

UGANDA COP23 SDS ADDENDUM

Strategic Shifts and Key Agreements for COP23 Year 2:

For the COP23 Midterm Review, PEPFAR Uganda convened partner meetings with diverse groups of stakeholders, including members of the community, development partners, government, and civil society, to discuss the review process, current data, and priorities for COP23 Year 2 (Yr2) implementation. Out of those collaborative meetings, PEPFAR Uganda and partners identified the priority areas and strategic shifts necessary to ensure Uganda reaches 95-95-95 targets by 2025 and ends HIV as a public health threat by 2030.

We also discussed the challenging implementation environment in Uganda due to stigma and discrimination and ongoing human rights abuses, assaults, and medically unnecessary examinations or actions that cause harm, which are significant impediments to continued programming necessary to achieve overall goals. This is incompatible with global health standards, practices, and approaches which call for person-centered, non-discriminatory services that promote equity and reduce inequality. The United States government at large remains deeply concerned about these reports and has called for the end of abuse used to target LGBTQI+ persons and others in Uganda. As the White House reiterated in December 2023¹, “the United States remains committed to serving all people of Uganda without discrimination. We will continue to monitor U.S. program implementation and assistance to ensure that there is zero tolerance for any form of discrimination or harmful activities, including the horrific practice of forced anal examinations, and will take immediate and appropriate action as needed. We will continue to closely monitor the human rights situation in Uganda, raise concerns at every level with the Ugandan Government, and take additional steps to promote respect for human rights and accountability.”

Strategic shifts and key agreements on proposed strategic priorities are highlighted below.

Innovations for Youth

Uganda Youth Strategy

Uganda has the second youngest population in the world. Over three quarters (78%) of its population are under 35 years of age. With an average annual growth rate of 3.2%, this youthful population is projected to double in the next twenty-five years. The youth are faced with unique vulnerabilities that increase their risk of HIV infection, therefore services tailored to youth are critical to achieve epidemic control. To address these vulnerabilities, the Uganda PEPFAR program will use a two-prong approach to improve the youth strategy:

- Mainstream and integrate youth-focused initiatives and operations in HIV prevention, care, and treatment, and other health initiatives.
 - Utilize holistic and comprehensive approaches to youth development which are dynamic, adaptable, inclusive, and most suited for sustained results.
 - Strengthen data analysis and utilization to respond to and reach youth.
- Strengthen youth programming, participation and partnership.
 - Deliberate inclusion of youth in programming beyond being clients/beneficiaries.

¹ <https://www.whitehouse.gov/briefing-room/statements-releases/2023/12/11/fact-sheet-the-united-states-response-to-ugandas-anti-homosexuality-act-and-persistent-human-rights-abuses/>

- Intentional youth-led approach to support program implementation, demand creation, and monitoring of program outcomes.

Uganda Youth Integrated Model

The Uganda Youth Strategy will use a refined implementation model to understand and respond to youth related concerns across health programs. The table below answers a few key questions:

1. What are the gaps in reaching youth?
2. What are key barriers to reaching youth and what are proposed strategic shifts to counter the barriers?
3. What is the approach to meaningfully engage youth and increase participation and partnership?

Case finding	
Gaps	<ul style="list-style-type: none"> • Of all undiagnosed people living with HIV (PLHIV), 77% (61,600) are youth 15-34 years of age (24% youth 15-24; and 53% youth 25-34). • Sixty-three percent (63%) of undiagnosed youth are in four regions (Kampala, Mid Northern, East Central and Central One), with Kampala alone contributing 30%.
Proposed strategic shifts	<ul style="list-style-type: none"> • Leverage technology advances to access HTS through the on-line youth community. Tailored digital platforms will be developed to target youth at different levels and locations including rural youth. • Deliberately engage youth in HTS activities, including planning, implementation, and monitoring. Youth representatives at all levels including community, district and national, will be engaged in decision making for design, implementation, and monitoring youth related activities. For example, in the community, youth groups including at faith-based institutions will be mapped, reached and brought together to plan for youth activities in specific locations.
Pregnant and breast-feeding mothers – Care and treatment	
Gaps	<ul style="list-style-type: none"> • Poor uptake of HIV prevention interventions including PrEP among this vulnerable population. • Inconsistent supply of commodities to optimize HIV testing for ANC clients. • Stigma and discrimination, gender inequalities, and lack of economic empowerment affect uptake and retention across the PMTCT continuum of care. • Limited outreach to male partners.
Proposed strategic shifts	<ul style="list-style-type: none"> • Scale up HIV prevention interventions including PrEP for pregnant and breastfeeding AGYW. • Provide person-centered care within the Group-Antenatal Care (G-ANC) model to meet the unique needs of pregnant AGYW. • Strengthen the supply chain system to address systemic issues with commodity security and distribution.
Voluntary male medical circumcision	
Gaps	<ul style="list-style-type: none"> • Nonparticipation of youth in programming.

