MAT center was established at Butabika National Mental Hospital with support from stakeholders including CDC/PEPFAR, MoH, Infectious Diseases Institute, Uganda Harm Reduction Network (UHRN). Engagement of multiple stakeholders and benchmarking from mature regional programs simplified the set up. Harm Reduction guidelines were developed to guide operations. Through advocacy, additional funding for MAT has been secured through Global Fund 2020-2023. Since September 2020, 275 PWID have been enrolled cumulatively which is 92% of the NSP target of 300. Among those enrolled, 83% are male, with the commonest age band of 30-34 years. See Figure 10.

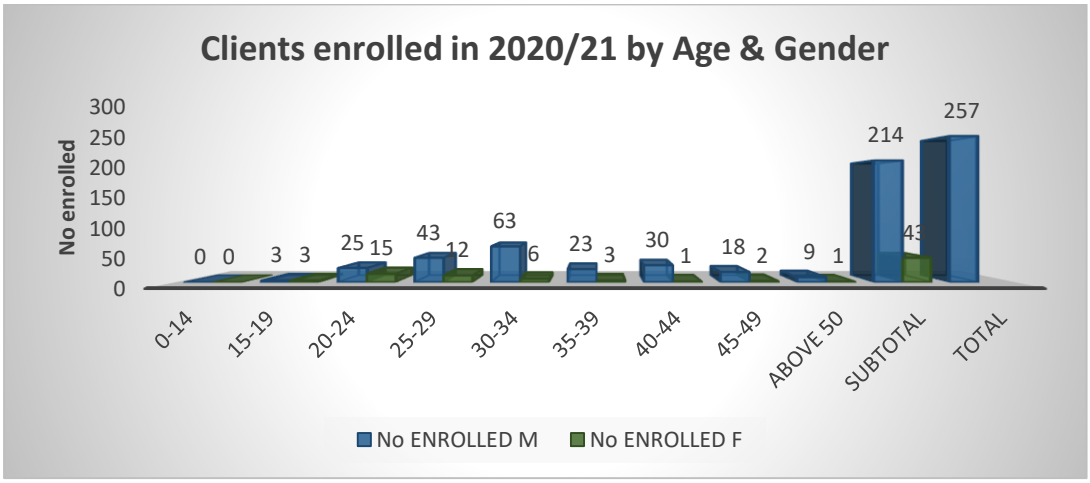


Figure 10: MAT enrollment by age and gender 2020/21

Following enrollment 12% were lost to follow-up while 9 terminated the program for various reasons. Figure 11

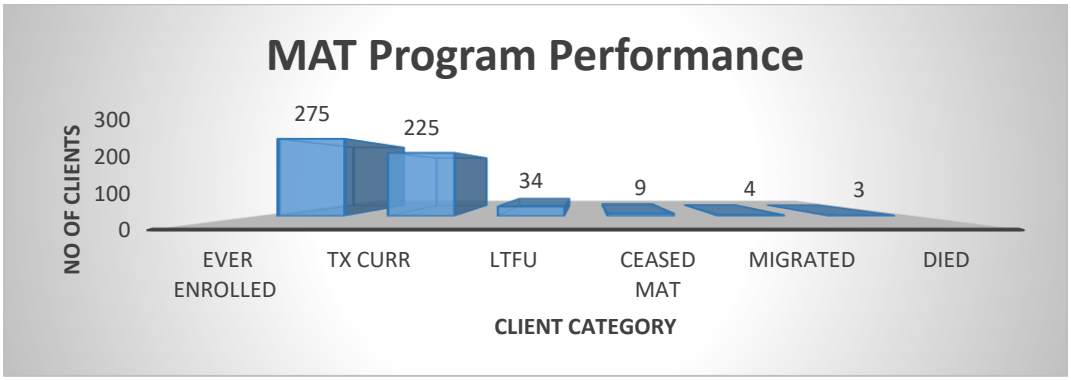


Figure 11: MAT enrollment cascade

Retention at 12 months was 66.7 % (12/18), at 6 months is 71.4% (10/14) and 3 months is 78.9% (56/71) by end of the reporting period. More effort is required to improve retention.

Challenges:

- MAT services coverage is limited as the Butabika MAT center is accessible to only two districts of Kampala and Wakiso and yet clients are served on a daily basis.
- Access to services was disrupted by the COVID-19 pandemic response.
- Retention in care is suboptimal.

Recommendations:

- Need to scale-up services to other regions to improve access;
- There is need for a specific mitigation plan for harm reduction during pandemics.
- Enhance retention through adoption of effective strategies

Scale-Up of Combination HIV Prevention Biomedical Interventions

Under this objective, the focus is on increasing access to HTS services, eMTCT, SMC, PrEP, PEP and blood transfusion services.

Scaling up differentiated HIV Testing Services (HTS):

The NSP aims to ensure 95% of PLHIV know their HIV status. In the review period, Uganda continued to roll out evidence-based HTS approaches to improve case finding while supporting 'test and treat' with same day ART initiation. The HTS Optimization Plan was developed and rolled out to some facilities to improve efficiencies in testing. Over 6 million individuals were tested, 151,861 tested HIV-positive, of whom 88.5% (134,361/151,861) were successfully linked to treatment. This is below the 95% target. Figure 12.

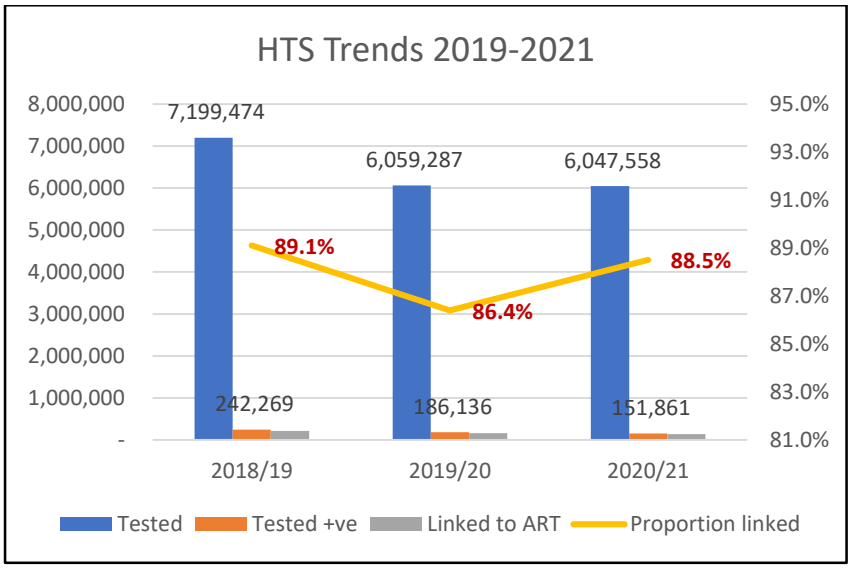


Figure 12: HTS Trends 2019 to 2021

Compared to 2019/20, case finding declined from 186,136 and linkage to ART improved from 86% (160,928/186136). Linkage from HTS is lower among children than adults. See Figure 13.

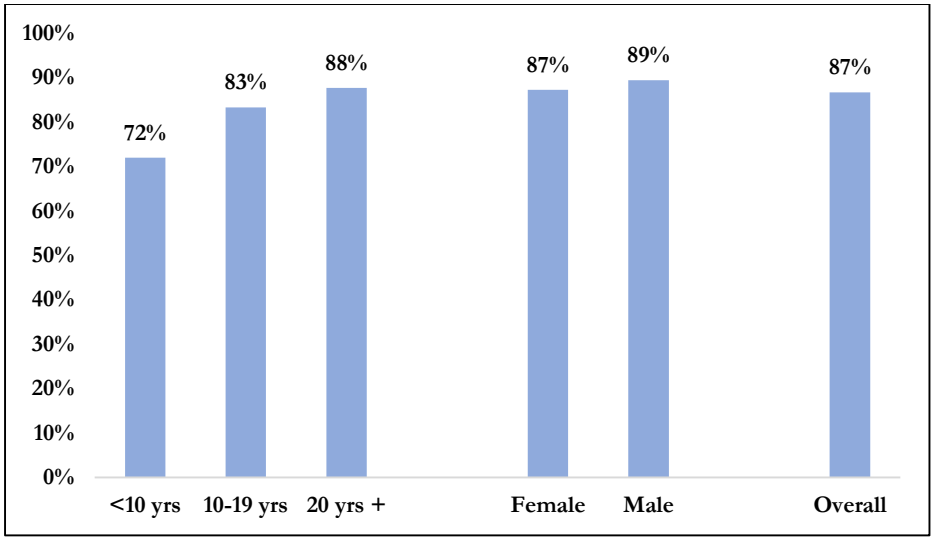


Figure 13: Linkage by Age and Sex April-June 2020/21

The HTS modalities with the highest testing yield (positivity) were index client testing in the community (12.2%); index testing at facility (15.6%), as well as in the TB clinics (10.8%). While Index testing contributed 3.5% of all tests, it yielded almost 20% of all positives Figure 14 and should be scaled up.

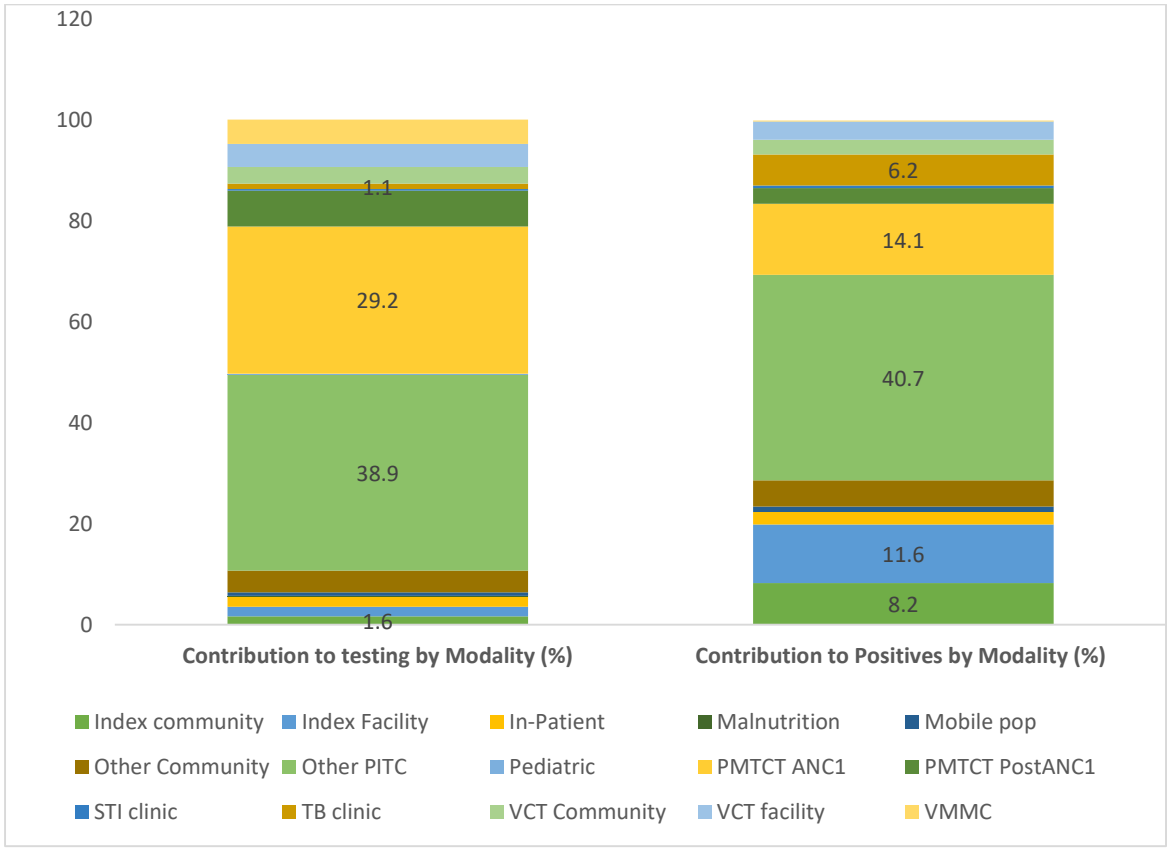


Figure 14: HTS modalities contribution to testing, positives

Index testing: This strategy targets exposed contacts of PLHIV for HTS including biological children of HIV-infected women, and sexual partners of index clients (Assisted Partner Notification or APN). In the review period, APN was expanded to 1,117 facilities, with over

155,945 clients offered index testing services, reaching over 193,000 contacts eligible for HTS of which 13% tested HIV-positive, and were linked to treatment. See Figure 15.

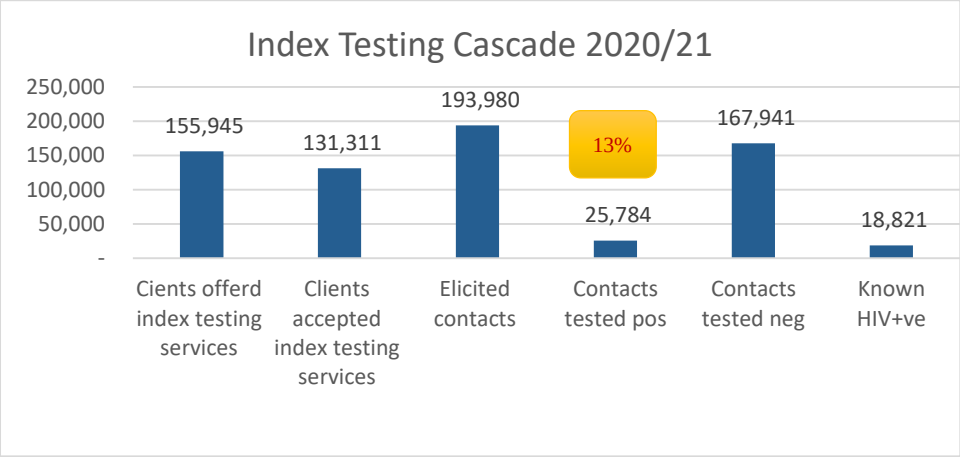


Figure 15: Index Testing Cascade 2019/20

HIV Self-testing: The national scale-up plan for HIVST 2020-2023 was finalized and the curriculum revised. An HTS communication plan to support future demand generation campaigns was developed. Between October 2020 and March 2021, over 113,500 HIV self-test kits were distributed, and about half of the recipients conducted self-testing unassisted. *Challenge:* Reported linkage to confirmatory testing was 59% (1,732/2,929) but there may be underreporting since testing in the private sector is not fully captured in the national system.

Recency testing: Recency testing aims to identify locations of new HIV infections (< 6 months) thus facilitating surveillance for targeted HIV prevention programming. By June 2021, 331 facilities were implementing Recency testing in 9/14 regions, an improvement from 147 facilities in 2020. During the April to June 2021 quarter, of the 33,369 individuals testing HIV-positive, only 26% (8,420) had a Recency test, majority being female 67% (5,626). Among those tested, 13% (1,104) were confirmed to be 'recent' with females having a higher prevalence (14.6%) than males (9.2%). Figure 16.

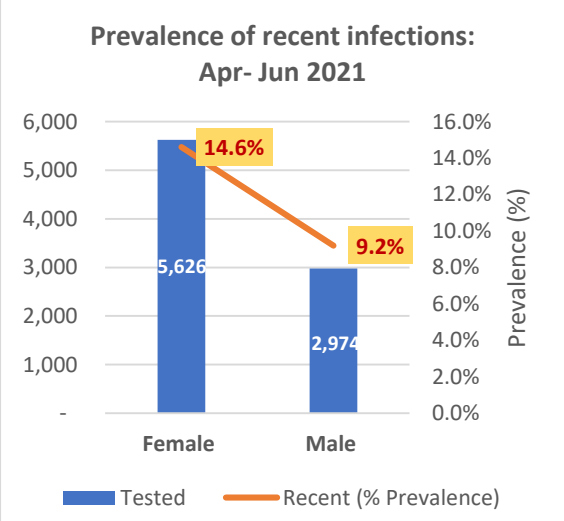


Figure 16: Prevalence of recent infections by sex

	Male	Female
15-19	1	42
20-24	14	116
25-29	20	106
30-34	24	65
35-39	25	33
40-44	23	15
45-49	13	14
50+	11	1

Figure 17: Recent infections by age and sex

Over 63% of recent infections were among young females 20-34 years with a peak at 20-24 years of age. Figure 17. *Challenges:* The finding that majority of newly identified HIV cases are not 'recent infections' implies late presentation with ongoing community transmission and more effort is needed in early HIV identification. This could be achieved through contact tracing and scale-up of index testing. In addition, there is need to strengthen HIV prevention in the identified hotspots for recent infections; and to prioritize AGYW in HIV prevention; while scaling up recency testing.

Key challenges in HTS

- *Finding infected children and adolescents:* This population is lagging behind in case finding (1st 95) and in linkage to treatment. There is a growing population of adolescents living with HIV due the effectiveness of the PMTCT program. At the same time, over 30% of all new infections occur among adolescent girls and young women.
- Suboptimal linkage from HTS to care: especially among children, adolescents, and KPs/PPs.
- Data quality gaps in the absence of a unique identifier

Recommendations

- *Finding infected children:* There is need to implement differentiated approaches by age band. For infants and young children, the focus should be on strengthening maternal retention within the PMTCT program; re-testing HIV-negative mothers in late pregnancy and PNC to identify new infections; ensuring EID for exposed Infants with linkage to treatment. Other high yielding strategies for finding infected children include index testing of biological children of HIV infected women in care; using screening tools to facilitate targeted HTS, and peer mobilization.
- *Finding adult PLHIV:* Intensify index client testing especially APN
- *Roll out the HTS optimization plan* for improved efficiency
- *Strengthen linkage by using differentiated approaches*

Safe Male Circumcision (SMC):

The number of safe male circumcisions performed in 2020/21 was 470,555, a decline from 600,399 in 2019/20. The NSP target of 80% coverage in unlikely to be achieved as coverage among eligible males was 43% in 2019/20. Among those circumcised in 2020/21, 88% were in the target group of 15-29 years, and 99% used the surgical method. Follow up of clients within 48 hours of operation was 96%, with severe adverse events occurring in less than 0.1%. About 52% of clients were tested for HIV, with less than 0.2% testing HIV positive. All were linked to ART. *Challenges*: The suspension of community SMC activities such as camps and outreaches as a result of COVID-19 restrictions resulted into a reduction in SMCs performed especially during the lockdown period of June-July 2021, similar to the April -June 2020 quarter.

Blood transfusion services:

The percentage of donated blood units in the country that were screened for HIV according to national or WHO guidelines during the past 12 months' was 100%. *Challenges:* Following the COVID-19 pandemic, there was a decline in blood collection with only 76% of the collection target met in the period April to July 2020 (56,850/75,000 units). This was because of poor mobilization of blood donors as schools and higher institutions of learning, a key source of blood donors were closed. In addition, due to the mobility restrictions, there were fewer staff available and higher operational costs as efforts were made to search for new donors in the communities. As part of the COVID-19 emergency response plan, UBTS engaged community leadership to mobilize blood donors; developed a communication strategy; conducted targeted recall of old donors through phone calls; and adopted e-recruitment platforms such as Digital Blood, Blood4Uganda, and E-Delyphn.

Revitalizing Prevention of Mother-To-Child Transmission of HIV (eMTCT)

Over 95% of pregnant women attend at least one antenatal (ANC) visit with about one third attending in the first trimester. In the year under review, 98% of all mothers attending ANC knew their HIV status including those already known to be HIV positive. Syphilis testing at ANC was 87%, an increase from the 84% in 2019/20, and 18% of women were tested for HBV. Data on family planning use among sexually active HIV-positive women is not routinely reported. Among the HIV-infected pregnant women, 96% received ART, a decline from >100% reported in 2019/20. Retention on ART 12 months was low at 81%, about 14% below the 95% target. Following delivery, an estimated 81% of HIV exposed infants (HEI) received ARVs prophylaxis, an improvement from 61% in 2019/20. Coverage for EID improved to 88%, from 77% in 2019/20, with 74% tested within 8 weeks of birth an improvement from 62%. The Point of Care testing (POCT) equipment at 130 PMTCT sites contributed to improved EID testing access. The positivity rate among HEI tested within 8 weeks was 1.7%, an improvement from 2019/20. Linkage to treatment was 81% for HEI confirmed to be infected. In the 18-months cohort analysis, 76% of HEI had a final outcome with MTCT estimated at 3%, similar to 2019/20. Among breastfeeding mothers, 95% were virally suppressed, slightly higher than for pregnant mothers (93%). Figure 18.

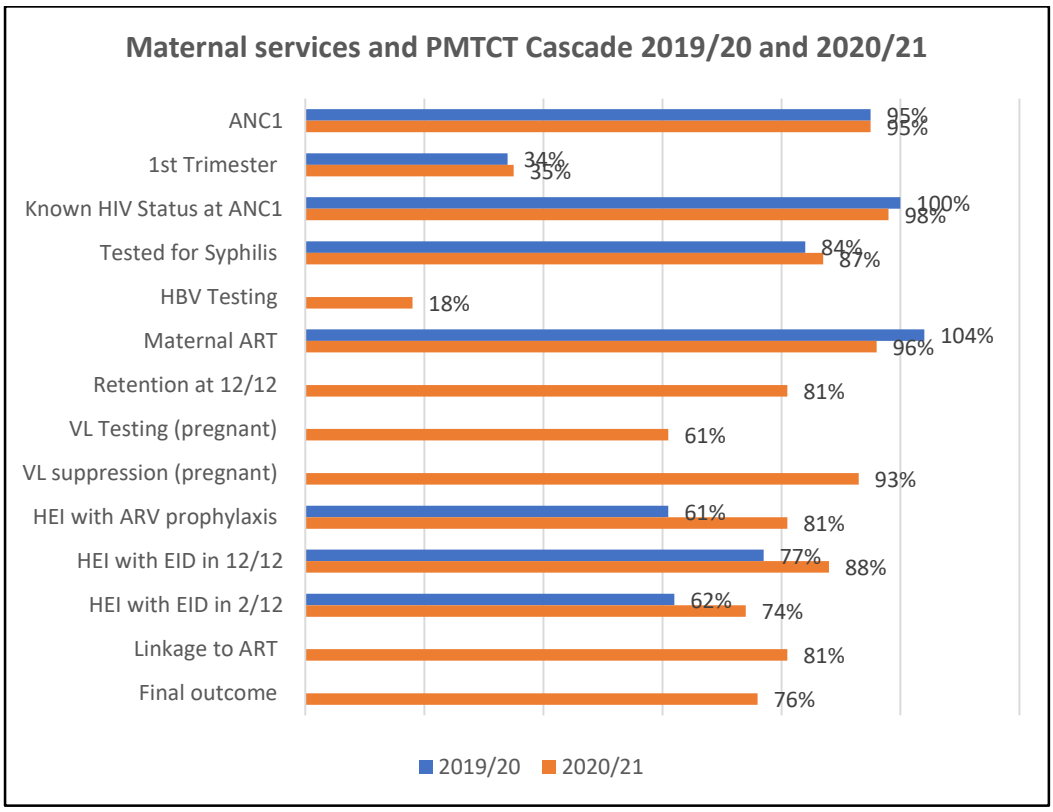


Figure 18: Maternal services and PMTCT cascade

Challenges; (1) Poor retention of mothers (especially young mothers) as evidenced by suboptimal ARV prophylaxis for HEI (81%); EID testing within 2 months (74%); maternal viral load testing (61%); (2) Limited use of contraception; (3) underutilization of EID POCT equipment. *Recommendations*: (i) Enhancing retention especially among adolescent and young mothers who comprise 43% of pregnant women living with HIV through expansion of Group ANC; (ii) Strengthen FP counseling and services; (iii) optimize use of POCT.

Pre-Exposure Prophylaxis (PrEP)

PrEP is recommended for use by key populations (KPs) such as sex workers, Men who have sex with Men (MSM) and transgender persons (TG) because of their risk to HIV exposure, inability to consistently use condoms or be faithful to a single sexual partner. In 2020/21, the number of sites offering PrEP services increased to 259 from 142 in 2019/20 and PrEP recipients almost doubled, from 72,736 to 140,619. Figure 19.

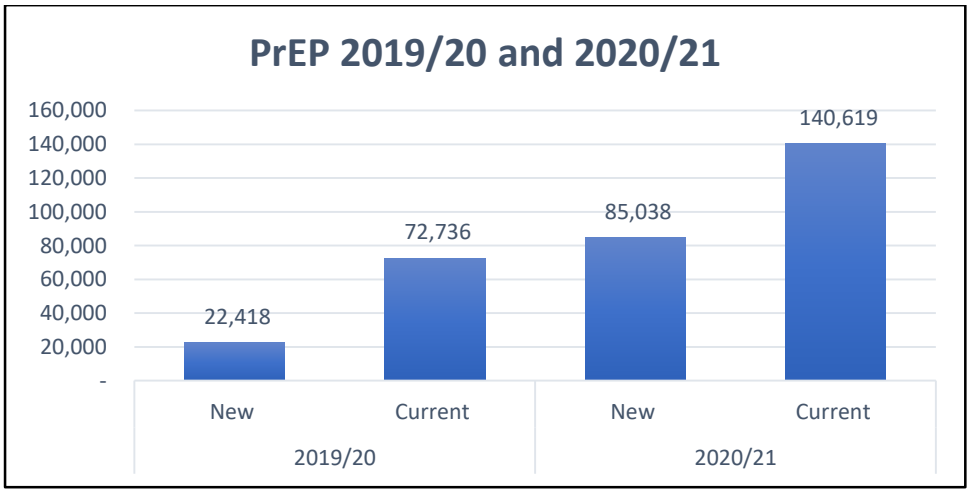


Figure 19: People receiving PrEP 2019/20 & 2020/21

However, PrEP coverage remains low among the targeted populations (KPs:38%; PPs:45%) as PrEP services are not fully integrated at all sites. Figure 20.

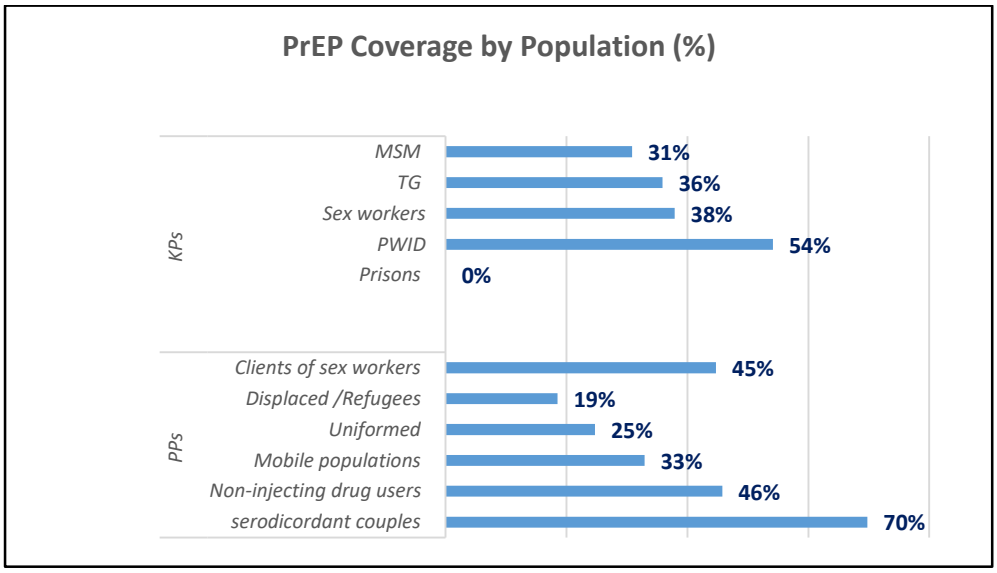


Figure 20: PrEP coverage by population group

Linkage of for PrEP–eligible clients from screening to initiation was 79% (85038/108256), while 62% returned for refills. To realize the impact of PrEP, the gaps in the cascade need to be addressed through further scale-up, enhanced linkage and retention See Figure 21.

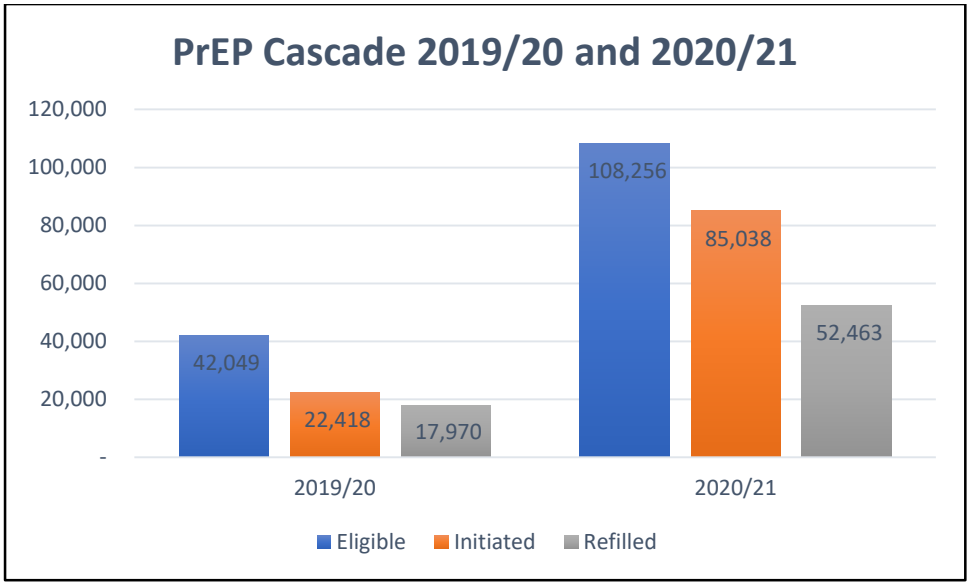


Figure 21: PrEP Cascade 2019/20 and 2020/21

Post-Exposure Prophylaxis (PEP):

The NSP prioritizes provision of PEP to victims of coerced sex and to health workers accidentally exposed in their line of duty. During the reporting period, health facilities provided PEP services to a total of 23,733 across the country including 3,975 as a result of occupational exposure, 12,590 victims of sexual assault, and 7,168 due to other indications. *Challenges:* Of those initiated on PEP, only 48% completed the full course, of whom 2.4% (276) seroconverted and were referred to ART. There is need for adherence support to ensure treatment completion. Table 2.

Table 2: PEP services 2020/21

PEP Indication	Numbers reached
Occupational Exposure	**3,975**
Sexual Assault/Rape/Defilement	**12,590**
Other exposure	**7,168**
Completed full course of PEP	**11,472 (48%)**
Clients who Sero-converted	**276 (2.4% among those completing the course)**

Additionally, according to the Gender Response Dashboard, in Jan-Mar 2021, less than 5% of women experiencing SGBV accessed post -GBV clinical care. This highlights the gap in linkage between PrEP and SGBV.

To mitigate underlying socio-cultural, Gender, and Other factors that drive the HIV epidemic

Gender, social-cultural and other societal or structural factors such as existing laws remain key factors that both drive the epidemic and constitute barriers to effective HIV prevention and implementation of the response. The NSP 2020/21 – 2024/25 outlines a number of strategic actions to address these factors and barriers. During the reporting period, various actors have continued to implement a wide range of responses to HIV with several achievements.

Addressing sociocultural drivers through media, CSOs, religious, cultural & political institutions

During the reporting period, Uganda AIDS Commission (UAC) facilitated dialogues on stigma and discrimination reduction for PLHIV/TB and KPs in all 14 regions of the country, reaching 1,200 religious leaders, cultural leaders, local government technical and political leaders and PLHIV leaders. Further, UAC facilitated a national media campaign focusing on stigma and discrimination which was facilitated by trained religious, cultural, PLHIV leaders across all the 14 regions of the country, with 5 media houses (radio and TV) per region involved, reaching an estimated 7 million adults across the country.

Through the Cultural Institutions SCE there was continued mobilization and messaging on HIV/AIDS. This included mobilization of cultural leaders and communities for social norms change towards reducing HIV, GBV, child marriages, and other harmful cultural practices that perpetuate the spread of HIV; training of champions to lead the fight against GBV and child marriage; and dialogues on ending teenage pregnancy and child marriage. Buganda Kingdom, with the Kabaka as the UNAIDS Goodwill Ambassador for HIV Prevention (2017-2022) continued to implement various events, including the Kabaka's 66th birthday in April 2021 which was celebrated under the theme "Youth should take leadership in the fight against HIV/AIDS". As part of these celebrations various activities were implemented, including media campaigns, provision of HIV services, training of Sengas, Kojjas, health workers and women leaders in HIV prevention, distribution of Auto boards with Kabaka's HIV messages to Gombololas, *ebyoto* (camp fires), outreach HIV services, and the Kabaka Run. Several other cultural institutions similarly continued to disseminate similar information aimed at norms change and community HIV/AIDS education mainly through radio/TV talk shows.

