CDC Support towards HIV Programming in Uganda

Rakai Health Sciences Program, Uganda
30+ Anniversary Celebration
24 September 2019

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CDC Uganda Country Director
Outline

• CDC Uganda background
• CDC’s role in PEPFAR
• Unique contributions
• Implementation science
• Way forward
CDC Uganda

- Activities started in 1991
- Field Epidemiology Training Program (FETP) at Makerere University
- Country Director in 1999
- CDC funding to Uganda health sector exceeds $2 billion

Current Staff: 126 (110 Ugandan staff; 16 Direct Hires)
FY19 Budget: $192.5 million (94% Extramural; 3% Non-PEPFAR)
Critical Pillars of Focus for CDC

WHAT WE DO

CDC has more than 70 years of public health excellence, a record of trail blazing science, and evidence-based decision making. Led by the world’s experts in disease detection, outbreak investigation, laboratory systems and emergency response, CDC provides critical services to keep Americans safe, healthy, and secure.

LABORATORY EXPERTISE
Our labs have developed gold standard tests used during emergencies, and serve as reference centers across the globe

PUBLIC HEALTH SURVEILLANCE
We track and monitor diseases to stop and eliminate their spread

WORKFORCE DEVELOPMENT
We build in-country public health preparedness, including training a ready global workforce

EMERGENCY OPERATIONS
We provide expertise to other nations to develop emergency operations centers and stop outbreaks faster

REAL TIME EVALUATION AND RESEARCH
We conduct on-the-ground evaluation of what works to optimize life-saving programs and services

Public health programs and service delivery
PEPFAR--HIV
Uganda Approaches HIV Epidemic Control and Meeting 95-95-95 by 2020

More efficient HIV case finding strategies

Linkage goal is 95% of all who are HIV+

Goals:
-12 month retention 90%
-VL suppression 95%
Uganda Is Closing in on 95-95-95 (June, 2019)

- Number PLHIV: 1,378,085
- Diagnosed: 87% (1,201,862)
- Currently on ART: 87% (1,198,824)
- Virally Suppressed: 78% (935,540)
## Summary FY19 Key Indicators – by Agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>Indicator</th>
<th>FY19 Q1</th>
<th>FY19 Q2</th>
<th>FY19 Q3</th>
<th>FY19 Cum. Results</th>
<th>FY19 Target</th>
<th>FY19 %</th>
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Priorities for PEPFAR 2019

- Use of local (indigenous) partners
- Index testing for HIV case finding (assisted partner notification)
- Recency testing to rapidly identify new HIV cases
- Adolescent girls and young women (DREAMS)
- Better antiretroviral regimens (dolutegravir-containing, lopinavir/ritonavir)
- TB preventive therapy (TPT)
- Differentiated service delivery and patient-centered approaches
- Strong interoperable data systems: electronic medical records, unique identifiers, case-based surveillance
PEPFAR: Highlights of CDC Support

- Comprehensive support to service delivery for HIV prevention, care, and treatment
- Supporting evidence generation and leadership on strategic information and surveillance
- Providing leadership on laboratory systems
- Support for implementation science and innovative programs
- Providing direct support to government and other Ugandan institutions
CDC Funds Ugandan Partners

Government entities
- Ministry of Health
- Uganda Virus Research Institute (UVRI)
- Uganda National Health Laboratory Services (UNHLS)
- Makerere University School of Public Health
- Uganda Prison Service (UPS)

Other Ugandan institutions
- Infectious Diseases Institute (IDI)
- The AIDS Support Organization (TASO)
- Mildmay Uganda
- **Rakai Health Sciences Program (RHSP)**
- Baylor Uganda
- Medical Access Uganda (MAUL)
- African Field Epidemiology Network (AFENET)
**CDC Supports Data Generation to Drive Programs**

**Planned Activities:**
- Case-based surveillance with recency testing
- PMTCT impact evaluation (with recency)
- Updated IBBS surveys for key populations
- Data quality and longitudinal monitoring

**VACS Uganda Methods**
- National household survey, 2015
- Led by Ministry of Gender, Labour, and Social Development
- 1st ever VACS with subnational sampling
- Sexual, physical, and emotional violence estimates for females in the DREAMS clusters (Central 1, Central 2, mid-Northern)
- Physical and emotional violence estimates for males in Northern, Western, Eastern, and Central regions
Violence Against Children Survey (VACS) 2015 informs Violence Against Children response

Uganda goal: All Ugandan children are empowered to live in an environment free of all forms of violence

Uganda fast tracks INSPIRE

(Implementation of laws, Norms and values, Safe Environments, Income and economics; Parenting, Response and Education)

- Draft Uganda Comprehensive Children’s Policy & action plan prioritizes INSPIRE strategies (Launch 11 October, International day of girl child)
- Government-led Child Help Line with 30 district action centers
  - 9 CDC supported District Action Centers: catalyzing real time response
- USG implementing INSPIRE strategies through DREAMS/OVC
- USG supporting GOU to improve service delivery
  - Harmonize violence screening for children
  - Community campaign to seek services, Every Hour Matters
- CDC supported $1m INSPIRE initiative in Mityana
  - Hosting 1st INSPIRE Jamboree June 24-26, Kampala (*Advancing evidence-based action to end violence against children*)