Proposed strategic shifts	<ul style="list-style-type: none"> Engage youth to support peer demand creation for voluntary male medical circumcision (VMMC).
DREAMS	
Gaps	<ul style="list-style-type: none"> Reaching the most-at-risk beneficiaries Program implementation with fidelity to evidence-based interventions. Sustaining programmatic gains.
Proposed strategic shifts	<ul style="list-style-type: none"> Finding efficiencies for DREAMS sustainability (e.g., support institutions, leverage private sector investments, education, strengthening economic services and collaborate with organizations working in economic empowerment across sectors, capacity building)

Key Populations

In COP23 Yr2, the Key Populations (KP) program will ensure that attention and resources are harnessed to effectively close gaps and address inequities among key and priority populations to reach a target of 322,792 key populations and 177,208 priority populations with 83% fisherfolk (FF).

Key populations continue to be disproportionately impacted by HIV. The LGBTQI+ community is particularly vulnerable due to the 2023 passage of the Anti-Homosexuality Act (AHA). Advanced monitoring and analysis will be required to ensure that KPs, and the LGBTQI+ community in particular, are provided with the same access to stigma-free health services as other populations. Equal access to healthcare without fear or discrimination is key to achieving the 95-95-95 goals by 2025.

FF face elevated HIV exposure and acquisition risk, with HIV prevalence ranging from 15-40%, due to high mobility, poor access to HIV information, and limited access to HIV prevention resources, including oral PrEP. The People's Voice called for development of a comprehensive, community-designed, and community-led combination prevention and treatment program targeting fisherfolk and their children. It also called for social support services and economic strengthening for retention and better health outcomes for medication assisted treatment (MAT) clients. Below are the strategic shifts identified as part of our stakeholder engagement:

Support program adaptations for KP services and civil society organization (CSO) focused sub-grants
PEPFAR Uganda will increase investments in sub-grants to KP CSOs for KP HIV services and outreach and to build institutional capacity to provide services to KPs in all their diversity. These investments will also support the implementation of program adaptations to ensure services are provided despite the challenging implementation environment. HIV prevention will continue to be an important aspect of the KP program. Event-driven (ED) PrEP scale-up will be supported as an evidence-based HIV prevention intervention when expansion from the pilot sites is approved by MOH. PEPFAR Uganda will undertake a review of current PrEP site locations to realign and expand access at KP sites/facilities to improve accessibility and uptake.

Support fisherfolk (FF) programming

To reach FF, we will employ a multipronged approach to select highly concentrated fishing communities. The approaches will include the use of epidemiological data; population size estimates; targeted mapping; geographical location; FF hotspots; resource mapping; stakeholder analysis; and FF community

structures including civil society organizations (CSOs), gazette landing sites, beach management committees, landing site committees, and trade associations.

PEPFAR Uganda will support peer to peer approaches and provide differentiated service delivery that is informed by culture and preferences within the fishing communities. We will strengthen the capacity and engagement of existing CSOs/associations in the community for social behavioral change (SBC). We will work with CSOs to improve HIV case finding and linkage to prevention services and treatment. The program will continue to leverage technology for SBC communication, optimizing high yield and community sensitive HIV testing services (HTS), and service linkages such as through the Abavubi app that is already being used by FF communities to enhance service access or other platforms FF use. We will enhance demand creation for PrEP screening and access/linkage to initiation sites, expand multi month dispensing (MMD) models for refills near fishing communities and set up Drop-in Centers (DICs) to improve service access for landing sites that are distant from health facilities. We will also seek out ways to collaborate with organizations and programs providing non-HIV-related support to the FF community to increase impact on the overall health of FF.

