



Adaptive Mechanisms to Sustain the HIV Response in Uganda

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BACKGROUND

Despite widespread disruptions, Uganda has sustained momentum toward the 95-95-95 targets, achieving 94–98–89. ART coverage, viral suppression, and outreach to key populations were impacted nationwide. An estimated 14,000 health workers were laid off; HMIS disruptions delayed routine data reporting; laboratory services were interrupted, affecting viral load and other assays; and the HIV commodity supply chain stalled, halting forecasting, procurement, and last-mile deliveries.

In response, Uganda activated a national coordinating body and launched a phased emergency action plan (immediate, medium-term, long-term). To stabilize service delivery, USD 15M was reallocated from domestic and some external sources. Through national stakeholder engagement, essential HIV services were reviewed and prioritized.

An iterative realignment of services is underway, anchored in the national epidemiological context and aligned with the confirmed domestic budget (USD 17M and external program resources (USD 68M).

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

- Financial strategies:** Implementation of a phased HIV Financing Transition Plan (2025–2035) to boost domestic funding, integrate HIV in public budgeting, and reduce donor reliance. Measures include NHIS (National Health Insurance Scheme) enactment, earmarked oil/mineral and sin-tax revenues, debt-to-health swaps, and expanded community health insurance.
- HRH strategies:** Transition of IP supported staff to public service.
- Technical capacity strategies:** Build capacity at the national level to provide oversight and technical support to RRHs (Regional Referral Hospitals) who in turn provide technical assistance to the districts to ensure integrated service delivery.
- Community engagement:** Ensure community representation at national, regional and district level planning and implementation in addition to budget allocation for community activities.

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES					
Component	Intervention	UG	Component	Intervention	UG	Component	Intervention	UG	Component	Intervention	UG	Component	Intervention	UG			
Infant prophylaxis	Infant PEP HR 0-6w	Keep	Blood products	Blood product screening	Drop	Community-based (virtual and in-person)	CB HIVST points >15	Keep	ART continuity	Uninterrupted ART for all	Keep	OI management	TB Xpert for symptomatic	Keep			
	Infant PEP HR 6-12w	Keep		ANC first test	Keep		CB HIVST points 95-gap	Keep		MMD 3-6 months	Keep		TB treatment	Keep			
	Infant PEP LR	Keep	ANC late retest	Keep	CB HIVST points KP		Keep	Annual clinical review		Keep	TPT per regimen		Keep				
PEP	Facility PEP (guidelines)	Keep	Facility-based	Symptomatic testing (entry)	Keep		HIVST digital outreach	Keep		Enroll less-intensive DSD	Keep		CRAG for symptomatic	Keep	AHD package	Cryptococcal treatment	Keep
	Community PEP (GBV/KP)	Keep		Postnatal PBFW 6-monthly	Keep		KP high-volume outreach	Keep		Maintain facility DSD-indiv	Keep		LAM S3/4 seriously ill	Keep			
Condoms	Facility condoms/lube	Keep		HEI birth test	Drop		KP all outreach sites	Keep		Maintain community DSD-indiv	Keep		CRAG S3/4 IPD	Keep			
	KP condom points	Keep		HEI 6w/6-9-18m EPI	Drop		AGYW targeted outreach	Keep		Maintain client-managed groups	Keep		CD4 S3/4 new or >90d	Keep			
PrEP continuation	Facility PrEP KP 3MMD/6m	Keep		TB clients (newly diagnosed)	Keep		Men targeted outreach	Keep		Maintain adolescent groups (HCW)	Keep		CD4 S1/2 new or >90d	Keep			
	Facility PrEP PBFW 3MMD/6m	Keep		TB clients (presumptive TB)	Keep		Men workplace testing	Keep		Maintain community DSD-indiv	Keep		LAM S1/2 CD4<200	Keep			
	Facility PrEP others 3MMD/6m	Keep		STI clients (new STI)	Keep		Children targeted outreach	Keep		Maintain DSD groups (HCW)	Keep		CRAG S1/2 CD4<200	Keep			
	Annual PrEP review	Keep		Hep B/C (new)	Keep	Prisoners: On entry/discharge	Keep	Active transfer same-day 3MMD	Keep	Fluconazole pre-emptive	Keep						
	PrEP review 6-monthly	Keep		Inpatient (new admission)	Keep	Prisoners entry/annual	Keep	CTX adults S3/4/CD4<350	Keep	PAP smear never-screened	Keep						
	Facility PrEP DSD-indiv	Keep		Children in malnutrition clinics	Keep	ABYM targeted outreach	Keep	CTX adults high-risk	Keep	HPV screen never-screened	Keep						
	Out-facility PrEP DSD	Keep	EPI child post-screen	Keep	Recency testing	Drop	CTX for HIV/TB	Keep	Hypertension integration	Keep							
	Virtual PrEP refills	Keep	FP initiation clients	Keep			CTX for CLHIV	Keep	Diabetes integration	Keep							
	Adherence/risk counselling	Keep	FP <25 init+annual	Keep			CTX for HEI	Keep	Family planning integration	Keep							
	Continue DVR PrEP	Keep	FP init+biennial+change	Keep			Fluconazole secondary proph	Keep	VIAC annually WLHIV	Keep							
PrEP initiation (& re-initiation)	Continue LAI PrEP	Keep	Self-initiated HIVST (annual)	Keep			Initiate <5 years	Keep	Confirm contacts each visit	Keep							
	Start PrEP PBFW self-ID	Keep	VCT/HIVST any frequency	Keep			Initiate PBFW	Keep	Phone trace abnormal labs	Drop							
	Start PrEP PBFW at-risk	Keep	PrEP users 1m+6m	Keep			Initiate symptomatic/AHD	Keep	Phone trace high-risk	Keep							
	Start PrEP KP	Keep	PrEP users 1m+3m	Keep			Initiate all positives	Keep	Phone trace >28d missed	Keep							
	Start PrEP AGYW self-ID	Keep	VMMC clients	Keep			Initiate stage3/4 or CD4 low	Keep	Home trace abnormal labs	Keep							
	Start PrEP others self-ID	Keep	PN EPN +HIVST/FBT	Keep			Initiate stage1/2 (CD4 high)	Keep	Home trace high-risk	Keep							
	Test post-start 1-3m	Keep	PN APN +FBT (virtual)	Keep			VL for suspected failure	Keep	Home trace >28d missed	Keep							
	PrEP demand creation	Keep	PN APN +community test	Keep			Repeat VL at 3m	Keep	ART start literacy	Keep							
	Continue DVR PrEP	Keep	Female index: child FBT/HIVST	Keep			First VL by 6m	Keep	Adherence assessment visits	Keep							
	Continue LAI PrEP	Keep	Female index: child CBT	Keep			First VL (no prior)	Keep	VL and DSD prep	Keep							
Harm reduction for people who inject drugs	Facility-first NSP+naloxone	Keep	PN EPN +HIVST (VL>1000)	Keep			Pregnant: VL 34-36w	Keep	EAC for high VL	Keep							
	Community NSP+naloxone	Keep	PN EPN +HIVST FP/ANC<25	Keep			Breastfeeding: VL 3m+6mly	Keep	Child disclosure support	Keep							
	Continue OAMT refills (PWID)	Keep	PN EPN +HIVST (FP/ANC)	Keep			LLV: repeat VL 3m	Keep	MH screening at start	Keep							
VMMC	Initiate/continue OAMT (PWID)	Keep	KP SNT +HIVST	Keep			VL annually if suppressed	Keep	MH screening high VL	Keep							
	Targeted VMMC scale-up	Keep	AGYW SNT +HIVST	Keep			Resistance test per guidelines	Keep	MH screening all visits	Keep							

