



The Republic of Uganda

**NATIONAL DOMESTICATION PLAN FOR THE GLOBAL 2025  
HIV PREVENTION ROADMAP**



UGANDA AIDS COMMISSION

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## ABBREVIATIONS AND ACRONYMS

## EXECUTIVE SUMMARY

### Introduction

Consequent to the 2021 United Nations High-Level Meeting on HIV and AIDS, a new Global HIV Prevention Roadmap 2025 has been released to provide countries with the needed guidance for improving HIV prevention. The Global 2025 Road Map builds on the previous HIV Prevention 2020 Road Map and responds to the need for more decisive action against the inequalities that hold back progress. The 2025 Road Map focuses on scaling up the primary Prevention of HIV infections and introducing the policy, legal and societal enablers to prevent people from acquiring HIV infection. It also highlights the considerable complementarity and interaction between primary HIV prevention, testing, treatment, and the Prevention of vertical transmission of HIV. It introduces a new set of targets and commitments and charts ten essential country-level actions towards a more data-driven, precise, people-centred, scaled and innovative prevention response.

### Objectives of the domestication plan

The purpose of this domestication plan document is to provide the priority actions needed to be implemented in regard to the recommended the Global 2025 HIV Prevention Roadmap with the aim of reducing new HIV infections in Uganda. It is a guide for all stakeholders including Government entities, private sector and Development partners in their HIV prevention programming efforts to end the AIDS epidemic.

### Methodology

This domestication plan for Global 2025 HIV prevention Roadmap was developed using a multi-pronged consultative and participatory process. The consultative meetings were held with the HIV prevention Technical experts and National HIV Prevention Committee as follows:

- First meeting was with the national HIV Prevention technical experts from different organizations including Government sectors, private sectors and Development partners. Representation was from government MDAs, AIDS Development Partners (ADPs,) civil society organizations (CSOs), HIV and AIDS focal persons from selected districts, and implementing partners (IPs), civil society, and beneficiaries of services including PLHIV, youth, key, and priority populations. During the meeting the Global 2025 HIV Prevention Roadmap was introduced. The members then discussed, with the findings of the UNAIDS HIV Prevention Self-Assessment Tool (PSAT) the country's current progress, existing gaps, milestones and activities for each of the ten-point action plan in relation to the five HIV Prevention pillars.
- The second meeting was with the members of the National HIV Prevention Committee (NPC) in November 2023 to validate and refine the proposed activities for the domestication plan. This meeting also served as a forum to dialogue on the Global AIDS Strategy targets, and guided further consultations.
- The third meeting was with members of the NPC held in xx 2024 for final validation and assigning of the roles and responsibilities of the planned actions. The document was then presented to the UAC Top Management and the Board for approval, in preparation for its dissemination.

### General Domestication plan approach

The following milestones have been suggested to measure the progress towards the domestication plan:

**Milestone 1:** Country prepared an up to date (since 2020) synthesis covering HIV epidemic patterns and HIV prevention response analysis

**Milestone 2:** Country held consultations and identified the most important barriers that are holding back HIV prevention in the country that you will use to define the action agenda for accelerating HIV prevention up to 2025

To achieve the above milestones, the following activities need to be conducted:

- Epidemiological and investment analysis using GOALS, AEM, Optima-HIV or a similar mathematical model that included prevention for all relevant key and priority populations
- Know-your-epidemic /know your response analysis covering epidemic dynamics affecting key populations, young people and adults as well as prevention response analysis
- Modes of transmission analysis of new infections using the incidence-patterns model or a similar model
- National consultation to review progress based on HIV prevention scorecards
- National HIV/AIDS Stigma index survey
- National Legal-Policy environment assessments for general and key and vulnerable population (Define LEA stakeholders and engage each to, ID other variables that affect policy: & Knowledge attitude and culture)
- Stakeholder dialogues and consultations to prioritise the legal and policy barriers and develop and National action agenda
- Dialogues of National and subnational influential leaders to build capacity on HIV prevention
- Capacity needs assessment across all sectors and develop HIV prevention Technical capacity building plan including service delivery platforms and packages
- National HIV AIDS spending assessment for Prevention

### Action point 1: Conduct a data-driven assessment of HIV prevention programme needs and barriers

#### Current progress

- **Completed assessments/surveys:** Drop In centers (DIC), Pilot, legal and policy environment assessment, PMTCT impact assessment, UPHIA, CRANE survey in a few districts and IBBS Lite assessment in a few districts, UNAIDS PSAT.
- **Ongoing surveys/assessments:** Crane survey, MOT and prevention analysis, Analysis on epidemic patterns and trends at the national and subnational levels, Gender assessment for HIV response, Gender barriers assessment in SRH and MNCH, Leaving no one behind assessment, assessment for the availability and accessibility of condoms at the community user level and study on country-wide condom demand, utilization, distribution and disposal,
- **Available data for planning:** DREAMS program, disaggregated data of PLHIV on ART, Viral load data, disaggregated data on PrEP and PEP.
- **Revised / updated policies and guidelines:** Consolidated HIV Prevention care and treatment guidelines 2022, DIC guidelines, Stigma and discrimination guideline, Condom programming strategy, condom distribution guideline and Last Mile condom distribution plan.
- **Available Data tools:** KP data tools to be integrated into HMIS, YAPS MIS that tracks progress of activities that YAPS do with AGYW, Adopted CNET for condom quantification and GIS mapping of hotspots for condom distribution
- **Multisectoral coordination** at national level exists (not strong at subnational levels)