Pilot universal PrEP in 2 sites to assess feasibility and effectiveness in addressing barriers related to risk assessments.

PEPFAR will pilot universal counseling and offer PrEP at two selected high-volume sites. Currently, Uganda uses a risk-based approach where identified risk factors for HIV acquisition are used to determine PrEP eligibility prior to PrEP offer. Whereas this might increase service efficiency by limiting who receives PrEP counselling and services, it has the potential to increase stigma related to the sensitive risk-screening questions or bottlenecks due to increased counselling time among eligible clients. By adopting a universal model of counselling that frames reasons to consider PrEP to *all clients*, after which they decide whether to initiate PrEP or opt out, may decrease stigma. However, universal PrEP offers may lead to either over- or under-use of PrEP depending on how clearly the clients perceive their risk(s) following general counselling. We will therefore pilot universal PrEP at two health facilities to identify the operational issues, feasibility, and program implications of this approach within the Ugandan context.

Initiate livelihood programs for medication-assisted treatment (MAT) clients in recovery to mitigate MAT relapse rate.

As part of the broader community empowerment for people who inject drugs, the MAT program at Butabika Hospital will work with the DREAMS program to leverage their experience in providing economic strengthening interventions to adolescent girls and young women as well as other stakeholders to roll out a package of livelihood support interventions for recipients of MAT. Based on identified needs, this package will comprise financial literacy skills training and provision of income generating start-up support. This intervention will enable clients to meet the daily transportation requirement to the clinic for their directly observed therapy and reduce the economic vulnerability that increases the risk of opioid use and relapses.

Laboratory Systems

Uganda's laboratory capacity has increased substantially but the systems for efficient coordination, management, and continued quality assurance necessary to inform program and policy to reach and sustain HIV epidemic control remain inadequate. To address the unmet need, the laboratory strategies in COP23 Yr2 include the following:

- Assure quality for HIV testing, including Prevention of Mother to Child Transmission (PMTCT) & Early Infant Diagnosis (EID) through proficiency testing (PT) at laboratories and Point of Care (POC) Testing sites for accurate and reliable test results.
- Improve access to quality laboratory services for HIV & TB by supporting laboratories to adopt lab-based continuous quality improvement, multi-disease testing, and optimization of the integrated national sample transport system.
- Improve monitoring of HIV viral load (VL) suppression including low level viraemia monitoring.

To achieve these objectives and further address challenges in effective utilization of POC testing for VL and EID, the following priorities and strategic shifts are outlined below:

a. Innovations:

- Integration of PT for Recent Infection Surveillance (RIS) and HIV testing services (HTS), where tester competence will simultaneously be assessed to perform HIV diagnosis and HIV recent infection testing in a single tube, thus, providing significant system efficiencies and cost savings, and ultimately improving access to accurate and reliable test results.
- Adding a notification app to implementation of the barcoded sample tracking system to enhance timely specimen collection and transportation. The app will notify the hub riders to pick up pending samples, thus maintaining sample integrity for timely quality-assured test results.
- Establish private backup sample transport, through private motorcycle riders, in selected sites to address urgent specimen pickup in high-volume health facilities.
- Integrate POC machines with AFRICA Laboratory Information System (ALIS) for immediate upload of results to national dashboards and use of SMS notification of results to ensure quick and equitable access to testing. This will be done while maintaining the 45%/55% and 20%/80% split for POC/conventional EID and VL testing respectively.

b. Modernization: Several modernization efforts are planned to improve access to quality laboratory results in a timely manner while reducing burden on health workers. These include:

- Expand Health Information Exchange (HIE): In fiscal year (FY) 2023, PEPFAR supported implementation of viral load HIE in 580 health facilities, with efforts to triangulate data from the laboratory information system, electronic medical records (EMR), and the Uganda national dashboard for timely data capture, transmission, and analysis to inform program and policy regarding epidemic control. In FY2024/FY2025, the Ministry of Health (MOH) agreed to expand HIE to include additional tests beyond viral load, such as EID and TB.
- Leverage the virtual training platform to support in-service laboratory-based training: This capacity will be built at the regional level to cascade training and mentorship to lower levels.

