



UGANDA AIDS COMMISSION

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THE 2023 JOINT AIDS REVIEW REPORT



**PRESENTED AT THE 2023 NATIONAL HIV SYMPOIOM
BY DR. VINCENT BAGAMBE, DPSI
14th November, 2023**



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Presentation Outline

- Introduction
- Status of the HIV epidemic: Progress on 95-95-95
- NSP Implementation
 - Prevention
 - Care and Treatment
 - Social support and social protection
 - Systems Strengthening
- Monitoring and Evaluation of the Response
- Key Issues & Way forward



Objectives of JAR 2023

- Review progress on implementation of;
 - 3rd year of the 2020/21 – 2024/25 NSP,
 - 7th year for the Presidential Fast Track Initiative (PFTI), and
 - 8th year of reporting on the SDGs
- Review and disseminate progress on implementation of undertakings of the Aide Memoire, JAR 2022
- Agree on undertakings for implementation in FY 2023/24



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Methodology

- A multi-sectoral team was constituted to draft the report and given clear TORs that covered:
 - **Document Review:** Several documents were reviewed by the TWGs, facilitator, and stakeholders
 - **Secondary data analysis** based on data from respective databases and systems such as DHIS2, HIBRID, KP Tracker etc
 - **Key Informant interviews and stakeholder consultations** with ADPG, TWGs, SCEs, Program Managers
- Self-Coordinating Entities (SCE) were supported to compile their respective reports with emphasis on the JAR 2022 undertakings



Methodology

- This JAR came after the MTR for the 2020/21 – 2024/25 NSP for HIV&AIDS so most information had already been compiled
- The other documents reviewed included;
 - The GAM report comprising of many indicators
 - The HIV and AIDS estimates
 - The HIV Modes of Transmission Study 2023
 - Population size estimates for adolescents and young women at high risk of HIV in Uganda
 - Draft 2023 NASA reports, etc....



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Performance on Key HIV indicators

Impact Indicator	Baseline	Target	Achievements			Remarks
			2020/21	2021/22	2022/23	
HIV Incidence Rate: Adults (15-49)	0.32%	0.2%	0.24%	0.23%	0.22%	On Track M: 0.88 F: 1.55
HIV Prevalence, Adults 15-49 years	5.5%		5.2%	5.2%	5.1%	Declining M: 3.6 F: 6.5
New Infections (adults and Children)	54,000	18,200	54,000	52,000	51,516	Stagnating
% HEI testing +ve at 6 week	2.1%	1.3%	3%	1.8%	1.4%	On track
Annual HIV related Deaths	21,000	10,800	18000	17000	17,466	Stagnating (M: 8,763) (F: 8,703)
Estimated PLHIVs			1,414,183	1,420,020	1,433,337	M: 535,753 F: 897,585



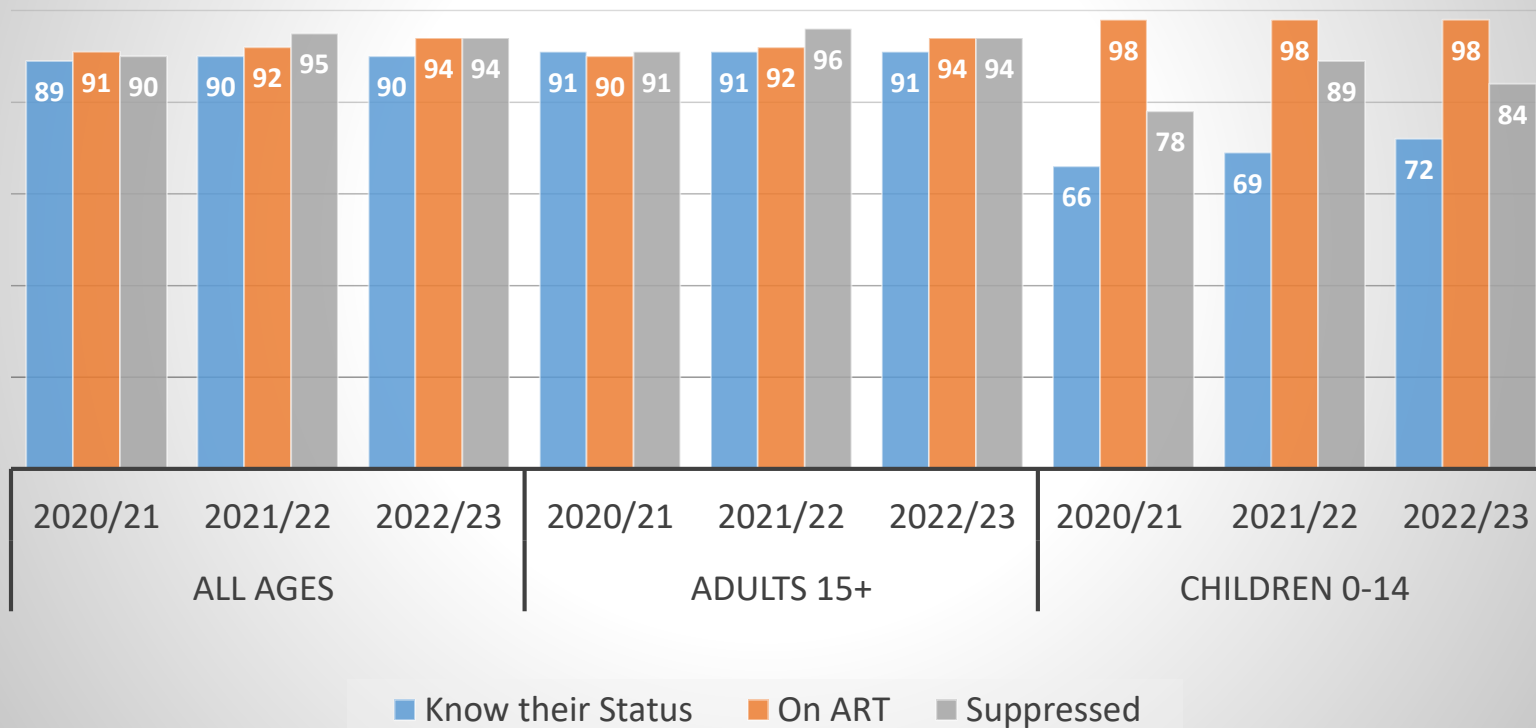
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95-95-95 Trends