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Not Prioritized

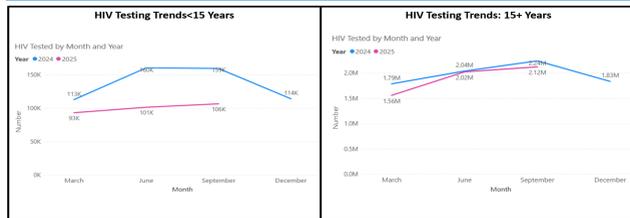
- VMMC has been fully integrated into PHC
- PrEP prioritised to Pregnant and Breastfeeding Women

- Recency testing has been dropped
- HEI birth testing is deprioritized

- Majority of services are to be maintained with a few modifications
- Government of Uganda is looking for alternative funding to cater for funding shortfalls
- Selected IPs with adequate funding are providing the pharmacy model however plans are underway to scale up

SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1 HIV Testing Trends



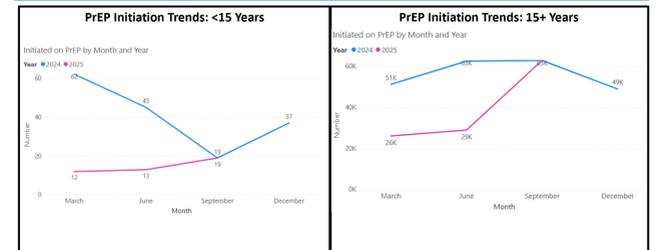
- Low HIV testing coverage due to interrupted community testing, and occasional stock out of testing commodities
- Slow recovery in testing coverage due to task sharing, and improved supply of HTS commodities
- MOH plans to implement network-based testing services to accelerate testing coverage

Fig 2 TPT Initiation Trends



- Astronomical rise in TPT initiation between Mar-Jun due to:
 - Introduction of a waiver following SWO
 - Resumption of IPT rapid scale up
- TPT initiation levelled between June-Sept because facilities have been allocated regular TPT targets

Fig 3 PrEP Initiation Trends



- Initially, PrEP initiation was low following the SWO
- The update steadily improved after the waiver, improved commodity distribution, and increasing facility-based PrEP dispensing
- MOH will further create safe spaces at facilities to sustain PrEP services

SYSTEMS & SERVICES ADAPTATIONS

Uganda is strengthening HIV governance and policies, phasing in domestic/innovative financing, optimizing differentiated service delivery, engaging communities in planning implementation and monitoring, improving HMIS/M&E for resource targeting, realigning and task-shifting health workers, and integrating laboratory and pharmaceutical systems respectively to sustain the HIV response despite funding constraints.

Most importantly, Uganda has integrated HIV into other services through redesigning the existing HIV clinics into chronic care clinics for high level facilities or integrated outpatient clinics in the lower-level clinics.

NEXT STEPS / WAY FORWARD

- Improve supervision and clinical mentorships to improve quality of service delivery in facilities
- Strengthen leadership and governance structures at regional, district facility level
- Expedite integration of EMR systems to improve data capture
- Prioritize Implementation of community differentiated service approach for stable HTN and DM patients as it is with HIV clients (CCLAD and CRPDDP)
- Consider improvement in health infrastructure and space
- Lobby for resources to support integration, including training and infrastructure re-modelling
- Lobby government for improvement of staffing structures
- Lobby resources to support community-led services