These strategic shifts aim to enhance efficiency, accessibility, and quality of laboratory services for HIV, TB, disease surveillance, and outbreak investigation, among others, for improved patient outcomes, while contributing to sustainable healthcare delivery.

Integration

Considerable progress has been made to integrate HIV/TB programs; however, Uganda has not attained the desired level of integration for sustaining the HIV response. Integration is a critical strategy for person-centered care, leveraging resources of other programs, improving efficiencies, minimizing missed opportunities, breaking siloes, and addressing key barriers to sustaining viral suppression. Integration is a continuous process and should be coordinated and strengthened at all levels of Uganda's health system.

Therefore, three strategic pivots have been prioritized for integration as they build on already existing efforts and progress made towards mainstreaming HIV/TB services:

1) Consolidate/strengthen integration of HIV/TB services: Within the HIV/TB program, gaps still exist in integration of HIV/TB prevention, care and treatment, and there are missed opportunities within planning, resource allocation, and service delivery. In FY25, PEPFAR will support efforts to integrate intervention (prevention, case identification, care and treatment, social support as well as laboratory systems interventions), through expansion of the one-stop-shop model to scale with fidelity. PEPFAR will reinforce use of the client audit tool at service delivery level through targeted mentorships and bridge the gap of age disaggregation of HIV data captured in integrated campaigns like CAST+ (Community Awareness, Screening, Testing, Treatment and Prevention of TB plus HIV and other health services) and Integrated Child Health Days to intensify and clearly demonstrate age-specific HIV case identification in TB and other programs. PEPFAR will strengthen the demand for accountability of individuals who screen negative and their linkage to prevention services and those who screen positive, to treatment, not only for HIV but also within other integrated disease programs like TB and cervical cancer. Healthcare workers will be provided with guidance on institutionalization of person-centered care approaches and service integration within different community service delivery approaches. Community Drug Distribution Points (CDDPs) and pharmacies will be capacitated to deliver an expanded package that goes beyond HIV treatment drug distribution.

2) Consolidate integration of non-HIV services into HIV/TB services: PEPFAR will expand support for existing initiatives to integrate non-HIV services into HIV programs including non-communicable diseases (NCDs, like diabetes, hypertension, mental health, and cervical cancer). Learning from the Community Awareness, Screening, Testing, Treatment and Prevention of TB (CAST TB) campaign, PEPFAR will work with partners to scale the CAST TB plus initiative. Non-HIV services will be provided through this model, including malaria, immunizations, family planning, identification of HIV exposed infants for EID, nutrition, water, sanitation, and hygiene (WASH), and global health security while meeting the requisite community workforce, commodity, quality and reporting needs. Opportunities for integration at all levels will continue to be leveraged and efforts made to co-create and feed into plans and activities within other disease programs, for example, integrating the *Munonye* campaign for pediatric and adolescent HIV case identification into the Integrated Child Health Days which primarily target expansion of immunization. Refocusing attention on strengthened integrated outreach meant for non-HIV programs will seize each opportunity for HIV testing, mobilization for pre-exposure prophylaxis (PrEP), VMMC, distribution of anti-retroviral treatment (ART), and provision of treatment support for individuals with non-suppressed viral load. Partners will be supported to expand elimination of mother-to-child transmission (eMTCT) models into existing non-HIV disease platforms and strengthen integration through the differentiated service delivery models at community and facility levels.

3) Integrate HIV/TB into broader health systems: PEPFAR will collaborate with World Health Organizations (WHO) and MOH as they coordinate various stakeholders to develop a strategic framework and guidelines for integrating HIV into the broader health system. PEPFAR will continue to hold strategic engagements to advocate for multi-stakeholder planning and resource mobilization for mainstreaming HIV into broader health including organizing a multistakeholder committee to coordinate integration efforts. PEPFAR will collaborate with other stakeholders to plan and participate in explorative learning through south-south visits in other countries/settings which will inform the integration strategy including preparing broader systems for mainstreaming through supporting planning for commodities and other infrastructural re-arrangements including human resources (HR), and data systems (integration/alignment of data tools, reporting and utilization). PEPFAR will support the documentation

of lessons learned from the present practice in Health Center IIIs where there is default integration and from evaluation of chronic care models (MOCA study findings). These findings can be leveraged for an integration pilot in regional referral hospitals to inform guideline development, standard operating procedures (SOPS), and packages for mainstreaming HIV into the broader health system.