Religious institutions under the leadership of IRCU implemented an integrated package of services (SRH, HIV prevention, and Gender Based Violence). IRCU delivers services through religious leaders, structures, institutions and infrastructure which cascade down from national to the grassroots levels. Institutions include health facilities, universities, schools, vocational/post-secondary institutions and regional and district governance structures (dioceses, deaneries, fields and Muslim districts, counties and villages). UOC held two radio talk shows at Jubilee Fm 105.6 Fm in Fortportal and Busoga One Fm – Jinja in this quarter in the month of May and June 2021. Interactive dialogues aimed at increasing public knowledge, influencing attitudes and opinions on non-violence for women and girls were also conducted. Achievements include 1,200,000 people reached with messages that denounce Violence against Women and Girls (VAWG) and other harmful practices; 200,000 people reached through community interfaces.

The Media, under their SCE participated in a number of activities including the 66th Birthday of the Kabaka of Buganda, supporting, publicizing and covering the National Candlelight Memorial; working closely with the UAC secretariat to conduct regional media training activities to impart special information and skills for reporting on the interface between HIV and COVID-19, reaching 160 journalists; and, supporting the CSO-led SGBV campaigns by offering professional support and guidance to artists and other celebrities taking part.

Promoting male involvement in HIV prevention, promoting male-friendly interventions and addressing gender and cultural norms that perpetuate inequality and GBV

Low male involvement in HIV responses has been widely recognised as one of the constraints to effective HIV prevention and control. The NSP 2020/21 – 2024/25 places great emphasis on strategies to increase male involvement in HIV prevention programmes, both for their own health and for that of their families. During the reporting period, only limited and geographically localised programmes have been implemented towards increasing male involvement.

Cultural institutions, most especially the Buganda Kingdom, were key to implementation of most of such interventions. The Kingdom made extensive mobilization of males to support the HIV response through its events. The Kingdom undertook various activities to accelerate men's and boy's utilization of HIV/AIDS and Health services in central 1 and central 2 regions, including mass media campaign (mainly through FM radio and Television) estimated to have reached 5 million people, and a social media advocacy campaign which is estimated to have reached about 10,000 men and boys. Further, Sports activities, such as the Kabaka run, the Masaza cup and the royal boat regatta were organized to mobilize men and for improved utilization health/HIV based services and Gender based Violence prevention, with about 2000 Men and boys reached with various services, including HTS, condoms and SMC. Mobilization for the various activities is estimated to have reached 3,000,000 people through the kingdom structures like counties / 'Masaza', sub-counties, churches and mosques; however, a set of planned activities, including mobilization and education through music dance and drama in school settings couldn't be carried out due to the COVID-19 response limitations.

The MGLSD continued to work with different reputable personalities at national level to promote positive masculinity. This initiative involves identifying male allies as models to challenge negative masculinity by for instance talking to fellow men against GBV. Personalities involved have included leaders of religious denominations, government agencies, private sector agencies and donor agencies. At the district and community levels, the initiative has involved formation of male action groups who are equipped to championing positive masculinity, by transmission of messages to fellow men about the negative effects and unlawfulness of harmful cultural norms and practices such as violence against women and girls.

Workplace programmes continued to be implemented during the reporting period, most of which have male-friendly interventions such as outreach clinics, mobile clinics and condom dispensers.

Addressing Stigma and Discrimination among communities and health care workers, and building the capacity of HIV service providers to provide PLHIV, KP and Youth friendly services

Stigma and discrimination remain a key challenge for access and utilization of HIV services. The 2019 Stigma Index shows that some form of stigma was experienced by up to 34% of the PLHIV and 24% experienced internal stigma. During the reporting period, significant strides were made in the prevention of and response to stigma and discrimination among communities and in healthcare settings. The National Anti-Stigma and Discrimination Policy was finalized and limited-scale dissemination of the policy commenced. Further, a region-based engagement of religious and cultural leaders for dialogue on stigma and discrimination reduction for PLHIV/TB and KPs was held in all the 14 regions of the country, reaching 1,200 leaders. A national media campaign on stigma and discrimination facilitated by cultural, religious and PLHIV leaders, involving five media houses (TV and radio) in each of the 14 regions of the country was conducted, estimated to have reached seven million people. During the International Candlelight Memorial Day celebrations in May 2021, the theme of the day was "HIV stigma-free workplaces: A journey towards ending AIDS" The event was used to engage corporate organizations and the public through various media, including social media. These engagements reached over 12 million people.

During the reporting period, the MoH led the development of a training manual for training HCW in provision of friendly, stigma and discrimination free services, and training commenced in some facilities. The MoH and stakeholders developed a manual for orientation of other stakeholders in Gender and Sexual Diversity, and in collaboration with partners continued with scale up of DSD models for KPs/PLHIV service delivery. The STI&KP/PP unit also supported the training of 75 Peers in the districts of Mbale, Mbarara and Gulu. MOH STI&KP/PP Unit (Oct- Mar 2021) trained 12 HCW from Karamoja region using the revised STI guidelines. Several trainings have been conducted by Implementoing Partners (IPs) targeting HCW. Baylor Uganda for instance trained HCWs in Rwenzori and Bunyoro regions. During April-June 2021, UPMB conducted capacity building trainings for HCW in 15 districts on provision of KP friendly services. A total of 276 HCWs in Mbarara, Rukungiri, Bushenyi, Ibanda, Mbale, Tororo, Jinja, Kamuli, Gulu, Lira, Oyam, Kitgum benefited. In an effort to provide KP friendly services, there has been an increase in number of DICs to 54 from 39, with an additional 15 DICs established under the auspices of UPMB. Following the opening of the MAT centre in Butabika to provide services to PWID, training for 54 key staff (health workers, program & Civil Society Organization (CSO) were conducted on MAT services delivery.

CSOs Partners implemented several HIV-related stigma and discrimination reduction interventions, including litigation, training and dialogues in 28 districts. An innovation implemented annually, and led by the Network young people living with HIV, the Y+ plus Summit and Beauty Pageant, goes directly into fighting stigma and discrimination as well as other structural drivers of HIV, including gender-based violence and poor access to SRH Services, especially among young people. In spite of the limitations of the COD-19 response, mobilizations for the events across the country were held, reaching about 3,000, 000 young people to share the latest HIV/SRHR data &information with the intent of strengthening young people's knowledge on the HIV epidemic response and improved knowledge on SRHR and prevention of Gender Based Violence among young PLHIV

Regional Quarterly sensitization dialogues were organized targeting Women Living with HIV (WLHIV) with a focus on stigma, discrimination and GBV in the HIV context reaching 768 WLHIV. Further, regional sensitization workshops with Duty Bearers on the rights of KPS, PLHIV and TB on their roles as Duty Bearers to motivate duty bearers to promote HR in service delivery in the three disease areas and of access to GBV and legal services in their districts. 677 Duty Bearers, including Law Enforcement Officers; CFPU/ Community Liaison Officer), Legislators (LCV's and Secretaries of Social Services), Magistrates/ Resident State Attorney& Community Service Departments (Health/ education/Community/ Development Officers) were engaged in 6 regions.

Addressing SGBV and VAC through integration of HIV prevention and SGBV response, and building the capacity of service providers

The NSP 2020/21 – 2024/25 places emphasis on the integration of HIV prevention with other associated or complementary services that help to address the underlying drivers of HIV transmission such as GBV or mitigate its consequences, such as psycho-social support. There has been reported increase in violence against women and girls during the COVID-19 period. A number of interventions have been implemented during the reporting period by government sectors. Under MoES Global Fund support, a total of 945 teachers were trained on school health with a focus on preventing child marriage, teenage pregnancy, SGBV, SRHR and formation of school clubs in the districts of Arua, Kitgum, Kapchorwa, Bukwo, Kween, Kasese, Moroto, Amuria, Kaberamaido, Amudat, Tororo, Kyegegwa, and Kampala. Teachers were prepared to handle the increasing adolescent health challenges among learners during and after the lockdown.

In an effort to prevent possible spread of HIV to survivors of GBV, PEP has continued to be provided through health facilities reaching over 23,000 people, of whom 12,590 were survivors of sexual violence. With PEPFAR support, actors reached 6,243 people with post GBV clinical care based on the minimum package during the first three quarters of 2020/2021 of whom; 3,950 had faced physical and emotional violence, and 2,293 had faced sexual violence.

Under the Spotlight Initiative, a collaboration between EU and GoU, a National COVID-19 Sub-Committee on GBV and VAC was formed, and a GBV/VAC Prevention and Response Plan was put in place. A 12-member permanent CSO National Reference Group was formed to enhance CSO input into programming, monitoring & implementation of interventions for tackling GBV, SRHR and harmful practices. The Spotlight Initiative channeled USD 370,000 towards sustaining 16 GBV shelters for 6 months and USD 550,828 towards adapting approaches for providing psycho-social support, monitoring and referrals for GBV cases in the context of COVID-19. In addition, there has been continued work by various CSOs to provide legal and other forms of support to survivors of SGBV, including legal aid, GBV shelters and toll-free helplines. These shelters provide temporary accommodation to survivors of SGBV, majority of whom are women and girls, some living with HIV.

ADPs continued to support work among AGYW, including: supporting the provision of a comprehensive package of SRH services in West Mile and Acholi regions, including family planning, maternal health, HIV testing, GBV services; SRH services including sexuality education in the Karamoja region focusing of ending teenage pregnancy; and support for implementation of the SASA! (Start Awareness Support and Action) methodology for addressing SGBV.

Addressing alcohol and drug abuse as risk factors for HIV acquisition

Alcohol and drug abuse are known risk factors in the spread of HIV. The NSP 2020/21 – 2024/25 highlights addressing the twin habits as a key strategic intervention in the HIV response. There is still a limited number of interventions in this area. The key milestone in addressing drug abuse has been the establishment of the MAT centre in Butabika Mental Health Referral Hospital, where 99 people who inject drugs were already been enrolled by April 2021. The Uganda Harm Reduction Network (UHRN) has also continued to work with PWID and non-injecting drug users, providing sensitization, referral for rehabilitation, and engaging key stakeholders including government agencies and law enforcement to embrace a harm reduction approach. Mental health and pyscho-social support services have continued to be provided in RRHs and a few CSOs and private sector providers. Not much information is available for addressing alcohol abuse. Indirect interventions addressing alcohol abuse have included economic empowerment programs. The YLP is estimated to have reduced alcohol consumption among youth by 10% over its lifetime (2013 – 2021).

Addressing legal, policy and institutional barriers to HIV prevention among KPs /PPs

The legal, policy and institutional environment plays a key role in determining whether other interventions can be appropriately implemented, whether services can be delivered to those who need them, and whether those in need of HIV-related services, such as PLHIV and key populations can access them. As such, the NSP prioritizes using a human-rights based approach and addressing such barriers in the operating context for HIV responses.

During the reporting period, a national Dialogue on HIV, TB and the Law was held in 2020, led by CSOs, and attracting 150 participants, including members of parliament, judicial officers, police officers and the public and civil society with advocacy for repeal of laws and disbanding of policies and societal norms that promote stigma and discrimination. Some CSOs also provided legal aid services and legal literacy to improve access to justice for PLHIV, LGBTI and PWDs.

Two studies to assess the legal and policy environment are underway, one focusing on PLHIV and vulnerable groups broadly and is in advanced stages, and the second, focuses on KPs. These Legal Environment Assessments (LEAs) are expected to inform planning and advocacy to improve the policy and legal environment for HIV responses. Other processes have included production of a CSO Guidebook to Community-Led Monitoring (CLM) for HIV/TB service delivery (Iraka Ly'abantu) with support from PEPFAR. The CLM process monitors availability, accessibility, quality and accountability of health services including HIV/TB services and the associated human rights and gender issues that may impact on access and utilization. Under the same initiative, a score card for health services delivery was successfully administered in 56 districts and disseminated findings at national and district levels (ICWEA/Global Fund).

A landmark development in the legal arena was the litigation by the CSO HIV Law Coalition against clauses in the HIV Prevention and Control Act (2015) that punish non-disclosure of HIV positive status and criminalize intentional transmission of HIV. In addition, there has been continued advocacy for legal reform through the CSO Coalition on HIV and the Law. Similarly, there has been protracted advocacy around the Sexual Offences Bill by CSOs under the Community Led Monitoring Initiative against HIV/TB and others. The STI&KP/PP unit coordinated meetings with law enforcement, technical and political leaders to create an enabling environment for KP service delivery in the districts of Mbarara, Mbale and Gulu.

Nevertheless, the legal environment remains littered with punitive legal provisions in the Penal Code Act, Cap 120; in the HIV Prevention and Control Act 2015 (currently under legal challenge); in the Narcotic Drugs and Psychotropic Substances Control Act, 2016, which are not favourable to the provision and utilization of HIV services to PLHIV, key population and priority populations *(See also section on Social Support for more on Legal and Policy Environment).*

Limitations and challenges

- Community events and gatherings as well as outreaches were limited during lockdowns
- Reported increase in the number of GBV and IPV cases among PLHIV, AGYW and other vulnerable groups partly attributed to the effects of the COVID-19 lockdowns.
- Cases of GBV and VAC increased during lockdowns as women and girls were locked at home with violence perpetrators.
- Increased cases of child abuse and VAC –
    - 107 cases of teenage pregnancy and 146 of child marriage reported through the Child Helpline alone, between January – June 2021
    - 367% increase in pregnancies among girls aged 10-14 (i.e. from 290 to 1,353) between March to September 2020 (FAWE Report, 2021)
    - Police Crime Report 2020 shows a 29% increase in the cases of domestic violence cases reported between 2019 and 2020; and an increase of 3.8% in cases of defilement reported over the same period.
- The National Sexuality Framework though signed off and launched has not been fully embraced by all stakeholders.
- Poor and slow referral system and response to reported SGBV cases
- Monetization and charging of illegal fees for case handling
- Community led DICs not providing a comprehensive package of services needed by KPs

HIV Care and Treatment

The Sub-Goal of HIV Care and Treatment in the National Strategic Plan is to reduce AIDS-related morbidity and mortality by at least 50% by 2025 through; i) increasing the number of diagnosed HIV-positive persons who start ART to 95%; ii) increasing adherence to ART and retention in care to 95%; iii) achieving and maintaining 95% viral suppression among those on ART; and iv) strengthening integration of HIV care and treatment across the different health care programs.

As part of the Presidential Fast Track Initiative (PFTI), key HIV Care and treatment focus areas include; accelerating test and treat programs to meet the 90-90-90 targets.

Key achievements

- The proportion of diagnosed HIV persons who start ART within one month was 99.5%
- ART coverage increased to 92% (1,303,101/1,414,183) from 85% (1,241,478/1,461,370) in 2019/20. This is 3% lower than the 95% target by 2025.
- ART coverage was higher among adults (94.3%) than children (62.8%), with improvement compared to 86% among adults and 61% among children in 2019/20.
    - Adult females >15 years achieved the 2nd 95%
- ART coverage is lowest among children 0-9 years (60%); adolescents 10-19 (58%); young people 20-24 years (73%);
- Proportion of active clients with adherence of >95% in the last clinical visit was 96%
- Retention on ART 12 months after treatment initiation declined from 79% reported in 2019/20 to 71.5% in 2020/21. Retention is lowest among adolescents 10-19 (56.2% and KPs (<40%)
- Viral load suppression (VLS) among those tested was 94%, an improvement from 91% in 2019/20, with adult females 15+ achieving the 95% target. Testing coverage was 97.5% overall.
    - Among children, VLS improved to 84% from 75% in 2019/20 with 81% (0-9yrs) tested.
    - Among adolescents, VLS improved to 87% from 56% in 2019/20, with 83% tested.
    - Among KPs, VLS improved to 91%, from 65% in 2019/20 but only 74% were tested.
    - Among adults 98.7% received a test and 94% were virally suppressed.
- HIV integration with other health services;
    - TB/HIV services are well integrated; TPT coverage was 72% among PLHIV with 92% completing treatment.
    - Implementation of Advanced HIV Disease management was hampered by low baseline CD4 coverage at 45%, with linkage to fluconazole estimated at 84% for the infected.
    - The National Cervical Cancer Screening and Management strategy was finalized and disseminated. Cervical cancer screening started in January 2021, reaching 45,042 (about 5%) of women living with HIV, of which 5.2% were screened positive and 53% linked to treatment.
    - 82% of PLHIV eligible for cotrimoxazole prophylaxis received the treatment.
    - 17% of PLHIV with malnutrition received supplemental food.
- Others:
    - HIVDR data base developed
    - The Active Pharmacovigilance (PV) implementation strategy and plan were developed

Outcome performance on key indicators is summarized in Table 3 below

Table 3: Performance: Care and Treatment

Indicators	Baseline	Targets	HLM targets	Achievement	Comment
Outcome 1: Linkage to ART increased to 95% by 2025					
1.1 Proportion of diagnosed HIV persons who start ART within one month				99.7% All HIV diagnosed persons	Test and Treat is national policy for all populations *More effort is needed to ensure immediate treatment for all newly diagnosed patients especially among the KPs*
Adult women (15+ yrs)	93%	93%	95%	99.7%	
Adult men (15+)	81%	93%	95%	99.7%	
Older people (50+ yrs)	No data	95%	95%	No data	
Children (0-14 yrs)	74%	95%	95%	98.7% <15yrs; 98.5% 0-9 yrs	
KPs and PPs	No data	95%	95%	94% (8,750/9,279)	
Adolescents (15-19 yrs)	No data	95%	95%	100% (10-19 years)	
1.2 Percentage key and priority populations with HIV on ART				96% among KPs (33048/34587) 91% among PPs (8357/9195)	ART coverage improved from estimated 65% in 2019/20. Data quality is key challenge. *There is need to address the data quality gaps, use standardised size estimates for KP and PPs for performance monitoring, while addressing retention.*
Sex workers		95%	95%	87% (17,484/20116)	
Uniformed personnel		95%	95%	93% (1,229/1,327)	
Fishermen		95%	95%	89% (4,620/5,165)	
MSM		95%	95%	86% (823/953)	
Truckers		95%	95%	94% (2,538/2,703)	
IDUs		95%	95%	71% (443/624)	
Transgender persons		95%	95%	86% (79/92	
Prisoners		95%	95%	111%(12,802/14,219)	
Outcome 2: Retention increased to 955 by 2025					
2.1 Proportion of PLHIV retained on ART at 12 months after initiation				71.5% (Overall) 28% among KPs 29% among PPs	Retention at 12/12 is poor across all populations and performance declined from 2019/20 due to the COVID-19 pandemic. Retention is lowest among KPs, then adolescents, then adults. NB: the data for adults was not disaggregated. *There is need to strengthen early retention among PLHIV initiating ART, differentiating retention packages by population. Priority should be given to KPs, and adolescents.* *There is need to align KP targets with HLM targets and increase target to 95%*
Adult women & men (20+)	94%	95%	95%	72.1%	
Children (0-14)	68%	95%	95%	87.2%	
Adolescents (15-19)	No data	60%	95%	56.2%	
Key and priority populations	No data	60%	95%	28% (3,219 /11,402)	
Sex workers	No data	60%	95%	27.4% (1478/5393)	
Uniformed personnel	No data	60%	95%	34.7% (94/271)	
Fisherman	No data	60%	95%	25.5% (504/1976)	
MSM	No data	60%	95%	32.6% (84/258)	
Truckers	No data	60%	95%	39.1% (216/552)	
IDUs	No data	50%	95%	21.6% (36/167)	
Transgender	No data	60%	95%	16.7% (3/18)	
Prisoners	No data	60%	95%	29.1% (804/2767)	
Outcome 3: Adherence to ART increased to 95% by 2025					

Indicators	Baseline	Targets	HLM targets	Achievement	Comment
3.1 Proportion of active clients with adherence of >95% in the last clinical visit	95%	100%	N/A	96% Adults 96% Children <15 years 94%	
Outcome 4: Viral suppression increased to 95%					
4.1 Proportion of PLHIV virologically suppressed	75%	95%	95%	94% (All)	Improved but 1% below the 95% target. Adult females and older males >40 years achieved the 3rd 95 Viral load suppression is lowest among children and adolescents due to adherence challenges, reliance on adults, psychosocial factors, higher drug resistance and lower use of optimised ART regimens (65% among children compared to 98% among adults) There is need to complete the ART regimen optimisation to improve viral suppression, in addition to enhancing efforts in adherence and retention.
Adults	80%	95%	95%	95%	
Males 20-29	68%	95%	95%	93%	
Males 30-39	74%		95%	94%	
Males 40- 49	84%		95%	95%	
Females 20-29	77%		95%	94%	
Females 30-39	84%		95%	95%	
Females 40-49	87%		95%	97%	
Older people (50+)	No data	95%	95%	96%	
Adolescents (10-19)	65%(UNAIDS)		95%	87%	
Children (0-14)	75% (JAR)		95%	84%	
4.2 Percentage KPs and PPs on ART that is virally suppressed	No data. Est. 65%	95%	95%	93% (14433/15499)	On track to achieve the 95% target. Viral suppression is lowest among PWID (89%) but the numbers of KPs are very small. Viral load testing coverage only 94% (15499/16524) *There is need to ensure KPs on ART access timely VL testing*
MSM				94% (355/379)	
Prisoners				94% (6940/7364)	
Injecting drug users				89% (105/118)	
Sex workers				92% (7004/7606)	
Transgender				91% (29/32)	
Outcome5: Integration of HIV care and treatment across programs strengthened					
% of estimated HIV +ve incident cases that received both TB& HIV treatment within last 12 months	76%	100%	90%	85%	Improved but below target *There is need to improve linkages across facilities and reporting on this indicator.*
Proportion of ART patients who started on TPT in the previous reporting period completed therapy	80%	100%	90%	92%	Improved but achievement is below target. Continue to enhance adherence and retention.

Increase the diagnosed HIV persons who start ART to 95% by 2025

Uganda has been implementing 'Test and Treat' or 'Test and Start' as national policy for all populations since 2016 with over 1800 facilities providing treatment countrywide. In the year under review, the 'proportion of diagnosed HIV persons who start ART within one month' was 99.5%. About 88% (134,361/151,861) of newly identified PLHIVs were successfully linked to treatment, an improvement from 86% in 2019/20. See Figure 12 in HTS section

ART coverage: ART coverage increased to 92% (1,303,101/1,414,183) from 85% (1,241,478/1,461,370) in 2019/20, but still below the 95% target. ART coverage was higher among females at 97% (842,193/870,886) than among males at 85% (460,908/543,297), with adult females (15+) achieving the UNAIDS 2ndnd95% target. ART coverage was higher among adults at 94% (1,241,340/1,315,856) than children <15 years at 63% (61,761/98,326). Among adults 15+, ART coverage is higher among females at 98% (809,799/822,257) than males at 87% (431541/493599). Figure 22.

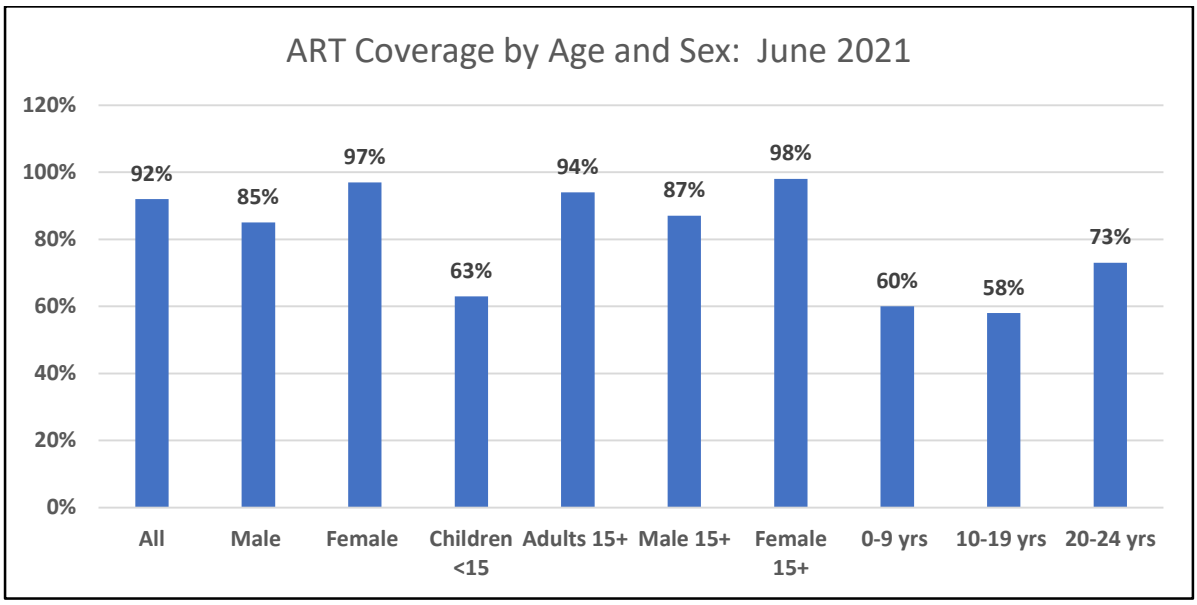


Figure 22: ART Coverage by Age and Sex: June 2021

The lowest performance was among children 0-9 years at 60% (32,155/53,714); adolescents 10-19 years at 58% (60,135/103358); young people 20-24 years at 73% (79,399/108,896). ART coverage among KPs was 96%, an improvement from 65% in 2019. See Figure 29. Among all individuals on ART, 94.6% are on 1st line regimens, 5.3% on 2nd line and 0.1% on 3rd line. The number on 3rd line ART regimens increased by over 15% compared to the previous year because of implementation of routine viral load testing and availability of HIVDR testing.

Challenges: ART coverage among children and adolescents has stagnated with minimal or no improvement in performance over the past year. This is due to challenges in finding infected children, linkage to treatment, as well as suboptimal retention in this age group. In the previous year 2019/20, ART coverage was 61% and 56% among children and adolescents respectively.

Increasing retention and adherence on ART to 95% by 2025

ART adherence: Overall the proportion of active clients with adherence of >95% in the last clinical visit was 96%, slightly lower among children below 15 years at 94%. Table 4.

Table 4: Adherence to HIV treatment 2020/21

	Age		
Adherence (%)	<15	15+	All
Poor (< 85%)	1%	0%	0%
Fair (85% - 94%)	5%	4%	4%
Good (> 95%)	94%	96%	96%
Total	100%	100%	100%

ART retention: There was a decline in the proportion of PLHIV retained on ART at 12 months after initiation from 79% in 2019/20 to 71.5%, which is way below the 95% target. Retention at month 12 was lower than that at month 6 (78%) highlighting the need to focus retention efforts on individuals newly initiating treatment. The lowest retention rates was registered amongst adolescents 10-19 years at 56.2%. Figure 23.

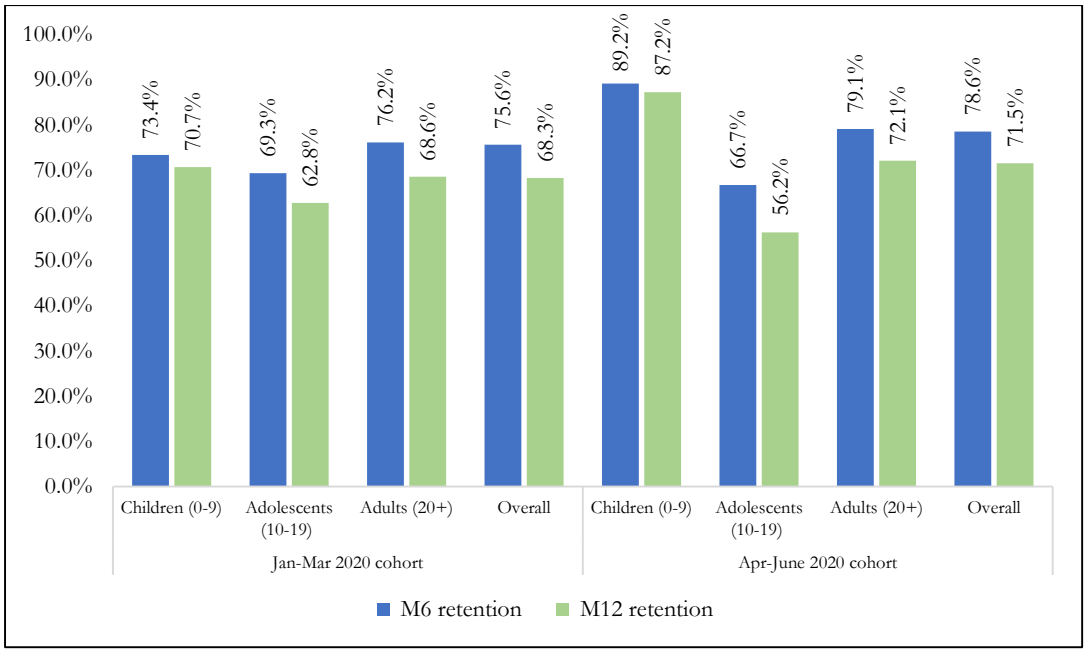


Figure 23: Retention on ART at 6 and 12 months Apr-Jun 2021

There are multiple initiatives targeting different populations with an aim to improve retention.
DSDM: As of June 2021, 46% of all clients on ART were in the Fast Track Drug Refill (FTDR) model; 6% in the Community Drug Distribution Point (CDDP) model; 6% in the Community Client Led ART Distribution (CCLAD) model. About 40% of clients continued to receive routine treatment at the facility (28% in the Facility Based Individual model (FBIM); 12% in Facility Based Groups). These are either newly initiating ART, or require special care such as pregnant or breast feeding clients; patients with concurrent opportunistic infections, or those not virally suppressed. Figure 24. The proportion of clients in the different DSD models is similar to 2019/20 indicating stability in enrollment.

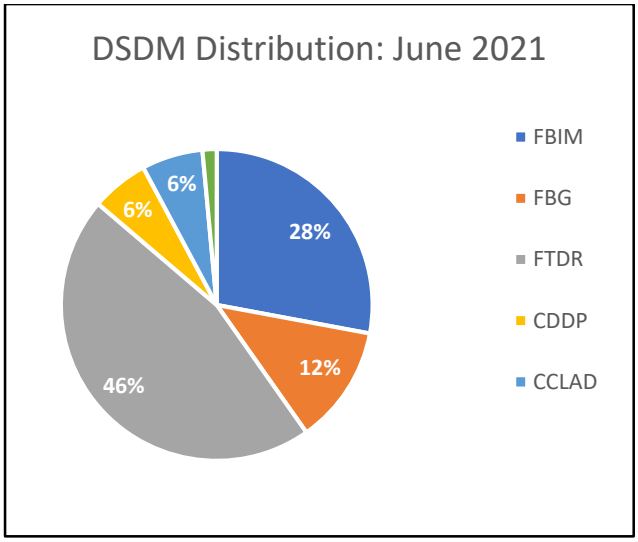


Figure 24: DSDM Client Distribution, June 2021

In the review period, multi-month dispensing was rapidly rolled out with longer (3-6 monthly) ARV drug refills. This initiative needs to be formally evaluated and further scaled up to improve treatment access. Roll out of DSDM for special groups especially AGYW and KPs has continued.

