Report of the Participation of Community-Led and Civil Society Organizations (including Constituencies from Key and Vulnerable Populations), in the Review Processes of the National HIV and AIDS Policy 2025 and The National HIV and AIDS Strategic Plan (2025/2026-2029/2030)

TA Provider:
The International Community of Women living with HIV Eastern Africa (ICWEA)

TA Requestor:
Uganda Network of AIDS Service Organizations (UNASO)

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Submission Date:
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International Community of Women Living with HIV Eastern Africa (ICWEA)

Final Report
Communities Participation in the Review of Uganda's in National HIV/AIDS Policy 2025 and National HIV/AIDS Strategic Plan 2024/2025-2029/2030

With the support from the Global Fund Community Engagement Strategic Initiative

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List of Acronyms and Abbreviations

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AHA 2023	The Uganda Anti-Homosexuality Act 2023
AHD	Advanced HIV Disease
APFAF	A Pen For Africa
ART	Anti-Retroviral Therapy
CAB-LA	Long-Acting Injectable Cabotegravir
CE SI	The Community Engagement Strategic Initiative Technical Assistance from The Global Fund
CHEWS	Community Health Extension Workers
CLM	Community-Led Monitoring
CRG SI	The Community, Rights and Gender Strategic Initiative of the Global Fund
CSOs	Civil Society Organisations
DHIS	District Health Information System
DICs	Drop-in-Centres
DSD	Differentiated Service Delivery
EMTCT	Elimination of Mother-to-Child Transmission of HIV
FBOs	Faith-Based Organisations
FGDs	Focus Group Discussions
FHADI	Fish-fork Health and Development Initiative
GBV	Gender-Based Violence
GOU	Government of Uganda
HIV / AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
ICWEA	(), International Community of Women Living with HIV Eastern Africa
IRCU	Interreligious Council of Uganda
JAR	The Joint AIDS Review
KIIs	Key Informant Interviews
KPs	Key Populations
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation and Reporting
MOH	Ministry of Health
MSM	Men who have Sex with Men
MTCT	Mother-to-Child Transmission of HIV
NAFOPHANU	National Forum of People Living with HIV Networks Uganda
NCDs	Non-Communicable Diseases
NSP	National HIV and AIDS Strategic Plan
PEP	Post-Exposure Prophylaxis
PEPFAR COP	The U.S. President's Emergency Plan for AIDS Relief Country Operating Plan
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
POWODU	Positive Women with Disabilities Uganda
PPs	Priority Populations
PrEP	Pre-Exposure Prophylaxis
PWDs	Persons with Disabilities
PWUIDS	Persons who Inject and Use Drugs
RIA	National Regulatory and Impact Assessment
SBCC	Social and Behavior Change Communication
SDG	The United Nations Agenda 2030 on Sustainable Development / Sustainable Devt Goals
SGBV	Sexual and Gender-Based Violence
SRHR	Sexual and Reproductive Health and Rights
TA	Technical Assistance
TB	Tuberculosis
TG	Transgender and Gender Divsrse Persons

Tripple Elimination	Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B
TWGs	Technical Working Groups
U=U	Undetectable equals Untransmittable
UAC	The Uganda AIDS Commission
UGANET	Uganda Network on Law Ethics and HIV/AIDS
UHC	Universal Health Coverage
UKPC	The Uganda Key Populations Consortium
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNASO	Uganda Network of AIDS Service Organizations
UNESO	Uganda Network of Sex Worker-led Organization
UPHIA	The Uganda Population-based HIV Impact Assessment
UYP	Uganda Young Positives
VHTs	Village Health Teams
VMMC	Voluntary Medical Male Circumcision
VPs	Vulnerable Populations
WHO	World Health Organisation
WLHIV	Women Living with HIV
YAPS	Young and Adolescent Peer Support
YPLHIV	Young People Living with HIV

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1   Introduction and Background

1.1   Background and Context

Uganda is currently engaged in several critical policy processes that will shape its national response to HIV. Key among these are the ongoing review of the National HIV and AIDS Policy 2011, the National HIV and AIDS Strategic Plan (NSP) and the HIV and AIDS Prevention and Control Act 2015. Such processes present a crucial opportunity for community-led and civil society organizations (CSOs) to influence policy with their unique insights. Historically, these groups have been underrepresented in policy development, resulting in gaps addressing critical issues such as community rights, gender inequality, access to services for key populations, and the elimination of legal and societal barriers. As Uganda strives to achieve the UNAIDS 2030 Targets, it is imperative to implement inclusive policy reforms that reflect the needs of all stakeholders, particularly marginalized and high-risk groups.

The HIV and AIDS Policy was developed in 2011 and is under review, with the process expected to be completed by December 2025. Similarly, the review process is ongoing for the current NSP 2021 – 2025, expected to be completed by June 2025. A National Regulatory and Impact Assessment (RIA) Report is ongoing and expected by the end of June 2025. The RIA will guide the development of the HIV and AIDS Policy, the NSP, and the Prevention and Control Act. It highlights existing policy guidelines, gaps, and recommendations for the National HIV response regarding governance, human rights, socio-economic development, gender equity, and greater involvement of people living with HIV and AIDS.