Data Systems and Use

As part of the agreements reached on data systems and use, Uganda will shift focus from increasing PEPFAR information requirements onto national systems and tools to align with reporting requirements, supporting disease-specific surveillance systems, and developing and implementing aggregated data systems (e.g., DHIS2-based). Intentional focus will be on advancing sustainable data systems to collect, manage, and utilize high-quality data through systems of service delivery and disease surveillance. Uganda will prioritize person-centered platforms in the existing and evolving national health information eco-system by:

- Intentionally investing in innovative data capture (e.g., mobile, self-provided, multimedia/qualitative, laboratory science technical innovations) and ingestion from existing online (e.g., social media, organized communities) and non-traditional routinely managed data sources (e.g., educational, economic, anthropologic) and special surveys or research to address gaps by focusing on at risk-not reached populations (e.g., youth, ART non-adherent, persons suffering from sexually transmitted infections (STI), mobile men).
- Prioritizing built for purpose reporting, monitoring, and evaluation strategies and components in the health ecosystem (e.g., data and information systems architecture) including a capable workforce at all levels for maintaining and progressing towards 95-95-95.
- Using modern epidemiologic, anthropologic, behavioral and data science to design and implement surveys, surveillance and research focused on at risk-not reached populations.
- Supporting integrated and holistic epidemic intelligence for priority diseases and events (e.g. deaths, adverse events) through mixed surveillance modalities (e.g. , active/passive suspect and confirmed reporting, sentinel, media event-based, syndromic event-based, population-based, laboratory-based) organized within a national public health surveillance framework (e.g., National Integrated Surveillance Systems (NISS)) by leveraging/integrating HIV platforms with national eHealth and Digital Transformation strategies.
- Minimizing or eliminating PEPFAR-driven or HIV-only tools and data elements which are not a by-product of the existing or evolving national health information eco-system.

Uganda has made progress towards an increased reliance on domestic systems. The lessons learned from alignment of PEPFAR and domestic data systems and investment in strengthening longitudinal, person-centered, and integrated data systems, informed the recommendations below. Consensus was reached to:

- Continue to build the national health information system based on an intentional architecture of robust and secure data capture patient-centered platforms, health information exchanges for systems interoperability, and data integration and warehousing for reporting, monitoring, response and analytics.
- Ensure client safety, system security, and data protection and integrity through policy, standards and infrastructure development and maintenance leveraging PEPFAR resources in a collaborative health development partner fiscal ecosystem.

- Strengthen and implement a country-led sustainable strategy for effective data/review cleaning and mentorships/technical support for data quality improvement and use, especially at site of service or data capture.
- Focusing on centralized data structures at national, regional, district and high-volume facilities for data exchange, integration and analytics to ensure continuous progress towards 95-95-95.

TB Accelerations Plan

The TB Acceleration Plan strategies and priorities focus on the following items:

1. Adopt and scale up enhanced TB screening tools (chest X-ray with computer-assisted diagnostic [CAD])
2. Screen all PLHIV for TB using improved tools
3. Optimize TB molecular testing for PLHIV
4. Enhanced clinical care for PLHIV to reduce mortality
5. Improve TB/HIV monitoring, data collection, and data use

The TB Acceleration Plan may be viewed by following this link (Link to be added)

Civil Society Organizations (CSO) Agreements

PEPFAR Uganda understands and value engaging the community and civil society organizations during the COP planning process. During small group discussion and COP23 Midterm Review meetings, agreements were made to ensure certain activities remain as a focal point as we move towards COP23 Yr2. The following priorities capture agreements made in collaboration with our community and civil society organizations.

Innovations for Youth

Through stakeholder consultations with community and CSOs, key agreements were made focusing on:

- Multi-sectoral strategic engagement of youth in all programs.
- Integrated multi-sectoral approach to find the youth (sports, schools, tertiary institutions, etc.).
- Repackaging & tailoring HIV messaging and literacy for awareness to the youth.
- Optimizing collaborations with the private sector.
- Leverage funding for promising interventions to reach the youth with comprehensive self-care services including general health, HIV prevention and treatment, VL suppression, and retention.
- Guaranteed commodity security across the HIV cascade.
- Transitioning to better HIV treatment regimens for children and adolescents.
- Expanding delivery models for commodities including HIV self-testing (HIVST), PrEP, family planning commodities, condoms, etc.
- Leveraging technology for service delivery and information dissemination.