YAPS initiative: The Young People & Adolescents Peer Support (YAPS) program was rolled out as novel peer support intervention for AYP living with HIV to improve clinical outcomes. In 2020/21, the program expanded to reach 72 districts (from 45 in 2019/20), and 320 facilities. The YAPS addresses the three 95s; focusing on HTS and linkage to treatment; peer counseling; tracking missed appointments; screening for vulnerabilities and referral to wrap-around services. In the review period, 714 YAPS were trained and these provided health education to 218,355 adolescent and young people (AYPs); screened 136,197 for HTS; had 77,573 tested with 3,475 identified positive. Overall, YAPS increased identification of AYPLHIV 10-24 years with a yield of 5.6%; improved Continuity of treatment (retention) with 90% return to treatment (RTT); improved viral load coverage to 93.8% from 77% and viral load suppression to 88.6% from 73%. Figure 25

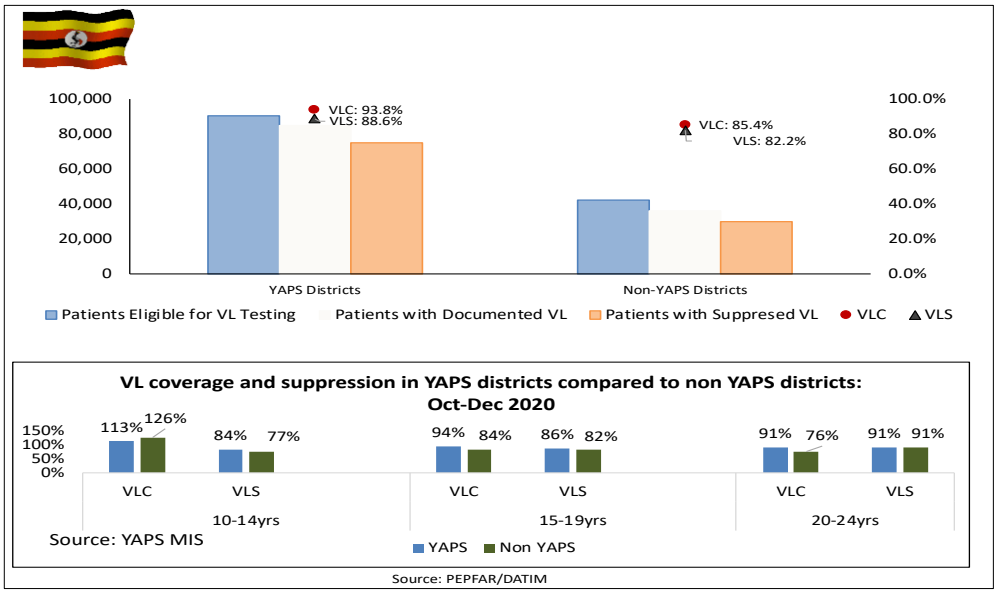


Figure 25: YAPS and Viral Suppression

Challenge: The challenge is the limited coverage of YAPS with a few high volume facilities implementing the intervention in the supported districts.

G-ANC and PNC: The Group Antenatal Care (G-ANC) model is a differentiated ANC service delivery model based on Centering Pregnancy (CP) (Rising, 1998). It was designed to address the unique health needs among adolescents and young women that include high risk pregnancies, HIV/STIs and socio-economic challenges. G-ANC was rolled out to 465 health facilities in 120 districts. Two (2) National TOTs for health workers and 1 for peers were conducted to create a pool of trainers (68 national trainers and 40 peer trainers) to support the roll out of the intervention at regional, district and facility level. By end of June 2021, a total 2118 health workers and 241 peers had been trained. Over the review period, three (3) mentorships were conducted to support facilities implementing G-ANC. Implementation guidelines, training curriculum and job aides were developed and disseminated. The total number of AGYW enrolled by end of March 2021 was 82,471. Of these, 61,125 were tested for HIV and 3,545 were identified positive. 12,479 delivered under skilled attendants of which 735 (6%) were HIV+ AGYWs. Live births were 11,109. Of the 10,888 expected, 7,956 attended PNC at 6 weeks and 14,916 AGYWs accessed at one family planning services after delivery. *Challenges:* Although G-ANC has potential, coverage is still limited to few facilities, and the implementation fidelity is inconsistent due to staff constraints.

DSD for KPs: DIC guidelines were developed and disseminated. A DSD tool kit was developed to guide KPs services' provision. This is aimed at addressing the key issues of retention and adherence among KPs.

Increasing Viral Load Suppression among PLHIV on treatment to 95% by 2025

Viral Load testing coverage and viral load suppression (VLS): Viral load testing coverage improved to 97.5% as of June 2021, compared to 85% in 2019/20 but was lower among children 0-9 years at 81% and adolescents 10-19 years (82.5%) than adults at 98.7%. By end of June 2021, among those who accessed viral load testing, the proportion virally suppressed (on ART) was 94% (997,897/1,057,182), an improvement from the 91% in June 2020. The improvement is largely attributed to implementation of ART regimen optimization which started in 2019. As of June 2021, 98% of PLHIV eligible for Tenofovir-Lamivudine-Dolutegravir (TLD) were receiving it, compared to 51% in 2019/20, including adults, adolescents, and children weighing over 20 kg. Besides roll out of optimized ART regimens, other contributors include implementation of Quality Improvement initiatives and Differentiated Service Delivery models. Figure 26.

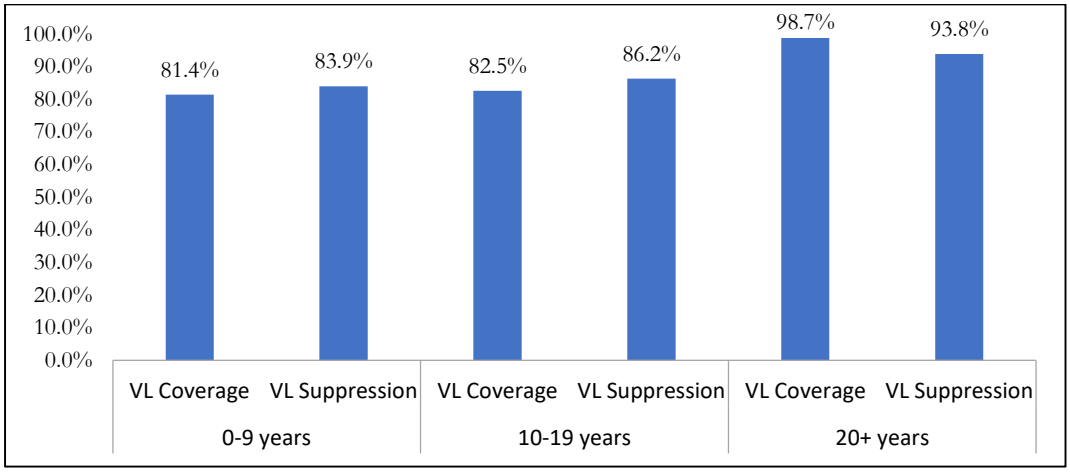


Figure 26: Viral Load Testing Coverage and Suppression by age Apr-June 2021

Across the different populations, VLS is lower among children (84%) than adults (94%) because of adherence challenges; dependence on adults for care; higher levels of HIV drug resistance (due to previous PMTCT exposure); and lower coverage for ART regimen optimization. However, this performance improved from 75% recorded in 2019/2020. About 24,000 children on ART (30%)

were yet to be transitioned to optimal ART regimens as of June 2021. Among adolescents 10-19 years, VLS improved from 56% to 87%, but adherence and retention challenges persist in this population. The improvement is attributed to use of better ART regimens plus implementation of retention initiatives such as YAPs as part of DSDM. Among adults who had a VL test, VL suppression was comparable among male (94%) and females (95%). Across the different population groups, only the adult female population group has achieved the 3rd 95. Figure 27.

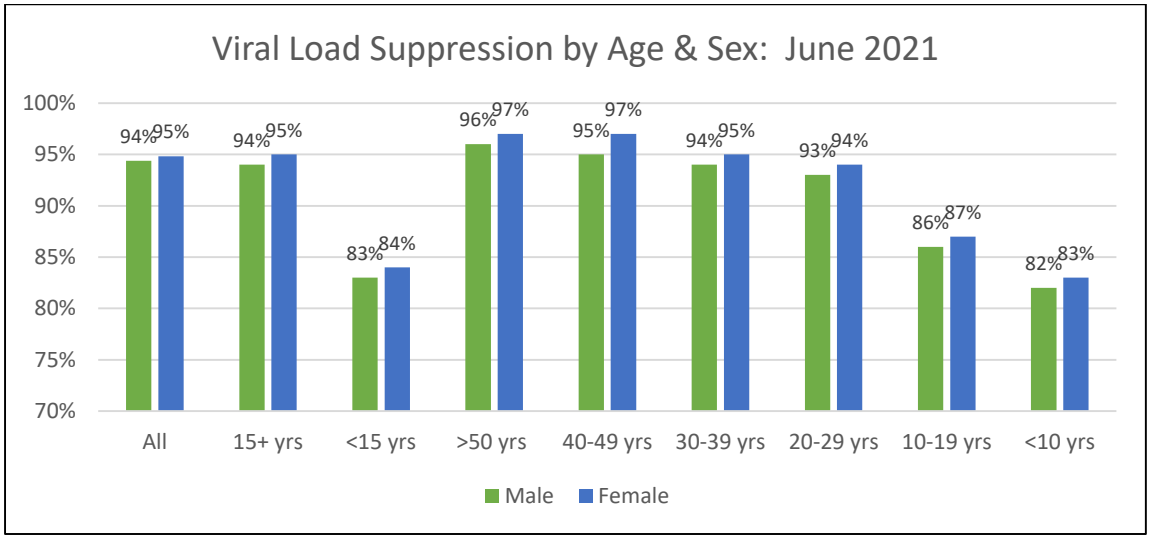


Figure 27: VL Suppression by sex and age category

By region, viral load coverage and suppression are lower in the regions of Moroto, Arua, Gulu, Soroti, and Lira. Figure 28. There is need to better understand factors contributing to this.

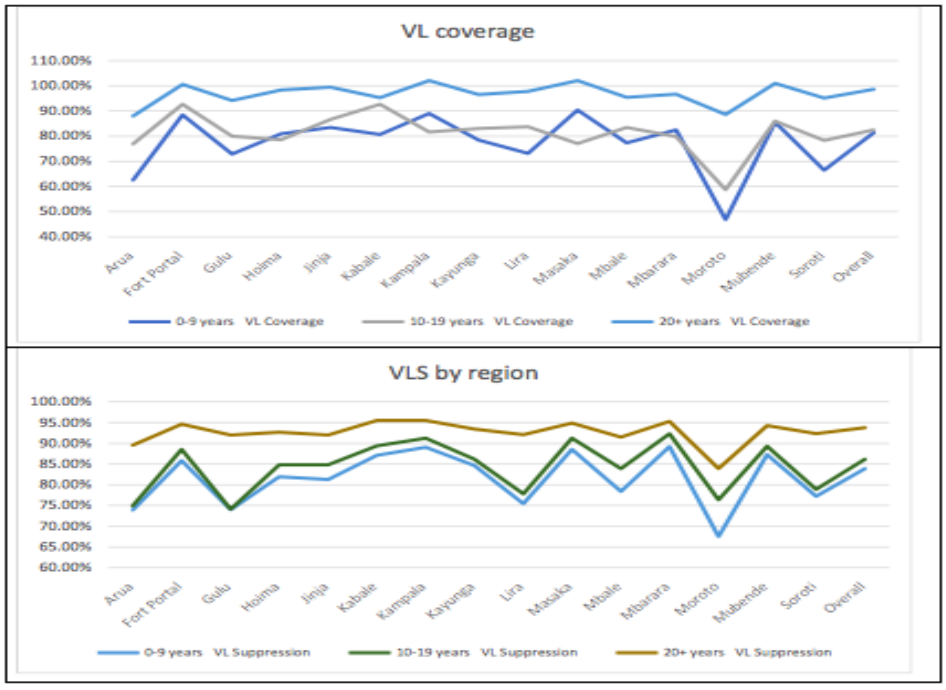


Figure 28: Viral load coverage and suppression by region June 2021

ART coverage and VLS among KPs and PPs: ART coverage among KPs was estimated at 96% (33048/34587); with 28% retained on ART 12 months after initiation; 94% receiving viral load test in the year and 93% virally suppressed (among those tested). Figure 29. The improvement in ART coverage from 65% (UNAIDS estimates 2019), is attributed to targeted efforts to improve HIV testing, and linkage among KPs.

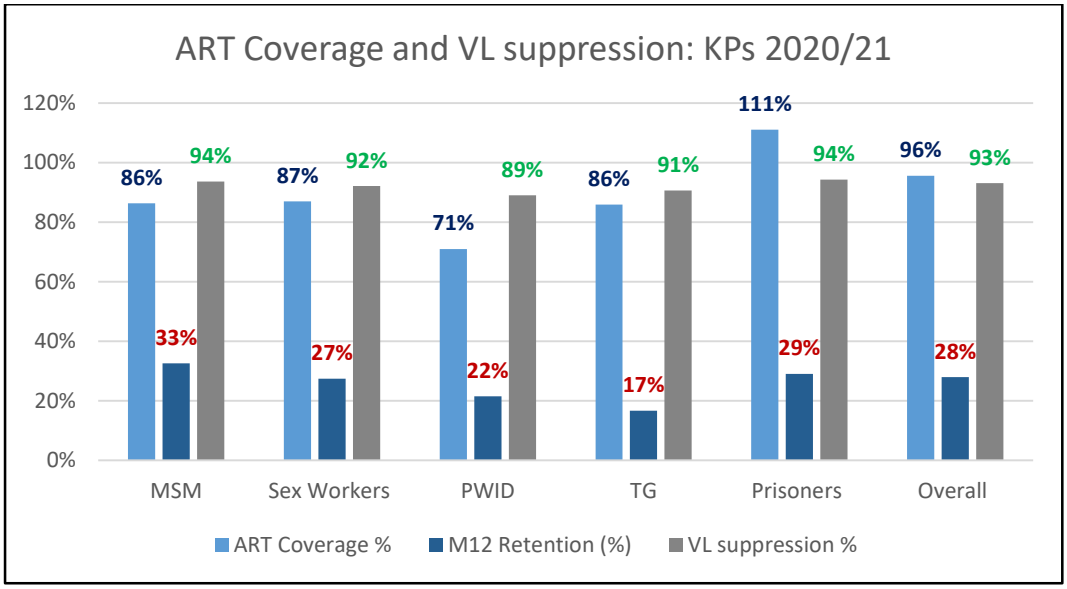


Figure 29: KP ART coverage and VL suppression

Among priority populations (Truckers, Fisherfolk, Uniformed), ART coverage was 91% (8357/9195); 12 month retention 29%; while viral load suppression among those eligible for testing was 69%. Table 5.

Table 5: ART coverage and viral load suppression among PPs

	ART Coverage	Retention	VL testing coverage	Viral Load suppression - among eligible for testing
Truckers	93%	39%	Missing data	61% (914/1510)
Fisherfolk	89%	26%	Missing data	75% (1996/2644)
Uniformed	93%	35%	Missing data	65% (470/726)
Overall	**91%**	**29%**		**69% (3380/4880)**
Pregnant & breast feeding WLHIV	98%	81%	61%	Pregnant 93%; B/F 95%
Refugees	100%	Adherence 84%	>100%	84% (April-June 2021)

Refugee populations reported coverage of over 100% with suppression at 84%. Among pregnant and breastfeeding women, viral load suppression was 93% and 95% respectively. Retention was suboptimal at 81% while only 61% of women had a VL test. Other key activities include the development of the national HIV drug resistance data base. The Active Pharmacovigilance (PV) implementation strategy and plan were developed and HCW at 1854 sites trained in active PV. ARV-related adverse reactions are being tracked at 6 sentinel sites including Mbarara RRH, Fort Portal RRH, Lira RRH, Kayunga RRH, IDI clinic and Mildmay Hospital.

Challenges: (i) Suboptimal VL testing coverage, especially among children, adolescents, pregnant women (61%), and KPs (74%). This is related to the retention gaps in these populations. More work needs to be done to ensure 100% of ART recipients receive timely viral load testing for ART monitoring. (2)Lower VLS among children, adolescents and PPs calls for strengthening adherence, retention, as well as ensuring all children are on optimal ART regimens. (3) Regional differences in viral load suppression and coverage need to be further evaluated to understand the root cause and identify appropriate strategies (4) Gaps in management of non-suppressed clients. As seen in Figure 30, less than 20% of patients with a non-suppressed across all regions VL received a repeat test in the period January to June 2021.

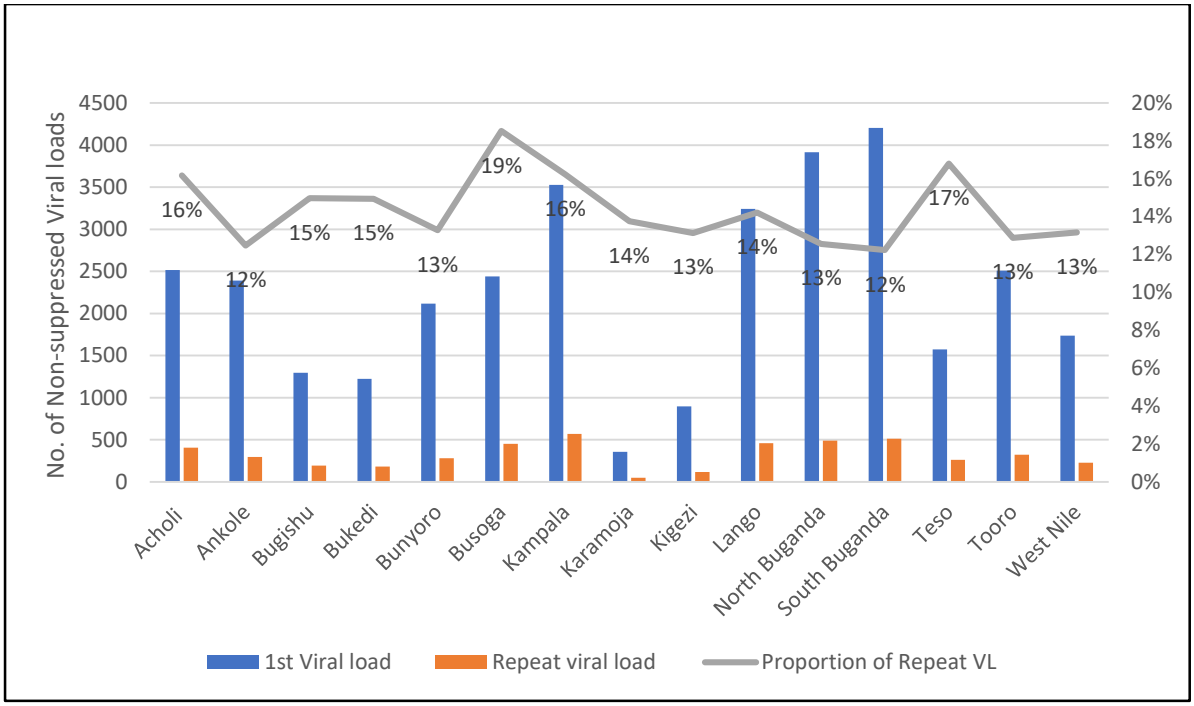
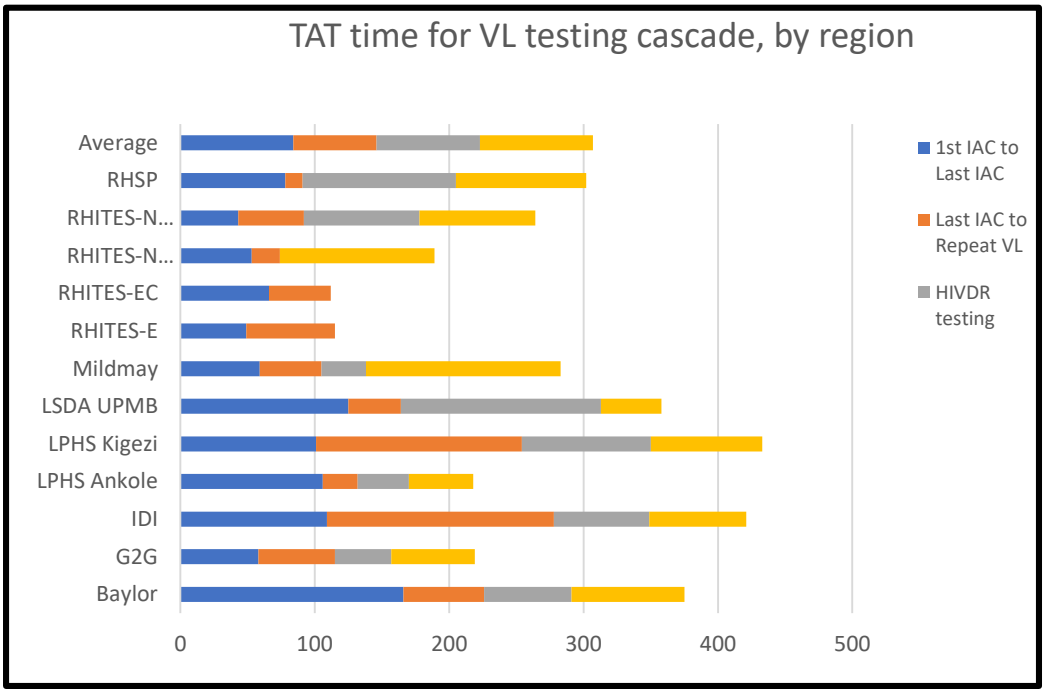


Figure 30: Regional Distribution of Viral load Non-suppression Jan-June 2021

According to the 2020 MOH HIVDR technical support supervision conducted nationally, the average turnaround time from '1st IAC to Last IAC' was 84 days; from 'Last IAC to Repeat VL' was 62 days; for HIVDR testing 77 days; for 'Receipt of results to Decision making', another 84 days. This gave a total TAT of 307 days for the entire process highlighting the gaps in management of viral non suppression. Performance varied by region Figure 31.

Figure 31: MOH HIVDR Technical support supervision; Regional Findings: 2020



Integration of HIV care and treatment across programs

TB/HIV integration: TB/HIV services are well integrated. In the year under review, 90% of PLHIV in care were screened for TB, 1% confirmed to have active TB and 85% of these initiated on TB treatment. In the TB care setting, 98% of patients were tested for HIV, 34% of these found HIV-infected and 97% initiated on ART. An estimated 72% of PLHIV have received TB preventive therapy (TPT) with 92% completion rate among those who initiated TPT in the previous reporting period. This is an improvement from previous year's TPT coverage of 58% and completion rate of 90%. Figure 32.

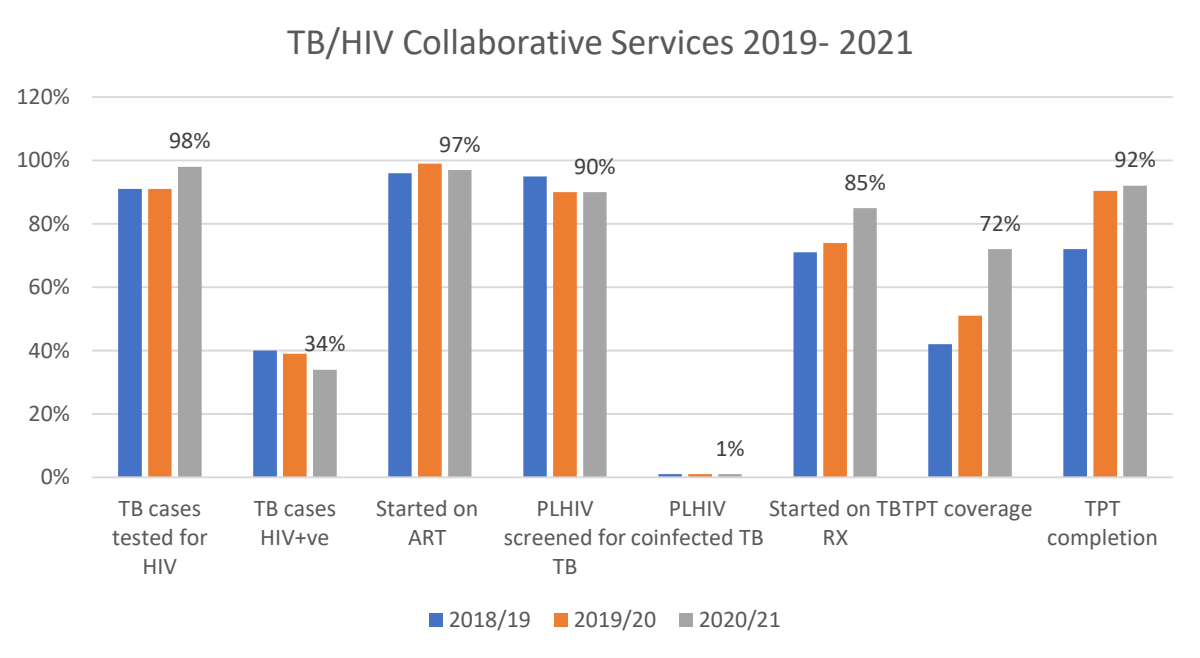


Figure 32: TV/HIV Collaborative performance

The MOH conducted a TPT census to review performance over the period 2015 to February 2021, establish unmet need for TPT among PLHIV, and determine TPT completion rates. Findings revealed that of the estimated TPT-eligible 1,551,159 PLHIV as of December 2020, about 1,004,727 had ever initiated IPT with 82% (822,493) completing the course of TPT while 182,493 individuals did not complete. National TPT coverage was estimated at 72%, which was comparable to the 73% reported using program estimates. Unmet need was 27% translating into 333,871 individuals pending enrollment onto TPT, with 50% of these residing in the four regions of Kampala, Masaka, Ankole, and UPMB-supported facilities. Specific targeting was thereafter planned for these regions.

Challenges: Despite the high rates of TB screening among PLHIV, TB case finding is still suboptimal at <1% and yet TB contributes 30% of HIV related deaths. More sensitive screening algorithms are needed to improve case detection. The percentage of HIV positive incident cases that received both TB and HIV treatment is still below the 90% target. This is due to gaps in linkage from diagnosis to treatment as some TB diagnostic units lack anti-TB medications. The MOH has developed a new quality improvement collaborative initiative aimed at improving this performance. While COVID-19 impacted TB/HIV by reducing TB diagnosis in April-June 2020, this was transient and recovery was evident by July 2020.

Cervical cancer screening: The NSP targets screening 50% of Women Living with HIV (WLHIV) for cancer of the cervix by 2025. In the year under review, the National Cervical Cancer Screening and Management strategy was finalized and disseminated. Program implementation

commenced in January 2021 with a target of screening 260,000 women living with HIV at 600 high volume sites. By June 2021, 45,042 (15% of target) had been screened, of which 2,343 (5.2%) screened positive and 1,315 (53%) were successfully linked to treatment. Screening positivity was similar across age groups while linkage for the 15-19 year-olds was better (73%) than the others. Table 6.

Table 6: Cervical Cancer Screening 2020/21

	All	15-19 yrs	20-24 yrs	25-29 yrs	30+ yrs
Screened	45,042	480	3,395	9,856	3,1311
Positive	2,343(5%)	26(5%)	163(5%)	489(5%)	1665(5%)
Treated	1,315(56%)	19(73%)	95(58%)	306(63%)	895(54%)

Challenges: However, coverage is still limited as only about 5% of eligible WLHIV have been screened. In addition, accessing treatment for those screening positive is a challenge as less that 60% (513/1312) were able to get linked to treatment. There are still challenges in the supply chain management of the required commodities.

Advanced HIV Disease (AHD) Management: About 45% of patients newly initiating ART had a baseline CD4 performed. Among the 25% that had CD4 count below 200 cells/ml (with AHD), 61% received a TB-LAM test while 59% had a serum CrAg test. Of the 20% with a positive TB LAM, 85% were linked to TB treatment. Among the 13% with positive serum CrAg, 84% were initiated on prophylactic fluconazole. *Challenges:* Access to CD4 testing; inadequate supplies of TB LAM and CrAg test kits and suboptimal linkage to treatment services. To improve CD4 access, the MOH is planning to expedite the roll-out of device-free CD4 testing. A pilot was conducted at 12 facilities beginning January 2021.

Cotrimoxazole prophylaxis: Of the 1,303,101 PLHIVs active on ART by the end of June 2021, 305,700 (23.5%) were eligible for cotrimoxazole prophylaxis, and 82% (249,948) received it.

Nutrition: In the year under review, 83% of PLHIV in care had nutritional assessment at their latest clinic visit. Of these, 1.3% were found to have malnutrition but only 17.4% accessed supplemental foods. Moroto district had the highest malnutrition prevalence at 5.7%.

Non-Communicable Diseases (NCDs): The process of developing guidance on integration of NCD care into HIV care is ongoing.

Social support and social protection

The NSP Sub-Goal 3 on Social support and social protection seeks to strengthen social and economic protection to reduce vulnerability to HIV and AIDS and to mitigate their impact on people living with HIV, orphans and other vulnerable children, KPs and other vulnerable groups. This is to be achieved through six strategic objectives, namely: (i) Scale-up Interventions aimed at Eliminating Stigma and Discrimination; (ii) Expand socioeconomic interventions aimed at reducing social and economic vulnerability for people living with HIV and other vulnerable groups; (iii) Scale up psychosocial support for people living with HIV, people with a disability, key and priority populations, and other vulnerable people; (iv) Strengthen prevention and response to sexual and gender-based discrimination and violence; (v) Strengthen prevention and the response to child protection issues and violence against children; and (vi) Strengthen the legal and policy framework on HIV and AIDS to ensure that it is inclusive of all people living with HIV, people with a disability, key and priority populations, and other vulnerable groups. Below is a summary of key achievements during the reporting period.

Key achievements

- New policies / policy revisions: National Policy Guidelines on Ending HIV Stigma (2021); National Child Policy (2020); Guidelines for Prevention and Management of Teenage Pregnancy in Schools revised (2020)
- Studies: Scorecard on AAAQ of Health services in 56 districts, 115 HFs; Study on the wellbeing of women and girls in Uganda with a focus on GBV underway (MGLSD & UBOS); two studies on Legal Environment underway.
- 2,684 youth, 18,973 women and 197,934 older persons supported through government's economic empowerment programs
- 384,665 AGYW in 43 high burden districts (23 PEPFAR and 20 GF TASO/MoH/ MGLSD) received comprehensive HIV prevention services
- 673,295 individuals supported under the PEPFAR OVC program for children and families affected by HIV
- 200,096 survivors of sexual violence reached with post GBV clinical care, including 12,590 survivors of sexual violence reached with PEP
- Over 4,000 survivors of GBV provided with psychosocial support
- 10,534 individual PLHIV and 2004 PLHIV households supported with hygienic packs
- 120,736 AGYW reached with violence and HIV prevention messages
- 10,000 AGYW equipped with vocational skills certified by the Directorate of Industrial Training
- 500 AGYW provided with Enterprise Development Assistance
- 18,000 vulnerable girls in 39 Global Fund burden Districts supported with educational subsidies
- Over 14m people reached through engagements on reducing GBV, VAWG and harmful practices in the regions of Sebei, Rwenzori, Bukedi, and West Nile.
- More than 4,700 WGLHIV and KPs reached with legal aid services

Outcome performance on key indicators is summarized in Table 7 below;

Table 7: Performance Social Support and Protection

Indicators	Baseline	Targets	HLM targets	Achievement	Data source	Comment
Outcome 1: Stigma and discrimination minimized						
% of men and women aged 15-49 years with accepting attitudes towards PLHIV	Overall 66.8% Male: 71.3% Female 65.6%	Overall 80% Male: 85%% Female 80%	90%	Male 71 % Female 66%	UDHS 2016	No updated data
% of men and women living with HIV who report experiences of HIV-related discrimination disaggregated by community (exclusion from social gatherings), health settings and workplace	Social gatherings: Overall 16.1%	N/A	<10%	Male 3.4% Female 4.8% Overall 4.3%	Stigma Index Survey 2019	2019 achievement meets new HLM Targets. No updated data. Stigma index conducted every 3-5 years
	Religious events: Overall 7.1%	N/A	<10%	Male 0.95% Female 1.4% Overall 1.4%		
	Family activities: Overall 4.5%	N/A	<10%	Male 2.5% Female 4.2% Overall 3.6%		
	Employment	N/A	<10%	Male 7.6% Female 8.1% Overall 7.9%		
% of PLHIV who self-report on the construct of feeling guilty or worthless due to being a PLHIV	Male Female			24% (no major difference by gender)	Stigma Index Survey	No updated data
% of PLHIV reporting difficulty to disclose HIV status to other people.				36.4%	Stigma Index Survey	No updated data
Outcome 2: Reduced socio-economic vulnerability for PLHIV and other vulnerable groups						
2.1 Percentage of PLHIV and OVC households that are food secure	37.2%	70%		23.1% (LQAS, 2020)	LQAS	LQAS was conducted in 64 districts in northern and Eastern Uganda
Outcome 3: Reduced gender-based violence/discrimination						
3.4 Percentage of women and men 15-49 years who experience GBV from an intimate partner in the past 12 months(sex, physical and sexual violence)	Women: 9.6% (physical) 16.6 % sexual Men: No data	11% 8%	<10% for women and girls	Women 56% Men 44%	UDHS 2016 GBV Dashboard	Review indicator understanding

Indicators	Baseline	Targets	HLM targets	Achievement	Data source	Comment
3.5 Percentage of GBV survivors who report to formal institutions such as police	6.6%	10%		Women 33% Men 30%	UDHS (2016)	
3.6 Percentage of GBV survivors who access formal services- (Protection, health and legal services) by M, F	No data	50%		<5%	GBV Dashboard /HMIS	Post GBV Clinical care was 5% for age groups 30-34 years.
Outcome 4: Improved child protection and reduced Violence Against Children (VAC)						
4.1 Percentage of OVC aged 5-17 that have at least three basic needs met (M, F)	39%	70%		F:79.3% (69524 /87640) M 79% (83,191/105097)	OVCMIS	
4.2 Percentage of children and adolescents (13-17 years) by who report sexual violence	Overall:18% Girls: 25% Boys: 11%	Overall:6% Girls: 8% Boys: 4%	<10%	F: 25% M: 11%	Uganda VAC Survey, 2018	No updated data
4.3 % of girls and boys 0-17-year survivors of sexual violence who receive formal services (Medical, Psychosocial and legal services)	Overall: 6.1 (13-17 yrs) Girls: 7.7% (13-17 yrs) Boys: 4.6% (13-17 yrs)	Overall: 50% (13-17 yrs) Girls: 60% (13-17 yrs) Boys: 45% (13-17 yrs)		Psychosocial support: 57% (4000/6991) Legal:9% (599/6991) Clinical care: 6% (446/6991) Referral: 30% (2114/6991)	HMIS/OVCMIS	Data for January -March 2021, Gender Response Dashboard (GRD) Variable access to Post GBV care services. Need to improve access to clinical and legal services
4.4 % of children survivors of violence and SGBV who have completed PEP (M, F)	No data	60%		48%	HMIS	Target not met. *Need to enhance psychosocial and adherence support*
Outcome 5: Legal and policy framework on HIV and AIDS improved to ensure inclusive access by all PLHIV, Key Populations and other Vulnerable Populations						
5.1 % of PLHIV, KPs and other vulnerable groups who report rights violations	No data	5%	<10%		TBD	No data
5.2 % of PLHIV, KPs and other vulnerable groups accessing legal services in the face of rights violations	PLHIV 18.8% KPs: No data	48%	>90% >90%		TBD	No data NSP target not aligned to HLM target

Scale up interventions aimed at eliminating stigma and discrimination

Stigma and discrimination towards PLHIV, key populations (KPs) and other vulnerable groups in the context of HIV are widely considered to be barriers to effective HIV responses. Eliminating stigma and discrimination is one of the structural game changers prioritized in the NSP. The Presidential Fast-Track Initiative on Ending AIDS as a Public health threat (PFTI) had set the year 2020 as the year for the country to have achieved a status of Zero HIV-related Stigma and discrimination. The country did not realize this target, as there are still prevalent forms as reported in the PLHIV stigma index report of September 2019. Stakeholders believe that the nature and patterns of stigma have also changed over the last few years, its manifestation becoming more subtle, with stigma increasingly exercised via digital platforms such as social media. The internet has become an open space for digital abuse and violation with limited regulation. During the reporting period, GOU and partners continued implementation of initiatives aimed at combating HIV-related Stigma and discrimination.