#### Gaps

- **The Global 95-95-95 cascade** has not been achieved especially among the KP, Adolescents and Young People (AYP), males and children
- **Limited data:** DHIS2 lacks finer age disaggregation, GBV Data missing in clinical care, no granular age disaggregation of data, no disaggregation of data in terms of diversity and vulnerability, insufficient reporting on condom programming especially on last mile distribution, cost recovery and commercial condom aspect and no data on coverage of current condom demand creation intervention, and Weak reporting systems for Behavioural and structural interventions (no tailored indicators).
- **M&E challenges:** Lack of an integrated M&E plan for HIV prevention interventions and Target setting is not based on the need
- **Surveys or assessments needed:** updated analysis of epidemic patterns and trends at national and subnational levels for KPs by category, needs assessment for KPs by category, ABYM and AGYW, regular reviews of HIV prevention programs across all the five pillars, surveys to understand condom availability and people's preferences, assessment to understand the country needs for Lubricants and condom market segmentation studies
- **Limited coverage of HIV Prevention interventions:** Lack of tailored ABYM, Limited coverage of the key HIV prevention interventions like AGYW, ABYM, PrEP and KP, Inadequate delivery mechanism of third

line ART to the beneficiaries in the community, No adequate supplies for ARVs and PrEP and PrEP Retention challenges

- **Existing legal and policy barriers**
- **Limited commitment and prioritization** from government to the TMA in terms of resources for market analysis, and programming activities e.g. demand creation and stigma attached to condom programming.
- **No coordinated mechanism available** to objectively measure the proportion of appropriate outlets that carry condoms

#### Milestones

- **Surveys or studies:** Updated epidemic patterns and trends with disaggregation of standard, Size estimates of Key and Priority Populations, focused comprehensive annual evaluations of HIV prevention Programs, Complete comprehensive needs assessment (policy, legal, societal barriers and enablers to service access) Country needs (Who, where, when) for Lubricants determined, Condom Market segmentation and surveillance study conducted and aligned to global guideline requirements
- **M&E:** An integrated M&E plan for HIV prevention interventions to include comprehensive indicators for Adolescent boys and men,
- **Data and reporting:** Strengthen data capture and utility, Incorporate data parameters i.e. - 1-Disease burden (Prevalence and Incidence), 2-Risk & Behaviour (Indicators on Level of Risk, Number of partners), Comprehensive knowledge (Sero-Status) and 4-Access to Care/Service (capture data under CQI), Finer Age disaggregation, coordinated reporting mechanism established for condom programming
- **Service delivery:** Develop a tailored ABM Program to cover the whole country, AGYW Program scaled up to cover the whole country, AGYW take up leadership positions in societies, scaled up coverage of ARV based prevention programs like PrEP, Robust supply chain for ART including 3rd line ART, National resilient and optimal viral load coverage program
- **Guidelines:** Condom distribution guidelines disseminated, Updated HMIS tools to include condom data in routine data collection

#### Activities

- **Surveys / Studies to be conducted:** Size estimates for KP and ABYM (Crane survey & IBBS Lite and implement annually), Programmatic self-assessment PSAT for HIV prevention by pillar, comprehensive needs assessment for ABYM, KP and AGYW, modelling exercise for ART Based prevention interventions to get an estimate of the number of people in need of ARV based Prevention, National condom Market Surveillance and comprehensive total market approach, condom and lubricants programming needs assessment
- **Policy/guidelines to be developed or updated:** standard guidance for HIV prevention intervention response for ABYM, costed M&E plan for AGYW HIV prevention interventions,
- **Service delivery:** Scale up Leadership and mentorship empowerment training for adolescent girls and young women, scale up the AGYW comprehensive HIV prevention package to all high burden districts, roll out new ART based new HIV prevention technologies including CAB-LA, DVR, ED-PrEP and others, condom stock monitoring at the last mile and Annually update the Condom needs estimation tool.

**Action point 2: Adopt a precision prevention approach focused on the key and priority populations to develop national HIV prevention goals aligned to the 2025 targets**

#### Current progress

- **Policy/guidelines updated or developed:** Equity plan, DSD guidelines, DIC guidelines, National Prevention Roadmap, KP programming Framework, MARPS priority action plan, National comprehensive condom Programming strategy and implementation plan, Hot spot Mapping Guideline, national condom distribution guidelines, DSD guidelines for Condoms in draft form, Guidelines on PrEP and PEP administration available for subnational involvement (Dissemination needs to be strengthened)
- **Data and reporting:** KP tracker able to provide data for planning, DSD tool kit for KPs is available, National and subnational targets in place (microplanning and data use at subnational level lacking), Existence of an electronic monitoring application for condom distribution,

- **Service delivery:** National and subnational KP size estimates last done in 2019 - Provide service package per age group, Multi-Sectoral and Intersectoral coordination and engagement fora exists (lack a harmonised framework to track progress and feedback mechanisms, not representative of all stakeholders)