Key Populations

Following engagement and consultations with KP CSOs, the strategic shifts outlined in the section above were proposed for COP23 Yr2. In addition, PEPFAR Uganda will work to:

- Support event-driven (ED) PrEP scale-up as an evidence-based HIV prevention intervention when expansion from the pilot sites is approved by MOH.
- Review current PrEP site locations to realign and expand access at KP sites/facilities to improve accessibility and uptake.
- Increase investments in sub-grants to KP CSOs for KP HIV services and outreach and to build institutional capacity to provide services to more categories of KPs. These investments will also support the implementation of program adaptations to ensure services are provided despite AHA.
- Support HIV treatment literacy for persons with disabilities to improve treatment outcomes within this population.
- Continue to support expanded differentiated service delivery and program adaptations to address the evolving implementation environment and challenges.
- Continue to fund the implementation of the LEA findings through Makerere University School of Public Health (MUSPH), working with Uganda AIDS Commission, Uganda Law Society, civil society, and other stakeholders.
- Funding to support MAT client retention and mitigate relapse by providing livelihood support.
- Investment to expand reach and services to fisherfolk through a peer-led approach and expansion of DICs in some of the islands/landing sites.

Laboratory Systems

In COP 23 Yr2 (FY 2025), the following strategies will be implemented based on informed agreements with community and CSOs for improved person-centered care, as well as equitable access to efficient and effective laboratory services. The following agreements have been made:

- Maintain the 45%/55% and 20%/80% for POC/conventional EID and VL testing respectively, where the 20% VL POC testing will focus on pregnant and breastfeeding women (PBFW) and children less than 15 years old. PEPFAR will focus on strengthening the glaring POC issues of data connectivity, human resource, quality assurance and matching POC commodity procurement with utilization to avert any expiries. The complementary use of POC and centralized conventional platforms which have high throughput will increase VL and EID testing coverage. In FY 2023, Ministry of Health (MOH) scaled up POC testing to 305 health facilities, and these will be optimized for multi-disease testing for VL, EID, TB, advanced HIV disease testing, and testing for other pathogens – such as human papilloma virus (HPV) and Hepatitis B, among others. Currently, 143 of 305 POC health facilities are implementing multi-disease testing for increased access to testing, monitoring patient outcomes, and enhanced testing efficiency through diagnostic integration.
- PEPFAR Uganda will continue supporting partners in demand creation and outreach efforts, focusing on high volume and hard-to-reach locations, which in turn will improve EID coverage for infants and VL coverage among populations, such as PBFW, key and priority populations (KP/PP), infants, children, and adolescents.
- Client-centered results management will be implemented to reduce result turnaround time and ensure timely result utilization for proper patient management. This will be achieved through direct delivery by implementing a client-consented SMS delivery and results pull system for improved access to VL results.
- The essential diagnostics list (currently known as the test menu) exists, however will be updated to include all the essential diagnostic tests, which ensures improvement in the efficiency and quality of services provided to the clients.

Integration

Stakeholder consultations with community and CSOs provided feedback and propositions which have informed PEPFAR Uganda's strategic move towards:

- Strengthening the focus on inclusivity of all population groups as part of integration to meet person-specific needs, e.g. for persons with disability, key populations, orphans and vulnerable children (OVC) among others.
- Considering a rebranding of "HIV Clinics" in a move to address stigma as efforts are made to mainstream HIV, in which case they may be referred to as "Chronic Care Clinics" handling all individuals regardless of their HIV status
- Supporting joint planning, coordination and support supervision at the level of government, partners and local leaders to harmonize integrated service delivery. There is need to strengthen stakeholder engagement to identify opportunities for integrated planning, implementation and leveraging resources from other government and development partner funded programs. PEPFAR Uganda will continue strengthening engagement with health and non-health Government of Uganda ministries, departments and agencies for a coordinated response.