At national level, a key milestone was the development of policies, manuals and implementation of studies on stigma and discrimination. The National Policy Guidelines on Ending HIV Stigma was finalized and dissemination commenced; there was development of a training manual for health providers in provision of friendly, stigma and discrimination free services, under the leadership of the MoH; as well as a manual for orientation of other stakeholders in Gender and Sexual Diversity.

Photo 3: The Permanent Secretary, MOH, Dr. Diana Atwine flagging an anti-stigma message

The scaling up of DSD models for KP/PLHIV service delivery with potential to minimize encounters with stigma and discrimination has also been emphasized. A scorecard on the availability, accessibility and quality of services for HIV/TB, malaria, gender equality processes, human rights, and RMNAH was successfully administered in 56 districts covering 115 health facilities and findings disseminated at national and district level. The scorecard assessment revealed persisting high levels of stigma and discrimination in various sectors including healthcare, education, and employment, directed at PLHIV and KPs. Equally prevalent were high levels of internalized stigma especially among KPs, rooted in their criminalized status.

As already reported in the section of Prevention, other interventions to address stigma and discrimination have included engagement of religious and cultural leaders through dialogues on stigma and discrimination reduction, a national media campaign, training of religious, cultural, and PLHIV leaders who serve as campaign champions to deliver messages on the fight against stigma and discrimination; and a national Dialogue on HIV, TB and the Law.

Various other stakeholders, most especially CSOs, implemented several activities across the country aimed at combating HIV related stigma and discrimination, including litigation, orientation of people at high risk of HIV, TB and Malaria on stigma in 28 districts, building

capacity and supporting engagement meetings between duty bearers and rights holders in 28 districts; supporting dialogues between human rights organizations and women networks on inclusion of anti-KP discrimination programs in their activities and programs. A total of 768 WLHIV were engaged and legal literacy provided through regional sensitization dialogues on stigma, discrimination and GBV in the context of HIV. Under the PLHIV SCE, health providers and support staff were taken through the AIDS competence process for them to understand, explore their attitudes and clarify their values in relation to Health friendly service provision for young people, and thereby contribute to stigma reduction. AIDS Competence trainings were carried out in the three districts of Jinja, Iganga and Bugiri reaching out to 150 health workers and 30 facility staff. Different actors have also continued to conduct trainings aimed at reducing stigma and discrimination against PLHIV in health care settings.

Challenges: Continuing negative attitudes as well as stigma and discrimination towards key populations. Much of the stigma is internalized and unknown to others, meaning that the affected persons may not be offered help. *Recommendations:* i) Scale up training of health workers across the country to build HIV/AIDS competency and integrate the human rights approach; equip them to provide PLHIV and KP friendly services; ii) Roll out targeted SBCC materials; iii) Disseminate and roll out the Anti-Stigma Policy Guidelines.

Expand socioeconomic interventions ability for PLHIV and other vulnerable groups

The NSP places emphasis on the socio-economic interventions that help reduce economic vulnerability, such as social protection and social assistance programs, start-up capital, nutrition, and formal and non-formal education for children. During the reporting period, a number of interventions have been implemented. The GoU continued implementation of key economic empowerment programs, including the Social Assistance Grants for the Elderly (SAGE) (also referred to as the Senior Citizen's Grant), the Youth Livelihood Program (YLP), the Uganda Women's Empowerment Program (UWEP), Operation Wealth Creation (OWC), and *Emyoga,* all targeting poor and vulnerable people including PLHIV and other HIV affected persons.

Table 8: Beneficiaries of Socioeconomic interventions

Program & target Group	# of Groups supported	# of Individual Beneficiaries			# of individual beneficiaries Previous FY	# of districts served	Other beneficiary characteristics
		M	F	Total			
YLP (Youths)	746	2,927 (52.3%)	2,673 (47.7%)	5,600	2,684	135	• 2.8% YPLHIV; • 3.1% YPLWD • 34.9% Out of school
UWEP (Women)	4,041	N/A	41,102 (100%)	41,102	18,973	135	
SAGE (Older Persons)	N/A	128,259 (40.9%)	185,512 (59.1%)	313,771	197,934	129	• 74% have a form of disability; • Some are caregivers of AIDS orphans & YPLHIV

As shown in the Table 8, the YLP program benefited 746 youth groups with 5,600 members during the FY 2020/21, of whom 47.7% were. The program provides interest-free revolving funds to groups of youth aged 18-30, targeting those out of school, those with no education, youth living in slum settlements, youth with disabilities, those who are single parents and those living with HIV. The groups are given up to 12 million shillings per group depending on the nature and scope of projects they wish to implement, repayable in three years. The above data however shows a

declining number of beneficiaries over the last two years, from over 52,000 in FY 2017/18 to only 5,600 in 2020/21, partly attributed to the COVID-19 pandemic which resulted into budget cuts for the program. The amount of funds disbursed for the program for FYs 2019/20 and 2020/21 was only 2.9bn and 6.2bn respectively, compared to an average of 24.2bn per year for the previous seven years. Over its lifetime, the beneficiaries of the program have included some of the most vulnerable, such as youth living with HIV (2.8%), those with disabilities (3.1%), school drop outs (34.9%) and those with no formal education (7.6%). An evaluation of the program conducted in 2018 found that the program had contributed to job creation, financial inclusion, asset accumulation and enhanced social capital among the youth. The program is also reported to have contributed a 10% reduction in the prevalence of alcohol consumption among the youth.

Under UWEP, a total of 4,041 beneficiary groups and 41,102 individual women beneficiaries were reached with financial support and services during 2020/21. This represents an increase from the number which benefited the previous year. UWEP is a nation-wide program covering all districts, and targeting grassroots women. Women living with HIV as well as other vulnerable women such as young single mothers, widows, survivors of GBV and women with disabilities are among the priority target groups of the program. Some of the beneficiaries from UWEP have been linked to the Uganda Industrial Research Institute to access support for value addition for their products. During the reporting period, Government through the SAGE program reached a total of 313,771 older persons with cash grants (185,512 female and 128,259 males) across 129 of the 135 districts. This is an increase from a total of 197,934 the previous financial year. While the proportion of these beneficiaries who are living with HIV is not known, the Program nevertheless benefitted older persons with multiple vulnerabilities. Of the total older beneficiaries served, 74% had one or more forms of disability including visual impairment, hearing impairment, physical or other form of impairment. Many of such elderly beneficiaries are also grandparents taking care of AIDS orphans or are themselves affected by HIV in one way or another.

Under the AGYW support program, 384,665 AGYW in 43 high burden Districts (23 PEPFAR and 20 GF TASO/MoH/MGLSD) received comprehensive HIV prevention services. Some of the AGYW reached received comprehensive primary[2] and secondary services[3] as shown in the chart below. Figure 33. A total of 98, 353 AGYW participated in economic strengthening approaches, 10,000 were equipped with vocational skills like hair dressing, tailoring, welding, mechanic, leather turning, knitting, bakery and catering, among others and certified by the Directorate of Industrial training (DIT), and 500 AGYW that own viable businesses were provided with Enterprise Development Assistance in form of training and additional capital to their businesses. The project goal is to reduce new HIV infections among AGYW/ABYM in Uganda in the age groups of 10-14, 15-19 and 20-24 years. Interventions include SBCC through sports events and music; ASRH messaging, provision of HIV prevention packages and economic empowerment using different approaches (vocational skills training, enterprise development assistance, savings promotion, mentorship and investment capital); Second Chance Education, and innovation camps. HIV prevention services are integrated in socio-economic empowerment skilling programs.

[2] Includes standard services such as HTS and TB screening and menstrual hygiene management

[3] Includes additional services tailored to individual situation such as risk based HTS and ART for those who are HIV positive.

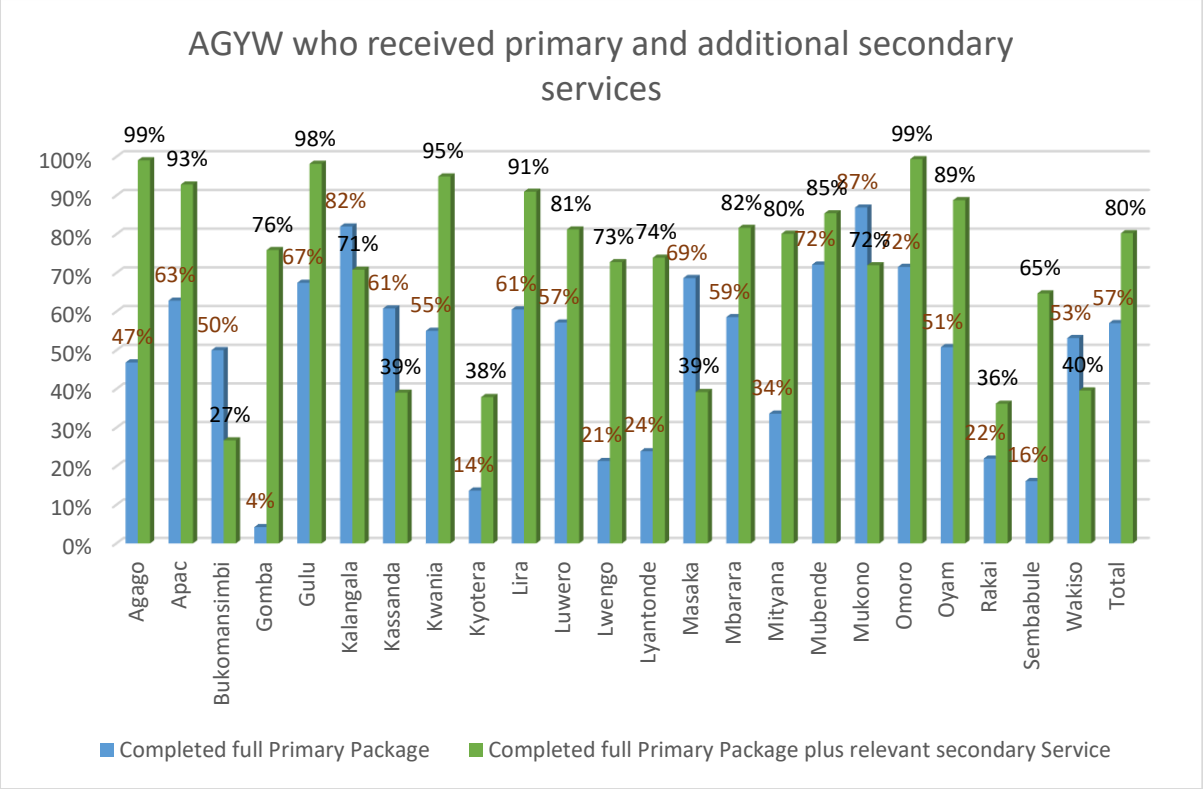


Figure 33: AGYW who received primary and secondary services by district

As shown in Figure 33 above, 57% of the AGYW received age specific primary service package and 80% received primary service package and an additional secondary service package during this reporting period. The MOES in collaboration with other line ministries provided education subsidies to 18,000 vulnerable girls in the 39 Global Fund supported high burden Districts. They also trained teachers on school health/ sexuality education and life skills, as part of the initiative to keep boys and girls in school. Teachers were also trained to provide psycho-social support for learners and teachers.

Other major interventions included the PEPFAR OVC program for children and families affected by HIV under which a total of 673,295 were served in the reporting period; programs supported by the UN agencies that provide economic strengthening and integrated ASRH services in 10 districts, and several small-scale interventions by CSOs. Some UN partners have also supported economic empowerment programs for KPs for example interventions to address commercial sex exploitation of girls below 18 years were supported in 14 districts. The Empowering Girls Program has also been implemented in Kampala in partnership with KCCA. Under the SCE for PLHIV, a total number of 10,534 PLHIV and 2004 households benefited from the hygienic pack as at October 2020. See Table 19 below.

Table 9: Households and individual reached with hygienic pack: October 2020

No	Item	Number
1	Jik (bottles)	52,269
2	Dettol soap (pieces)	48,225
3	Districts so far reached	73
4	Total number of beneficiaries	10,537
5	Number of households served	2004

PLHIV networks documented GBV stories from 30 girls and supported them with nutritional items (Rice, Maize flour, soap, beans, cooking oil); supported 30 AGYW with startup capital worth UGX 100,000 for various business ventures as for improved livelihood; supported medical care for girls with complications related to gender-based violence. The Positive Men's Union (POMU) supported 150 members / families with emergency financial assistance (50USD each), and 50 families with emergency COVID-19 food assistance.

Overall, these social-economic interventions have helped to reduce the vulnerability of the beneficiaries and their families, created employment, increased the asset base, and boosted their self- esteem. The tangible support such as the nutritional support and hygienic pack is believed to have contributed to improved welfare for PLHIV.

Lessons learned: Economic empowerment is a vital addition to the HIV prevention package among vulnerable girls. Comprehensive packages that are integrated with socio-economic empowerment create significant changes to the AGYW as compared to non-comprehensive packages. *Challenges: (i)* Overwhelming number of vulnerable girls in the targeted communities compared to funds available; (ii) Some girls are already married and their spouses /in laws prevent them from participation in the social-economic empowerment programs; (iii) Loss of employment, collapse of businesses, decline in household incomes, inadequate food – all sparked by COVID-19 lockdowns affected PLHIV most, and people who are already vulnerable; Loss of income and food affected adherence to ART. *Recommendations:* Scale up comprehensive interventions, including skills training, targeting AGYW to reach those affected by teenage pregnancies and early marriage during the COVID-19 period. Implement household economic recovery programs targeting households and individuals whose livelihoods have been severely affected by the COVID-19 pandemic and the associated measures.

Scale up psychosocial support for PLHIV, PWDs, KPs, PPs, and other vulnerable groups

The reporting period has been characterized by an increase in psychosocial and mental health challenges aggravated by the COVID-19 pandemic and associated lockdowns, illness and loss of loved ones, loss of employment and livelihoods, closure of schools and other social and economic hardships. Psychosocial support entails providing support to address the ongoing psychological and social needs of PLHIV or other at risk and vulnerable persons, their partners, caregivers and families. Psychosocial support is essential to restore the mental and emotional wellbeing of people affected by HIV in different ways. Government sectors and agencies have played varying roles in providing psychosocial support. Under the YAPS program implemented by MoH and partners, social support activities targeting YPLHIV people have included home visits to assess home environment and provide psychosocial support, vulnerability assessments, and referral for other social support services, including wrap around services[4]

The MGLSD and partners provided psychosocial support to over 4,000 survivors of GBV, whose cases had been reported through the ministry's reporting system that feeds into the GBV dashboard. The MOES trained 40 teachers to equip them to provide psychosocial support for learners and teachers during and after the lockdown and covid-19 pandemic. The focus was put on young people living with HIV, children with special needs and stigma related to the effects of the pandemic. The Ministry also set up a temporary call center and stationed 10 counselors at the centre. Some MDAs including MEMD, MoDVA, MEACA, MIA, MOSTI, State House, MTWA,

[4] Refers to the non-medical services that increase the availability or effectiveness of HIV/AIDS treatments, by helping to link, retain, and support those in care to take their medications regularly, get to their appointments on time, or cope with the psychological and emotional stresses surrounding their diagnosis. They may include transportation, child care, emergency financial assistance, therapy, substance abuse assistance, and mental health resources.

and HSC reported that they provided social support to their staff living with HIV/AIDS. In addition, five MDAs (MEMD, MoDVA, MIA, OP, and HSC) reported to have provided financial support to their staff living with HIV/AIDS.

In the wake of the reported increase in the number of intimate partner violence (IPV) cases among people living with HIV during the past year, partly attributed to the effects of the COVID-19 lockdowns, many programs have integrated psychosocial support services into their pre-existing health and social services. Under the PEPFAR HIV Surge program, people experiencing IPV were provided with appropriate care. UNYPA provided mental health services to young people living with HIV whose state of mental health had deteriorated due to COVID-19 lockdowns.

Best Practices: Engagement of CBOs in HIV and GBV legal activities including community activists at village level; Patients' organization into groups to provide mutual social support and pool resources for economic strengthening and social welfare; The CHAG model – community led support groups established in several districts; Some IPs have supported the strengthening of family support groups. *Challenges and Limitations: i)* The CLM pilot survey found that whereas structures for social support existed in many places such as Adherence Clubs, Facility Based groups, and CCLADs among others, in some cases these structures were unknown to the potential members or beneficiaries; ii) Aggravated mental health challenges among PLHIV, KPs, PPs and other vulnerable groups; (*iii)* Lack of counselling services at health facilities; iv) Inadequate psychosocial support for PLHIV. *Recommendations:(i)* MoH and other partners should support the recruitment and institutionalization of professional counsellors at health facilities; *(ii)* Strengthen psycho-social support / counselling services at all HIV service delivery outlets including DSD outlets through mechanisms such as peer support groups and expert clients; (iii) Sensitize PLHIV about the available psychosocial services.

Strengthening prevention and response to gender -based violence / discrimination

Gender based violence has far-reaching impacts on individuals' abilities to prevent themselves from HIV and to seek appropriate services. The 2016 UDHS reported that among women aged 15-49, up to 51% had experienced physical violence while 22% had experienced sexual violence in their lifetimes (UBOs and ICF, 2018). In addition, among girls aged 15-19, nearly 10% had ever experienced sexual violence.

Reporting of GBV cases remains somewhat scattered with no single harmonized reporting mechanism and center. During the review reporting period, GBV reporting continued through various channels including the police, LCs, the GBV dashboards at MGLSD and UAC, the Child helpline 116, and various helplines run by CSOs. The use of technology-based applications for the reporting of GBV has expanded during the reporting period. Personnel in 112 districts were trained on the use of Safe Pal, an App used for reporting GBV cases. The lack of a harmonized reporting system makes it difficult to arrive at a complete and accurate picture of the extent of GBV in the country, as well as the coverage of responses. Nevertheless, there was a reported increase in violence against women and girls during the COVID-19 period. The Uganda Police Annual Crime Report for 2020 showed that domestic violence increased by 29% between 2019 and 2020, from 13,693 cases to 17,664 cases registered. Similarly, the GBV dashboard at MGLSD showed an increase in all forms of GBV between 2019/20 and 2020/21, and an overall increase in the total GBV cases reported of 44.2%, i.e. from 4,849 to 6,991 over that one year period. See Table 10 below.

Table 10: GBV Cases Reported through the MGLSD GBV Dashboard 2019/20 & 2020/21

Type of Incidence	Financial Year		% Increase
	2019/20	2020/21	
Physical assault	1,496	2,300	53.7
Denial of resources, opportunities & services	1,470	1,834	24.8
Psychological abuse	1,153	1,721	49.3
Defilement	417	655	57.1
Sexual assaults	134	139	3.7
Rape	81	144	77.8
Forced marriage	60	107	78.3
Child marriage	36	78	116.7
Female genital mutilation	2	13	550.0
Grand Total	**4,849**	**6,991**	**44.2**

Disaggregation by gender shows that majority of the GBV incidents were against women compared to men, as shown in the chart below. Figure 34.

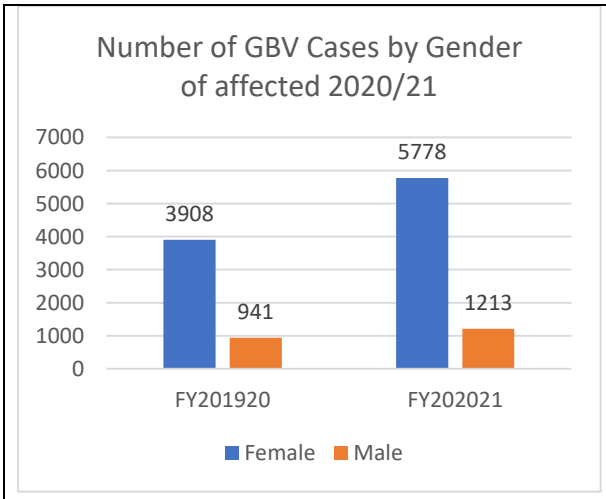


*Figure 34: GBV cases reported (*GBV Dashboard, MGLSD)

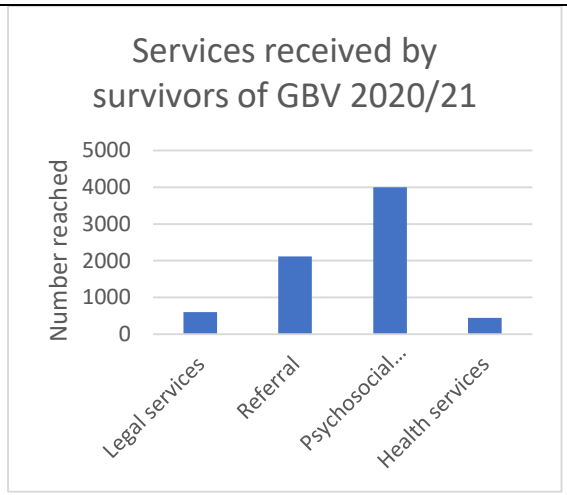


*Figure 35: Post-GBV services 2020/21 (*Source: GBV Dashboard, MGLSD)

Services in response to GBV were provided by different actors in several districts, including legal, referral, and psycho-social and health services as shown in the Figure 35.

Under the AGYW Program, violence prevention messages were provided at the safe space level through a tailored program developed by the Ministry of Health "Journeys plus curriculum community-based curriculum, reaching 120,736 adolescent girls and young women with Violence and HIV prevention messages. Figure 6 shows the breakdown of AGYW who received violence prevention and response services, including the 'No means No intervention' which supports AGYW to build resilience to defend themselves against perpetuators of Violence.

Data from HMIS also shows that a total of 12,590 persons were reached with PEP following incidents of exposure to the risk of HIV infection as a result of sexual violence. Under the PEPFAR supported interventions, a total of 193,853 persons received post GBV clinical care based on the minimum package during the reporting period, of which 126,727 benefitted those

who had suffered physical and emotional violence, while 67,126 benefitted the survivors of sexual violence. Through the work of legal aid CSOs, at least 3,050 cases of GBV were handled by trained community-based GBV responders and paralegals, and over 100 cases were handled by lawyers.

During the reporting period, GBV in the context of COVID-19 was also addressed in refugee settlements. Services responding to women and children facing violence have been provided in refuge settlements by UNHCR, other UN agencies, and a number of NGOs and projects in partnership with Office of the Prime Minister. As a result of civil society lobby efforts, the Spotlight Initiative channeled USD 370,000 towards sustaining 16 GBV shelters for 6 months and USD 550,828 towards adapting approaches for providing psycho-social support, monitoring and referrals for GBV cases. Development partners also supported the COVID-19 Emergency Relief Fund for emergency protection and GBV response for women and girls, specifically, supporting 'Safe Space' centers in three refugee settlements of Imvepi, Rhino Camp and Kyaka. Alongside this was the use of the Feedback Referral and Resolution Mechanism (FRRM) helpline which was used to report and respond to the sexual and reproductive health and rights of refugee girls. At national level, a National COVID-19 Sub-Committee on GBV and violence against children (VAC) was formed, and a GBV/VAC Prevention and Response Plan was put in place through collaboration between EU, the Spotlight Initiative and government. During the reporting period, a 12-member permanent Civil Society National Reference Group was formed to provide a platform for civil society input into programming, decision- making and monitoring of GBV, SRHR and harmful practices, and implementation of responses.

At policy level, new policies were finalized including the revised Child Policy (2020) and the Parenting Guidelines. The MGLSD has continued to reach key stakeholders through capacity building and advocacy messages to create norms change to protect AGYW. Up to 14 cultural institutions and 112 districts were trained on various skills including the use of GBV reporting platforms, interaction with online counsellors, and on the Parenting Guidelines. Up to 40 CDOs and Probation and Welfare officers were trained on the Parenting Guidelines.

The Ministry of Education and Sports developed learner's message handbooks and teacher's facilitator's guide on HIV Prevention, menstrual hygiene management (MHM) and SGBV for both Primary and Secondary Schools. A total of 40,000 copies of SE related materials were printed and distributed to 204 schools across the 17 districts where a comprehensive package is offered. The message handbooks are to equip learners with information and life skills in order to address the increasing challenges like teenage pregnancy, sexual gender-based violence, sexual harassment, poor menstrual hygiene management, HIV infections, and HIV stigma and discrimination among others.

With support from ADPs, religious institutions under the umbrella of the Inter-Religious Council of Uganda, including the Church of Uganda (COU), the Seventh Day Adventist (SDA) Church, the Baptist Church, the Uganda Muslim Supreme Council (UMSC), and the Uganda Orthodox Church (UOC)conducted engagements with religious leaders, community leaders, women leaders, youth leaders, and community members and disseminated integrated SRH/HIV/GBV messages aimed at reducing GBV and VAWG, and harmful practices including ending child marriage. These engagements reached over 1.2 million people through community dialogues, home visits and community religious events; over 13 million people through radio talk shows; involved over 500 leaders; and printed and distributed messages through over 6,000 pastoral letters. These activities were mainly implemented in the areas of Sebei region (Kapchorwa and Kween districts), Rwenzori region (Kasese and Kyegegwa districts), Bukedi (Tororo) and West Nile (Arua) regions. The outcome of these engagements was increased awareness about the dangers of GBV and harmful practices.

Through the work of CSOs, capacity building for responding to GBV has been built, with 19,781 GBV and legal aid service delivery points mapped and resource persons identified and 261 peer leaders trained by CSOs with support from development partners. Other interventions have focused on awareness creation about GBV, engagement of stakeholders to address GBV, and use of prominent personalities (such as media, religious and community personalities, and young social media influencers) as champions in fighting GBV. Community dialogue meetings were conducted with 45 women groups in GBV high prevalence districts (targeting Women and Girls; WLHIV, PWD, AGYW, Elderly, women with multiple vulnerabilities) to share GBV challenges in the context of COVID19, attracting 2,264 participants. There has also been continued work by various CSOs to provide other forms of support to survivors of SGBV, including legal aid camps, GBV shelters and to facilitate reporting through Toll Free helplines. Others have used approaches such as SASA! and Stepping Stones to train health workers in addressing SGBV.

The key outcomes from the above efforts include increased awareness about GBV among various communities and stakeholders; increased community response to report GBV cases; increased involvement of leaders in talking against GBV and denouncing social norms and practices that perpetuate GBV; improved access to services for survivors of GBV; and progressive improvement in government and law enforcement attitudes towards key populations, resulting into less incidents of violence orchestrated by law enforcement agencies.

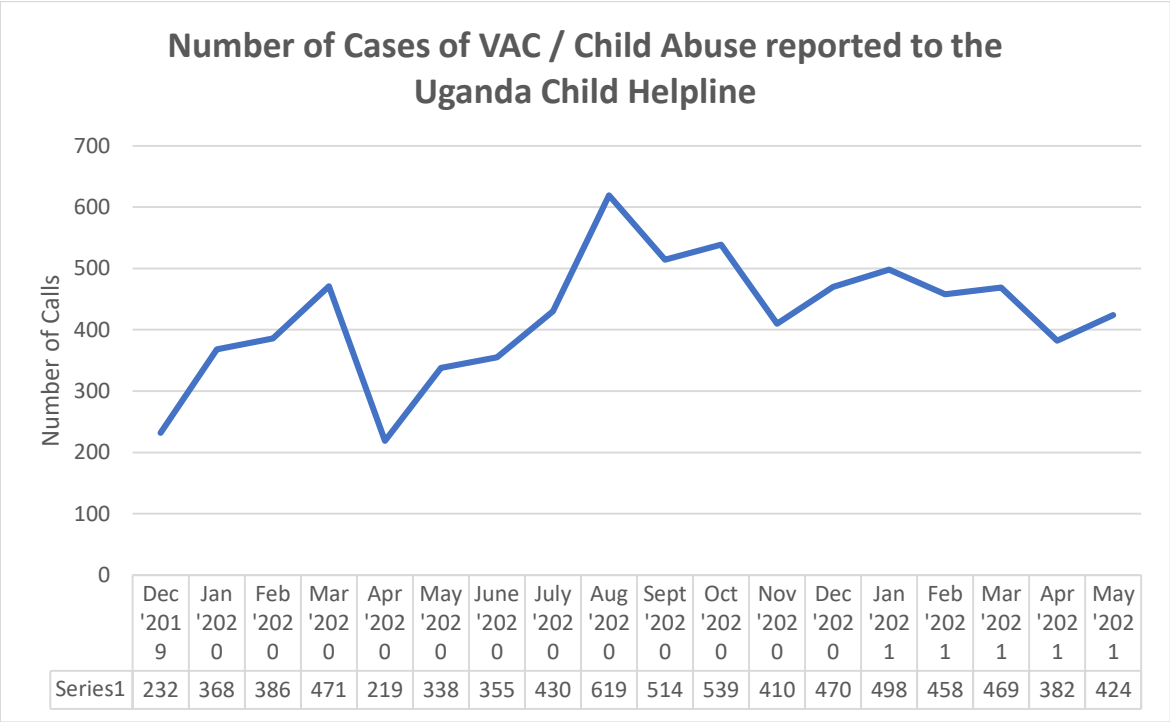
Best Practices: When courts re-opened, lobby efforts e.g. through the Spotlight Initiative ensured that cases involving children's were prioritized, and that court processes did not expose children to COVID-19. Use of technology-based platforms such as the U-Report (an SMS based mobile phone application) to report cases in real time. This app is reported to have over 350,000 Ugandan users. *Challenges:* (i) Cases of GBV and VAC increased during lockdowns as women and girls were locked at home with violence perpetrators; (ii) Reported increase in FGM in some districts of Karamoja region, during the COVID-19 lockdowns which provided a cover for silently conducting cultural practices; (iii) The closure of courts of law during lockdowns delayed justice for those who had suffered violence; (iv)Poor and slow referral system and response to reported SGBV cases; (v) Persisting handling of SGBV cases through a patriarchal lenses that disfavors women and girls; (vi) Social welfare workers were initially not considered part of the essential services and were locked down, constraining provision of social and psycho-social support; (vii) Provision of GBV response services in emergency settings including refugee settlements relies on parallel structures and is not integrated in existing government systems; (viii). Low coverage of / access to PEP: Only 5,442 survivors of sexual violence out of 35,723 cases (15%) under the PEPFAR supported programs received PEP. *Recommendations: (i)* Scale up support for Gender based Violence service delivery; (ii) Streamline systems for the reporting of GBV.