### Gaps

- **Policy and guidelines:** DSD guidelines are not yet rolled out to the subnational levels, equity plan is not disseminated, current national prevention roadmap does not capture all the typologies of the key and priority populations, DSD Toolkit for KPs not yet updated and operationalised, MARPS Priority action plan is still in draft form, KP programming framework is still in draft form, KP training manual 2018 yet to be updated, KP peer training manual 2020 yet to be updated, there is no Multisectoral ABYM Guidelines, There is no Multisectoral AGYW Guidelines, national comprehensive condom Programming strategy and implementation plan is generalised and does not target to the different key population sub groups and is not costed, No condom communication guidelines, Hot spot Mapping Guideline still in draft form , condom distribution guidelines yet to be rolled out country wide and operationalised, DSD guidelines for Condoms still in draft form and Absence of SBCC strategy and robust demand creation programs for condoms
- **Service delivery:** KP interventions are generalised and do not target to the different key population sub groups, No ABYM programme currently, no analysis has been done of the social cultural contexts, needs and challenges in the different region and communities of ABYM and AGYW, Limited scale-up of community safe spaces to reach AGYW in different community settings like barracks, universities, Inadequate linkage to preventive options (including PrEP) at all HIV testing points due to the absence of services at all testing points, Not all Facilities providing PrEP services, Absence of Social Marketing programs for condoms, Lack of domestic funding for Condoms
- **Data and reporting:** KP tracker is donor funded and scope is limited to a few facilities, Targets for different subgroups are not yet set, national KP size estimates are not updated, Lack of targets and population size estimates per risk category (No/ mild, moderate, higher and KP), there are no National or Subnational targets for ABYM and AGYW programs for Precision Preventions, the Electronic monitoring application for condom distribution is not yet mainstreamed and added to the MoH server
- **Lack of an M&E Plan for Condom Programming**

### Milestones

- **Policy and guidelines updated, approved and disseminated:** national HIV Prevention Road Map or plan that covers the period up to 2025 or beyond, National Prevention road map, DSD guidelines, Equity plan, MARPS priority plan, KP Programming Framework, KP guidelines, KP Training Manual, KP Peer Training Manual, Multisectoral ABYM and AGYW guidelines in place, DSD Tool Kit, disseminated guidelines for PrEP and PEP administration at all sub national levels, DSD guidelines for Condoms, condom distribution guidelines, Hot spot Mapping Guideline, SBCC strategy and robust demand creation programs for condoms, comprehensive condom Programming strategy and implementation plan sensitive for Precision prevention for the different key population sub groups in place
- **Targeting and indicators:** Set country-specific HIV prevention by pillar granular targets that differentiate by location, age, sex and level of risk (in line with Annex 2 of the HIV Prevention 2025 Road Map), KP Indicators incorporated in DHIS2
- **Surveys/studies:** Updated National size estimate for key and priority populations including ABYM by risk profile,
- **Service delivery:** An integrated DSD sensitive Intervention package for Precision prevention in place, Electronic monitoring application for condom distribution is mainstreamed at MoH and operationalised country wide, District led innovations that support last mile distribution, Presence of Social Marketing programs for condoms, Availability of domestic funding for Condoms
- **Data collection and reporting:** Strengthened capacity of subnational units to collect data on social cultural drivers and use it in planning and implementation of AGWY response,
- **Leadership and coordination:** Strengthened coordination for all stakeholders and adopt new approaches, Strengthen community engagement and coordination
- **Finalised operationalised M&E Plan for Condom Programming**

### Activities

- **Policy and guidelines developed or updated, approved and disseminated:** national HIV prevention Road Map to reflect global commitments and targets, DSD guidelines, equity plan, DSD Toolkit for KPs, KP Priority action plan, KP programming framework, KP service implementation guidelines include GSD, Safety



and security, KP training manual (include gender and sexual diversity), KP peer training manual, implementation strategy for ABYM, condom Programming strategy and implementation plan using the total market approach, condom distribution guidelines, SBCC, Social marketing and DSD guidelines for Condoms

- **Targeting and indicators:** set National and subnational specific HIV prevention granular targets that differentiate by location, age, sex and level of risk, Incorporate KP indicators into DHIS 2 and develop KP portal
- **Service delivery:** Review and update HIV prevention packages differentiated based on the level of risk or HIV incidence by location and sub-population, strengthen existing and establish national and sub-national HIV prevention service delivery platforms, Review, update, validate and disseminate SOPs with detailed implementation guidance for service providers or implementers for the 5 prevention pillars, Define a service package for ABYM Program, Scale up DSD for PrEP/PEP, Accelerate roll out New PrEP/PEP technologies, Conduct hot spot Mapping for different risk groups for condom distribution, Strengthen district condom coordinating structures, Electronic monitoring application for condom distribution, Advocate and Lobby for domestic funding for Condoms
- **Surveys/studies to be conducted:** Conduct a Size estimation and mapping of ABYM and AGYW by risk Profile, Conduct evidence driven assessments to generate consensus on the social and structure determinants of HIV transmission, GBV, Conduct studies on behavioural dynamics around condom use profiling by subpopulations,

### Action point 3: Define country investment needs for an adequately scaled HIV prevention response and ensure sustainable financing

#### Current progress

- **Policy/guidelines available:** costed Equity plan for addressing Human rights, equity and gender related barriers to access to HIV, Malaria and TB services by KPs, costed MARPS priority action plan, Draft costed National KP programming framework, Costed NSP with components of ARV Based prevention, ABYM and AGYW Programming not based on risk profile, Integration strategy in place (not yet operationalised and disseminated to all levels), comprehensive condom programming strategy and implementation plan, Guidelines on SBCC for condom programming are being developed, Condom TMA plan
- **Service delivery:** Adoption of integrated approach to service delivery for KP and PP, Rationalisation of partner support to minimise duplication and wastage, Existence of Facility and community drop in centers, Ability to use multiple routes to distribute condoms, Condoms integrated in the other combination prevention pillars
- **Leadership and coordination:** Presence of a coordinated mechanism for health development partner support, Self-coordinating entities and engagement structure across all sectors are in existence,
- **Resource mobilization /financing:** UNAIDS developing a multisectoral financing mechanism, Multisectoral Resource mobilisation plan (exists comprehensively lacks customisation for the 5 pillars), Sustainability plan (UNAIDS developing a multisectoral financing mechanism), Availability of funds for KP Programming, there is complementarity of resources for a holistic HIV response,
- **Data and reporting:** Population size estimation according to risk profile and sub categories, Existence of condom needs estimation tool, Existence of last mile distribution application, Availability Condom distribution reported and analysed from HMIS, Ability to get information from CLM

