





Uganda Country Updates DSD implementation 2024

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CQUIN 8th Annual Meeting | December 9-13, 2024 – Johannesburg, South Africa



Presentation Outline

• Where are we now?

- Progress towards 95:95:95 targets
- Treatment: capability maturity model (CMM) self-staging results
- DART model mix and MMD
- AHD: CMM self-staging results
- dHTS: CMM self-staging results

• How did we get here?

- Stakeholder coordination and prioritization processes
- Engagement with CQUIN
- Update on Country Action Plans
- Update on Integrating Non-HIV and HIV Services
- Program sustainability efforts and opportunities
- Successes and Challenges
- 2025 Priorities





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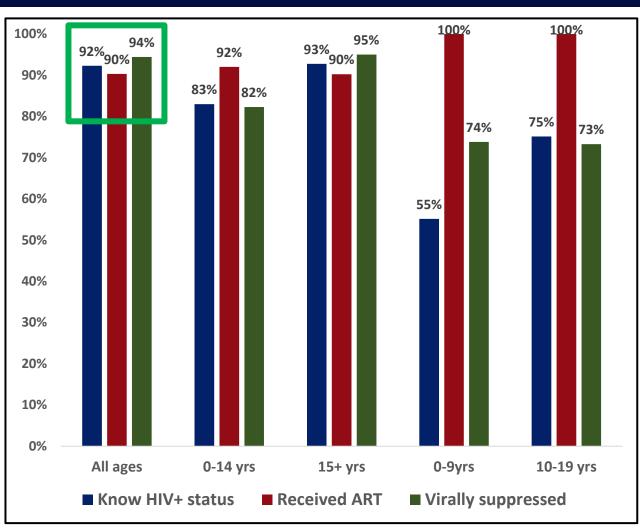


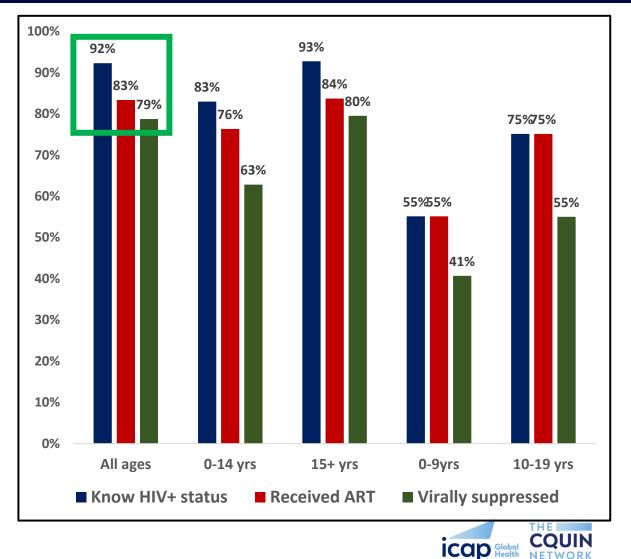


95-95-95 Achievements in Uganda – Sept 2024 (Spectrum)

Conditional Cascade

Population Cascade





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Policies			•	74% (14/19) dom	ains are more ma	ature (Dark or
Guidelines				Light Green)		
Diversity						
Scale Up Plan	Plan			 Integration domains (TB,NCD, MCH) and M&E 		
Coordination		are still immature				
			 These have been prioritized for 2025 			
Training						
Procurement	Community					
Facility Coverage	Client Coverage					
Key Populations	AHD	TB/HIV		M&E System		
Quality	Family Planning	NCD/HIV		МСН	Impact	
Most mature					Least mature	



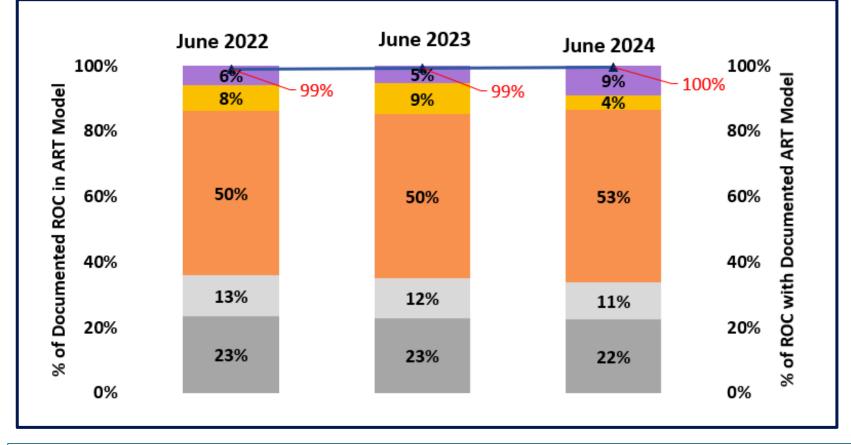
Uganda Treatment CMM Results: Change Over Time