Strengthen prevention and response to child protection issues and Violence Against Children

Acts of violence against children (VAC) such as defilement, forced and early marriage, teenage pregnancy and female genital mutilation are a continuing challenge that predisposes young girls to HIV infection. The NSP highlights the importance of providing social protection services to girls at risk and those who have experienced any such violence, as well as helping them to access HIV preventive services such as Post Exposure Prophylaxis (PEP), psychosocial and other supportive services. The NSP also puts emphasis on strengthening community-level child protection systems and structures; developing the capacity of child protection workers to prevent and appropriately respond to sexual violence against children; strengthening interventions to address child marriage and teenage pregnancies; developing tools and guidelines; strengthening interagency coordination; and increasing the coverage and delivery of services to meet basic needs for OVC households. The 2018 National Violence Against Children survey showed that among 13 to 17-year-olds, 40%

girls and 60% boys reported physical violence in the past year, and 25% girls and 11% boys reported experiencing sexual violence during the same period (MGLSD et al., 2018).

The review period was characterized by the increasing cases of child abuse and violence against children, occasioned largely by the COVID-19 lockdowns, which resulted into children keeping at home with all other family members and losing the protection they enjoy at school. The Uganda Police Annual Crime Report for 2020 showed that defilement cases increased by 3.8% between 2019 and 2020, from 13,613 cases to 14,134 cases. Relatedly, a total of 5,383 cases of violence against children were reported to the Uganda Child Helpline (UCHL) alone between July 2020 and June 2021. Of these, 708 were cases of defilement, 345 were of forced or child marriage, and 200 were of teenage pregnancy. Yet these figures do not reflect the full picture on ground, given that awareness and reporting to the child helpline is limited and many cases go unreported. Moreover, the UCHL was non-operational for 14 days during the March-April 2020 lockdown; and resumed partial operations thereafter, taking calls and offering counseling services only during the day, instead of the previous 24-hour service. A trend analysis of the cases of VAC reported between 2019/20 and 2020/21 shows a hike in the number of cases reported during the year 2020 that reached a peak in August 2020, but also a consistently high number of cases during the periods July to October 2020, and December 2020 to March 2021 as shown in Figure 36. On average, the types of VAC reported to the Child Helpline were child neglect, 43.4%; sexual violence, 30.5%; physical violence, 18.6%; and other forms of violence and abuse (kidnap, trafficking, child exploitation, and child labor), 10.4%.

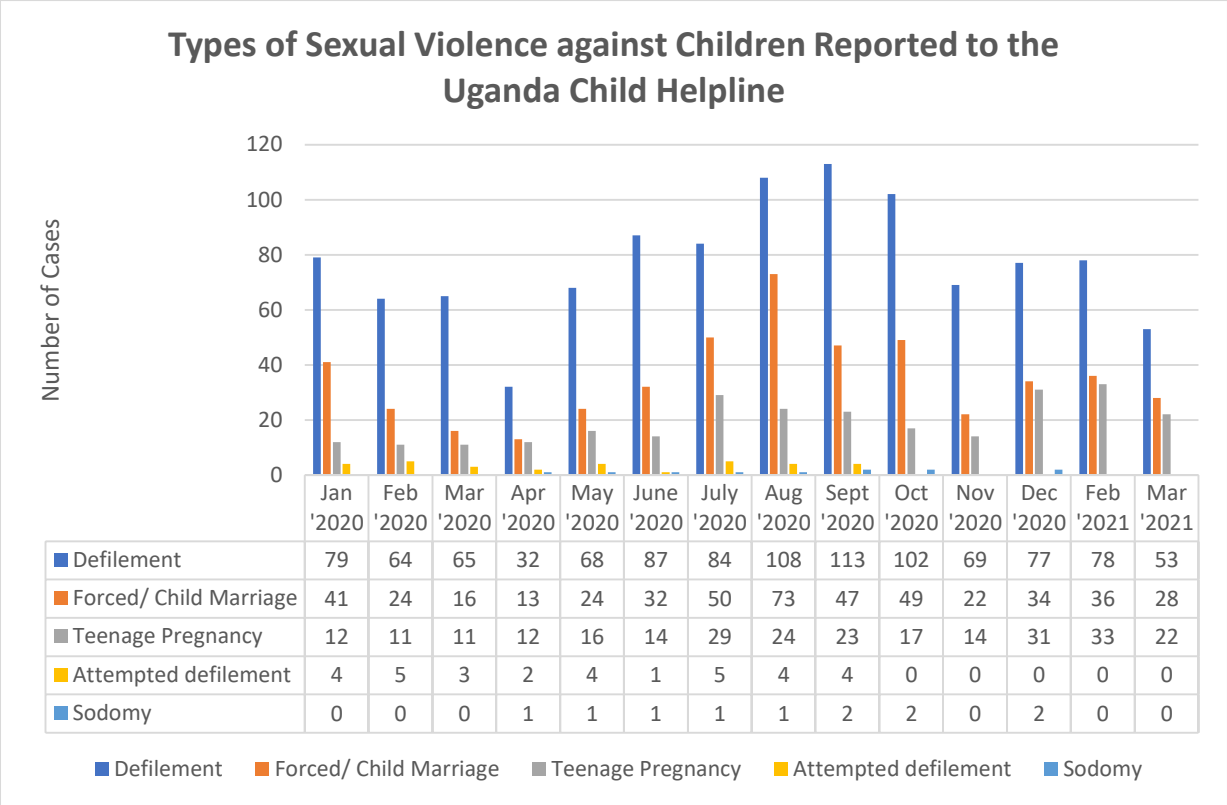


	Dec '2019	Jan '2020	Feb '2020	Mar '2020	Apr '2020	May '2020	June '2020	July '2020	Aug '2020	Sept '2020	Oct '2020	Nov '2020	Dec '2020	Jan '2021	Feb '2021	Mar '2021	Apr '2021	May '2021
Series1	232	368	386	471	219	338	355	430	619	514	539	410	470	498	458	469	382	424

Figure 36: Trends in violence against children 2019-2021

While the sexual violence cases reported generally followed a similar trend of increase as all the VAC cases over the period, for the first time since the inception of the Uganda Child Helpline, reported cases of sexual violence surpassed those of child neglect during the months of May, June, July, and September 2020, highlighting the impact of the lockdowns. A national survey on the situation and impact of COVID-19 on school girls and young women conducted by FAWE and partners (2020) revealed a 367% increase in pregnancies among girls aged 10-14 (i.e. from 290 to

1,353) between March to September 2020[5]. Further evidence of increase in teenage pregnancy is demonstrated by HMIS data which shows a disproportionate increase in adolescents attending 1st ANC at 14% compared to the national average increase of 11% in FY 20/21 compared to FY19/2. A high incidence of sexual violence could result into a soaring rate of HIV infection as it is often characterized by unprotected sexual acts.



	Jan '2020	Feb '2020	Mar '2020	Apr '2020	May '2020	June '2020	July '2020	Aug '2020	Sept '2020	Oct '2020	Nov '2020	Dec '2020	Feb '2021	Mar '2021
Defilement	79	64	65	32	68	87	84	108	113	102	69	77	78	53
Forced/ Child Marriage	41	24	16	13	24	32	50	73	47	49	22	34	36	28
Teenage Pregnancy	12	11	11	12	16	14	29	24	23	17	14	31	33	22
Attempted defilement	4	5	3	2	4	1	5	4	4	0	0	0	0	0
Sodomy	0	0	0	1	1	1	1	1	2	2	0	2	0	0

Figure 37: Types of sexual violence reported the Uganda Child Helpline 2020/21

Data from the Child helpline shows that the children who suffered sexual violence were disproportionately female (98.7%) compared to males (1.3%). Figure 37.

Interventions in response to VAC have been provided by CSOs, district local governments, health facilities, the police and the MGLSD, but generally, there has been inadequate services to prevent and respond to cases of VAC. At national level the revision of the National Child Policy was finalized in October 2020. In addition, the Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings were revised (2020). These policies and guidelines are expected to provide guidance to all actors in handling protection issues affecting children and young people. The roll-out and implementation of the National Sexuality Education Framework was hampered by both lack of full endorsement by different stakeholders, as well as the closure of schools. The implementation of this framework was expected to equip adolescents with knowledge and skills to make informed decisions about their sexuality, including in ways that protect them from HIV.

The toll free 116 Uganda Child Helpline and the sister U-Report platform at the MGLSD have helped to improve reporting of violence against children, as well as follow up of cases. The

[5] Forum for African Women Educationalists Uganda Chapter (FAWE Uganda) (2021): Newsletter. 1st Edition, 2021.

MGLSD in collaboration with UBOS is undertaking a study on the wellbeing of women and girls in Uganda with a focus on GBV.

CSOs have provided shelters, legal aid, and psycho-social support, while districts operate through District Action Teams consisting of Social Workers and Probation and Social Welfare Officers who undertake follow-up of cases and provide the necessary support and referral. Through the efforts of the responsible ministries, partners and CSOs, there has been improved follow up and handling of cases of violence against children, for instance through special court sessions. Increased awareness about issues of VAC has also led to increased demand for contraception and PEP services for girls that have been sexually abused.

The police has helped to arrest some of the perpetrators, and to undertake investigations and support prosecutions in courts of law. However, data from the Child Helpline shows that on average, only about 36% of the suspected perpetrators of defilement are arrested. The data also shows that based on the follow ups made by MGLSD teams, an average of about 60% of reported cases are found to be progressing through the justice system, while the rest have either stagnated or retrogressed due to different reasons.

Health facilities provide medical investigations and services. Data from Uganda Child Helpline shows that on average, only 30.7% of the children that suffered violence between July 2020 and June 2021 for whom it is was a requirement to get HTS got the service. In addition, only 20% of those who were supposed to get PEP were confirmed to have got it between July 2020 and June 2021. The reasons include late reporting of sexual violence beyond the 72 hours within which PEP can be given, failure by the responders to trace the survivor in cases where the reporter did not have a phone number, lack of resources for follow up and case management, and the family of the abused children lacking money for medical examinations. Moreover, access to services for violence also got curtailed due to movement restrictions during the lockdowns.

Best Practices in addressing VAC: When courts re-opened, lobby efforts e.g. through the Spotlight Initiative ensured that cases involving children's were prioritized, and that court processes did not expose children to COVID-19. Use of the phone and online based platforms to report cases in real time. *Challenges in addressing VAC: (i)* Increased cased of child abuse and VAC during the lockdown periods; (ii) Non-reporting and late reporting of cases of VAC and child abuse Limited referral and follow up of reported cases; (iii) The child helpline was not functional for some of the time during the first COVID-19 lockdown, amidst increasing cases of violence against children; (iv) Monetization and charging of illegal fees for case handling; (v)Limited capacity among service providers to offer medical and PSS to survivors; (vi) Only 32% of violence against children handled by police receive counselling & PSS; (vii) Prolonged closure of schools continues to put many children at risk of violence.

Strengthen legal & policy framework for PLHIV, PWD, KPs/PPs, and other vulnerable groups

The legal and policy environment has a strong bearing on HIV programming and the access and utilization of HIV related services. On the policy front, a number of critical policies, frameworks and guidelines were finalized during the period under review, contributing to an enabling environment for inclusive delivery of HIV services and their utilization. The National Policy Guidelines on ending HIV Stigma and Discrimination were finalized in December 2020 and dissemination commenced. The finalization of the Harm Reduction Guidelines during the period also marked an important step in setting a stage for the provision of harm reduction services to people who inject drugs (PWID), a shift from the previous criminalizing and punitive approach. The period under review also saw the roll-out of the 2020 Consolidated Guidelines for Prevention

and Treatment of HIV in Uganda. The revised guidelines recommended the optimization of ART using Dolutegravir-based regimens as preferred first line for all eligible PHLIV, including for pregnant and breastfeeding adolescent girls and women.

A lot of advocacy and engagements with duty bearers, stakeholders and communities on legal and human rights issues has taken place, with great involvement of the CSOs affiliated to the CSO Coalition on HIV and the Law, as well as PLHIV-led and KP-led CSOs, including those participating in the Community Led Monitoring Initiative against HIV/TB. These advocacy efforts focused on the need for legal reform, but also aspects of law enforcement, respect for human rights and stigma reduction. The push for legal reform has in particular focused on: (i) Clauses in the HIV Prevention and Control Act (2015) which created the crime of attempted transmission of HIV (Sec.41), and the crime of wilful and intentional transmission of HIV (Sec.43), with the possibility of increasing silence and stigma, discouraging PLHIV from testing to know their HIV status and taking up treatment, and disproportionately affecting women.[6] As a result of CSO activism, these clauses are under legal challenge before the Constitutional Court and hearings are ongoing.[7] (ii) The Penal Code Act provisions on 'vagrancy offences', 'being idle and disorderly' and 'being a rogue and vagabond' (Secs. 167 & 168), which have often been applied subjectively and are used to arbitrarily arrest and detain members of key populations[8], and ultimately driving them away from HIV prevention, testing and treatment services. (iii) The Sexual Offences Act, 2021, passed by The Parliament of Uganda on 3rd May 2021, and is still awaiting assent from the President. The Act contains a number of provisions which serve to reinforce stigma against vulnerable groups and KPs. It furthermore considers HIV status of a perpetrator as an aggravating factor in case of rape and defilement, with the potential to perpetuate stigma against PLHIV and discourage HIV testing since lack of knowledge of HIV status can be used as a defence by the perpetrator. The Sexual Offences Act replaces section 145 of the Penal Code Act, which creates 'unnatural offences' with a provision that prohibits anal sex and sex between persons of the same gender, with potential to escalate stigmatization of MSM and transgender persons and pushing them away from HIV services. The engagements have targeted members of parliament, other political leaders, and the Judiciary.

In the same vein, a national Dialogue on HIV, TB and the Law was held in 2020 attracting members of parliament, judicial officers, police officers and the public and civil society with advocacy for repeal of laws and disbanding of policies and societal norms that promote stigma and discrimination. Duty bearers (Law Enforcement Officers; CFPU/ Community Liaison Officer), Legislators (LCV's and Secretaries of Social Services), Magistrates/Resident State Attorneys & Community Service Departments (Health/ education/Community/ Development Officers) in 6 regions were engaged through workshops and radio talk shows on the human rights-based approach, and specifically on the rights of KPS and PLHIV/TB on their roles as duty bearers, and district action plans developed.

Further, CSOs in the legal sphere have provided free legal literacy and free legal aid services to the vulnerable (women and girls living with HIV, key populations) to enhance their access to justice in the context of HIV/AIDS and increase their capacity to understand and claim their rights, in

[6] Human Rights Watch *Uganda: Deeply flawed HIV Bill approved* 13th May 2014. Available at https://www.hrw.org/news/2014/05/13/uganda-deeply-flawed-hiv-bill-approved (Accessed on 16th May 2021).

[7] Constitutional Petition No. 24 of 2016 instituted on 24th July 2016 by UGANET, ICWEA, Prof. Ben Twinomugisha and 60 civil society organizations. See Human Rights Awareness and Promotion Forum *A quick scan of the laws and policies affecting the HIV response among Men who have Sex with Men in Uganda* (2017) 12.

[8] Human Rights Awareness and Promotion Forum *The implications of the enforcement of the Idle and Disorderly Laws on the human rights of marginalised groups in Uganda* (2016) 34-35.

order to reduce social tolerance to VAW/G and GBV, and promote their protection. Several engagements were undertaken by CSOs as shown in the box and Table 12.

Table 11: Legal and justice support services and engagements by HRAPF Jan – Sept 2021

Activity	Number of events / sessions / cases	Number of beneficiaries / participants reached
Legal aid to members of key populations	1,045	1,600
Legal aid to women and girls living with HIV	91	524
Awareness sessions for KPs on human rights	39	1169
Awareness sessions for WGLHIV on human rights	3	202
Mobile legal aid camps	6	218
Dialogue with Local Council leaders	3	86
Meetings/trainings with police on harm reduction	11	249
Dialogues with Ministry of health / health workers	8	244
Training of health workers on KP issues	8	256
Training LC leaders on KP issues	1	30
Training paralegals amongst KPs	1	53
Number of human rights violations documented	210	
Cases handled through communal justice systems	14	

Creating Awareness, Building Capacity and an Enabling Legal Environment: UGANET[9] Activities 2020-2021

- 677 Duty bearers in 6 regions engaged through workshops and radio talk shows on the human rights-based approach, and on the rights of KPS and PLHIV/TB on their roles as Duty Bearers; district action plans developed.
- Referral directories of service delivery points including legal, GBV and human rights services developed, based on mapping exercises conducted in 20 districts in SW, Central, Eastern, Karamoja, Lango, and Busoga regions.
- Paralegals equipped with tools such as referral forms and simplified guides to facilitate GBV and legal referral and response
- Strategic litigation undertaken challenging provision of laws affecting provision of HIV Services to KP's and PLHIV/TB clients.
- 38 judicial officers of the justice sector (High Court Judges, Registrars, Chief Magistrates and Magistrates) across regions engaged and trained on HIV/TB and the law
- A Judicial handbook on HIV TB and the law was validated, to be launched soon
- 121 Paralegals from 41 districts in 6 regions trained to build their capacity in reporting /documentation, mediation skills and mechanisms to improve linkages & referral with partners.
- 119 Community based paralegals trained and equipped to provide Legal aid outreaches
- 1188 (799 females, 389 males) clients supported to access GBV/Legal Aid Services.
- 7805 (4637 females, 3258 males) provided legal literacy.
- Legal Review and assessment of the impact of existing progressive and punitive laws, policies and regulations (National) conducted
- 1480 (1039 females, 441 males reached in Legal aid services. 2658(1820 females, 838 males reached with legal (literacy); District leaders engaged for their support in the activity.
- 1800 calls received through the toll-free call centre line, and 1128 clients supported (725 femles,403 males);
- **Shelter home:** 50% of the women sheltered are Living with HIV, I TB case was registered and supported to receive care and treatment; Of the 25 AGYW –13 were pregnant**.**
- 135 MPS in core Committees (health, human rights, education among others) engaged in three symposia, and sensitized them on HIV and the Law.

[9] Uganda Network on Law Ethics and HIV/AIDS

In addition to the above, two studies on the Legal and Policy Environment Assessment (LEA) for HIV&AIDS in Uganda are underway, one focusing on the environment for key populations, and another on the broad environment with respect to PLHIV, vulnerable groups and those at risk of HIV. When completed, these studies will inform planning with better precision to address the remaining challenges.

The outcome of these processes has been increased awareness of human rights among community members and specifically among PLHIV, KPs and other vulnerable groups, increased access to HIV and legal services for these groups, and a more accepting environment for these groups among stakeholders at different levels. Stakeholders report that as a result of increased awareness, the reporting of abuses has increased. There was also some reduction in human rights violations by police such as kicking, beating up KPs and inviting the media, achieved through engagement of police. The authorization for the establishment of the MAT Centre at Butabika Hospital for the treatment of people who inject drugs using a harm reduction approach, and the opening up of DICs in Regional Referral Hospitals and other sites are a reflection of increased government recognition of the need to address HIV among key and priority groups from a public health rather than a criminalizing perspective.

There is also still a lot of work to do to change the legal environment for effective HIV service provision and utilization. Some policies such as the National School Health Policy have remained in the process for a long time without enactment. Controversies also remain around the Sexuality Education Framework as well as the Sexual Offences Bill.

Challenges: (i) Continuing unfavorable and criminalizing laws and violence from law enforcement towards key populations; (ii) While many have benefited from legal literacy and legal aid, many others remain unreached with these services. *Recommendations on the Legal and Policy Environment: (i)* Sustain advocacy and engagement around the prohibitive aspects of the legal environment; *(ii)* Disseminate the MARPS Priority Action Plan. *General Recommendations for Social Support and Protection:* Need for further integration of services (HIV, SRH, GBV, Livelihoods, etc); Expedite the finalization of the National School Health Policy and resolve issues around the Sexuality Education Framework to streamline and mainstream health related interventions in all education institutions in a coherent and sustainable manner; Resolve contentious issues in the Sexual Offences Bill to enable final assent by the President.

System Strengthening

The NSP sub-goal of system strengthening thematic area is to have a resilient multisectoral HIV/AIDS service delivery system that ensures sustainable access to efficient and safe services for all targeted populations. This will be achieved through 5 strategic objectives; i) Strengthening the governance and leadership of the multisectoral HIV/AIDS response at all levels; ii) Enhancing the availability of adequate and appropriate human resources for the delivery of quality HIV/AIDS Services; iii) Strengthening health systems for infrastructure supply chain and HIV program management for optimal services delivery; iv) Strengthening community systems to support population groups including PLHIV and members of KPs for HIV services uptake; and v) Mobilizing resources and streamlining management for efficient utilization & accountability.

As part of the Presidential Fast Track Initiative (PFTI), key HIV focus areas for system strengthening include; guaranteeing financial sustainability for HIV and AIDS programs; and reinforcing institutional effectiveness for a multisectoral response.

Summary of key achievements

- The NSP has been disseminated to all key stakeholders
- Mainstreaming of HIV/AIDS into all MDAs was strengthened:
  - MDAs developed HIV/AIDS strategic plans; established HIV/AIDS committees
  - Capacity building for HIV/AIDS committee members, focal point persons, DACs in mainstreaming (planning, budgeting, reporting)
  - The budget vote output for the 0.1% mainstreaming funding was operationalized to facilitate tracking of funds.
  - UAC conducted an assessment on Performance of Multi-sectoral HIV/AIDS Mainstreaming'
- Several policy guidance documents have been developed and disseminated:
  - MOGLSD developed guidelines on Gender and on Parenting
  - MOH: Consolidated HIV guidelines (2020) were rolled out; plans and guidelines developed include DIC operations; Harm Reduction; MARPs Priority Action Plan 2021-2023 (in draft); Human Resources for Health Strategic Plan Strategic Plan 2020-2030
  - MOES: Re-entry guidelines for prevention and management of teenage pregnancy in school; guidelines for senior male and female teachers; guidelines for Management of School Clubs. The School Health Policy was reviewed and submitted to Cabinet for the final approval.
- MOH is recruiting 600 additional HCWs on contract to support COVID-19 Treatment Units and ensure continuity of essential services including HIV
- Resource mobilization – At least 649 million USD was mobilized in 2020/21, representing 89% of the projected budget of $732 million

Performance against outcome indicators is in Table 13

Table 12: Performance System Strengthening

Indicators	Baseline	Targets	Achievement	Comment
Outcome 1: Governance and leadership of the multi-sectoral HIV and AIDs response at all levels strengthened				
1 Percentage of districts with functional DACs	50% (2017) (M&E Plan)	100%	- 35.5% had regular quarterly meetings. - 55% had plans in place	A 2021 assessment in 40 districts revealed 35.5% had regular quarterly meetings; 35.5% had irregular meetings; 55% had budgeted plans.
2 Percentage of districts with functional PLHIV Networks	95% (JAR 2019/20) 90% (M&E Plan)	100%	85% (115/136)	115 networks functional through NAFOPHANU. However, the total # of districts is 136. *Need information on districts outside NAFOPHANU*
3 Percentage of Self Coordinating Entities (SCEs) with functional HIV&AIDS committees	80% (M&E Plan) 83% of 12 SCEs (JAR 2019/2020)	100%	92% (11/12)	Improvement noted. Committees exist but functionality is suboptimal and variable (Table 14)
4 Percentage of large work places (> 50 employees) with HIV/AIDS workplace programs	No baseline	100%	77% (206/267)	Inventory in 2018/2019 by Federation of Uganda Employers) (FUE. *No updated data*
5 Percentage of sectors mainstreaming HIV and AIDS	N/A	100%	89% (16/18)	Progress noted
Outcome 2: Availability of adequate human resources for delivery of quality HIV and AIDS services ensured				
2.1 Percentage of health facilities with required staffing levels	64% (2014) 73% (2016) 80% (2019/20)	70% of Min. Standards	74% (HRH Staff Audit 2020 Report)	Staff requirements have increased since COVID-19 pandemic
Outcome 3: Stock outs of medicines and supplies in health facilities reduced				
3.1 Percentage of health facilities that had no stock out of one or more required essential medicines and health supplies within past 12 months	N/A (M&E Plan) 86% (JAR 2029/20)	100%	55% 1,115/ 2,037 (GAM report)	Challenges reported with new ordering system

Strengthening governance and leadership of the multisectoral HIV/AIDS response

In the year under review, there have been multiple efforts to strengthen governance and leadership of the multi-sectoral HIV response. A Committee of Technical Experts (CTE) was constituted to replace the Partnership Committee, with policy and technical advisory roles. An Equity Steering Committee, with its secretariat at UAC, was formed, as a multi-sectoral committee to coordinate and monitor the implementation of the Equity Plan. UAC revised its regulations and are awaiting approval by the Solicitor General's office.

The NSP 2020-2025 was widely disseminated to stakeholders. Districts were supported to develop HIV/AIDS strategic plans, with 50% (67/135) now complete. Planning tools including District HIV burden estimates, budgeting and reporting templates were shared. DACs and HIV focal persons within MDAs were oriented on HIV mainstreaming and their coordination roles, with 89% of MDAs having HIV/AIDS committees as of June 2021. Another assessment on the 'Performance of Multi-sectoral HIV/AIDS Mainstreaming' was conducted June 2021. Three MDAs (MoSTI, MoWT and IGG) developed HIV/AIDS workplace policies. An assessment of the functionality of national and sub-national HIV coordination structures was conducted in 40 districts revealed variability in functionality. Only 35.5% of DACs held regular quarterly meetings, while only 55% had comprehensive plans is place. Only about 50% of SCEs reported quarterly. Only 3 SCEs (CCM, NAFOPHANU, and Line Ministries had 100% functionality in terms of reporting, while parliament, RASP, and ADPs scored 0%. Table 14.

Table 13: SCE functionality

SN	Self-Coordinating Entity	Q1	Q2	Q3	Q4	Score (%)
1	Country Coordination Mechanism (CCM)					100
2	Faith Based Organizations (FBOs)					50
3	NAFOPHANU					100
4	Private Sector					75
5	AIDS Development Partners (ADPs)					0
6	Cultural Institutions					75
7	Parliament					0
8	Line Ministries					100
9	Media					50
10	Decentralized Response					25
11	Civil Society Organizations (CSOs)					50
12	Research, Academia, Science, and professionals (RASP)					0
Overall Percentage reporting per quarter		**42%**	**50%**	**42%**	**75%**	**50%**

Several Policy and operational guidance documents were developed to support program implementation including guidelines on 'Gender' and 'Parenting' by the MOGSD; Consolidated HIV guidelines (2020); KP guidelines on 'DIC operations'; KP Peer training manuals; Harm Reduction guidelines; DSDM Tool kit. A MARPs Priority Action Plan 2021-2023 is in draft; the National Comprehensive Condom Programming Strategy & Implementation Plan 2020 – 2025 was finalized; the national Cervical Cancer screening and management strategy was disseminated. At MOES, the School Health Policy was reviewed and submitted to Cabinet for the final approval. Others include Re-entry guidelines for prevention and management of teenage pregnancy in school; guidelines for senior male and female teachers; guidelines for management of school clubs.

At subnational level, Towards an AIDS Free Generation (TAFU) in collaboration with NAFOPHANU supported functionality of PLHIV networks, as well as revival of Sub county AIDS committees in 10 sub-counties, contributing to better monitoring and coordination of HIV/AIDS response at the sub county levels.

Challenges: (i) Weak coordination structures at national and subnational level with suboptimal functionality e.g. SCE, DACs; (ii) Inadequate HR capacities in cultural institutions and CSOs in program planning, resource mobilization, M&E and financial management; (iii) The need for updated IEC materials on HIV/AIDS to be used by MDAs, cultural institutions, CSOs. *Recommendations:* (i) Functionalize coordination structures: provide funding and capacity building of coordination structures to ensure integrated and comprehensive planning and budgeting for HIV and AIDS interventions. (ii) Build capacity of CSOs, DACs, focal point persons; (iii) Ensure availability of updated IEC materials on HIV/AIDS.

Enhancing availability of adequate & appropriate HR for quality HIV/AID services

In March 2021, the MoH launched the 'Human Resources for Health Strategic Plan Strategic Plan 2020-2030'. Of note, the staff required to fill the current (2020) public sector staffing gap to achieve the 100% (71,224) staffing level was 26,852 personnel. However, the COVID-19 pandemic increased demand on human resources as some health care workers were reassigned to support COVID-19 case management at the facilities. To mitigate this, the MOH is recruiting 600 staff on 12- month contracts to staff the COVID-19 Treatment Units and ensure the existing HCW are available for other services including HIV care. The HR targets in the new strategic plan may not be met as the economy has weakened as a result of COVID-19 decline in tax revenue. In-service training for HCW continued including training on the Consolidated HIV guidelines, Infection Prevention and Control, and provision of KP friendly services. To minimize spread of COVID-19, most of the training was delivered virtually using Zoom technology. *Challenges:* HIV staffing levels majorly influenced by vertical programming; Mentorship and support supervision for HCWs dependent on external funding. *Recommendation:* Mainstream HIV staff into government staffing structures.

Strengthen community systems to support population groups (PLHIV, KPs) services uptake

The implementation of community Differentiated Service Delivery Models continued thus enabling patients pick ARV medicines from the community drug distribution points during the COVID-19 mobility restrictions. For KPs, apart from expansion in service coverage for DICs from 39 to 54, multi-sectoral coordination meetings were held in the districts of Mbarara, Mbale and Gulu with law enforcement, technical and political leaders to create an enabling environment for KP service delivery. In the fishing communities, a new community-led initiative - the CHAG model was introduced. By June 2021, there were 45 groups of 50 people each in 20 districts providing services though this model Implementation of the community-led monitoring of health service delivery for HIV/TB was started.

Strengthen health systems for infrastructure, supply chain, and HIV program management

The COVID-19 pandemic amplified pre-existing health system gaps but also created opportunities for improvement.

Laboratory infrastructure and systems:

The national lab systems for HIV were strengthened with improved efficiency. The lab sample transport system was augmented with at least 8 additional vehicles to facilitate delivery of COVID-19 lab specimens from the sample collection points to the central testing labs at CPHL and UVRI. This contributed to faster delivery of viral load and EID samples to CPHL with improved turnaround time. Roll-out of the lab sample tracking system that had started pre-pandemic was expedited to support COVID-19. Laboratory data management systems became more robust because of the urgency to use data in decision making; for example the electronic results dispatch system (eRDS) was expanded to reach additional facilities conducting COVID-19 testing. Additional laboratory testing equipment was procured e.g. labs were set at Points of Entry; 16-

module GeneXpert machines were placed at each of the 14 RRHs to provide Point of Care testing services for VL, EID, and COVID-19.

Supply chain management:

National Medical Stores (NMS) installed an integrated end-to-end digital supply chain / drug information quantification, ordering and tracking system, as part of a wider Enterprise Resource Planning (ERP) system to support online 'order and pick' by facilities. This was launched in June 2021 targeting all ART facilities. However, the system experienced some difficulties which need to be resolved. The Emergency Logistics Management System targeting district level support for emergency facility orders is functional, linking facilities, district, MOH, and NMS. Uptake of multi-month dispensing (MMD) increased following COVID-19 mobility restrictions, a strategy that should be maintain in order to reduce clinic visits for stable ART clients. Stocks for ART and RH supplies have been relatively stable over the review period.

Telemedicine:

There was accelerated adoption of virtual technologies such Zoom to support training and program management. All RRH were equipped with Zoom licenses, cameras and screens to enable participation in telemedicine sessions with mentorship in Infection Prevention & Control (IPC); 3rd line ART management; and quality improvement initiatives. The plan is to equip the district hospitals and facilities in a phased manner. *Challenge:* The internet infrastructure is inadequate to support telemedicine initiatives. *Recommendation:* Work with the National Information Technology Authority (NITA) to upgrade the internet infrastructure to support telemedicine activities at RRH and districts

Waste management:

Global Fund supported procurement and installment of two incinerators to support waste management. The disposal of GeneXpert cartridges requires higher temperature incineration to minimize risk of environmental pollution. The gap in waste management is huge currently as medical waste has to be transported from all health facilities countrywide to a few incinerators. Regional incinerators would reduce the transport burden.