#### Gaps

- **Policy and guidelines:** No policies about social contracting, Lack of costed strategic plan for ABYM and AGYW, Lack of a costed condom programming strategy and implementation plan, Delayed operationalisation of the TMA plan
- **Service delivery:** Integrated KP friendly services are not in all facilities, Lack of uniformity in delivery of the recommended minimum care package by the implementers basing on their priorities and resources, Low coverage of DIC (74 drop in centers the whole country, 19 in Kampala), No tailored program for ABYM, Symposiums on best practices on programming not done, Levies from condom commercial providers to support programming, Lack of a social marketing program, Lack of a coordinated demand creation program, SBCC messaging not targeted and not impact assessments on messaging
- **Resource mobilization/financing:** Insufficient domestic financing for HIV prevention Programming, complementarity resources are not sufficient to reach the desired coverage optimally, Limited funding to the

self-coordinating entities for coordination activities, no country-specific financing target for ARV-based intervention, PrEP budget is not integrated due to parallel funding, Lack of an integrated condom financing strategy, last mile distribution Application is still partner owned,

- **Data and reporting:** Lack of regular analytics to inform on condom programming, Limited scale of CLM not country wide

### Milestones

- **Policy and guidelines updated and disseminated:** Social contracting legal and Policy framework, guidelines developed, Costed NSP with components of ABYM milestones aligned to risk profiles respecting equity and efficiency with proportionate allocations for all essential components of a combination prevention response, costed condom programming strategy and implementation plan, integrated condom financing strategy
- **Resource mobilization and financing:** Country investment needs for an adequately scaled HIV prevention response and ensure sustainable financing, Comprehensive Resource mobilisation plan developed, Functional basket budget to consolidate budgeting efforts with self-coordinating entities, Operationalised AIDS trust fund, Finalised, disseminated and operationalised Multisectoral financing mechanism for HIV prevention pillars,
- **Surveys / studies:** Completed Multisectoral impact analysis of HIV preventions strategies to control for inefficiencies and inform allocation of resources,
- **Data and reporting:** Availability of quarterly analytics to inform condom programming, Estimates of condoms needed based on updated data in the CNET, Existence of CLM program that goes beyond facilities to cover community and implementing partner activities beyond commodities
- **Service delivery:** Availability of a social marketing condom program, Availability of a robust coordinated and operationalised condom demand creation program, Condom TMA in operation and symposiums on programme best practices

### Activities

- **Policy and guidelines developed /updated and disseminated:** Develop HIV Prevention program resource mobilisation and sustainability plan, developed a legal and policy framework for social contracting mechanisms for HIV prevention programs, costed condom programming strategy and implementation plan
- **Resource mobilization and financing:** Conduct a dialogue on addressing gaps in HIV prevention funding with key partners such as UAC, Ministry of Health, Ministry of Finance Development partners, private sector and civil society organisations,
- **Leadership and coordination:** Strengthen coordination and partnerships among different stakeholders UAC, MoH, LG, DP, IP PHA networks and CSOs,
- **Service delivery:** Support youth-led organisations to reach adolescents and young people with HIV Prevention initiatives, involve all sectors of society in addressing to a KP programming challenges including Central and Local governments, businesses, civil society organizations, community groups and people living with HIV, Enhance collaboration among priority, key populations and Civil society groups for synergy, support KP groups to meaningfully participate in youth empowerment programs like DREAMS and YAPs, Develop and Cost the minimum service package for ABYM and AGYW, Conduct routine Total market research on targeted messaging, Adopt and operationalise a social marketing condom program
- **Surveys/assessments:** Conduct Multisectoral impact analysis of HIV preventions strategies to inform allocation of resources, Conduct Organisational Capacity assessment including Technical and financial support needs for KP led organisations, conduct a cost effectiveness analysis of the PrEP methods, Conduct a cost effectiveness analysis of the condom Program

**Action point 4: Reinforce HIV Prevention leadership entities for multisectoral collaboration, oversight, and management of prevention responses and set up social contracting mechanisms**

### Current progress

- **Policy and guidelines:** Existence of Multisectoral KP PP framework, Male engagement strategy exists, Private sector engagement framework exists not tailored for AGYW,
- **Leadership and coordination:** UAC leads multisectoral, joint planning and MGT of the HIV Prevention program, Multisectoral KP steering committee, KP TWG in MoH which has inclusive representation ( KPS and actors within KP Programming), KP focal persons at district levels, Representation of KP/ PP at CCM, Existence of leadership and coordination structures of KP led CSOS, NPC exists at national level, multisectoral AYP steering committee, MoH AGYW secretariat exists to provide oversight, AGYW focal person at MoH and UAC at national level; AGYW focal persons exist at district up to facility level but not mainstreamed, NPC & Prevention TWG exist and are multisectoral- limited to national level, PrEP focal person at MoH and UAC at national level; PrEP focal persons exist at district up to facility level but not mainstreamed
- **M&E:** Multi-thematic quarterly performance reviews meetings, TWGs are multi-thematic in representation, CLM, shadow reporting for prevention, Community representation on NPC, JAR, TWG.

