

Talking points for

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Introduction:

Uganda is committed to ending AIDS as a public health threat by 2030. Currently the country is on course to attain the 90-90-90 targets by 2020 and has set new targets of 95-95-95 to be achieved by 2025. Between the years 2010 and 2019, new HIV infections among adults (15+ years) in Uganda declined from 72,000 to 48,000, a 34% decline. Hence, the country will not attain the target of reducing the number of new HIV infections to 18,000 (75% reduction) by end of 2020.

Key achievements:

1. High level political commitment and action: In 2017 the President of the Republic of Uganda, H.E. Gen Kaguta Museveni, launched the Presidential fast track Initiative on ending AIDS as a public Health threat by 2030. This initiative has served to galvanize the efforts of all stakeholders to work towards attaining the targets set in the 2016 UNGA HIV and AIDS declaration.
2. Progressive policy formulation and norms change: The country has undertaken development and review of various policy guidelines to ensure a supportive policy framework for service provision to all vulnerable groups, including key populations and Adolescent Girls and Young Women. The new National HIV and AIDs Strategic Plan 2020/21-2024/25, the national HIV prevention road map (2018) are examples of progressive frameworks that have been aligned to international norms and best practice.
3. Enhancing domestic financing for the HIV response and mobilization of local resources for sustainability of programs. The Government of Uganda has continued to scale up livelihood support programs for women and youth, and other efforts to mitigate the socio-structural driver of the HIV epidemic.
4. Antiretroviral based Prevention: Uganda will attain the 90-90-90 global HIV targets by end of 2020, currently at 89-94-90. This coupled with a rapidly expanding PrEP program since 2017, has significantly contributed to reduced new HIV infections.

Gaps/challenges:

In spite of the good progress highlighted above, significant amount of work remains to be done and several gaps to be addressed, including:

1. Addressing societal norms and attitudes towards some vulnerable and minority groups which remains a key hindrance to services access and utilization;
2. Financing the HIV response is still heavily dependent on donors with implications on the scale and sustainability on services delivery. The Government and partners are developing a transition plan to be operationalized from 2023;
3. Gaps in capacity especially for human resources in key sectors to plan and manage the response and provide universal access to acceptable and quality services in a sustainable manner ;
4. COVID -19 and other emerging needs:– competing priorities, stress on the health sector, constrained access by beneficiaries for fear of contracting COVID-19 even though as a country we have been able to attain quick response and system adaptation to sustain provision and access to HIV prevention and SRH services despite disruptions by the COVID -19 pandemic and associated lockdown requirements

Future Actions:

1. The country is currently in the final stages of conducting a national HIV prevention financial gap analysis and an HIV Prevention capacity assessment and capacity building plan. The findings from these assessments will help inform advocacy for additional resources for HIV Prevention response from the national budget;
2. An updated compendium of the remaining Policy and Legal barriers to HIV Prevention is already being developed. This will inform continued, targeted and monitored advocacy and action to create the desired policy-legal environment.
3. Expanded service coverage, most especially in the areas of Key Populations Programming, Adolescent Girls and Young Women services and Condom programming have been prioritized in our immediate implementation plans.