Provision of KP services:

In the period under review, KP services were more streamlined, better defined in the policy guidelines, with standardized service packages, use of harmonized data collection and reporting tools, and storage of data into one data base – the KP tracker. A number of operational KP specific guidelines were developed including DIC operations guidelines; guidelines on Harm Reduction which supported establishment of the Medically Assisted Therapy center at Butabika Hospital for people who inject drugs (PWID). Capacity building of HCW in the delivery of KP friendly services was done in 20 districts including Bushenyi, Mbarara, Rukungiri, Ntungamo, Tororo, Mbale, Jinja, Gulu, Kitgum, and Karamoja.

Mobilizing resources and streamlining management for efficient Utilization & Accountability

Resource mobilization:

In 2020/21, direct GOU funding contribution to HIV/AIDS increased by 2% from 79.5 million USD to 81.2 million representing 12.5% of the total funding allocation, which is similar to the previous year. This is below the 40% target. Direct GOU funding is channeled through MOH, National Medical Stores and Uganda AIDS Commission to support NSP activities in prevention care, treatment and support. The total estimated funding requirement for the HIV/AIDS response was $732,934,498 of which 88.6% ($649,042,108) was realized from the different sources, leaving a funding gap of $83,892,390. Table 15.

Table 14: HIV/AIDS Funding by Source 2019/20 & 2020/21

	2019/20		2020/21	
Funding agency	**Funding amount (USD)**	**Proportion (%)**	**Funding amount (USD)**	**Proportion (%)**
Embassy of Ireland	4,170,000	0.70%	4,456,312	0.7%
Royal Embassy of Netherlands			9,505,352	1.5%
Embassy of Sweden			4,200,000	0.6%
ILO			60,000	0.0%
IOM			300,000	0.0%
UNAIDS			1,350,000	0.2%
UNESCO			250,000	0.0%
UNFPA			10,000,000	
UNHCR			11,312,927.22	
GOU (Direct)	79,512,159	12.50%	81,189,593	12.51%
Global Fund	73,412,300	11.50%	109,011,254	17%
UN Agencies (UNICEF)	17,715,952	2.80%	2,500,000	0.39%
WHO			250,000	
US/PEPFAR	410,000,000	64.50%	402,600,000	62.03%
Research agencies	12,365,710	1.90%		0
CHAI	1,303,779	0.20%	1,500,000	0.23%
Others	37,587,412	5.90%		0
AVSI Foundation			591,549	0.1%
EGPAF			9,965,121	1.5%
Total	**636,067,312**	**100%**	**649,042,108**	**100%**
Estimated need			732,934,498	
Estimated Gap			(83,892,390)	

The largest proportion of the funding contribution for HIV/AIDS activities was from external sources with multilateral and bilateral organizations contributing 87.5% of the funding allocation in 2020/21, more than the 84% reported in the previous year. Figure 38.

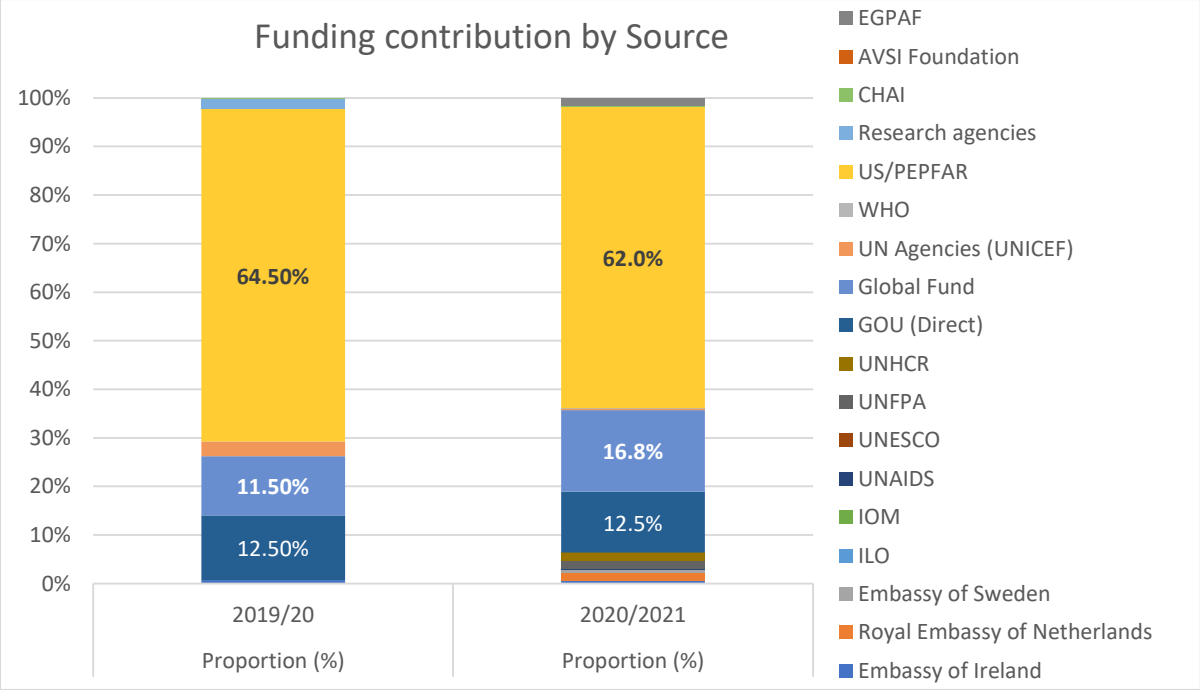


Figure 38: Funding contribution by source 2019/20 and 2020

HIV/AIDS Mainstreaming:

The HIV mainstreaming guidelines were developed in 2018, with a requirement by sectors and institutions to allocate 0.1% of their budget (excluding pensions and transfers) to HIV/AIDS. This aimed to mobilize additional resources and address funding gaps. A review of the mainstreaming conducted by UAC in 2019 revealed that allocation of the 0.1% had been realized with an estimated 38.9 billion Uganda shillings (USD 10.3 million) mobilized from 151 government MDAs. However, there were gaps in prioritization, documentation and tracking of the funding. To improve financial and programmatic accountability, the MOFPED created a budget vote output in 2019/2020 and this was operationalized in 2020/21. This will align aggregate resources with program priorities, and help track expenditure to sector HIV specific outputs. Capacity building of Sector actors has been ongoing: MDAs were guided on development of sector HIV/AIDS Strategic Plans (67/135 districts completed). 80-90% of MDAs have established HIV/AIDS Committees, and capacity built in funding allocation activity monitoring. Planning tools including district burden estimates, budgeting and reporting templates were all shared. Supported activities include HTS, HIV awareness campaign and sensitization meetings; social support, care and treatment, and workplace policies. In June 2021, UAC conducted an assessment on the 'Performance of Multi-sectoral HIV/AIDS Mainstreaming' and a report is available in draft.

AIDS Trust Fund:

The AIDS Trust Fund regulations were approved by Parliament in 2019/20 but operationalization was delayed. In the review period, UAC held meetings with the Parliamentary HIV/AIDS Committee to revive the discussions. Planned activities include establishing a Board of Directors, opening bank accounts, and fund collection.

The One Dollar Initiative (ODI):

A private sector-led local funding initiative to mobilize funding to support HIV/AIDS funds was launched in 2017. In 2020, a business case and financial model were developed for management of ODI operations and sustainability. Over 197 ODI champions and promoters from different work places were trained to popularize the initiative among potential contributors. Finalization of the business case was delayed. COVID-19 affected application of grants from some UN Partners, and interfered with fundraising activities. Online fundraising through UCC short code 6444 is yet to be secured. About 116,658510 UGX was mobilized bringing the total to 226,374,260 in cash and 997,545,000 in pledges.

Resource tracking:

Uganda conducted the 3rd National AIDS Spending Assessment (NASA 2020) for the financial years 2017/18 and 2018/19. The NASA aims to describe the flow of resources from the source to the beneficiary populations. The total HIV/AIDS spending was 2146 UGX billion in 2018/19, an increase from 1109 billion in 2008/9. The largest proportion of the funding contribution for HIV/AIDS activities was from external sources with multilateral and bilateral organizations contributing 83% of the funding allocation in 2018/19, close to the 84% the previous year. GOU contributed 8% in 2017/18 with a percentage increase in 2018/19 which was comparable to the private sector/ Out of Pocket contributions. Figure 39.

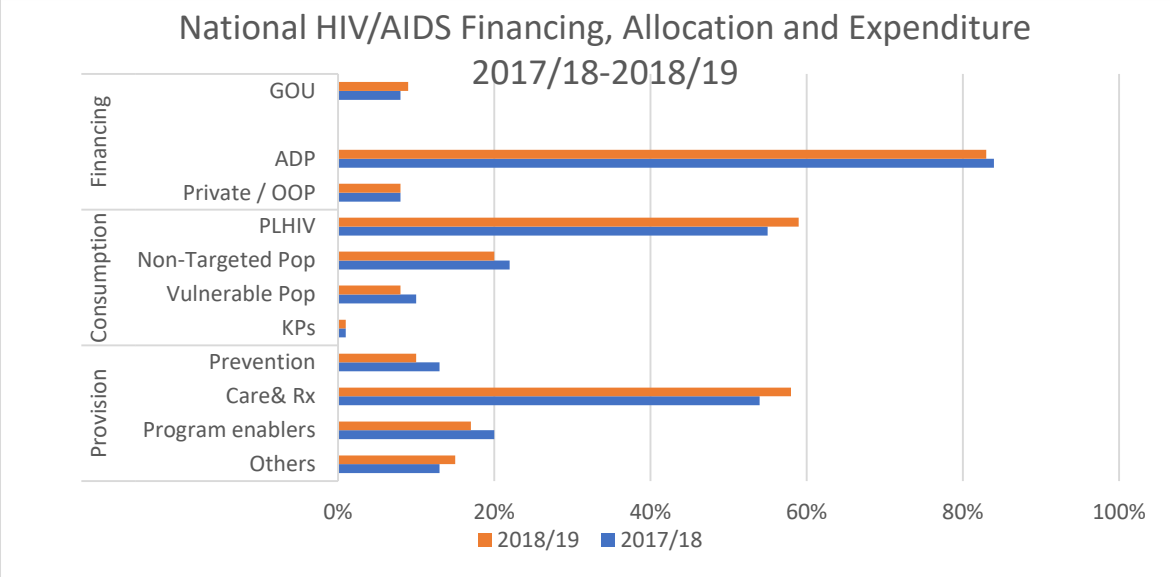


Figure 39: HIV/AIDS Financing, Allocation, and Expenditure 2017/18& 2018/19

The Unites States Government through PEPFAR was the largest contributor to HIV/AIDS spending with 66.7% in 2017 and 63.4% in 2018/19. This was followed by the Global Fund with 11.2% in 2017/18 and 12.5% in 2018/19. Other bilateral and multi-lateral agencies contributed 5.8% in 2017/18 and this increased to 7.2% in 2018/19. HIV Care and Treatment was the biggest consumer of the allocated funds taking 54% in 2017/18 and increasing to 58% in 2018/19. The biggest cost driver was procurement of medical products and supplies accounting for 38% of the total budget in 2017/18 and 43% in 2018/19. Personnel costs accounted for 15% and 13% respectively across the two years. HIV prevention was allocated 13% of the budget in 2017/18 declining to 8% in 20/18/19. The greatest beneficiaries were PLHIV taking just over half of the budget with vulnerable populations such as AGYW allocated about 10% while KPs were allocated 1% of the budget across both financial years. An Out-of-pocket expenditure survey conducted at the same time revealed this contributed up to 8% of the overall financing with funds mostly spent on transport to public and private facilities and on Opportunistic Infections and other care medicines for those attending private for profit clinics.

Challenges: (i) The program is over reliant on donor support which is not sustainable; (ii) Delays in ODI and ATF operationalization; (iii) Poor quality of data for the NASA since its retrospective; (iv) Gaps in CSOs financial reporting for NASA; (v)Inadequate skills of the HIV/AIDS committee members in the MDAs, CSOs, DACs to support budgeting and planning; (vi) Funding constraints as the 0.1% is inadequate to support all activities; (vi) Shift in attention from HIV/AIDS, to COVID-19; and (vii) the need for more focus on primary HIV prevention needed. *Recommendations:* (i) Address sustainability through identification and mobilization of domestic sources of funding. Expedite ATF and ODI operations; (ii)Track resources in real time to improve data quality accountability: Roll out online resource tracking platform to update financial information in real time; (iii) Build capacity of stakeholders (MDAs, CSOs, DACs) in financial management and resource mobilization; (iv) Integrate services for HIV/AIDS and COVID-19 programming to ensure a harmonized response to long standing and emerging epidemics, and also minimize scattered attention and fatigue among key actors; (v) Targeted HIV primary prevention should be prioritized.

Monitoring and Evaluation

The M&E strategic objectives in the NSP include: (i) Strengthening the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for monitoring and evaluation of the NSP; and (ii) Promoting information sharing and utilization among producers and users of HIV and AIDS data and information at all levels.

Key achievements

- The National HIV and AIDS research agenda 2020-2025 was developed
- The NSP M&E plan has been disseminated; MDAs supported to develop M&E frameworks
- Several Data Quality Assessments (DQAs) were conducted covering HTS, Care and treatment, VL testing, TPT, KP, and Health Information Systems
- Several special studies were conducted:
    - The 3rd National AIDS Spending Assessment (NASA) covering 2017/18 and 2018/19.
    - Uganda Population-Based HIV Impact Assessment (UPHIA)
    - Uganda National Household survey (UNHS) 2019/20
- An 'Assessment on the functionality of national and sub-national HIV Coordination structures' was conducted May – August, 2021
- An assessment on the 'Performance of Multi-sectoral HIV/AIDS Mainstreaming' was conducted
- LQAS on HIV services was completed in districts of Lango, Acholi, South West, East East-Central, and Karamoja.

The performance against the outcome targets is in Table 16

Strengthening national mechanism for M&E for NSP

In the year under review, government MDAs developed M&E frameworks for their HIV/AIDS Strategic plans, utilizing the district burden estimates. DACs and HIV Committee focal persons were oriented on reporting indicators, tools, and systems. The Mid-term review of the HMIS tools is currently ongoing and will potentially cover program data gaps e.g. index testing. The adoption of monthly data cleaning at district level with engagement of facility personnel has improved data quality: by September 2020, timeliness of monthly health unit monthly reports was 95% while quarterly reporting timeliness was 98%. Pilot implementation using the KP data collection tools with data entry into the KP tracker is ongoing at participating sites. Several data quality assessments (DQAs) were conducted including the 2 95s (HTS, Treatment, VL testing), PMTCT, TB, and Health Information Systems. A TPT census to determine treatment completion and unmet need for TPT was completed. The KP/STI team at MOH conducted bi-annual clinical audits in 24 health facilities that offer KP-friendly services. The TB/HIV clinical audits that were conducted recommended a national QI initiative focusing on improving outcomes for HIV/ TB co-infected. An HTS verification exercise for Index Testing was conducted in 11/14 regions to verify findings of a previous assessment and follow up on remedial actions. At community level, a community score card that was developed by the International Community of Women and is now operational. To facilitate tracking of the 0.1% funds mobilized through mainstreaming, the budget vote output was operationalized by MOFPED. An online resource tracking initiative has been put in place to help stakeholders collect expenditure data in real time. To harmonize multisectoral reporting on AGYW activities, a data collection guide has been developed.

Table 15: Outcome Performance M&E 2020/21

Indicators	Baseline	Targets	Achievement	Data source	Comment
Outcome 1: Strong national mechanism for generating comprehensive, quality and timely HIV and AIDS information for M&E strengthened					
1.1 Percentage of sectors and districts with up-to-date costed HIV and AIDS M&E work plans	Sectors 100% Districts 80% (102)	100%	50% of districts (67/133)	UAC Program reports	The rest of the work plans are in draft form *Expedite completion of district plans and M&E frameworks*
1.2 Percentage of sectors submitting quality data that meets standards	N/A	100%	50%	UAC Program reports	The MOES system (EMIS) and MOGLSD systems are undergoing upgrades.
1.3 Percentage of key sectors (MDAs) submitting timely and complete reports to UAC	N/A	100%	25%	UAC Program reports	*Need to ensure functionality of sector systems* *MOLG needs support*
1.4 Percentage of Self Coordinating Entities (SCEs) submitting quality reports	N/A	100%	50%	UAC Program reports	SCEs did not have adequate resources to facilitate their intra constituency meetings and report compilation
Outcome 2: Information sharing and utilization among producers and users of HIV and AIDS data/ information at all levels improved					
2.1 Percentage of implementers utilizing program generated HIV and AIDS data	N/A	100%	100%	UAC Program reports	HIV estimates for national and district level were shared with all implementers *Provide annual estimates*
2.2 Percentage of the national research agenda items covered through operational research in each NSP thematic area	N/A	100%		UAC Program reports	
2.3 Percentage of stakeholders satisfied with NADIC	N/A	80%		UAC Program reports	NADIC is still undergoing an upgrade

Promoting information sharing & utilization among producers and users of data

To facilitate information sharing to various stakeholders, several dashboards displaying data on HIV/AIDS indicators are currently operational including the Gender Response Dashboard (GRD) at UAC. A national HIV and AIDS research agenda 2020-2025 was developed. Several special studies were conducted including 'Uganda HIV Impact Assessment (UPHIA)' and 'Uganda National Household Survey (UNHS)'. These provide information on the status of the epidemic and impact of the various strategies including socioeconomic ones. The National AIDS Spending Assessment (NASA) covering the years 2017/18 and 2018/19 was completed. An assessment of the functionality of national and sub-national HIV Coordination structures was conducted. An assessment of the Performance of Multi-sectoral HIV/AIDS Mainstreaming was conducted in June 2021. A Lot Quality Assurance sampling (LQAS) was conducted in 64 districts of Lango, Acholi, South West, East and East Central. Planned studies include a bio-behavioral survey in Eastern Uganda; and a 'Refugees of Uganda Population Based HIV Impact Assessment (RUPHIA). Through CDC PEPFAR, science summit meetings were held to disseminate local research findings and their policy implications. Although Uganda's bid to host ICASA 2021 was canceled, UAC has organized a scientific conference scheduled to take place in November 2021. This will provide an opportunity to share experiences and emerging scientific evidence among stakeholders for program improvement.

Challenges:

- Many data sources are not updated: eg Sector level data systems are not fully functional/ undergoing upgrades; Situation Room at UAC has no new data since 2019; the Gender Response Dashboard has no data beyond March 2021; the National AIDS Documentation Center and Information is not fully functional;
- Data on GBV is fragmented across sectors (Police, MPGLSD, MOH etc.) and is unlinked
- Multisectoral M&E for AGYW not harmonized
- Data gaps on key interventions e.g. in HTS modalities
- Data quality is poor for some indicators e.g. KP data, expenditure data for NASA;
- KP size estimates require updating
- Missing current national level data for behavioral indicators
- Data use inadequate especially at subnational level

Recommendations

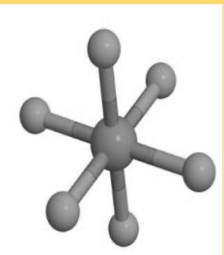
- Ensure sector data systems are functional and updated;
- Streamline and integrate mechanisms for reporting of GBV cases and tracking responses/ Review and harmonize GBV data and reporting systems
- Roll out the AGYW data collection guide
- Review of HMIS tools to incorporate missing elements in data
- Roll out the resource tracking tool to better capture financial data. Conduct DQAs for KP data
- Update KP size estimates for better planning
- Disseminate UPHIA findings
- Build capacity for data sue at all levels

Presidential Fast Track Initiative (PFTI)

Table 16: Summary progress on the Presidential Fast Track Initiative

	Pillar	Progress 2020/21

	**Revitalize HIV Prevention (and close the tap on new HIV infections, particularly among AGYW)**	- *182 million condoms distributed*
		- *AGYW strategy developed; with age-specific service package; services expanded to 43 from 23 districts*
		- *Overall, 384,665 AGYW served;*
		  ○ *HIV prevention: 38,701*
		  ○ *Violence Prevention: 120,736*
		  ○ *Economic strengthening: 98,353; Vocational skills: 10,000; Enterprise development Assistance: 500*
		  ○ *School subsidy for vulnerable girls in 39 districts*
		- *The sexuality education framework rolled out*

	**Consolidate progress on eliminating Mother-To-Child transmission of HIV**	- *96% of HIV infected mothers received ART; with 95% of breast feeding mothers virally suppressed* - *Among HIV-Exposed Infants, 88% had EID testing; 1.7% sero-positive within 8 weeks and 3% after breastfeeding*
	**Accelerate Implementation of 'Test and treat' and attain the 90-90-90 targets**	*Overall- 94% of PLHIV know theirs status; of these, 98% are on ART; of which 91% are virally suppressed (Overall: 94-98-91)* - *Adults: 96-98-92, with females attaining the 2nd and 3rd 95* - *Children 0-14 yrs: 63-99-74* - *Adolescents 10-19 yrs: 73-80-71*
	**Address financing sustainability for the HIV response**	- *HIV mainstreaming in MDAs strengthened* - *38.8 billion mobilized 2019/20; Budget vote output for 0.1% operationalized* - *One Dollar Initiative*
	**Ensure Institutional effectiveness for a well-coordinated multi - sectoral response**	- *Committee of technical experts (CTE) constituted to replace Partnership committee* - *NSP 2020/21-2024/25 and M&E framework disseminated* - *MDAs supported to mainstream HIV/AIDS; establish HIV/AIDS committees, develop strategic plans, workplans* - *Coordination structures revitalized at district level, within MDAs, and at sub county*

Impact of COVID-19 on the National HIV Response

The Coronavirus disease (COVID-19) outbreak was declared a global pandemic on 11th March 2020 with Uganda reporting its first case on March 21st, 2020. By June 30th 2021, the country had reported 96,067 cases cumulatively with 2,812 confirmed deaths. The GoU responded to the outbreak with a range of measures including 'lockdowns' that entailed travel restrictions, closure of non-food businesses, restriction of public gatherings, closure of non-essential services, closure of schools and places of worship, and suspension of public transportation. The pandemic has impacted HIV-related services, health systems, as well as the wider socioeconomic context making it harder for Uganda to achieve the goals set in the NSP, the NDP III, and SDGs.

Disruption in HIV prevention, Care and Treatment services

Disruption in HIV Prevention for general population: community services were disproportionately affected including index HIV testing, condom promotion, PEP, and Safe male circumcision (SMC), which declined by 40% during the March to July 2020 lockdown period. A similar reduction was observed in 2021 following a surge in COVID-19 cases. Community SMC outreaches and camps, a key strategy for mobilization were suspended during lockdown periods. For SBCC, the focus on COVID-19 reduced messaging on HIV prevention and care. Restriction of public gatherings meant that HIV SBCC programs that previously targeted community gatherings and meetings could not be held.

Disruption in HIV prevention services for AGYW: Community interventions including safe spaces for GBV prevention and reporting; livelihood support training; and psychosocial support were severely interrupted. Schools provide an avenue for key interventions including SBCC on HIV prevention, adolescent sexual and reproductive health (ASRH), prevention of violence against children including SGBV. The prolonged school closure (since March 2020) affecting over 15 million learners has increased the vulnerability of learners to violence, child labor, and adolescent pregnancy as this increased the gap in delivery of adolescent SRH information. According to a report by FAWE, the increase in pregnancies among girls aged 10-14 years was estimated at 367% as of September 2020. An analysis of teenage pregnancy trends for the last 2 years shows year-on-year increments in pregnancies in general (11%) with relatively higher increments among women aged 19 years and below (14%). The analysis highlights marked regional differences with Kampala registering no increase (in fact a reduction) while other regions registered an increase in the teenage pregnancies, with up to 29% and 27% in in Elgon and Karamoja regions respectively. Figure 40.

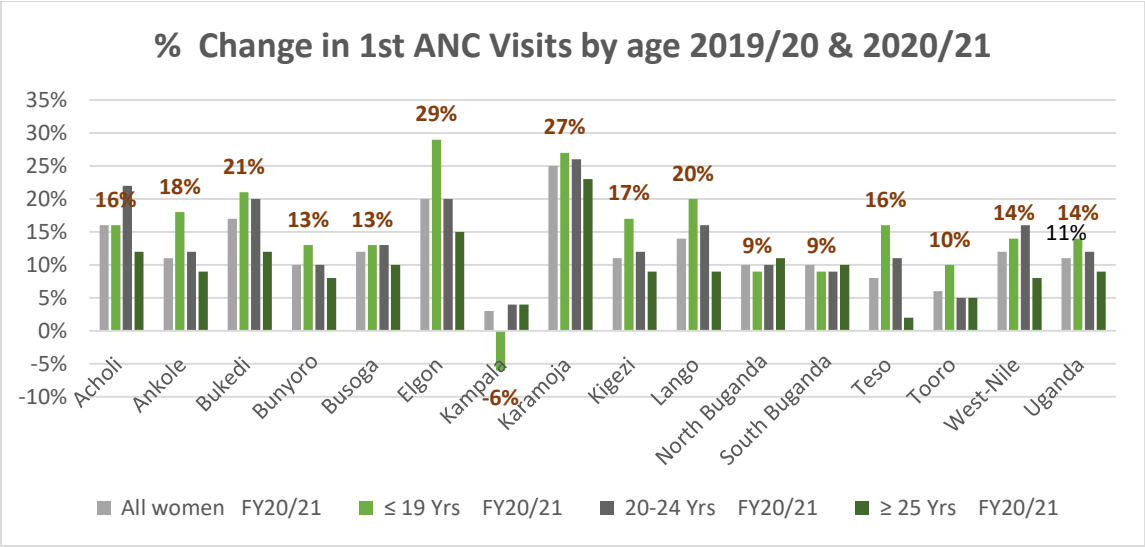


Figure 40: Change in ANC visits by age 2019/20 and 2020/21

This level of teenage pregnancy points to high prevalence of unprotected sex, which could portend new HIV infections. It is also feared that many girls will not return to school when the schools re-open, which in the long-term will worsen the gender inequality. Although the government put in place alternative learning methods such as online learning or even using TV or radio, access is limited to less than 10% of the school going population.

Disruptions in interventions targeting KPs and PPs: Key populations reported experiencing worsening human rights abuses, with reports of arrests by law enforcement officers during the lockdown period at DICs or safe spaces. PWIDs reported increased vulnerability; mobility restrictions reduced access to MAT services for PWIDs, food and health services including ART refills; there was increased violence including GBV; stock-outs of commodities like condoms, self-testing kits and family planning methods among others. Many service outlets targeting KPs such as bars and entertainment places were closed for most of the time constraining access to services. Apart from increasing poverty due to unemployment among KPs, there was worsening isolation as social support from peers could not be accessed. Many KPs were displaced and had to relocate, while others missed their treatment. This increased the risk of mental health challenges.

Social and Economic Support services: During lockdowns, social welfare services were initially categorized as non-essential, and PLHIV and other vulnerable groups such as OVC and survivors of GBV who previously relied on these services were severely affected.

Clinical HIV prevention, care and treatment services: Clinic attendance reduced due to challenges in accessing facilities (lockdown, high transport costs); fear of COVID-19 infection; HCW absenteeism, as well as lack of PPE. In the period April-June 2020 (Q2), TB case notification declined by 43% with a projected 14% increase in mortality; HIV testing reduced by 41% thus delaying diagnosis; ART enrollment reduced by 31%, while the total number of PLHIV on ART declined by 0.4% representing over 5000 patients lost-to-follow up. The number of HIV positive women identified in ANC reduced by 4%. Figure 41 highlights trends for key indicators.

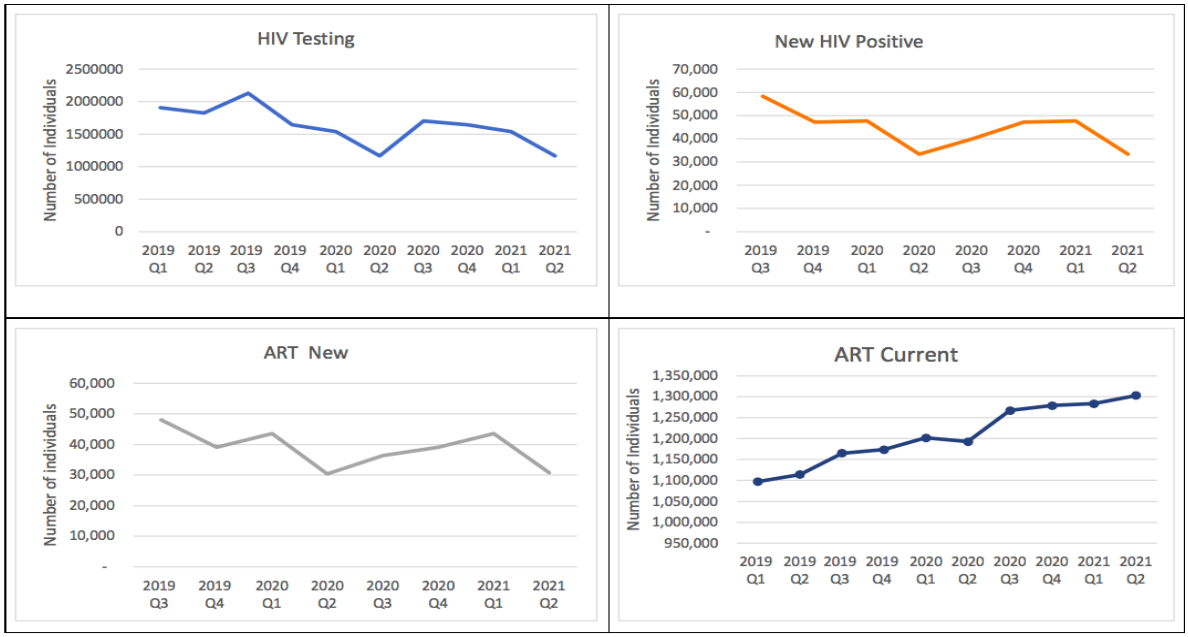


Figure 41: Trends in HIV Services July 2019 - June 2021

COVID-19 related morbidity and mortality among PLHIV: A study conducted by WHO in 2020 among 15,000 PLHIV in Uganda found that PLHIV were 13% more likely to be hospitalized with severe COVID-19 and mortality increased by 30% after controlling for age, gender and

comorbidities. The risk of death increased with older age >75 years, presence of diabetes or hypertension. PLHIV testing positive for COVID-19 also faced double stigma.

Health system impact: Staff shortages increased as HCW were reassigned to support COVID-19 control, were absent due to 'fear' of COVID-19 or lacked adequate PPE. As of September 25th 2021, over 2,959 HCW had contracted COVID-19 including 49 deaths. Supply chain disruptions affected availability of commodities e.g. GeneXpert cartridges for TB diagnosis and VL testing reagents. Beds in major hospitals got filled with COVID-19 patients, and in a bid to decongest hospitals, only emergency cases were allowed for admission while some hospitals were designated COVID-19 treatment units. The laboratory network that supports testing for viral load, and EID integrated COVID-19 testing services with improved efficiency overall. Information and surveillance systems that were leveraged by COVID-19 also improved as a result. Financing for HIV/AIDS activities was reduced with some sectors and programs (e.g. UAC and YLP) experiencing significant budget cuts, which affected implementation of planned activities including coordination activities, dissemination of policy and operational guidelines.

Socio economic impact of COVID-19

Increasing unemployment, poverty: Economic activity slowed down especially during the 'lockdown'. Consequently, many businesses shut down especially in the informal sector, where the majority of PLHIV especially women operate. According to the Uganda National Household Survey of 2019/20, unemployment increased (with a decline in the share of people in formal employment from 57% pre-pandemic to 47% post-lockdown in 2020). This decline in household income pushed an additional 1.7 million persons into poverty in 2020 thus reversing gains made in poverty reduction over the past decade. Increasing poverty contributed to a decline in access to health services, nutrition, and education, especially among vulnerable populations such as PLHIV. Shrinking access to food is reported to have reduced adherence to ART. A study by the Alliance of Women Advocating for Change (AWAC) conducted among female sex workers found that 20% of those living with HIV had stopped taking their ARVs/PrEP due to lack of food.

Increasing violence and other human rights abuses: There were increased cases of violence at family level including rape, defilement, and forced marriage. The increasing poverty triggered criminal activities including child trafficking, and child labor. The Uganda National Household Survey of 2019/20 reported an increase in child labor from 21% to 35% in 2020 following the lockdown. The number of people seeking GBV services increased, due to unemployment, lockdown and mental stress. There were incidents of violence, unfair arrests of KPs by law enforcement under the pretext of violation of travel restrictions.