### Gaps

- **Leadership and coordination challenges:** Inadequate support to conduct business of the national multisectoral steering committees and TWG ( Oversight and management of the HIV prevention response roles) for HIV prevention programs, Insufficient support to the district focal persons for HIV prevention program by pillar to carry out their roles and responsibility for the HIV prevention response ( Coordination and oversight), Limited commitment of other sectors to fulfil their roles and responsibilities under the multisectoral approach on HIV response at all levels (National, and subnational levels), Private sector engagement framework exists not tailored for AGYW and ABYM , No subnational taskforce for HIV prevention program, Limited coverage and Scope of the CSO interventions in ABYM and AGYW, Different population structures are not mainstreamed to the government of Uganda's coordination structure, Weak subnational coordination of HIV prevention pillar with government leadership,
- **Policy and guidelines:** The Multisectoral KP/PP framework is yet to be rolled out countrywide, Outdated male engagement strategy,
- **Resource mobilization and financing:** Limited funding and HR to the assigned led entity to provide multisectoral collaboration and planning,
- **Service delivery:** Limited coverage and Scope of the CSO interventions, Limited engagement of the private sector in HIV prevention interventions

### Milestones

- **Leadership and coordination:** Coordination entities of HIV Prevention pillars at all levels from subnational structures mainstreamed to National level coordination structure,
- **Service delivery:** Defined Private sector involvement in evidence-based HIV prevention agenda, Community led programming for HIV prevention pillars at all levels from subnational and national level, Annual prevention symposiums preceding JAR
- **Policy and guidelines:** Updated and operationalised male engagement strategy,

### Activities

- **Leadership and coordination:** Strengthen NPC and TWG for the different prevention pillars (regular meetings, update TOR, define roles and responsibilities and, Membership) while ensuring multisectoral membership (define sectors and their roles, coordination and engagement), Cascade multisectoral collaboration from national to all subnational and community levels,
- **Policy and guidelines:** Develop, cost and rollout a private sector engagement framework for HIV prevention, Develop, cost and roll out the male engagement strategy, Review and update AGYW implementation strategy, Develop ABYM implementation strategy

**Action point 5: Strengthen and expand community-led HIV prevention services and set up social contracting mechanisms**

### Current progress

- **Service delivery:** Existence of DICs in communities that provide HIV Prevention services, Sub-granting of KP CSOs and other Actors for HIV prevention services, Peer led HIV prevention mechanisms and services, linkage and referral mechanisms between the community and facilities, mechanisms to create an enabling environment for KP and PPs in the community, select PrEP and PEP sites limited to facilities, mechanisms to create an enabling environment for ARV Based programming
- **M&E:** Existence of community score card and CLM,
- **Leadership and coordination:** Existence of leadership and coordination of KP led CSOS,
- **Policy and guidelines:** Existence of DIC guidelines that guide the establishment and operation of DICs, PrEP and PEP guidelines that guide the establishment and operation of sites,

#### Gaps

- **Service delivery:** Low coverage and inadequate funding of DICs in communities and facilities that provide HIV Prevention services, Inadequate facilitation of Peers and their support processes, Inadequate Communication between Community and facility, Poor documentation, limited availability of essential KP services and commodities at the facilities, Limited KP services available,
- **M&E:** The CLM is still in pilot phase with low coverage and there no linkage between CLM and government reporting and feedback mechanisms, Lack of harmonised KP PP community tools, No National and subnational targets for services delivered by Community-led organizations, implementation of the community scorecard has not been scaled up,
- **Leadership and coordination:** The leadership and coordination of KP led CSOs are majorly around Kampala and are multiple network leaderships
- **Policy and guidelines:** The DIC guidelines that guide the establishment and operation of DICs have not been rolled out country wide, no legal and policy framework for social contracting, there is legal and policy obstacles to CLM organizations, guidelines that guide the establishment and operation of PrEP program have not been rolled out countrywide
- **Resources /financing:** Inadequate funding for community sensitisation meetings on KP PP Programming, Few KP CSOs and other Actors are funded for HIV prevention services and these are majorly in urban areas around Kampala and these are majorly donor funded, Low coverage and inadequate funding in communities and facilities that provide HIV Prevention services, CSOs mapped and gap analysis on capacity and funding needs

#### Milestones

- **Policy and guidelines developed:** Social Contracting Policy, Legal and policy Frameworks on social contracting mechanism with components of HIV prevention pillars developed and operationalised

#### Activities

- **Service delivery:** Strengthen Community systems for delivery of HIV prevention services that is agreed by all stakeholders including (Central government, local government, , Development partners, CSO, private sector, service users, service providers, funders).- Safe spaces, community distribution points, referral and linkages, Conduct national dialogue on social contracting for HIV prevention, Build capacity of CSO's and Local Governments on community-led HIV Prevention services and social contracting mechanisms
- **Policy and guidelines:** Develop roll out policy and guidelines on social contracting at national and subnational levels, Review and update DIC policy and guidelines
- **Leadership and coordination:** Identify and empower community leadership to foster community initiatives and define HIV prevention priorities

**Action point 6: Remove social and legal barriers to HIV prevention services for key and priority populations**

#### Current progress

- **Policy and guidelines available:** National policy guidelines on ending HIV stigma and discrimination, Equity plan, Drop in center guidelines, Stigma and discrimination guidelines, Male engagement policy, National male involvement strategy for prevention and response to GBV, Enabling frameworks in place (GBV strategy, Education Plus Initiative, Sexuality education framework, Second chance for girls National guidelines in place for both formal and informal education), Parenting guidelines under ministry of Gender, National multisectoral coordination framework in place (2018-2022) for the Adolescent Girls only, Health Sector HIV Prevention strategy for AGYW, 2020-2025
- **Assessments and surveys conducted:** assessment of the legal environment for KPs, National stigma index assessment,
- **Service delivery:** HIV prevention services in place, Universal education allowing boys and girls to stay longer in school,

