



Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Uganda's experience integrating KP prevention services into government-managed health facilities

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Global Health

HIV Learning Network

The CQUIN Project for Differentiated Service Delivery



**SOUTH TO SOUTH
LEARNING NETWORK**

The HIV Prevention Interchange

Contextual overview of HIV and KP programming in Uganda

- Uganda has made significant progress in the HIV epidemic response
 - By the end of 2020, 91% of adults living with HIV in Uganda knew their HIV status, of whom 95% were on treatment and 90% of those on treatment achieved viral suppression.
- New HIV infections declined by 61% (94,000 in 2010 → 38,000 in 2020).
- AIDS-related deaths have declined by 60% from 89,200 to 22,000.
- However, Uganda is concerned about the high burden of new infections in specific sub populations (pregnant women, children and adolescent girls, men, and key populations).

Contextual overview of HIV and KP programming in Uganda

- HIV prevention among Key Populations (KPs) is critical and prioritized
 - the burden of HIV among key and priority populations remains high
- HIV prevalence among KPs (*Crane survey 2013*):
 - Men who have sex with men -12.7%
 - Female sex workers - 31.3%
 - People who use drugs - 17.0%
 - Transgender women - 20.0%
 - Prisoners (*sero-behavioral survey 2013/14*) - 15.0%

KP programming in Uganda at different levels

- National level – multisectoral approach led by Uganda AIDS commission
- Sectoral level – the AIDS control program at MoH leads the response
 - MoH prioritizes provision of services based on combination HIV prevention approach with biomedical and behavioral interventions
 - District level – MoH ensures efficient and effective implementation through district health teams, supported by civil society organizations and implementing partners.
- Community level – CSO, CBO, Networks, peer mechanisms
- Currently there are KP programmes in 702 of the 5,000 facilities providing ART in UG

KP programming in UG – enabling policy environment

- Drug use, sex work and same sex relationships are criminalized
- However, non-discriminatory delivery of KP friendly services is prioritized in the National Health Policy and the National HIV Strategic Plan (since 2011)
- Existing health sector policies were revised, and new guidelines developed to guide and address KP issues, *e.g.*, HTS, ART, DSD, DIC, Harm Reduction
 - Health Sector HIV/AIDS Strategic Plan 2018/19-2022/23
 - The National HIV Priority Action Plan for Key and Priority Populations 2020/21-2022/23
 - MoH Directive on provision of services that are non-discriminatory and non-stigmatizing to all
 - Revised versions of consolidated HIV prevention, care and treatment guidelines since 2013
 - National guidelines for provision of KP friendly HIV services for health workers revised 2016
 - Several SOPs for provision of KP friendly services are available and in use

KP programming in UG - Coordination

- KPs are part of all the coordination structures at all levels with representation from KP led organizations in the different subcommittees that advise MoH
- Representation from enforcement agents is ensured in certain circumstances.
 - MAT subcommittee has representation from the Uganda police's anti-narcotic department
- The KP community representation at the country coordination mechanism (CCM) for GF has resulted in financial decisions to address KP HIV services delivery needs
- KP community participation in country and donor planning process led to the expansion of KP friendly services delivery

KP programming in UG - implementation

- Approach – static and outreach services delivery
- The capacity of HWs and peers to offer KP services has been built in 702 health facilities
- The KP Investment Fund: built governance & leadership capacity for KP-led organization in 53 districts
- Creation of enabling environment through engagement of law enforcement and other stakeholders
- Regular implementation review and coordination meetings are critical to create sustainability of response

District Engagements – Gulu District leaders

Creation of enabling environment through engagement of Law enforcement & other stakeholders



Regional KP coordination meeting In Kabarole district

CQUIN Key Populations Meeting, August 25-26 and 30-31, 2021

KP programming in UG - implementation

- Government led programming- establishing of pilot & model facilities in government facilities
- MAT clinic established at national mental health hospital
- MARPI clinic at Mulago National referral hospital
- KP clinics & DICs established in the regional referral hospitals
- ALL these are supported by strong community that support demand creation and client follow up
- Joint government & CSO supervision/ mentorship

Support supervision and mentorship for KP/PP Programming

Working with civil society to establish MAT services in UG

Community engagement led by UHRN (PWUD led CSOs) coordinate advocacy activities:

- Recruitment of peers
- Sensitization of the PWID community on MAT;
- Line listing of potential MAT clients;
- Designing & reproduction of MAT IEC;
- Participate in engaging community leaders, enforcement officers etc.





TOOLKIT FOR DIFFERENTIATED HIV AND OTHER SERVICES DELIVERY MODELS FOR KEY POPULATIONS IN UGANDA

APRIL 2019

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APRIL 2019

KP minimum package & services layering

The tool kit provides for:

- Minimum package of differentiated HIV prevention, care and treatment services
- DSD approaches for HTS, linkages, prevention services, ART services (stable & unstable)
- DSD Services packages for PWUD
- DSD services package for sex workers
- DSD services for mobile key population