Aggravated mental health and psycho-social challenges: PLHIV experienced greater mental health and psycho-social challenges worrying about food, accessing ARVs, and the greater risk of getting severely ill if they got COVID. One study found that 80% of PLHIV had experienced COVID-induced anxieties.

Mitigation measures for HIV services included the following;

- *Strong leadership and governance was instituted:* The Continuity of Essential Health Services committee rapidly developed and disseminated policy guidance as well mechanisms for regular performance monitoring in real time, working with DHOs and IPs. Poorly performing districts and facilities were supported. Services improved by July 2020.
- *Adoption of innovative service delivery models:* PLHIV were advised to replenish their drug supplies from the nearest ART facility or through community drug distribution models such as safe-boda distribution or through client-led and peer groups. Multi-month dispensing (MMD) for ARVs and TB medicines was scaled up, while some providers integrated viral load testing

with ART distribution. Patient follow-up was conducted through phone calls where possible for example the YAPS program adopted use of E-Peer support.

- *Adoption of technology for patient care:* Zoom technology was utilized for training, mentorship, and coordination meetings, while use of telephones for appointment reminders; tracing patients who missed appointments; clinic consultations, was enhanced.
- *Partnerships and collaboration were strengthened:* Stakeholders including ADPs, IPs, LGs, and PLHIV networks worked together to support training of HCWs, dissemination of IPC guidelines; provision of PPE; distribution of supplies and medicines; community mobilization; and risk communication. For example NAFOPHANU supported 160 PLHIV in each district in Karamoja region with IPC supplies including reusable face masks, sanitizer and soap.
- *Additional staff recruited:* To address staff shortages and ensure continuity of HIV services, the government is recruiting 600 staff on contract to support COVID-19 treatment units and free other HCW to support essential services.
- *Roll out of vaccination:* Health care workers, PLHIV, and other vulnerable groups have been prioritized for vaccination to reduce their risk of contracting COVID-19.
- *Leveraging COVID-19 resources to deliver HIV services*: Some district officials creatively piggybacked HIV activities onto COVID-19 activities, by for instance using COVID-19 field visits and transport to also deliver ART refills.

Mitigating socioeconomic effects of COVID-19, interventions included;

- *COVID-19 Relief:* Food was distributed to an estimated 1.9 million in 683,000 households targeting the vulnerable urban poor in 2020. In 2021 relief cash to the tune of 100,000 shillings ($27) per household was distributed by government to half a million people countrywide. In the context of HIV, various activities were supported by the different stakeholders. For example with support from Global Fund, COVID-19 emergency response fund Round 2, several partners including NAFOPHANU, PACK, PITCH and TAFU (Towards an AIDS Free Generation in Uganda) procured and distributed food items to vulnerable households of PLHIV which has contributed to food security thus enhancing adherence to treatment. Financial institutions worked with government to restructure bank loans.
- *Vaccination:* Government prioritized COVID-19 vaccination to ensure safe reopening of the economy. Beginning March 2021, vaccination started with priority populations that include PLHIV and HCWs. However, the inflow of vaccines into the country was in small quantities and intermittent, delaying access to vaccinations for majority of the population.
- *Violence prevention and response:* The MoES developed messages targeting parents on safety and security of learners during the pandemic and conducted radio and TV shows. They also conducted engagements with local governments, headteachers and other stakeholders on positive parenting, prevention of violence and menstrual hygiene for young people. A GBV toll free helpline was set up in 2020 to support reporting of GBV to police by victims / survivors. There was reported evacuation of survivors of violence to safe spaces or shelters. Table 18 summarizes the key issues and potential solutions.

Overall, while the COVID-19 lockdown restrictions impeded access to facility-based HIV services, they stimulated interest and opened the opportunity for strengthening of community-based service delivery models. The COVID-19 experiences also challenge all actors to pay attention to the vulnerability and resilience of Uganda's heath care system, calling for more investments to build a more robust system that can withstand and respond to current and future epidemics and emergencies. The challenges in securing adequate vaccines for the nation point to the persisting global inequalities in access to essential medicines and technologies to address emerging epidemics, which needs to be addressed at the global level.

Table 17: COVID-19 Impact on HIV services

Key issues	Contributing Factors	Mitigation measures	Recommendations
Disruptions in HIV services and delivery systems - Community HIV prevention services e.g. SBCC, SMC, OVC, programs for AGYW, youth, Index HTS - Clinical services - Health system (HR, Supply chain, HIV financing)	- School closure interrupted SBCC including HIV and ASRH - 'Lockdown' challenges in access to health facilities - Staff shortages (reassigned; absenteeism, illness; fear); inadequate protection/ PPE - Misinformation, stigma	- Policy guidance on continuity of essential services - Community drug distribution (ART/TB) - Tech adoptions for health - Online learning / education - Vaccination for HCW - Collaborative partnerships to support PPE, training - Additional staff contracted	- Consolidate use of technology for health (SBCC, ASRH, patient care) - Strengthen community health systems for HIV services - Protect HCW (train in IPC; provide PPE; vaccinate; screen) - Address misinformation/ reduce stigma - Integrate COVID-19 with HIV
Increasing vulnerability to HIV - Increasing poverty - Increasing violence including SGBV. (Increase in adolescent pregnancy, child labor, early marriage, unskilled adults, increasing poverty) - Aggravated mental health and psycho-social challenges	- Economic decline; unemployment; reduction in household income) - School closure - Inadequate psychosocial support	- COVID-19 Relief by GOU and partners through cash transfers, food support to vulnerable households - GBV helpline - Online learning / alternative education approaches - Vaccination to re-open economy - Adoption of virtual peer psychosocial support approaches	- Strengthen social protection systems: scale up interventions, e.g. skills training for AGYW affected by teenage pregnancy& early marriage; economic recovery programs targeting households and individuals severely affected COVID-19 - Provide psychological and social support including food relief for vulnerable households - Vaccination to reopen economy and schools - Strengthen ASRH and GBV program for in and out of school. - Strengthen integration with mental health services

Harmonization & alignment of HLM political declaration targets with NSP:

The UN General Assembly High-level Meeting on AIDS in June 2021, adopted a new Political Declaration on AIDS, the 2021-2026 Global AIDS Strategy, with new commitments including new targets to be achieved by 2025. To promote alignment and harmonisation of the country targets to the Global AIDS Strategy, Uganda has reviewed the HLM targets in comparison with the NSP 2020/21/2024/25 targets, and prepared a report highlighting key observations on alignment and harmonisation, feasibility of achievement, and priority strategies to facilitate achievement. The top line targets are categorised into HIV services, Integration, and social Enablers- Table 19 and summary recommendations in Table 20

Top line 2025 targets

Table 18: Top Line Targets 2021 (Global AIDS Strategy by 2025)

<table>
<tr><th colspan="3">HIV services</th><th>Integration</th><th colspan="3">Social Enablers</th></tr>
<tr><td rowspan="2">95–95–95 testing and treatment targets achieved within all subpopulations and age groups.</td><td rowspan="2">95% of women of reproductive age have their HIV and SRH service needs met; 95% of pregnant and breastfeeding women living with HIV have suppressed viral loads; and 95% of HIV-exposed children are tested by 2025.</td><td rowspan="2">95% of people at risk of HIV infection use appropriate, prioritized, person-centred and effective combination prevention options</td><td rowspan="2">Adoption of people-centred and context-specific integrated approaches that support the achievement of 2025 HIV targets and result in at least 90% of people living with HIV and individuals at heightened risk of HIV infection linked to services for other communicable diseases, NCDs, SGBV, mental health and other services they need for their overall health and wellbeing.</td><td colspan="3">10–10–10 targets for removing social and legal impediments towards an enabling environment limiting access or utilization of HIV services.</td></tr>
<tr><td>Less than 10% of countries have punitive legal and policy environments that deny or limit access to services.</td><td>Less than 10% of people living with HIV and key populations experience stigma and discrimination</td><td>Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.</td></tr>
<tr><td colspan="6">Achieve SDG targets critical to the HIV response (i.e., 1, 2, 3, 4, 5, 8, 10, 11, 16 and 17) by 2030.</td></tr>
</table>

Summary recommendations are below

Table 19: Recommendations on alignment and harmonization of NSP and HLM targets

Result Area / Targets	Recommendation	Comment
HIV services: HIV: Testing and treatment		
95-95-95 targets achieved for all populations	NSP to adopt the 95% target for all populations	Only 2 populations were not aligned - VL for children 0-14: 90% - VL for adolescents 15-19 yrs: 90%
	Harmonize age categorization for data disaggregation	Age bands for data disaggregation differ - NSP (10-14; 15-24; 25-49; 50+), ○ HLM (0-14; 15-24; 25+)
HIV services: HIV: SRH and eMTCT		
Two NSP indicators on FP ○ '% of HIV+ve women in sexual relationships using FP'; ○ 'Unmet need for FP among PLHIV' target 20%	Maintain NSP target of 70% Vs the HLM target of 95%.	HLM target may not be realistic given past performance. FP is at 34% (PMTCT Impact Evaluation 2019)'
'95% of pregnant women screened for HBV'. NSP indicator	NSP to adopt indicator and target of 95% for HBV screening for all	Uganda has high HBV prevalence 17%. HBV screening ongoing in ANC clinics.

Result Area / Targets	Recommendation	Comment
and Target is '50% of PLHIV in care screened for HBV'	pregnant and BF women as part of triple elimination.	Screening coverage among pregnant women was 18% (2020/21).
For children '95% of HEI receive a VL and parents provided the results by age 2 months' and '95% of HEI receive a virologic test and parents provided the results after cessation of breastfeeding'	Continue tracking the indicator at MOH.	Indicator tracked at MOH but not in the NSP
For children, the current NSP target for viral suppression is 90%	NSP to adopt 95-95-95 for children	Performance was 74% (2020/21)
HIV services: HIV: HIV Prevention		
PrEP use (by risk category) target 50% high risk.	NSP to include targets for PrEP	NSP has no targets for PrEP
AGYW: Economic empowerment – by risk categorization 20%	NSP to adopt indicator on economic empowerment among AGYW with a target.	No indicator in NSP. Current coverage is low.
People in sero-discordant relationships: 'condom use by those not taking PrEP with non-regular partner whose VL is unknown,- 95% 'PrEP until positive partners has suppressed VL'	These indicators should be tracked at program level or through surveys.	Not in NSP. Data would be challenging to find and report on.
ABYM: Target of 90% in 15 priority countries	NSP adopt 90% target for VMMC from 80%	Coverage was 64% for males aged 15-29 in 2019/20. NB: Not sure if Uganda is one of the priority countries. SMC funding may be declining.
Integration: Integration among PLHIV		
'Percentage of WLHIV screened for cervical cancer'.HLM-90%	NSP to increase CaCx screening target to 90% by 2025 – from 50%	Coverage for 2020/21 is about 5% i.e. 45/000 WLHIV Jan -Jun 2021
'% of people in care screened for HBV and HCV': Target 90% (HLM)	NSP to increase HBV and HCV screening target (among PLHIV) to 90% - from 50%	Current coverage – *data was not available, except for ANC at 18%*
'Access to NCD services for PLHIV' target is 90% in HLM. Same for mental health	Adopt indicators for NCDs, cardiovascular, DM, and mental health. Track at MOH level.	No indicator in NSP
Integration: in general population		
HBV, syphilis, HIV screening among pregnant women	NSP to adopt 95% target for HBV screening (pregnant &BF women)	In 2020/21 ANC screening for syphilis was 87%; and HBV screening was 18%
ABYM: VMMC, integrated male friendly services	NSP to adopt targets for male friendly services	No such targets currently
AGYW: integrated services to include HPV vaccination (target 90%); IPV, SGBV, FP, STI	NSP to adopt HPV vaccination target of 90% for general population	No NSP targets for HPV. Program under UNEPI working with schools.
Integration: among KPs		
90% access to legal and human rights services	NSP to revise and adopt 90% target	NSP target is 48%. Currents status is unknown.
Transgender people – 90% access integrated services including gender affirming therapy, emergency contraception	To be tracked at program level or surveys	No NSP target. The population is small. Current status is unknown.

Result Area / Targets	Recommendation	Comment
PWID; 90% access integrated services including HCV screening	NSP to adopt HCV screening target of 90% among PWIDs	NSP target is on safe injection practices (90%). No targets for HCV. Guidelines recommend screening. Current status is unknown.
Mobile populations e.g. Refugees ,migrants: 90% have access to integrated services including HCV screening	Track at program level	HCV screening among refugees is not included in NSP. Current status unknown
Social Enablers: stigma and discrimination		
% of KPs who avoided health care in the past six months because of stigma and discrimination (NSP Target is 20% for all KP groups)	NSP to adopt HLM target	NSP target is lower than HLM target
<10% of key populations (i.e. MSM, SWs, TG, PWID) report experienced stigma and discrimination by 2025	NSP to introduce specific indicator and target on KPs experiencing stigma and discrimination for NSP	NSP has no specific indicator on KPs experiencing stigma and discrimination
Percentage of women and men (aged 15–49 years) who report discriminatory attitudes towards people living with HIV (	Adopt HLM target of 10% for both males and females. <10% of general population reports discriminatory attitudes towards people living with HIV by 2025	NSP Target is Men, 18%; Women, 20%)
Percentage of men and women (aged 15–49 years) with accepting attitudes towards people living with HIV	Adopt HLM target of 90% for both males and females.	(NSP Target is: Overall, 80%; Men, 85%; Women, 80%) Comment: HLM targets are slightly higher than NSP targets.
<10% of health workers report negative attitudes towards people living with HIV by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this
<10% of health workers report negative attitudes towards key populations by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this
<10% of law enforcement officers report negative attitudes towards key populations by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this
Social Enablers: Gender inequality and violence.		
Percentage of women and men (aged 15–49 years) who experienced sexual and gender-based violence from an intimate partner in the past 12 months	Adopt HLM target of 10% for Women; Maintain 8% for Men.	NSP Target for women is slightly lower but very close to HLM target; For men it's higher than the HLM target. (NSP Target is: Women, 11%; Men, 8%).
<10% of key populations (i.e., MSM, SWs, TG, PWID) experience physical or sexual violence by 2025	Formulate country indicators and targets to track this HLM indicator	**NSP has no indicators on this**
<10% of people living with HIV experience physical or sexual violence by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this
<10% of people support inequitable gender norms by 2025	Adopt HLM target of 10% for both women and men.	Percentage of men and women who believe that beating one's wife is justified (NSP Target is: Overall, 15%; Women, 18%, Men, 10%)

Result Area / Targets	Recommendation	Comment
		Comment: NSP target is the same as HLM target for men, but lower for women.
>90% of HIV services are gender-responsive by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this
Social Enablers: Punitive legal and policy environments that deny or limit access to services.		
<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex behavior and HIV transmission, exposure or non-disclosure by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this
<10% of countries lack mechanisms in place for people living with HIV and key populations to report abuse and discrimination and seek redress by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this
Percentage of gender-based violence survivors who access formal services (protection, health and legal services)	Raise NSP target to 75%	NSP target is lower than HLM target (NSP Target is 50%).
Percentage of girls and boys (aged 0–17 years) who are survivors of sexual violence who receive formal services (medical, psychosocial and legal services)	Raise NSP targets to 75%	NSP targets are lower than HLM targets of 90% **(NSP Targets are: Overall, 50%; Girls, 60%; Boys, 45%).**
Percentage of gender-based violence survivors who report to formal institutions (such as police)	Increase NSP target to at least 50%	NSP Target is 10%). Comment: NSP Target too low compared to HLM Target
Percentage of people living with HIV, key populations and other vulnerable groups reporting that their rights were violated who sought legal redress (NSP Targets: PLHIV, 48%; KPs, 48%).	Raise NSP targets to 75%	NSP Targets are lower than HLM targets of 90%
<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex behavior and HIV transmission, exposure or non-disclosure by 2025	Formulate country indicators and targets to track this HLM indicator	NSP has no indicators on this

Key challenges, gaps, recommendations

Challenges & Gaps	Recommendations
Key cross cutting challenges:	
- *COVID-19 disruption of HIV services* especially community HIV prevention and support. Closure of schools increased vulnerability of children and adolescents to HIV, GBV, and pregnancy. The socioeconomic decline increased unemployment, poverty, SGBV, child labor etc. all of which increase vulnerability to HIV infection. At institutional level, budget cuts affected implementation of planned activities as funds were diverted to COVID-19 control.	- ***Improve health system resilience:*** Strengthen community services, protect HCWs, adopt technology, address stigma and misinformation - ***Strengthen social protection:*** Focus on the family as the unit of production, social support and protection; Strengthen family and community support groups - ***Economic Support:*** Work hand in hand with other Government agencies to ensure household economic recovery and economic empowerment programs reach households and individuals affected by HIV (UAC, MGLSD, Districts). - ***Develop and implement mitigation measures for all children and adolescents following COVID-19.*** Strengthen community service delivery, institute long term monitoring of key social indicators such as GBV, school attendance, literacy, adolescent pregnancy, etc. by gender
- *Children and adolescents are lagging behind:* The outcomes for adolescents and children are poor compared to adults with low coverage for HIV prevention among adolescents, case finding, treatment coverage, retention, and viral suppression. There has been stagnation or minimal progress over the past five years in terms of ART coverage.	- ***Renewed focus on children and adolescents in HIV prevention, and clinical cascade*** across the different age bands (infants, children, younger adolescents, older adolescents).
HIV Prevention	
- *Increasing high risk behaviour especially among young people:* from the LQAS conducted in 64 districts, there was evidence of worsening performance on the behavioural indicators with increasing engagement of young people in high-risk sexual behaviour (multiple sexual partnerships coupled with inadequate knowledge about HIV prevention). - In addition, the increasing adolescent pregnancy rates following is an indicator of gaps in ASRH provision an HIV prevention among youth. - Recency data confirms more new infections are among young females	- ***Scale-up targeted prevention interventions to prioritized populations*** for impact with special focus on adolescents and young women for HIV SBCC. - ***AGYW: Scale up comprehensive services*** to cover all the 62 high incidence districts; and to benefit those who have been affected by teenage pregnancies and early marriage during the COVID times. Conduct study on extent of COVID-19 impact on AGYW. Engage with all school stakeholders to support re-entry of girls into school.
- *Finding HIV infected children, adolescents, and linking the HIV- infected to treatment.* These population groups have the weakest 1st 95. Linkage is also a gap for the same population.	- ***Implement targeted HTS:*** Implement differentiated HTS to find children and adolescents including index testing to reach biological children of women living with HIV. For the younger children, focus on PMTCT retention for identification through EID, linkage and treatment. Implement HIV retesting in pregnancy to identify breakthrough infections that contribute 29% of new paediatric infections.
- *Suboptimal HIV prevention services coverage:* Many of the HIV prevention interventions are not implemented to scale e.g. PrEP coverage is less than 50%; SMC coverage 43% among eligible males in 2019/20, though higher for 14-29 age group at 64%. For AGYW programs, the need for comprehensive services is much higher than the funding available. Harm reduction coverage limited/ one MAT center.	- ***Expand coverage for HIV prevention*** through increased funding allocation: PrEP, SMC, Harm reduction, AGYW

Challenges & Gaps	Recommendations
- *Condom availability to users still a challenge:* Total Market approach yet to be realized: Programing is more focused on public sector; social marketing declined due to lack of funding, while commercial sector continued to play a modest role. Condom promotion and demand creation activities limited due to COVID-19 restrictions and lack of funding, and the last mile delivery strategy remained with a number of limitations. Weak M&E systems for the Condom Program with no guiding M&E framework.	***Strengthen condom programming*** - Invest in on-going demand generation for condom use - Build a sustainable condom market, through better engagement with the commercial and social marketing sector - Establish an M&E system for condom distribution and use
- *Weak services integration* with resultant missed opportunities e.g. SRH	- ***Improve integration of services especially SRH in HIV***
- *Structural barriers such as GBV, persisting stigma and discrimination, punitive laws that affect KP services utilization* are still a challenge	***Address stigma and other structural barriers*** *GBV, laws and regulations that impact on the KPs services* - Disseminate and support implementation of the Anti-Stigma Policy Guidelines - Train a critical mass of HCW to build competence for stigma reduction and provision of PLHIV/KP friendly services - Roll out targeted SBCC materials on stigma reduction - Scale up engagements with communities, community leaders, law enforcement officials, etc. on stigma reduction
- *Low male engagement:* still a challenge in spite of many efforts	- *Continue roll out of the male engagement strategy*
- *PMTCT retention gaps.* Of note, 43% of pregnant women living with HIV are adolescents and young women.	- ***Expand G-ANC, YAPs models to address retention***. Enhance group care models and quality improvement initiatives for retention.
HIV care and treatment	
- *Retention is still low for all populations* but especially among children, adolescents, and KPs. Currently retention at 12 months after ART initiation is 71.5% against a target of 95%. - *NB:*80% of children that are not retained have vulnerabilities	- ***Improve retention using differentiated approaches.*** For infants, focus on PMTCT retention. For children, incorporate vulnerability assessments with linkage to OVC, use of optimised ART regimens; provide a minimum package at community level; address caregiver literacy gaps. For KPs, use peer structures. For adults, sensitize communities / improve treatment literacy.
- *Low HIV treatment coverage among children, adolescent*s, largely due to weakness in finding infected children (1st 95), but also related to suboptimal retention &loss to follow-up.	- ***Targeted HTS to find undiagnosed PLHIV:*** mostly children, adolescents. - ***Address retention gaps*** *and loss to follow up.*
- *HIV services Integration is weak:* For example there is low service coverage of cervical cancer screening services (5%) and treatment services, AHD implementation, NCD integration, HBV and HCV, in addition to SRH	- ***Strengthen integration:*** e.g. Integrations of HIV into SRH and GBV programming; Integration of NCD care into HIV; Integration of HBV and HCV care. Sexuality education and SRH services including FP services need to reach young people. Further integrate HIV/SRH/TB/GBV
Social protection	
- *Increasing vulnerability due to COVID-19:* The vulnerable population has increased across all age groups and yet social protection is limited.	- ***Strengthen social protection systems;*** support HIV affected households to access support from on-going government programmes. - ***Provide psychosocial support to vulnerable individuals*** and households

Challenges & Gaps	Recommendations
-	*Policy and Legal Environment*
- Escalating violence against children: reflected in soaring teenage pregnancies and early marriage; perpetrators are not arrested and convicted despite defilement being a criminal offence; For many girls, early pregnancy means the end of education.	***Address legal, policy and social environment*** *Finalize School Health Policy* *Engage and resolve issues around the Sexuality Education Framework* *Strengthen systems for reporting, handling and follow up of cases of violence against children*
- Punitive laws: Legal environment is still characterized by laws in the Penal Code Act, HIV Prevention and Control Act, and the Narcotic Drugs and Psychotropic Substances Control Act which criminalize sex work and drug use	***Support evidence-based advocacy for law reform*** *Address legal, policy and social environment; reform punitive laws. Create awareness about human rights; provide legal support and access to justice services*
- GBV is high and normalized in many communities; GBV cases increased by 44.2% between 2019/20 and 2020/21.	*Invest more in changing social, cultural, religious and gender norms to shun GBV and respect the rights of women and girls*
System Strengthening	
- *Multi-sectoral coordination on key structural issues:* e.g. sexuality education – religious leaders pushed back with delayed approval and yet 75% of schools are faith based. The Sexuality Education Framework that had been signed off by MOES was not endorsed by MOGLSD and did not address out of schools youth. Violence reporting is another area that requires multisectoral approach to support implementation of the policies in place. The normalization of violence in the community challenges reporting and action on violence including SGBV - *Many policies developed but not disseminated and therefore not used / implemented*	***More advocacy is needed on the Sexuality Education Framework*** *for better implementation* ***Strengthen violence reporting****, need more multisectoral coordination with police, probation officers, and parents.* *Disseminate all new policies* -
- *Funding for HIV: The country is over reliant on external funding support and priorities may be shifting e.g. with COVID-19.*	- ***Engage and operationalize the AIDS Trust Fund*** - Institute accountability mechanisms in MDAs regarding implementation of the 0.1% budget allocation
- *District capacity for HIV response is weak; only 35% of DACs regularly hold meetings.*	- ***Support district functionality*** for decentralized response
- *CSO capacity gaps:* Capacity gaps among CSOs especially in program planning and management	- *CSO capacity enhancement:* The capacity of CSOs needs to be strengthened especially in areas of planning, M&E and resource mobilization
- *Data systems on violence prevention are fragmented and need to be harmonized* – HMIS/EMIS. The data on GBV is across several sectors including gender, health, education, police and these systems are not linked.	- **Streamline reporting of GBV** cases and tracking of responses
- *Lack of current data on several indicators:* UPHIA and UDHS were delayed due to the pandemic hence data on several indicators that rely on these surveys was not available including HIV prevalence, incidence, viral suppression at population level and total PLHIV projections. - KP size estimates need updating - current estimates based on old data	- ***Disseminate UPHIA findings*** *as soon as results are available* - *Conduct National Population size estimates for key and priority populations* - *Conduct new Modes of Transmission Studies*
- *Data quality gaps – especially for KP data*	- ***Strengthen M&E system for KP targeted interventions***

Annex 1: List of documents to be reviewed

National level documents

- National HIV/AIDS Strategic Plan 2020-21-2024/25
- National Priority Action Plan (2020-2021)
- NSP Monitoring and Evaluation Plan
- Aide Memoire of the 2020 JAR report
- National AIDS Spending Assessment Report 2020
- JAR reports 2019/2020, 2018/19, Mid-Term Review report of NSP 2015/16-2019/20
- The Country Progress Reports (formerly the UNGASS Report) 2020, and 2019
- Uganda HIV/AIDS Investment Case 2020-2030
- Key and Priority Population size estimation numbers in Uganda 2019
- The People Living with HIV Stigma index 2020
- Reports from the different sectors and the SCEs
- Recent reports from IPs and CSOs on HIV&AIDS
- Recent reports from IPs and CSOs on the impact of COVID-19 on HIV services
- Modes of transmission (for HIV) study report
- Leaving No One Behind: A National Plan for Achieving Equity in Access to HIV, TB and malaria services in Uganda 2020-2024, Kampala, Uganda
- Uganda AIDS Commission (2018): Acceleration of HIV Prevention: A Roadmap Towards zero new HIV infections by 2030. Kampala.
- Uganda AIDS Commission (2018): Mid-Term Review of the National HIV and AIDS Strategic Plan (NSP) 2015/2016-2019/2020, Kampala, Uganda
- Communication Strategy/ BCC – Draft Report 2021
- UAC 2021 report on Assessment of the coordination structures across different SCEs (draft)

Health Sector

- Ministry of Health Sector Development Plan 2020/21- 2024/25
- Ministry of Health Annual Health Sector Performance Report 2020-2021 (if available)
- MoH/ACP: Health Sector HIV/AIDS Strategic Plan 2018/19-2022/23
- Health Sector M&E plans, and program reports (Pre-Exposure Prophylaxis (PreP); Prevention of Mother to Child Transmission (PMTCT); Safe Male Circumcision (SMC); ART, (ART); AGYW;
- Global Fund Concepts (on TB, Malaria, HIV, and COVID-19)
- Global Fund quarterly progress reports
- The Uganda Population-Based HIV Impact Assessment (UPHIA) 2016-17: Final Report. http://health.go.ug/docs/UPHIA, UPHIA 2020/21
- Uganda Demographic and Health Survey (UDHS) reports 2016, 2020/21
- Consolidated guidelines for Prevention &Treatment of HIV/AIDS in Uganda
- Health Sector HIV Prevention Strategy for Adolescent Girls and Young Women (2020- 2025)
- PEPFAR DREAMS Reports, Country Operational Plans (COP)
- National TB Program Strategic Plan 2021-2025
- National TB program Annual Reports 2021
- Uganda National Health Laboratories Services (UNHLS) Strategic Plan and program Reports
- Uganda COVID-19 Preparedness and Response Plan 2020-2021
- Uganda COVID-19 Resurgence Plan 2021 June -2022 June

MoGLSD

- Ministry of Gender Labour and Social Development, Social Protection Review 2019, Final report. MGLSD, Kampala Uganda, 2019.

Global level documents

- UNAIDS AIDS Info, http://aidsinfo.unaids.org/
- UNAIDS Uganda 2021 HIV estimates, available at http://aidsinfo.unaids.org/
- UNAIDS country estimates Fact sheets
- UN General Assembly Political Declaration on HIV and AIDS (2021):
- Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030
- End Inequalities. End AIDS. Global AIDS Strategy 2021- 2026
- 2025 HIV/AIDS Targets (UNAIDS)
- The 2021 HLM political declaration and Global AIDS Strategy (2021-2026)

Annex 2: Progress on the implementation of undertakings on the Aide Memoire, 2020

Undertaking	Output	Lead Institution	Progress made	Score	Comment
Objective 1: Involving everyone in championing the end of new HIV infections					
1.1: Increase Male engagement to address low and late uptake of services	The national Male Engagement strategy rolled out to all districts	MOH, Male engagement TWG, Men Engage Network & UAC	Male Engagement Strategy has been rolled out		
	Coordination of male engagement activities strengthened through operationalization of TWG and sub national structures		TWG in place at MOH but was not active due to COVID-19 pandemic		
	Male engagement workplace guide finalized and rolled out in large public and private institutions				
1.2: Strengthen coordination and programming for Key Populations to address gaps in service provision, stigma reduction and M&E	Coordination mechanisms for KP programming operationalized at National and district levels	MOH, UAC, TASO, SRs, PEPFAR, IPs	At national level, Steering committee at UAC and TWG at MOH, and coordination committees at RRHs but not district.		Strengthen vertical communication between steering committee, TWG, regional committee, and DAC
	A multi-sectoral M&E framework for KPs & PPs developed		MARPs Priority Action Plan 2021-2023, under review. To add costing and M&E framework.		Finalize and disseminate MARPs Priority Action Plan.
	MAT and NSP programs for PWUDs established (the MAT clinic to reach 300 clients).		MAT center established at Butabika Hospital September 2020 with 99 individuals enrolled by April 2021		
	Mapping and estimation of PWUD size and profiles among certain sub population like Urban refugees		Some mapping conducted prior to set up of MAT center.		
1.3: Improve Coverage of HIV prevention services among Adolescent Girls Young Women (AGYW) to address vulnerability to new HIV infections, SGBV etc.	A comprehensive package and age appropriate AGYW programming developed and scaled up to 100% of high burden districts (62) from 23.	MOH, MOES, MGSLD, CSOs & UAC	AGYW strategy developed with comprehensive package of services developed. Implementation scaled up to 43/62 high burden districts (23 PEPFAR, 20 GF TASO).		Limited service coverage (few districts, high demand). COVID-19 restrictions reduced access to services and increased vulnerability.
	The sexuality education framework rolled out to all districts		Roll out stalled as schools were closed due to COVID-19 pandemic. Framework is not fully owned by sectors e.g. by religious institutions.		More advocacy needed especially with religious and cultural institutions.
	The national multi-sectoral action and accountability framework for elimination of HIV infection among AYP people rolled out		Not done due to budget cuts as funding was diverted to COVID-19 control.		

Undertaking	Output	Lead Institution	Progress made	Score	Comment
	M&E tools for AGYW interventions rolled out to all IPs		M&E tools (data collection guide) developed. Shared with key stakeholders MDAs, Civil society, SITES and METS. Not fully rolled out due to budget cuts.		Need to roll out tools for use. UAC to monitor performance on AGYW on GRD
1.4: Strengthen Condom programming to improve equitable use	The Total Market Approach for condom programming rolled out to all districts	MOH, NDA, NMS, JMS CSOs, & the Private Sector	Not done due delayed completion of updating the condom distribution guidelines. Free condoms were distributed. Limited or no social marketing for condoms, no funding or subsidy.		To review social marketing component of TMA
	The last mile distribution of condoms expanded to cover all districts		The alternative distribution of condoms by JMS created synergy in the districts. Condom dispensers (4000) previously held at JMS were requested by different stakeholders. Last mile distribution is for USAID -procured condoms.		Need clearly articulated last mile distribution plan that is monitored for both NMS and JMS. Need replenishment plan for the condom dispensers.
1.5: Improve media coverage on HIV, gender and Human Rights issues	Media reporting tracked for correctness and objectiveness	UAC, UNAIDS, MOH, IPs	Ongoing		
	A mechanism for identification and recognition of outstanding performance established (Media and community awards).		Process is ongoing. Media houses were mobilized. TORs developed. To schedule date of award ceremony.		
1.6: Reinvigorate Primary Prevention interventions	Prioritized Primary prevention and Social Enablers mainstreamed into Sector Programs	UAC, MOH, SCEs, CSOs	Dissemination of HIV Prevention Road map was limited to 6/18 sectors. Activities were hampered by COVID-19 pandemic budget cuts.		
Objective 2: Attaining the 95-95-95 targets in the new National HIV and AIDS Strategic Plan (2020/21-2024/25)					
2.1: Strengthen treatment literacy for PLHIV, caregivers and community providers to improve self-care and uptake of HIV services.	Roll out community strategy tool kit	MOH, MOH Community strategy TWG, PEPFAR, IPs	Tool kit &curriculum for the community actors were completed. Roll out starts October 2021		Roll out community strategy tool kit
	Expert clients and community health worker trained to sensitize communities		KP peers trained to support services in districts. YAPS program, in 72 districts and 320 health facilities trained 714 YAPS who supported health education, HTS, linkage to care retention, and viral suppression for AYP.		
2.2: Improve ART client tracking mechanisms to facilitate linkages and monitor retention	A unique identifier rolled out to all ART sites to facilitate access to different service points of choice by the clients.	MOH, IPs	Not done. Challenges at multisectoral level related to confidentiality.		Multisectoral dialogue needed to resolve issues.