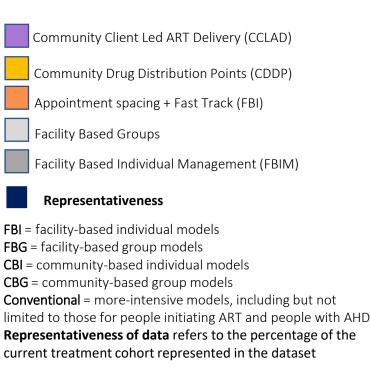
Domains	2022	2023	2024
Policies			
Guidelines			
Diversity			
Scale Up Plan			
Coordination			
Community			
Training			
M&E System			
Procurement			
Facility Coverage			
Client Coverage			
AHD			
Key Populations			
TB/HIV			
МСН			
NCD/HIV			
Family Planning			
Quality			
Impact			

- Generally, last year's scores were maintained
- Noticeable improvement in the Family Planning domain
 - Attributed to implementation of action plans from the C3C visit to Mozambique
- The community engagement domain bounced back to Light Green
 - Attributed to the continuous inclusion and engagement with MOH team
- Integration domains (TB, NCD, MCH) and M&E are still immature and have been prioritized for 2025
 - M&E interventions: dissemination of revised M&E toolkit and also conduct targeted data calls
 - Plan to conduct an impact evaluation for the DSD program



Uganda Differentiated Treatment Model Mix





- Fast track is still the most preferred LIM Model
- No major changes in the distribution of RoC across the different Community and Facility DSD Models





Uganda AHD CMM Results 2024

Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination	•	95	% (18
ROC Engagement			
Training	•	Im	pact-
Diagnostic Capability 1			Pric
Diagnostic Capability 2		0	
Facility Coverage			
Client Coverage 3			
Client Coverage 4			
Supply Chain			
M&E System	Client Coverage 1		
Quality	Client Coverage 2		

Most mature domains

- 95% (18/19) domains are more mature (Dark or Light Green)
- Impact-Red because no formal evaluation has been conducted
 O Priority action for 2025 depending on availability of funds.

Impact

Least mature domains





Uganda AHD CMM Results – Trend over time (2022-2024)

Domains	2022	2023	2024
Policies			
Guidelines			
AHD Scale-up Plan			
SOPs			
Coordination			
ROC Engagement			
Training			
Supply Chain			
M&E System			
Diagnostic Capability 1			
Diagnostic Capability 2			
Facility Coverage			
Client Coverage 1			
Client Coverage 2			
Client Coverage 3			
Client Coverage 4			
Quality			
Impact			

- Improved stock of diagnostics, and Treatment for AHD has led to improvements in the Diagnostic Capability 1, and Client Coverage 3&4 Domains
- Impact-Red because no formal evaluation has been conducted
 - Priority action for 2025





dHTS CMM results - 2023 vs 2024

Domains	2023	2024
Policy: Strategic Model Mix		
Policy: Optimizing HIV Testing		
Policy: Linkage		
Finance/Resource Allocation		
SOPs		
Scale-up Plan		
Community Engagement		
Private Sector Engagement		
Coordination		
dHTS Training		
M&E		
Procurement/Supply Chain		
Population Coverage		
Linkage to Tx: Timely Linkage		
Linkage to Tx: Verification		
Linkage to Prevention		
EQA/IQC		
Proficiency Testing		
Clinical Services		
Impact: Knowledge of Status		
Impact: Linkage to Tx		
Impact: Linkage to Prevention		

Observations:

- Improved in 6/21 Domains
- Regressed in 5/21 domains due to:
 - Revision of policies, guidelines
 - Improved availability of data to inform the staging

Next Steps:

- Finalize evaluation of the 3-test algorithm
- Leverage the National Resource Mapping exercise to cost the dHTS optimization scale-up plan. with key focus on Linkage to prevention.
- Assess HIV testing site and tester competency in line the national certification framework





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dHTS		I
Domains	2024	Domains
Policy: Strategic Model Mix		Policies
Policy: Optimizing HIV Testing		Guidelines
Policy: Linkage		Diversity
Finance/Resource Allocation		Scale Up Plan
SOPs		Coordination
Scale-up Plan		Community Er
Community Engagement		Training
Private Sector Engagement		M&E System
Coordination		Procurement
dHTS Training		Facility Covera
M&E		Client Coverag
Procurement/Supply Chain		AHD
Population Coverage		KeyPopulation
Linkage to Tx: Timely Linkage		TB/HIV
Linkage to Tx: Verification		MCH
Linkage to Prevention		NCD/HIV
EQA/IQC		FamilyPlanni
ProficiencyTesting		Quality
Clinical Services		Impact
Impact: Knowledge of Status		
Impact: Linkage to Tx		
Impact: Linkage to Prevention		