### Gaps

- **Policy and guidelines:** Criminalization laws, Harassment from legal enforcement officers and the community, Parental guidelines not emphasising the boys, No advocacy strategy and tool for ABYM, Poor enforcement of laws, and policies that protect AGYW against Negative cultural practices like child marriage, Stigma still exists in different sectors (against AGYWLHIV in school, pregnant teenagers), Parental guidelines under Min. of Gender not widely disseminated, sexuality education framework has not yet been approved, Health Sector HIV Prevention strategy for AGYW, 2020-2025 is based on age and not risk profile, Social Protection policy 2015 does not cater for all risk profiles (KPs), Criminalizing and discriminative laws against AGYW who are KPs still exist which leads to systemic exclusion
- **Service delivery:** Existence of both internal and external stigma and discrimination, Knowledge gap at all levels, no comprehensive HIV prevention needs assessment for ABYM and AGYW, No equity in terms of boy empowerment and skilling, Second chance for ABYM education not in place, Societal toxic Masculinity norms
- **Leadership and coordination:** There is weak coordination for ABYM programming, Weak Multisectoral coordination and meaningful community engagement, National multisectoral Coordination framework for Adolescent Girls is outdated without being operationalized.

### Milestone

- **Policy and guidelines:** Law and policy reforms Reviews, Implementation guidelines/SOPs developed for law enforcement officers, Male engagement policy, Revised Health Sector HIV Prevention strategy for AGYW, developed based on risk profile, Parental guidelines disseminated and implemented, Revised sexuality education framework approved, Updated and Operationalised National multisectoral framework for AG that factors in vulnerability and risk factors, revised social protection policy that includes all KP/PP risk profiles in place
- **Service delivery:** Legal literacy training for KP service providers like police, prisons etc. at Preservice and in service level conducted, Male-friendly services, Gender norms and equality transformation, Social protection services by establishing programs (e.g. DREAMS) scaled up, Livelihood programs extended (e.g., under dreams), An inclusive environment for all the AGYW
- **Assessments/surveys:** Needs assessment of the ABYM,
- **SBCC:** Information and messaging, IEC materials on stigma and discrimination developed and disseminated
- **Leadership and coordination:** TORs for the multisectoral coordination and community engagement developed

### Activities

- **Policy and guidelines developed:** Action plan for implementing recommendations of the LEA report, roll out the GBV reduction plan, Dissemination of child protection policy, Revise the social protection policy to include all AGYW/ABYM risk profiles like young KPs and PPs, Develop and disseminate implementation guidelines/SOPs developed for law enforcement officers (KP/PP Advocacy tool, KP implementation framework, Equity and Implementation framework, Adaptation Plan etc), Review the equity plan to address human rights barriers to accessing HIV prevention services for KPs, Review and roll out the national male involvement strategy for prevention and response to GBV, Revise the Health Sector HIV Prevention strategy for AGYW based on risk profile
- **Service delivery:** Transform gender norms and gender equality such as SASA and stepping stone, Conduct high level dialogues and workshops with policy makers and key stakeholders on existing laws and necessary reforms, Conduct legal literacy training for KP service providers and users in all sectors, Conduct stigma reduction campaign on all platforms e.g. media, community etc, Training service providers at all levels in KP

friendly services, Advocate for male and AGYW friendly services, Conduct consultative and advocacy dialogues/ meeting with religious and cultural leaders on the sexuality education framework

- **SBCC:** Develop and disseminate IEC materials on stigma and discrimination, Conduct Social Behavioural Change campaigns on HIV prevention services targeting in- and out of schools ABYM and AGYW,

### Action point 7: Promote integration of HIV prevention into essential related services to improve HIV outcomes

#### Current progress

- **Policy and guidelines available:** National strategy for integration of SRH, HIV, GBV, TB, and nutrition, Guidelines for DSD, ART Consolidated guideline for KPs, Guidelines on integration of HIV, GBV, VMMC, HTS, SRHR services, Country has a national HIV combination prevention strategy, National strategy for integration of SRH/HIV/GBV response, Tuberculosis and Nutrition and TB (2021-2025), Current guidelines for Support Supervision exist generally (not tailored to any subcategories), PrEP communication plan
- **Leadership and coordination:** Coordination meetings for HIV prevention program including for all the five pillars, Multisectoral coordination mechanism exists, Coordination at national level of different players in place (partner mapping and referral & linkages weak)
- **Data and reporting:** HMIS data collection tools capture KP and AGYW data
- **Service delivery:** Integrated service package for KP exists, Dedicated clinics that are co-located within health facilities exist, Training manual exists for KP friendly service delivery, Current antenatal doesn't discriminate on sero status, DREAMS programme is comprehensive with limited focus on ABYM, Integrated service package for AGYW exists, Dedicated clinics that are co-located within health facilities (Adolescent clinics and flexi hours) and safe spaces in some partner supported areas exist (service package not based on need due to limited infrastructure and resources), Training manual exists for AGYW friendly service delivery, PrEP included into national HIV prevention package and essential medicines and supplies list, PrEP procurement has been integrated into the national procurement system