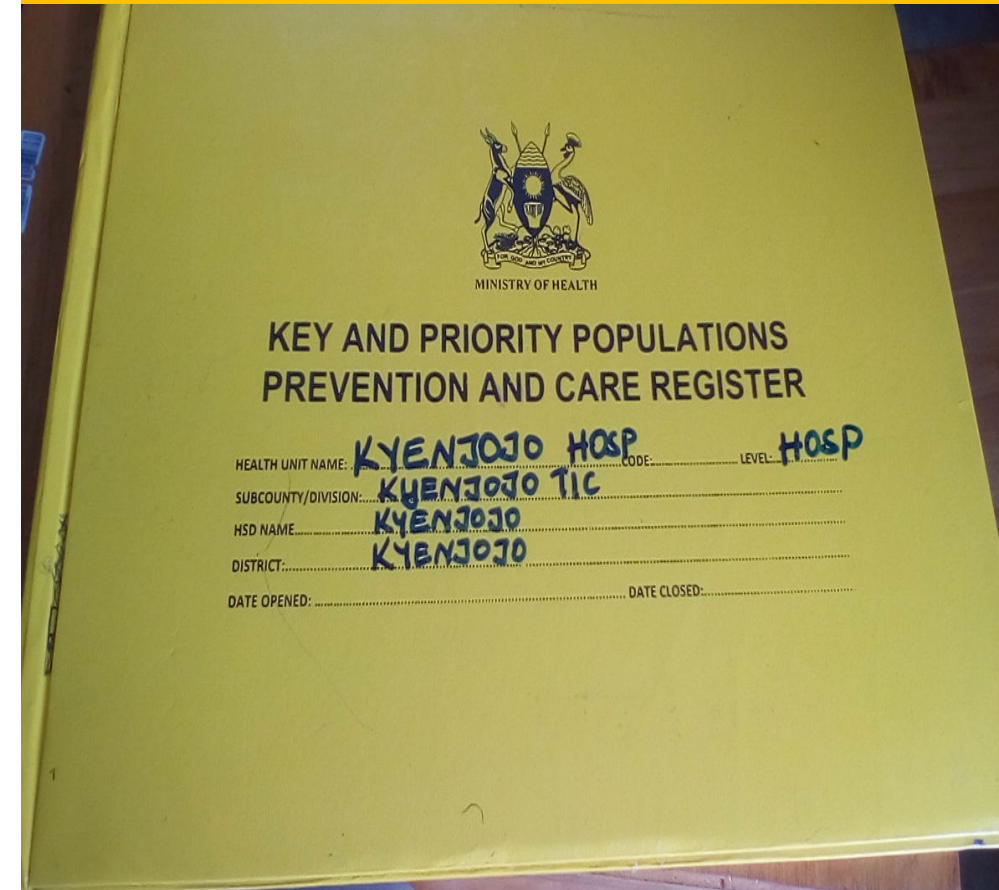
KP minimum package of services

- **Biomedical interventions:**
 - HIV counselling and Testing
 - Condoms and Condom-Compatible Lubricant
 - Prevention services (PrEP, PEP & VMMC)
 - HIV Care and Treatment
 - STI screening and treatment
 - TB screening and Treatment
 - SRH Services
- **Behavioural interventions:**
 - Peer education and outreach
 - Sexual health screening, risk reduction counselling
 - Referral for drug and alcohol abuse
 - Promotion of utilization of HIV, STI, and TB screening and treatment
- **Additional services to ensure optimal package of care for KPs:**
 - Services for PWID -Needle syringe exchange programmes, drug dependency treatment and MAT, Hepatitis B&C screening and vaccination
 - HPV Screening and vaccination
 - Cervical cancer screening
 - Ano-rectal/ora-pharyngeal exam

Strategic Information generation, synthesis and use

- KP size estimation synthesis done
- KP indicators and tools developed
- ALL facilities: KP services data are routinely reported through one data system – hybrid KP data/KP Tracker
- Integration of KP data into DHIS2 reporting is ongoing – reporting tools under revision before integration
- Joint implementation data review done

Key and Priority Population Prevention and Care Register



The image shows the cover of a yellow book titled "KEY AND PRIORITY POPULATIONS PREVENTION AND CARE REGISTER". At the top center is the coat of arms of Kenya, with the text "MINISTRY OF HEALTH" below it. The title is printed in bold, black, uppercase letters. Below the title, there are several fields for handwritten information in blue ink:

- HEALTH UNIT NAME: KYENJOJO HOSP
- SUBCOUNTY/DIVISION: KYENJOJO TIC
- HSD NAME: KYENJOJO
- DISTRICT: KYENJOJO
- DATE OPENED:
- DATE CLOSED:

There are also some smaller handwritten notes and a "LEVEL: HOSP" label on the right side of the form.

Some challenges to integration exist

- Constraining legal, cultural, administrative, social environments with resultant stigma, discrimination (“KP phobia”)
- Available guidelines and tools not adequately disseminated
- Capacity gaps (HWs & peers): KP Training roll-out not up to speed
- SI and M& E gaps: KP Tools have not yet systematically rolled out
- Geographical scale and intensity of interventions not adequate
- Weak KP community systems: not meeting expectations due funding challenges and capacity

Lessons Learnt

- To counter the constraining legal, cultural and social environment, the government's leadership needs to be strengthened to build confidence and create an enabling environment for the response
- Coordination with meaningful engagement of KP community, implementing partners, funders and CSOs is vital
- Development of standard guidance documents and monitoring tools to guide KP response takes a protracted length of time, but creates a clear accountability framework and buy-in of different actors
- Frequent and sustained presence of teams through outreaches, increases community confidence and services uptake
- Follow on continuous support supervision & mentorship augment capacity building efforts to address health workers' negative attitude and discrimination towards provision of KP friendly services
- A strong and vibrant community system is critical in successful delivery of KP friendly HIV services.

End

Thank you

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