Sexual Violence

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
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<tbody>
<tr>
<td><strong>35%</strong></td>
<td><strong>17%</strong></td>
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</table>

Told someone

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
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<tr>
<td><strong>53%</strong></td>
<td><strong>57%</strong></td>
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Sought services

<table>
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<tr>
<th>Girls</th>
<th>Boys</th>
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<tr>
<td><strong>10%</strong></td>
<td><strong>6%</strong></td>
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</table>

Received services

<table>
<thead>
<tr>
<th>Girls</th>
<th>Boys</th>
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<tr>
<td><strong>8%</strong></td>
<td><strong>5%</strong></td>
</tr>
</tbody>
</table>
CDC’s Science & Innovation to Direct Adolescent Girl and Young Women (AGYW) Programming

• **Epidemiology:** Guide investment on where, who, targets
  – Surveys and surveillance: VACS, PHIA, Case based surveillance, recency testing
  – Program evaluations to measure impact, identify optimal intervention mix

**Systems:** Monitoring beneficiaries

  – Tracking systems: Uganda DREAMS tracking System, Weekly dashboards
  – Innovate: Develop prevention calculator, Early warning index (VAC)

**Program:** Using data to inform practice and policy

  – Develop implementation guidance, data to influence policy and scale-up
  – Partnerships: Government, community and other key stakeholders
Key Populations Investment Fund (KPIF) for Uganda

Inability to address rapidly the deficiencies in HIV cascade outcomes among KP

Lag behind achieving 95-95-95 HIV outcomes

9% of continuing HIV transmissions KP driven

Solution:
Extend the ability for local KP-led organizations to scale up innovative, evidence-based strategies to achieve epidemic control for KPs

$10 million through CDC Uganda

Increase KP cascade outcomes
Monitor results real time – DASH Board
Address policy, social and legal barriers

Through KPIF, Partners expected to achieve over and above COP targets

Engagement and coordination with MoH, CSO’s, Community, GF
Key Priorities for Information Systems

A patient is uniquely identified across systems through a Unique Patient ID.

Legend:
- **ID** = identifier
- **HIS** = Health Information System
- **VCT** = Voluntary Counselling and Testing
- **EMR** = Electronic Medical Record
- **PMS** = Patient Monitoring System
- **IS** = Information System
- **HMIS** = Health Management Information System
- **LMIS** = Logistics Management Information System
- Red and grey dots = 95-95-95 UNAIDS indicators

Secure data environment that protects privacy and confidentiality.

Longitudinal tracking of patients across information systems and settings for better linkage, retention and care.

Health Information Exchange

- **Clinical/National Data Repository**
  - Person-level Data
- **HMIS**
  - Indicator Data
- **LMIS**
  - Commodities Data

- **Case surveillance**
- **Disease surveillance**
- **Monitoring & evaluation**
- **Performance tracking**
- **Logistics & supply chain management**

Division of Global HIV & TB
Implementation Science Summary: Surveys and Surveillance

- Uganda Population-Based HIV Impact Assessment (UPHIA)
- Recency/HIV Case-Based Surveillance
- Birth Defects Surveillance (MUJHU)
- Integrated Bio-Behavioral Surveys (IBBS) for key populations
- HIV drug resistance (UVRI and AIDS Control Program)
Implementation Science Summary: Studies

- **PATEST (EGPAF)** Developing and validating a pediatric and adolescent HIV testing eligibility screening tool for health care providers in Uganda
- **FASTER (CRS)** Caregiver-assisted oral fluid based HIV screening in children: estimation of acceptability, feasibility and effectiveness linked to index testing services in Uganda
- **RAPID-VL Study (UCSF-IDRC)** Optimizing HIV viral load monitoring and outcomes for high risk populations
- **Community TB project (Baylor)** A household- and family-centered approach to improve case finding, diagnosis, and linkage to treatment for TB and HIV in Uganda
- **Kalangala ART-DSDM (IDI)** Impact of a community-facility case management intervention on retention in HIV Care among HIV-Infected individuals initiating antiretroviral therapy in a Test and Start model
Implementation Science Summary

- Regional comprehensive program evaluation protocols for all CDC Implementing Partners
- **Rakai**: Combination HIV Prevention Impact Evaluation
- DREAMS Evaluation
- Evaluation of the Uganda National Health Laboratory Hub and Sample Transport Network
- HIV&TB-focused Public Health Fellowship projects
Conclusions

• Uganda benefits from comprehensive and strong PEPFAR-supported program and is approaching HIV epidemic control
  ➢ CDC plays a leadership role in key aspects of the PEPFAR program and the HIV response in Uganda

• Many opportunities to translate research findings into program implementation
  ➢ Plan to convene planning consultation
Mweebale Nnyo! Thank You!  

Asante sana!  

For more information please contact Centers for Disease Control and Prevention

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Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348  
E-mail: cdcinfo@cdc.gov  
Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.