Data Systems and Use

Following engagement and consultations with community and CSOs, PEPFAR Uganda will work to:

- Align data requirements with program needs, MOH approved tools, and information systems, to minimize PEPFAR-driven or HIV-only tools and frequent updates to tools. Further discussions on what data we collect, what level we collect it at, and availability are needed.
- Utilize data from multiple systems and data streams (M&E, surveys and surveillance, etc.) in an integrated way for optimal data use to inform decision-making; data use and understanding will be improved by enhancing capacity and presentation of data to ensure all users understand and can interpret the data.
- Strengthen data safety and governance through improved information management structures and information systems that ensure joint planning and oversight with all key stakeholders.
- Continue to jointly engage and support implementation of the Health Information and Digital Health Strategy and the national data repository to receive and access data from all the different streams into one place to improve data access and use.

NOTE FOR STAKEHOLDER REVIEW: Comprehensive responses to the People's Voice priorities and strategic shift recommendations are forthcoming.

Activities at risk of affecting the anticipated progress leading into FY25

Description of the activity (include activity type, geographic location and any other key details)	Status (delayed or ending) include end date if relevant	Causes for delayed activities, include barriers resulting in the delay	Proposed resolution
Innovations for Youth: VMMC program achievement is currently impacted by commodity procurement delays and global shortages. (*NOTE: update for table forthcoming)			

Key Populations: The social and legal environment, including the AHA, continue to impact KP program implementation, stigma, discrimination, and violence, requiring continuous assessment and program adaptations. Health equity is essential to ending HIV as a public health threat by 2030 and the AHA has caused KPs to be further marginalized.	Ongoing concern	The social and legal environment pose challenges to program implementation	Continue to assess the evolving situation and implement program adaptation to meet the needs of the community while pursuing interventions to address structural barriers.
Laboratory Systems: Due to funding cuts, lab renovation is deprioritized and not funded. Consequently, several lab hubs have infrastructure issues and are unable to meet the minimum requirements and required international accreditation standards. International accreditation remains an important priority for the laboratories to provide accurate and reliable diagnostics, effective treatment and reduce processing errors.	It is an unfunded priority	Lack of funding	Advocate for funding for lab renovation from all funding sources including GOU. Work with GOU to include ongoing support for lab maintenance and upgrades in future budgets.
Data Systems and Use: Alignment of national data tools, reporting, and systems to PEPFAR reporting requirements.	Ending	Shift in focus to minimize or eliminate PEPFAR-driven or HIV-only tools and data elements which are not a by-product of the existing or evolving national health information ecosystem.	Continue to build and support national health information system based on an intentional architecture of robust and secure data capture patient-centered platforms, health information exchanges for systems interoperability, and data integration and warehousing for reporting, monitoring, response and analytics. Support use of innovative methods and tools

			to increase efficiency, improve quality, and reduce costs.
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Updated Target Tables (NOTE: update pending)

Target Table 1: ART Targets by Prioritization for Epidemic Control

Target Table 2: VMMC Coverage and Targets by Age Bracket in Scale-up Districts

Target Table 3: Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Table 4: Targets for OVC and Linkages to HIV Services

Updated Budget Tables (NOTE: update pending)

Table B1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention

Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area

Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary

Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative

Above Site Updates (NOTE: Please refer to the PASIT attachment)

U.S. Government Staffing Updates

In COP23 Yr2, U.S. Government agencies will continue to effectively monitor and guide the PEPFAR program within the current staffing footprint with minor shifts in positions. COP23 Midterm Review guidance was reviewed, and interagency discussions were held throughout the COP planning process to ensure transparency and that the interagency structure maximized effectiveness and efficiency to achieve program priorities. Any shifts or additional staffing needs were agreed upon by the interagency team.

Peace Corp (PC)

No new, repurposed, or eliminated positions.

Department of State (PEPFAR Coordination Office-PCO)

PCO will gain a transferred Strategic Advisor position from CDC. No other repurposed or eliminated positions.

Department of Defense (DoD)

No new, repurposed, or eliminated positions.

USAID

USAID will repurpose one USPSC position to a locally employed staff position and will eliminate four previous positions which have moved to other offices. Those positions include two USPSC, one locally employed staff, and one third-country national contract.