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AHD	
Domains	2024
Policies	
Guidelines	
AHD Scale-up Plan	
SOPs	
Coordination	
ROC Engagement	
Training	
Supply Chain	
M&E System	
Diagnostic Capability 1	
Diagnostic Capability2	
Facility Coverage	
Client Coverage 1	
Client Coverage 2	
Client Coverage 3	
Client Coverage 4	
Quality	
Impact	

Overview of HIV Program 2024 CMM Results

- Enabling domains are more mature than outcome domains especially in the DART CMM
- Quality, M&E, and Integration domains are immature, and efforts are ongoing to improve these areas since they are catalytic to achieving impact
- Roll out of the revised HMIS tools will provide reliable data for decision making
- The Community integrational model being implemented in Uganda is an example of how the 3 CMMs can be integrated to achieve impact





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Stakeholder coordination and prioritization-1

- Uganda uses DSD TWG and sub-committee groups as platforms for planning and coordinating DSD activities
 - $\,\circ\,$ 3 TWG meetings and 4 subcommittee meetings were held in the past year
 - The National Forum For People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) together with other networks, are represented in these meetings

• Action items funded by PEPFAR include:

- Scale up of Alternative Drug Distribution Points(ADDPs) across the country with integration of other services including FP, NCDs, TB, PrEP.
- Refresher Trainings on community pharmacy implementation.
- $\circ~$ Review of the implementation guidelines





• Action items funded by Global Fund include:

- Support for the TWG quarterly meetings
- DSD DPRs (2024) and dissemination of DPR results.
- Mentorships / support supervision in poorly performing regions
- Uganda developed concept papers and presented them to donors, including PEPFAR and GF to secure donor buy-in for these action plans and funding prioritization through COP23 and GF





- Activities that have been successfully completed include:
 - Annual meeting: Differentiated MCH Service Target setting for FP commenced
 - dHTS Meeting: Lab evaluation on 3-test strategy completed, now pending field evaluation
- Activities that are still ongoing include:
 - Integration meeting: TB/HIV: TPT Update of HMIS tools to report on TPT completed, awaiting field pilot of the tools
- Activities that were dropped include:

• M&E System – Pilot of New tools hindered by lack of budget support





- After the Integration meeting, Uganda Permanent
 Secretary commissioned an Integration Working
 Committee, led by the Program Manager
- Regular meetings held to draft an integration concept
- Committee includes MOH, HIV, TB, Lab, Planning Departments, CSOs, and development partners
- Integration metrics developed; piloting pending and not yet sharable externally







Program sustainability efforts and opportunities

- The annual DPR is fully integrated into country funding mechanisms (Global Fund)
 - CQUIN 's role is to provide TA to develop the assessment tool, data analysis and Dissemination of DPR results
- Uganda is in the process of scaling up service integration:
 - Integrating other services into HIV services:
 - NCDs, FP, multi-disease screening, prevention
 - Integrating HIV services into Primary Care activities:
 - Task shifting using peer platforms,

Decentralization of services to lower-level health services

- The National sustainability roadmap is under development:
 - $\,\circ\,$ A consultant has been hired to lead the development of the roadmap
 - $\,\circ\,$ HIV service integration will be incorporated in the roadmap

HIV RESPONSE SUSTAINABILITY PRIMER

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DSD Implementation Successes in 2024

- Hosted Kenya NASCOP and the USAID team to learn about implementation of the community pharmacy model
- Successfully updated the ART Access a community pharmacy model platform, to include FP, NCDs, and PrEP:
 - Pilot of **integrated services in the pharmacy model** is ongoing
- Trained 10 pilot sites on the community pharmacy model service integration
 All the 10 sites are now reporting in the system
- Participated and represented Uganda at various CQUIN led activities:
 - $\circ~$ Integration and dHTS meeting
 - CQUIN webinars and Community of Practice calls
 - CMM staging (DHTS, AHD, DART)





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DSD-related goals and/or projections for 2025?

- M&E for integrated services: What metrics, what tools, at what level of service delivery?
- DSD impact evaluation: Use of nationally representative data to ascertain DSD impact

Learning areas of interest for 2025

- M&E for integrated services
- DSD impact evaluation





- 1) **MINISTRY OF HEALTH** UGANDA
- 2) PEPFAR
- 3) WHO
- UNICEF 4)
- 5) **UNAIDS**
- 6) **CHAI**
- **EGPAF** 7)
- **GLOBAL FUND** 8)
- **ICAP-CQUIN** 9)

10) BMG









Thank You!