#### Gaps

- **Policy and guidelines:** No costed implementation plan for the National strategy for integration of SRH, HIV, GBV, TB, and nutrition, Limited implementation of combination HIV strategy and integration, Limited implementation of National strategy for integration of SRH/HIV/GBV response, Tuberculosis and Nutrition, and TB, Service outreach program guidelines doesn't cater to AGYW needs, PrEP new technologies not included in National Consolidated guidelines on integration of HIV, SRHR, GBV, Nutrition, and TB, PrEP communication plan lacks new technologies and not yet disseminated to all levels
- **Service delivery:** Missed opportunity with routine outreach services (health, education, agriculture, At the Health service delivery level prisoner, PWIDS, and other KPs miss out on medically assisted therapy, Gender, and justice/health promotion services do not integrate HIV prevention messaging, There is vertical programming for HIV prevention, Targeted VMMC programming for KPs very limited. (Indicators on service not captured), Low implementation of integrated services, Services are limited in scale for KP populations and for geographic areas, Commodity stock outs especially for STI drugs, condoms, lubricants, test kits for Hep C, Low staffing norms, Limited capacity of the service providers to offer integrated services, Limited scale-up of available integrated programs for AGYW and are also limited to donor funds (PEPFAR, GF), Weak linkages and referral systems, Integrated service package available is not based on risk profile, Youth-friendly services are available but are generalized, Limited resources (financial, infrastructure, and human resources) to support the operationalization of youth-friendly services, Limited integration of PrEP into other services, PrEP is not available at all health facilities offering FP, STI, ANC, OPD services
- **Leadership and coordination:** Lack of representation on the different coordination platforms

#### Milestones

- **Policy and guidelines:** Costed implementation plan developed for the National strategy for integration of SRH, HIV, GBV, TB, and nutrition, Revised training manual bringing out issues of service integration;

complete the DSD tool kit, roll out sexuality education framework for in and out of school young people, PrEP included in integration guidelines

- **Service delivery:** Capacity building for health workers, communities and peers in integrated service delivery, Implement client and health workers rights charter; Strengthened delivery of integrated services (HIV, GBV, TB, maternal, SRH, mental health), Community service delivery strengthened, Commodity security strengthened, Implement combination strategy in an integrated manner and considering other epidemics and NCDs, Expand DSD models and integrate other HIV prevention services for the different categories; Strengthen PMTCT services among AGYW mother, An integrated services package for AGYW based on risk profile, Scale up for PrEP integration into other services
- **Leadership and coordination:** A strengthened coordination desk of all partners working AGYW empowerment mechanisms,

#### Activities

- **Policy and guidelines:** develop and roll out integration plan with milestones for HIV prevention into essential related services (including capacity assessment, one stop centre, map partners, referral and linkage mechanisms, outreaches),
- **Service delivery:** Capacity building for service providers communities and peers in integrated service delivery, Revise training manuals to bring out issues of service integration, Disseminate the client and health workers charter, Integrate performance indicators for different programs, Strengthen DIC to provide integrated comprehensive interventions, Strengthen integration of VMMC into routine health services at all health facilities and Integrate AGYW-related interventions with routine health services (e.g DREAMS, PMTCT)

### Action point 8: Institute mechanisms for rapid introduction of new HIV prevention technologies and programme innovations

#### Current Progress

- **Policy and guidelines:** Policies have been revised to include new technologies (injectable PrEP, ring), SOPs for communicating PrEP (needs update for new technologies), Implementation plan present, Communication plan for PrEP (limited to oral), Logistics plan and guidelines in place- (Limited scale and scope)
- **Service delivery:** Stakeholder engagements and consensus on new technologies, Demonstration projects for adoption of new technologies ongoing, Request for approval of injectable PrEP submitted to NDA, Readiness assessment for health facilities to deliver new PrEP products conducted

#### Gaps

- **Policy and guidelines:** PrEP communication plan doesn't include new technologies, Standard operating procedures doesn't include AGYW, Logistical plan is limited to scale and not up to date to cater for new technologies
- **Service delivery:** Costing of service not yet done, Awareness, demand creation, Lack of targets

#### Milestones

- **Service delivery:** Adoption of new HIV prevention technologies as part of combination prevention packages, e.g. antiretroviral drug-releasing vaginal rings or long-acting PrEP regimens, Services costed
- **Assessment /survey:** Needs assessment conducted
- **Policy and guidelines:** An updated PrEP communication plan developed

#### Activities

- **Service delivery:** Identify and Adopt virtual HIV Prevention intervention approaches, Build capacity of all stakeholders (including community representatives, training institutions and professional bodies) to support and promote use of new technologies and approaches, scale up point of service delivery for new technologies (DSDs models), Mobilise resources for scale and updating of the Logistics and Communication plan

- **Policy and guidelines:** Update guidelines to include new technologies, Advocate to have a communication plan that is updated with new HIV prevention technologies

### Action point 9: Establish real-time prevention programme monitoring systems with regular reporting

#### Current progress

- **M&E:** Indicators exist for reporting on KP and AGYW service utilization, National centralized KP reporting system in place, Regular program implementation reviews, Data collection tools developed
- **Service delivery:** Plan and structure to assign unique IDs and tools have been aligned accordingly, Subnational level service point focused identifiers in place (No National Unique Identifier code system in place)
- **Policy and guidelines:** Integration strategy in place to cater for efficiency and effectiveness of the service delivery (need for unit cost of service to inform costed plan)

#### Gaps

- **Data and reporting:** Not all facilities are reporting regularly since KP tracker is not in all facilities, Inadequate utilization of data at source, No harmonized community tools, Not all facilities are reporting regularly since AGYW tracker is not in all facilities, Indicators only depict donor-funded programs like DREAMS, National centralized AGYW reporting system in not place
- **Service delivery:** Scope of program implementation reviews is limited, No unit cost for AGYW has been developed