CDC

CDC will not repurpose any positions. One Strategic Advisor position will be eliminated and transferred to PCO.

Priority Areas for Sustainability Roadmap

Sustainability of the HIV response continues to be a priority and was an integrated component of COP23 Midterm Review. Among the priority areas, specific discussion points and objectives are outlined below to strengthen and sustain public health systems:

Innovations for Youth

- Mainstream and integrate youth-focused initiatives and operations in HIV prevention, care, and treatment across other health programs and initiatives.
- Build partnerships with different institutions including, but not limited to public and private institutions.
- Deliberate partnership with youth in design, implementation, and monitoring and evaluation of youth programs.

Key Populations

- Equitable access to health care, incidents of human rights abuses, and the impact of the social and legal environment are important considerations for key populations. Interventions to address the persistent structural barriers to equitable health care and sustainability, such as implementation of the Legal Environment Assessment (LEA) recommendations, will be prioritized.

Laboratory Systems

- Establishment of the Uganda National Accreditation Service (UGANAS), a dedicated government agency to provide cost effective and sustainable laboratory accreditation services.
- Continue to strengthen MOH leadership & coordination capacity to lead laboratory systems strengthening at the national and sub-national levels, with the goal having government-owned resilient and coordinated laboratory systems that meet program needs for diagnosis, prevention, treatment monitoring, surveillance, and disease control, in alignment with the National Health Laboratory Services Policy II (2017) and the National Health Laboratory Services Strategic Plan III (2021-2025).
- Continue to strengthen in-country capacity for proficiency testing production and support the National Equipment Calibration Center (NECL) to develop its business plan for self-sustainability, while assuring uninterrupted service delivery due to equipment downtime for quality-assured diagnostic services.
- Increased GOU funding: GOU recently increased funding for comprehensive laboratory services from 11 billion to 61 billion shillings. Despite this increase, there is still a significant gap in the

availability of laboratory commodities. PEPFAR will continue to advocate for increased GOU funding.

- Human Resources for Health: advocate for implementation of the laboratory scheme of service and staffing norms to ensure adequate staff recruitment (both skills and numbers) at all levels.

Integration

- Support the development of integration guidelines and standard operating procedures to inform integration practices at all levels of the health system (within health facilities and in the community). These guidelines will specify the integration packages, requirements and processes at regional referral hospitals, general hospitals, lower-level health units, standalone centers of excellence and communities, towards breaking silos and decentralization of HIV/TB services so they are increasingly provided as an integral component of routine mainstream health services.
- Continue to collaborate to strengthen the health system, including human resources, supply chain management, information systems, laboratory systems, and infrastructure, to facilitate integration processes for sustainability at all levels (above site, site level and in the community). Support national technical working groups to collaborate and optimize opportunities and platforms, such as tele-mentoring platforms, for integration across programs.
- Leveraging other funding streams and increasing collaboration with non-HIV-focused programs to optimally utilize available resources at all levels to do more within the limited resource envelope.

Data Systems and Use

- Work closely with key stakeholders in Uganda to incorporate investments in data systems, collection methods, and digitalization into both national and local strategies for data and digital infrastructure. This inclusive integration should encompass various tools and capabilities, aiming to institutionalize these investments effectively. This ensures that HIV resources are distributed optimally to prioritize areas, populations, and age groups in greatest need. Additionally, this approach will enable swift detection and response to outbreaks, while facilitating effective monitoring and management of program progress and sustainability.

Resource Commitments to the Sustainability Roadmap Development Process

PEPFAR Uganda is prioritizing long-term sustainability and developing a roadmap for continued impact. Listening sessions identified technical assistance, tools, stakeholders, and resources needed for sustainability road map development. PEPFAR is part of and offers technical support to a sustainability core team. A country-specific and costed concept paper for the roadmap development process has been presented by Uganda AIDS Commission. Uganda is developing a sustainability roadmap, with the Government of Uganda, civil society, and UNAIDS leading consultations. The roadmap is expected to be completed by December 2024, with engagement from partners and stakeholders planned through July 2024. The Uganda AIDS Commission, also the sustainability coordinating secretariate, will host and facilitate smaller focus group consultations at its premises, while UNAIDS remains with the convening role. Technical assistance needs are under discussion.