Undertaking	Output	Lead Institution	Progress made	Score	Comment
2.3: Address Stigma, discrimination and human rights abuses towards PLHIV	Targeted SBCC that is targeted for the different populations	MOH, MGSLD, MOES, UAC, PLHIV, CSOs & KP networks	UAC developed the National HIV/AIDS Communication Strategy 2021-2025. Targeted SBCC materials developed by MoH, messages distributed under "HIV time-up" campaign.		UAC to roll out the Communication Strategy
	Multisectoral sensitization on stigma and discrimination targeting duty bearers		Dialogue meetings held with cultural leaders, on radio and TV. Work place policies in place and address stigma.		
	Regular stigma Index studies conducted to track and monitor stigma levels in all sub-populations		National HIV Stigma and discrimination policy done 2019/020. To be repeated after 5 years.		
2.4: Improve TB detection among PLHIV to find missing cases especially among men and children	TB screening mechanisms for prisoners, refugees, PLHIV and their contacts strengthened.	MOH, Private Sector, UNHCR, Prisons, UPDF, Prisons, CSOs	Prisoners, refugees, PLHIV are screened for TB through the differentiated services delivery model approach.		
	IPT scaled up in all ART sites.		All ART sites offer IPT.		Rolling out the TB-DSD model in all TB diagnostic and treatment sites
	The private sector more involved in TB service provision		This is ongoing as part of the DSD model roll out		
Objective 3: Consolidating the Gains towards Eliminating Mother to Child Transmissions (eMTCT)					
3.1: Develop effective mechanisms to enroll and retain mother-baby pairs in the eMTCT Programs to eliminate MTCT	Initiatives to support diagnosis and linkage into care, retention, adherence scaled up to all districts including bring-back to care (BBMB)campaign	MOH, IPs	PMTCT initiatives rolled out in all districts. Bring-back to care BBMB strengthened during COVID-19. CQI initiative for improved HEI care across all districts		Need to review effectiveness of retention initiatives as retention is suboptimal at 81%
	Roll out group ANC (G-ANC) for AGYW		G-ANC guidelines, training curriculum and job aides disseminated. Implemented at 395 sites		Coverage improved but still limited. Functionality is inconsistent.
	Triple testing for Hepatitis B, syphilis, and HIV scaled up to address emerging community infections,		Triple elimination plan developed and disseminated. Almost 100% testing for HIV in ANC, 89% for syphilis and 18% for HBV.		To strengthen testing for HBV in ANC.
	The use of already tested community systems embraced, enhanced, integrated in eMTCT service delivery mechanisms		Ongoing e.g. Mentor mothers at facilities		
3.2: Fertility reduction/FP and prevention of HIV among young people and women of childbearing age	Integrated SRH and HIV services provided in all HIV Clinics to address the high unmet need for FP services among PLHIV	MOH	All PMTCT (HCIIIs and above) and ART sites have HTS and SRH services including FP. Screening for CaCx started for WLHIV.		
	Integrate FP information in the patient literacy program		This has been done under the community literacy tool kit		Roll out community literacy kit

Undertaking	Output	Lead Institution	Progress made	Score	Comment
Objective 4: Financing of the National HIV and AIDS Strategic Plan 2020/21-2024/25					
4.1: Support innovative mechanisms for improved domestic financing of the National HIV Response	ODI scaled up to cover all large organizations	UAC, MoFPED, UNDP, UNAIDS, Private sector, MDAs	Activities disrupted due to COVID-19 pandemic		
	Strengthen mainstreaming in public and private sector		Public sector mainstreaming ongoing. Assessment conducted to provide guidance – Report 2021		
	Increase advocacy for operationalization of AIDS Trust Fund (ATF)		Activities had stalled due to COVID-19 but now have resumed. UAC engaged with key stakeholders (Parliament, MOH, MOFPED)		
4.2: Undertake tracking of financial resources for improved implementation, efficiency and accountability	A National AIDS Spending Assessment (NASA) institutionalized and conducted	UAC, MoFPED, Embassy of Ireland, UHSS, MOH, UNAIDS, MoLG	NASA conducted for 2017/18 & 2018/19. An HIV/AIDS resource tracking mechanism developed by MakSPH to be piloted; high level meetings held with stakeholders.		Need to orient IPs and other users on the resource tracking tool.
	Regular facilitative dialogue meetings between GOU and ADPs convened as part of financial monitoring and resource alignment				
	Ensure all MDAs allocate and efficiently use the 0.1% budget assigned to HIV activities. Provide technical guidance on utilization of mainstreamed funds in all MDAs and LGs.		MDAs supported to develop strategic plans, work plans and budgets. Reporting to UAC quarterly. An assessment was conducted by UAC on mainstreaming.		Need to strengthen monitoring and reporting on the 0.1% (Assessment report)
	Quarterly review of financial reports from MoFPED to assess utilization of HIV funds		No financial reports received.		
Objective 5: Leadership and Coordination					
5.1: Strengthen coordination of Stakeholders for the National HIV Response	AIDS Coordination structures and guidelines revised and disseminated at national and district level	UAC, MoFPED, DLGs & PLHIV networks			
	Coordination structures revitalized and supported to carry out their mandate		HV/AIDS Committees in MDAs and the DACs revitalized. Multisectoral support to 133/135 districts conducted May-June 2021.		Need regular support visits by UAC plus support on implementing Mainstreaming guidelines
	Community systems strengthened for effective service delivery and monitoring at the local level		Community led monitoring piloted 2019/20. Rolled out by ICWEA, HEPS Uganda, and Sexual Minorities Uganda SMUG. Use a score card to assess quality and access to services.		

Undertaking	Output	Lead Institution	Progress made	Score	Comment
	UAC regulations operationalized		Regulations were revised, awaiting approval by Solicitor General.		
5.2: Strengthen strategic Information management to address gaps in data collection (weak systems e.g. lack of a data staff at health facility level, burdening clinicians), dissemination of research and data utilization (more engagement of local leaders)	Frameworks for tracking of Structural and behavioral intervention developed and operationalized.	MOH, MGSLD, MOES, UAC, ADPs, PLHIV networks & KP networks	Dissemination of the Data collection guide is ongoing. The Gender Response Dashboard (GRD) is functional at UAC.		UAC to track AGYW performance. Also to ensure the GRD is updated in real time.
	District HIV Estimates disseminated and popularized to guide planning and programing at district level.		District burden estimates disseminated and used to support MDA/district Strategic planning		Annual estimates to be developed.
	Coordination of HIV information including research monitoring and accountability strengthened.		Research agenda developed. UAC developed a concept to establish integrated information system linking dashboard, Situation Room, Resource tracking, E mapping data base.		
	Use of technology in the dissemination of HIV information embraced at all levels		Gender dashboard operational; Situation Room to be updated; NADIC yet to be linked to other data systems. Virtual technology e.g. Zoom utilized for disseminating HIV guidelines.		Limited subnational level scale. Build capacity of DLG to strengthen data dissemination and use.
5.3: Effective Preparations for ICASA 2021	ICASA Technical and Steering Committees constituted and operationalized	ICASA Secretariat, UAC, Office of President, PLHIV networks & KP networks	Uganda will not be hosting this meeting. Scientific meeting scheduled November 2021.	N/A	
	ICASA secretariat established and operationalized at UAC				
	Registration process for ICASA launched and promoted				

Annex 3: Undertakings for implementation for FY2021/2022

Undertaking	Activity	Deliverable / Output	Lead Agency
HIV prevention			
Primary Prevention	- Re-invigorate SBCC campaigns, using innovative approaches including technology-based channels to reach specific target groups such as adolescents and young people and men	- SBCC campaigns conducted targeting youth	UAC, MOH, CSOs
	- **Dissemination of the HIV Prevention Roadmap**	- HIV Prevention Roadmap disseminated	UAC, MOH
	- **Disseminate the 2021 HIV Communication strategy and SBCC guidelines**	- HIV Communication strategy and SBCC guidelines	UAC, MOH, IPs
HTS	- **Roll out the HTS Optimization package to all health facilities to improve efficiencies in HIV testing, using screening tools to improve targeting, and implementing a differentiated linkage package (MOH)**	- HTS Optimization package rolled out	MOH, IPs
	- Scale up family index testing to reach all children of PLHIV in care or newly identified, attending PMTCT etc.	- Index testing conducted targeting children of WLHIV	MOH, IPs, CSOs
Scale-up targeted prevention interventions for prioritized populations including AGYW, KPs	AGYW & Adolescents and Young People (AYP) - Advocate with stakeholders on implementation of the National Sexuality Education Framework especially with religious and cultural institutions facilitate roll out.	- Dialogue sessions held	UAC, MOES, FBO SCE
	- Roll out the national multi-sectoral action and accountability framework for elimination of HIV infection among AYP	- Accountability framework rolled out	UAC
	- **Roll out the M&E tools for AGYW interventions to all stakeholders (UAC)**	- M &E tools for AGYW interventions rolled out	UAC
	- Roll out the Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings	- Guidelines rolled out	MOES
	- Conduct case study on impact of COVID-19 on AGYW	- Case study conducted on impact of COVID-19 on AGYW	UAC, MOGLSD, MOH, MOES
	- Secure approval and roll out the School Health Policy (MOES) – aimed at tackling teenage pregnancies and supporting school health (MOES)	- School Health Policy approved and rolled out	MOES
KPs:	- **Finalize and disseminate the MARPs Priority Action Plan**	- MARPs Priority Action Plan disseminated	UAC, MOH
	- Disseminate the KP data collection tools (MOH) to all stakeholders	- KP data collections tools launched	MOH

Undertaking	Activity	Deliverable / Output	Lead Agency
	- Roll out the DIC guidelines, Harm reduction guidelines, Roll out the KP -DSD Tool kit	- Guidelines rolled out	MOH
	- Conduct data quality assessments –on KP data	- DQA report	MOH
	- Conduct national level population size estimates	- Updated Size estimated for KPs	MOH
Address stigma, discrimination, and other human rights barriers abuses towards KPs and PLHIV	- **Roll out the national HIV communication Strategy 2021-2025 (UAC) – already covered in prevention above**	- HIV communication Strategy rolled out	UAC
	- Roll out targeted SBCC materials (MOH)	- SBCC material rolled out	UAC, MOH
Condoms	- **Roll out the National Comprehensive Condom Programming Strategy & Implementation Plan 2020 – 2025 that embraces the Total Market Approach**	- Plan rolled out	MOH
	- **Formulate comprehensive last mile distribution plan and monitor implementation**	- Last Mile Distribution Monitoring Report	MOH Condom Unit
	- Develop and disseminate plan for replenishment of condom dispensers (MOH)	- Plan for dispenser replenishment disseminated	MOH, UNFPA, Private Sector
Care and treatment			
Address gaps in retention, adherence and viral suppression to achieve the 2nd and 3rd 95%	- **Complete the ART regimen optimization to improve viral suppression – transition all eligible children and adults to optimized regimens**	- ART Regimen Optimization completed	MOH; ADPs
	- Finalize development and dissemination of caregiver literacy guidelines to support retention among children	- Caregiver literacy guidelines developed and disseminated	MOH
	- Scale-up YAPs from the current 72 districts and 320 facilities	- YAPs scaled up	MOH
	- **Roll out the community strategy tool kit and curriculum (to improve self-care and patient literacy) including the caregiver literacy materials at facility and community level**	- Community strategy tool kit rolled out	MOH
	- Scale-up Group ANC – to improve retention of young mothers	- G-ANC scaled up	MOH
	- Conduct research on regional VL suppression	- Study conducted and findings disseminated	MOH
Strengthen integration of	- Roll out the HIV/TB quality improvement collaborative to improve outcomes for co-infected persons	- TB/HIV QI collaborative implemented	**MOH** (ACP; NTLP)

Undertaking	Activity	Deliverable / Output	Lead Agency
services (TB/HIV and AHD) for quality care and improved clinical outcomes	- Roll out of device free CD4 testing – to improve testing coverage and implementation of AHD program	- Devise free CD4 rolled out	**MOH, UNHLS)**
Social Support and Protection			
Stigma and discrimination reduction	- Scale up training of health workers across the country to build HIV/AIDS competency and integrate the human rights approach; equip them to provide PLHIV and KP friendly services.	- Health workers across the country trained	**MoH**, PLHIV-led Networks and CSOs, Human Rights CSOs, UAC.
	- Roll out targeted SBCC materials	- SBCC Materials on stigma reduction rolled out	**MoH**, CSOs
	- **Disseminate and roll out the Anti-Stigma Policy Guidelines**	- Anti-Stigma Policy Guidelines disseminated and implemented	**MoH**, PLHIV-led Networks and CSOs, Human Rights CSOs, UAC
Socio-economic strengthening	- Scale up comprehensive interventions, including skills training, targeting AGYW to reach those affected by teenage pregnancies and early marriage during the COVID-19 period	- Vulnerable AGYW reached with comprehensive packages.	**MGLSD**, IPs, CSOs
	- Implement household economic recovery programmes targeting households and individuals whose livelihoods have been severely affected by the COVID-19 pandemic and the associated measures	- Vulnerable households and individuals reached with economic support packages	**MGLSD**, MoFPED, Ips, CSOs
Psycho-social and mental health	- Include counsellors to the staffing structure of health facilities	- Positions for counsellors established for all facilities at level of HCIII and above	**MOH**
	- Strengthen psycho-social support / counselling services at all HIV service delivery outlets including DSD outlets through mechanisms such as peer support groups and expert clients.		**MoH**
Gender Based Violence	- **Streamline and integrate mechanisms for reporting of GBV cases and tracking responses/ Review and harmonize GBV data and reporting systems** - **Ensure full functionality and update of the GRD dashboard**	- GRD dashboard fully functional	**MoGLSD,** UAC, MOGLSD, police, MOH, MOES)
	- Expand availability of psycho-social support to GBV survivors	- Psych-social support services scaled up	MoGLSD, MoH
	- Scale up the training of PLHIV, KPs, vulnerable groups and communities in general about rights awareness and legal literacy to facilitate early reporting of GBV incidents	- PLHIV, KPs, vulnerable groups and communities trained in human rights and legal issues	MoGLSD, PLHIV Networks, PLHIV-led CSOs, Human Rights CSOs

Undertaking	Activity	Deliverable / Output	Lead Agency
	- Conduct study on the wellbeing of women and girls in Uganda with a focus on GBV	- Study conducted	MOGLSD
Child Protection and Violence against Children	- Operationalize and implement the Guidelines for the Prevention and Management of Teenage Pregnancy in Schools	- Guidelines for the Prevention and Management of Teenage Pregnancy in Schools rolled out and being implemented	**MoES**, MoGLSD, all stakeholders in the Education Sector
	- Establish and implement monitoring mechanisms to track progress of school continuation / re-entry by young mothers	- Number of teenage mothers re-enrolled into schools tracked	**MoES**, MoGLSD, all stakeholders in the Education Sector
Legal and policy issues	- **Resolve issues around the Sexuality Education Framework and roll out implementation**	- Sexuality Education Framework fully rolled out	**MoES**, MoGLSD, all stakeholders in the Education Sector
System Strengthening			
Coordination	- **Revive the SCE and DACs to improve functionality**		UAC
Infrastructure gaps	- Strengthen the internet cable network capacities at regional referral hospitals, district hospitals and HCIVs – To facilitate use of virtual technology for telemedicine and for program management	- Hospitals and HCIVs connected to internet	MOH, National Information Technology Authority (NITA)
	- Waste management – construct incinerators to facilitate medical waste management	- Incinerators set up in regions	MOH
Financing	- Operationalize ATF (establish BOD, open accounts, mobilize funds)	- AIDS Trust Fund operational	UAC, Parliament, MOFPED, MOH, URA
	- Strengthen ODI	- ODI meets fund-raising target	ODI team/Private Sector
	- **Strengthen HV Mainstreaming through enhanced monitoring**	- Monitoring Report	UAC
	- **Roll out / Pilot the HIV resource tracking mechanism developed by MakSPH**	- Resource tracking tool piloted	UAC
M&E	- Updated the GRD	- GRD updated in real time	MOGLSD/ UAC
	- Reactivate the Situation Room – update the data	- Situation Room functional	UAC
	- Update the district burden estimates for planning	- Updated burden estimates	MOH, UNAIDS
	- **Disseminate UPHIA findings**	- UPHIA Disseminations conducted	MOH, UAC
UAC	- Operationalize the new regulations (awaiting approval by Solicitor General office)	- New Regulations operationalized	UAC

Annex 4: Alignment of NSP and HLM targets

Population	HLM target	NSP target & comments	Recommendation
HIV services: Testing and Treatment: ***95–95–95 testing and treatment targets achieved within all subpopulations and age groups.***			
Children (0-14) AGYW (15-24) ABYM (15-24) Adult women (25+) Adult men (25+) Gay men & other MSM Transgender Sex Workers PWID People in Prisons and other closed settings People on the move (such as Migrants and refugees	95–95–95 for all populations	Almost all targets are aligned with NSP except; • Viral suppression for children 0-14: 90% • Viral suppression for adolescents 15-19 years: - 90% Age bands for data disaggregation differ i.e. - NSP (10-14; 15-24; 25-49; 50+), - HLM (0-14; 15-24; 25+)	NSP to adopt the 95% target for all populations Harmonise age categorisation for age disaggregation
HIV services: SRH and eMTCT: • **95% of women of reproductive age have their HIV and SRH service needs met;** • **95% of pregnant and breastfeeding women living with HIV have suppressed viral loads; 95% of HIV-exposed children are tested by 2025.**			
Women of reproductive age in high prevalence settings within KPs & living with HIV	95% have their HIV prevention and reproductive health services needs met	NSP indicators 'Percentage of HIV women in sexual relationships using FP': Target is 70%. 'Unmet need for FP among PLHIV' target is 20% by 2025.	Maintain NSP target. The HLM target is not realistic given past performance. FP planning 34% (*PMTCT Impact Evaluation 2019)*'.
Pregnant and breast feeding women	95% of pregnant women are tested for HIV, syphilis and HBsAg at least once and ASAP. In high burden settings, pregnant and BF women with unknown HIV status i.e. who previously tested HIV-neg should be retested during late pregnancy (3rd trimester) and post-partum.	HBV targets are not aligned. NSP target is 50% for '% of people in HIV care screened for HBV and C	NSP to adopt 95% target for HBV screening for all pregnant and BF women as part of triple elimination. Uganda has high HBV prevalence. NB: Current status 2020/21: HTS- 100%; Syphilis 87% (2020/21); HBV: 18%.

Population	HLM target	NSP target & comments	Recommendation
Pregnant and breastfeeding Women Living with HIV (WLHIV)	90% of WLHIV on ART before current pregnancy	Data available (as female adults 15+ on ART)	
	All pregnant WLHIV diagnosed and on ART and 95% achieve viral suppression before delivery	Aligned to NSP (NB discrepancy between NSP (90%) and M&E Framework (95%)	Align NSP and M&E Framework
	All breastfeeding WLHIV are diagnosed and on ART and 95% achieve viral suppression (to be measured at 6 - 12 months)	Aligned to NSP	
Children (aged 0-14)	95% of HEI receive a virologic test and parents provided the results by age 2 months	Indicator is missing in new NSP but data is tracked in HMIS.	To be tracked at MOH level.
	95% of HEI receive a virologic test and parents provided the results after cessation of breastfeeding	Indicator is missing in new NSP but data is tracked in HMIS.	To be tracked at MOH level
	95-95-95 testing and treatment targets achieved among children living with HIV	Indicator aligned to NSP BUT target for viral suppression is 90% in NSP	NSP adopt 95-95-95 for children
HIV Prevention: 95% of people at risk of HIV infection use appropriate, prioritized, person-centred and effective combination prevention options			
All ages and genders	Condoms/ Lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV VL is not known to be undetectable (includes those who are known to be HIV-neg. By risk category 95% ,70% 50%	Target aligned: NSP target -50% baseline was 32%	
	PreP Use (by Risk category) (50% 5% 0%0	NSP has no PrEP targets – *KPs, AGYW, Pregnant and BF, sero-discordant couples.-*	NSP to include targets for PrEP
	STI screening and treatment – By risk category (80% 10% 10%)	Aligned	
Adolescents & young people	Comprehensive sexuality education in schools, in line with UN international guidance – 90%	No targets in NSP but activity covers all schools. There are also programs for out of school AYP	Sexuality education guidelines in place. Implementation was challenged by COVID-19 and resistance from FBO sector
All ages and genders	Access to post-exposure prophylaxis (PEP)(non-occupational exposure) as part of package of risk assessment and support (90% 50% 5% 0%)	PEP available at all facilities	No change needed
	Access to PEP (nosocomial) as part of package of risk assessment and support 90% 80% 70% 50%	Aligned	

Population	HLM target	NSP target & comments	Recommendation
AGYW	Economic empowerment – by risk prioritization (20% 20% 0% 0%)	Aligned. Services target vulnerable AGYW. No targets in NSP	Include targets for better tracking
Adolescent boys and men	VMMC 90% in 15 priority countries	NSP target 80%	NSP adopt 90% target for VMMC from 80%
People in serodiscordant relationships	Condoms/lubricant use at last sex by those not taking PrEP with a non-regular partner whose HIV viral load is not known – 95%	No NSP target	Can be tracked through surveys
	PrEP until positive partners has suppressed VL – 30%	No target in NSP	Tracking this indicator 'PrEP until positive partners has suppressed VL' is challenging
	PEP – 100%	Aligned	
Integration - General population **Adoption of people-centered and context-specific integrated approaches that support the achievement of 2025 HIV targets and result in at least 90% of people living with HIV and individuals at heightened risk of HIV infection linked to services for other communicable diseases, NCDs, SGBV, mental health and other services they need for their overall health and wellbeing.**			
PLHIV	90% of patients entering care through HIV or TB services are referred for TB and HTS and treatment at one integrated, co-located or linked facility, depending on the national protocol.	Aligned. NSP target is higher at 100%	Maintain NSP target
	90% of PLHIV receive TB Preventive Treatment	NSP target is higher at 100%	Maintain NSP target
	90% have access to integrated or linked services for HIV treatment and cardiovascular diseases, cervical cancer, mental health, diabetes diagnosis and treatment, education on healthy lifestyle counseling, smoking cessation advice and physical exercise	HPV vaccination target for adolescent girls on ART is aligned to HLM at 90% NSP indicator '% of PLHIV women screened for cancer of the cervix' target is 50% NSP target for screening HBV and HCV is 50% among people in HIV care NSP has no targets for cardiovascular NCDs, mental health, diabetes	 NSP to increase CaCx screening target to 90% by 2025 – from 50% NSP to increase HBV and HCV screening and target to 90% - from 50%. Current status data not available except for ANC (18%) Develop indicators for cardiovascular NCDs, diabetes and mental health and track at MOH level.

Population	HLM target	NSP target & comments	Recommendation
Children (aged 0-14)	95% of HIV exposed newborns and Infants have access to integrated services for Maternal and newborn care, including prevention of the triple vertical transmission of HIV, syphilis, and HBV	HBV targets are not aligned.	NSP to adopt 95% target for HBV screening for all pregnant and BF women.
Adolescent Boys & Young Men (15-24) Adult men (aged 25+)	90% of adolescent boys (aged 15+) and men (25-29 years) have access to VMMC integrated with minimum package of services and multi-disease screening within male friendly health care service delivery in 15 priority countries	NSP target is 80% for males 15-49 years No NSP targets for male friendly health care services	NSP to revise VMMC target to 90% by 2025
School aged young girls (aged 9-14 years)	90% have access to SRH services that integrate HIV Prevention, testing and treatment services. These integrated services can include, as appropriate to meet the health needs of local population, HPV, cervical cancer and STI screening and/or treatment, Intimate Partner violence (IPV) programs, SGBV programs that include PEP, emergency contraception and psychological first aid.	NSP has no targets for general population HPV vaccination	NSP to adopt HPV vaccination target of 90% for general population
AGYW (aged 15-24 years) Adult women (aged 25+)	90% have access to SRH services that integrate HIV Prevention, testing and treatment services. These integrated services can include, as appropriate to meet the health needs of local population, HPV, cervical cancer and STI screening and/or treatment, Intimate Partner violence (IPV) programs, SGBV programs that include PEP, emergency contraception and psychological first aid	NSP has no targets for general population HPV vaccination	NSP to adopt HPV vaccination for general population with target at 90%
Pregnant and breastfeeding women	95% have access to maternal and newborn care that integrates or links to comprehensive HIV services, including for the prevention of the triple vertical transmission of HIV, syphilis and HBV	Aligned except for HBV screening in general population.	NSP adopt triple elimination to include HBV for pregnant and BF women.
Integration - Key populations			
Gay men and other MSM Sex Workers	90% have access to HIV services integrated with (or link to) STI, mental health and IPV programs, SGBV programs that include PEP, and psychological first aid	NSP aligned for some KP integration indicators e.g. HIV services, BUT access to legal and human rights services target is 48%	NSP revise target on access to legal and human rights services to 90% from 48%

Population	HLM target	NSP target & comments	Recommendation
Transgender people	90% of transgender people have access to HIV services integrated with or linked to STI, mental health, gender affirming therapy, IPV, SGBV programs that include PEP, emergency contraception, and psychological first aid	Gender affirming therapy not readily available Emergency contraception services available	To be tracked at program level or through small surveys since the population is small.
PWID	90% have access to comprehensive harm reduction services integrating or linked to hepatitis C, HIV and mental health services	Target of 90% is aligned to NSP for 'safe injection practices'. NSP HCV screening target of 50% is among all PLHIV and NOT PWID.	Adopt HCV screening target of 90% among PWIDs to align with HLM.
People on the move (migrants, refugees, those in humanitarian settings)	90% have access to integrated TB, hepatitis C and HIV services, in addition to IPV programs, SGBV programs that include PEP, emergency contraception and psychological first aid. These integrated services should be person centered and tailored to the humanitarian context, the place of setting and place of origin.	Aligned except for HCV screening where there are no specific targets for HCV screening among refugees.	Dialogue on HCV screening among refugees and migrants
Social enablers **Stigma and Discrimination: Less than 10% of people living with HIV and key populations experience stigma and discrimination**			
<10% of people living with HIV report internalized stigma by 2025		Percentage of KPs who avoided health care in the past six months because of stigma and discrimination (NSP Target is 20% for all KP groups)Comment: NSP target is lower than HLM target	NSP to adopt HLM target
		Percentage of PLHIV who self-report on the construct of feeling guilty or worthless due to being HIV-positive (NSP Target is 8%) Comment: NSP target is higher than HLM target.	Maintain NSP target of 8%

Population	HLM target	NSP target & comments	Recommendation
<10% of people living with HIV report experienced stigma and discrimination in healthcare and community settings by 2025		Percentage of men and women living with HIV who report experiences of HIV-related discrimination, disaggregated by community (exclusion from social gatherings), health settings and workplace (NSP Target is: - Community: Overall, 0.5%; Women, 0.5%; Men, 0.2%. - Health care settings: Women 1%; Men, 4%. - Workplaces: Overall, 3.5%; Women, 3.5%; Men, 3.0%. Comment: NSP targets are higher than HLM targets	Maintain NSP targets
		Percentage of people living with HIV, key populations and other vulnerable groups who report rights violations (NSP target is 5%). Comment: NSP target is higher than HLM target and already aligned to HLM target	Maintain NSP target of 5%
<10% of key populations (i.e. MSM, SWs, TG, PWID) report experienced stigma and discrimination by 2025		Percentage of people living with HIV, key populations and other vulnerable groups who report experiencing rights violations (NSP target is 5%). Comment: NSP target is higher than HLM target and already aligned to HLM target	Maintain NSP target of 5%
		Comment: NSP has no specific indicator on KPs experiencing stigma and discrimination	Introduce specific indicator and target on KPs experiencing stigma and discrimination for NSP
<10% of general population reports discriminatory attitudes towards people living with HIV by 2025		Percentage of women and men (aged 15–49 years) who report discriminatory attitudes towards people living with HIV (NSP Target is Men, 18%; Women, 20%)	Adopt HLM target of 10% for both males and females.

Population	HLM target	NSP target & comments	Recommendation
		Percentage of men and women (aged 15–49 years) with accepting attitudes towards people living with HIV (NSP Target is: Overall, 80%; Men, 85%; Women, 80%) Comment: HLM targets are slightly higher than NSP targets.	Adopt HLM target of 90% for both males and females
<10% of health workers report negative attitudes towards people living with HIV by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
<10% of health workers report negative attitudes towards key populations by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
<10% of law enforcement officers report negative attitudes towards key populations by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
Gender-based Inequalities and Violence: Less than 10% of people living with HIV, women and girls and key populations experience gender-based inequalities and gender-based violence			
<10% of women and girls experience physical or sexual violence from an intimate partner by 2025		Percentage of women and men (aged 15–49 years) who experienced sexual and gender-based violence from an intimate partner in the past 12 months (NSP Target is: Women, 11%; Men, 8%). Comment: NSP Target for women is slightly lower but very close to HLM target; For men it's higher than the HLM target.	Adopt HLM target of 10% for Women; Maintain 8% for Men.
		Percentage of women (aged 15–49 years) who experience sexual and gender-based violence (NSP Target is 5%): Comment: Already aligned to HLM target	Maintain NSP target of 5%
		Percentage of children and adolescents (aged 13 to 17 years) who report sexual violence (NSP Target is: Overall, 6; Girls, 8; Boys, 4)	Maintain NSP targets

Population	HLM target	NSP target & comments	Recommendation
		Comment: NSP targets are higher than HLM target for both sexes	
<10% of key populations (i.e., MSM, SWs, TG, PWID) experience physical or sexual violence by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
<10% of people living with HIV experience physical or sexual violence by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
<10% of people support inequitable gender norms by 2025		Percentage of men and women who believe that beating one's wife is justified (NSP Target is: Overall, 15%; Women, 18%, Men, 10%) Comment: NSP target is the same as HLM target for men, but lower for women.	Adopt HLM target of 10% for both women and men.
>90% of HIV services are gender-responsive by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
Legal and Policy Environment: Less than 10% of countries have punitive laws and policy environments that deny or limit access to services			
<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex behavior and HIV transmission, exposure or non-disclosure by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
<10% of countries lack mechanisms in place for people living with HIV and key populations to report abuse and discrimination and seek redress by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator
<10% of people living with HIV and key populations lack access to legal services by 2025		Percentage of gender-based violence survivors who access formal services (protection, health and legal services) (NSP Target is 50%). Comment: NSP target is lower than HLM target Percentage of girls and boys (aged 0–17 years) who are survivors of sexual violence who receive formal services (medical, psychosocial and legal services)	Raise NSP target to 75% Raise NSP targets to 75%

Population	HLM target	NSP target & comments	Recommendation
		(NSP Targets are: Overall, 50%; Girls, 60%; Boys, 45%). Comment: NSP targets are lower than HLM targets of 90%	
>90% of people living with HIV who experienced rights abuses have sought redress by 2025		Percentage of gender-based violence survivors who report to formal institutions (such as police) (NSP Target is 10%). Comment: NSP Target too low compared to HLM Target	Increase NSP target to at least 50%
		Percentage of people living with HIV, key populations and other vulnerable groups reporting that their rights were violated who sought legal redress (NSP Targets: PLHIV, 48%; KPs, 48%). Comment: NSP Targets are lower than HLM targets of 90%	Raise NSP targets to 75%
<10% of countries criminalize sex work, possession of small amounts of drugs, same-sex behavior and HIV transmission, exposure or non-disclosure by 2025		Comment: NSP has no indicators on this	Formulate country indicators and targets to track this HLM indicator