Trends in 95-95-95 Targets: 2020/21- 2022/23



Children and adolescents lagging in first 1st and 3rd 95








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PFTI Achievements



	Pillar	Progress 2022/23
	Revitalize HIV Prevention (and close the tap on new HIV infections, particularly among AGYW)	<ul style="list-style-type: none"> - 141.8 million condoms distributed out of 328 M needed, a decline from the 181.6 M distributed last year - AGYW age-specific service package; services provided in 44 out of 73 high burden districts - Overall, 617,230 AGYW offered comprehensive HIV Prevention services; <ul style="list-style-type: none"> o Violence Prevention & response: 170,103 o School subsidy for vulnerable girls in 40 districts serving over 20,000 AGYW - The sexuality education framework rolled out
	Consolidate progress on eliminating Mother-To-Child transmission of HIV	<ul style="list-style-type: none"> - 98% of HIV infected mothers received ART; with 93% of breast-feeding mothers virally suppressed ; a decline from 95% last year - Among HIV-Exposed Infants, 86% had EID testing; 1.4% sero-positive within 8 weeks - Most infections in infants are due to LTFU mothers (47%) and newly infected (37%)
	Accelerate Implementation of 'Test and treat' and attain the 90-90-90 targets	Overall- 90% of PLHIV know their status; of these, 94% are on ART; of which 94% are virally suppressed All ages: 90-94-94 (Adults: 91-94-94; Children 0-14 yrs: 72-98-84)
	Address financing sustainability for the HIV response	<ul style="list-style-type: none"> - Government increased from UGX 326Bn in 2021/22 to UGX 333Bn contributing 14% of total HIV budget - HIV mainstreaming in MDAs strengthened; UGX 40.8 Bn mobilized 2021/22; - MoFPED created a special vote output code (000013) for HIV mainstreaming activities - A resource mobilization strategy has been developed to guide RM for ending AIDS by 2030
	Ensure Institutional effectiveness for a well-coordinated multi -sectoral response	<ul style="list-style-type: none"> - Community-led Monitoring to strengthen community networks - Over 80% of MDAs and SCEs have functional coordination structures (have action plans & reports) - CSOs Accreditation system established at UAC to coordinate better non-state actors - Capacity building for Regional referral hospitals in planning, budgeting and reporting



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Implementation of the JAR 2022 Undertakings

Thematic Area	# Planned Activities	Achieved	Partially or Not Achieved	Comments
HIV Prevention	11	9 (82%)	2(18%)	<ul style="list-style-type: none"> Survey to determine the impact of AGYW programming on high teenage pregnancy not done due to lack of funds Laws prohibiting pre- employment HIV testing not reviewed
Care and Treatment	4	3 (75%)	1(25%)	<ul style="list-style-type: none"> Protocol for the study on the effect/impact of DSDM on service uptake under development YAPS not yet in all districts (Currently in 81 of the 135)
Social support and Protection	9	7 (78%)	2(22%)	<ul style="list-style-type: none"> Scale up of comprehensive AGYW socioeconomic intervention to remaining 18 high incidence districts & A bottleneck analysis on the GBV/VAC cascade from event to conviction of perpetrators not conducted
System Strengthening	5	4 (80%)	1(20%)	<ul style="list-style-type: none"> NASA to be completed in Dec 2023 An HIV and AIDS Disaster Management Plan not yet developed
Monitoring and Evaluation	2	2(100%)	0%	<ul style="list-style-type: none"> However, M&E Systems for data collection and transmission is unable to routinely track behavioural indicators The research database has been developed and is undergoing the approval process, including negotiation with NITA-U to have it hosted on their Servers.



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Key issues & Way forward

1. Declining performance in behavioral & Structural indicators with increasing GBV;
2. Persistent Mother To Child HIV transmission-Breakthrough infections;
3. Children & adolescents lagging behind
4. Significant community level viral non-suppression with ongoing HIV transmission
5. Suboptimal disease integration between HIV and other health services
6. Persistent structural barriers i.e. stigma, GBV, legal environment
7. Lack of Unique identifiers compromising data quality
8. Limited data on behavioral and structural indicators, fragmented reporting for GBV, AGYW
9. Sub optimal data utilization at subnational level
10. Inadequate Financing of the HIV response and tracking

1. *Make a new push for HIV prevention as a priority*
2. *Address PMTCT cascade gaps through AP3 initiative*
3. *Implement innovative approaches to identify children and adolescents and keep them in care*
4. *Microplanning, targeted HTS to find missing cases, optimized linkage, retention, and adherence*
5. *Strengthen integration: ensure commodity availability and diagnostics*
6. *Enact laws to protect, promote human rights and improve service delivery*
7. *Dialogue with relevant sectors to roll out Unique Identification (UID)*
8. *Identify appropriate behavioral and structural indicators, strengthen reporting*
9. *Strengthen data use at all levels*
10. *Fast-track implementation of Resource Mobilization Strategy & strengthen tracking*



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THANK YOU