#### Milestones

- **M&E:** Funded M&E plan, KP tracker rolled out countrywide, Community tools developed, KP tracker rolled out countrywide, national centralised AGYW reporting system with multisectoral lens the KPI, developed M&E plan that tracks the 10-point programme
- **Service delivery:** A cost unit for AGYW developed

#### Activities

- **M&E:** Develop multisectoral M&E and reporting framework that feeds into the NSP M&E Plan, develop a national HIV prevention dash board, Develop and implement a national and subnational HIV prevention score card, develop community data capture and reporting tools for HIV prevention program, conduct routine data review meetings and utilization on HIV Prevention program by pillar, Promote and popularize the CLM program to enhance data utilization for decision making at national and subnational levels, Roll out KP tracker countrywide
- **Assessments /Surveys:** Conduct assessments of granular expenditures on HIV prevention and funding gap into annual national prevention programme reviews, Conduct cost-effectiveness assessments or value for money into annual national prevention programme reviews, conducting population size estimations to facilitate effective program planning
- **Service delivery:** Annual HIV Prevention Symposium Feeding into the JAR, Scale up the implementation of the HIV Prevention programs to cover the whole country

### Action point 10: Strengthen accountability of all stakeholders for progress in HIV prevention

#### Current progress

- **Service delivery:** Community-led HIV prevention monitoring is happening (community score cards), Client satisfaction surveys done, Accountability for CSOs and scorecard in place (CLM limited in scope and scale to partner funding- need for comprehensive harmonisation and scale up to include all stakeholders) (CSO accountability plan for HIV prevention should be harmonised, scale up and actively tracked)
- **Leadership and coordination:** NPC meetings quarterly and annually with all stakeholders (need to strengthen operations and mobilise resources to widen scope), Feedback meetings have been happening, Multisectoral



(NPC-UAC) and intersectoral Coordination (TWGs and Secretariats in MoH) & Joint AIDS Review mechanisms are in place (Need to be strengthened through a routine/regular Multi-Level gap analysis, harmonised M&E framework, institutionalised a human resource)

- **M&E:** M&E framework in place (need to update, integrate and harmonise and include all indicators that track progress of the ten-point action plan), Quarterly progress reviews for PrEP happening at national level

### Gaps

- **Service delivery:** CLM not fully integrated into national monitoring platforms and not scaled, Community dialogues not done for HIV prevention programming, Community scorecards not to scale, Limited capacity for knowledge translation, Scorecard on ten-point action plan not in place, Inadequate resources for accountability resources, Institutionalized a human resource not available
- **Policy and guidelines:** NSP does not set specific objectives for sub categories of KPs, ABYM and AGYW, Multi-Level gap analysis not done
- **Leadership and coordination:** Weak Multisectoral (NPC-UAC) and intersectoral Coordination (TWGs and Secretariats in MoH) & Joint AIDS Review mechanisms, Weak accountability system for AGYW HIV prevention programming, MTRs not being done for PrEP
- **M&E:** Harmonized M&E framework lacking, Quarterly review at subnational level not happening

### Milestone

- **Leadership and coordination:** Mechanisms for multisectoral coordination and accountability for HIV prevention response strengthened
- **M&E:** Routine performance review and accountability meetings e.g., JAR conducted, Subnational quarterly reviews done
- **Assessments/surveys:** Evaluation studies conducted (e.g., MTR)
- **Service delivery:** Capacity building for stakeholders in data utilization and knowledge translation, Strong accountability system for the AGYW

### Activities

- **Policy and guidelines:** Develop and implement an accountability Plan for of the HIV Prevention 2025 Road Map, Domesticate the political declaration Agenda on HIV prevention, regularly update HIV prevention investment case for Uganda, Develop a Sustainability and transition plan
- **Service delivery:** Annual dialogues on HIV prevention with political dialogues, Conduct Semi-annual senior political leadership briefings, Conduct Semi-annual reviews of political action agenda, Conduct Annual briefings with senior legislators and/or policy-makers, Conduct Semi-annual dialogues on actions to address legal and policy barriers (in collaboration with the Global Partnership to eliminate all HIV-related stigma and discrimination and building on the Global Commission on HIV and the Law), Strengthen community system structures for accountability such as CLM (feedback loops), I-report, Conduct annual HIV prevention symposium, Integrate the 10 action points of roadmap in CLM and increase funding for CLM
- **Resource mobilization/ financing:** Conduct Annual HIV prevention financing dialogues with senior leadership in health and finance ministries, Conduct Annual prevention finance and investment tracking at global and country levels, Resource tracking mechanism for mobilisation, and allocation, utilisation and value for money (NASA), Harmonisation of resources based on existing gaps in HIV prevention programming, Intentional and deliberate allocation of resources for accountability processes for optimal functionality and sustainability
- **M&E:** Conduct Annual performance reviews based on national and subnational scorecards, Conduct Quarterly programmatic progress-tracking and problem solving dialogues, monitor national and sub-national progress, develop an integrated M&E system for HIV prevention, Update the performance indicators in line with the targets, Harmonise the indicators for collecting data on AGWY and have an M&E framework, Conducting quarterly reviews
- **Leadership and coordination:** Strengthen existing TWG at all levels of HIV response, invest in and build the capacity of CSOs coordination mechanisms and umbrella institutions for a coherent HIV prevention response, NPC meetings to track progress in implementing the main actions on a quarterly basis
- **Assessments /surveys:** Conduct regular cost-effective analysis for the HIV prevention response, Conducting MTR