Despite playing a critical role in complementing government efforts to end these diseases as public health threats by 2030, CSOs and community groups continue to face barriers to policy influence. Their contributions in supporting community structures, increasing service demand, raising awareness, and providing frontline services are invaluable, yet their voices are often overlooked in decision-making spaces.

The Uganda Network of AIDS Service Organizations (UNASO) identified key policy gaps in the current HIV/AIDS response, including mandatory HIV testing and disclosure, criminalization of HIV and limited provisions for HIV management in emergency and post-conflict situations. UNASO, a network of over 500 CSOs developed this Technical Assistance (TA) request following consultations with various stakeholders, including the Uganda Aids Commission, Uganda Young Positives (UYP), Uganda Key Population Constituency (UKPC), National Forum of People Living with HIV Networks Uganda (NAFOPHANU), International Community of Women Living with HIV Eastern Africa (ICWEA), Positive Women with Disabilities Uganda (POWODU), Uganda Network of Sex Worker-led Organization (UNESO), Uganda Network on Law Ethics and HIV/AIDS (UGANET), Interreligious Council of Uganda (IRCU), Fish-fork Health and Development Initiative (FHADI), and A Pen For Africa (APFAF).

It is against this background that UNASO (TA Requestor) sought The Community Rights Group Strategic Initiative (CE SI) Technical Assistance (TA) from The Global Fund. The TA request was successfully granted by The Global Fund through International Community of Women Living with HIV East Africa (ICWEA); the TA Provider.

The TA bought on board Solome Nakaweesi Kimbugwe as the Technical Expert in the provision of Short-Term Technical Assistance in Uganda to support participation of Communities living with & affected by HIV (including key and priority populations, adolescent girls and young women in the review processes of the National HIV and AIDS Policy (2011) and the National HIV and AIDS Strategic Plan (2020/2021-2024/2025).

The Technical Assistance aimed to support the mobilization and participation of Communities living with & affected by HIV (including key and priority populations, adolescent girls and young women in the review processes of the National HIV and AIDS Policy (2011) and the National HIV and AIDS Strategic Plan (2020/2021-2024/2025 and develop and submit a consolidated set of recommendations to improve the National HIV and AIDS Policy 2011 and development of the National HIV and AIDS Strategic Plan 2025/2026 - 2029/2030.

1.2   Aims and Objectives of the Review
Overall Aim of the Assignment (As Per the TORs)
Support participation of community-led and civil society organizations, including constituencies from key and vulnerable populations, in the review processes of the National HIV and AIDS Policy (2011) and the National HIV and AIDS Strategic Plan (2020/2021-2024/2025).

Sub-Objectives of the Assignment (As Per the TORs)
1. **Sub-objective 1:** Conduct community-led reviews and consultations on the current Uganda National HIV and AIDS Policy (2011) and the National HIV and AIDS Strategic Plan (2021 - 2025).
2. **Sub-Objective 2:** Develop and submit a consolidated set of recommendations from key and vulnerable populations to improve the National HIV and AIDS Policy 2011 and the National HIV and AIDS Strategic Plan 2020-2025.

1.3   Scope of Work
As per the Terms of Reference (attached herewith as Annex 1), the Technical Expert is expected to specifically perform the responsibilities as below:
a. Develop and submit an Inception Report with data gathering methodology.
b. Expert Review and Analysis of the National HIV and AIDS Policy (2011) and the National HIV and AIDS Strategic Plan (2020/2021-2024/2025).
c. Conduct 1 community consultation (50 participants, 2 days) with communities and representatives from key populations, PLHIV, youth, and affected communities attending from the 11 regions of Uganda.
d. Conduct at least 5 FGDs with diverse groups to gather community perspective on the National HIV and AIDS Policy (2011) including challenges, gaps and opportunities to improve.
e. Conduct at least 5 key informant interviews to gather input from key stakeholders and technical persons on the current National HIV and AIDS Policy (2011) including challenges, gaps and opportunities to improve. (Virtual)

f. Develop a set of recommendations for inclusion into the review process for the National HIV and AIDS Policy (2011) and integration into the development of the HIV and AIDS National Strategic Plan (NSP) 2020/2021-2024/2025.

g. Write and submit the Final Report, documenting project activities, lessons learned and impact. (Annexes: Finalized expert reviews and community recommendations).

1.4 Expected Outcomes

As per the TORs (Attached hereto in Annex 1), the following are expected from the Technical Assistance:

a. Inception Report with data gathering methodology
b. Expert Review Analysis of the National HIV Policy and HIV NSP
c. Community recommendations to improve the current HIV/AIDS Policy and HIV NSP
d. Final Report, documenting project activities, lessons learned and impact (Annexes: Finalized expert reviews and community recommendations)

2   Methodology

2.1   Expert Review Methodology and Tools

Given the nature and extent of the TA, a wide range of primary and secondary methods were employed by the Technical Expert in collecting relevant data that included desk review, key informant interviews, focus group discussions and a national community consultative process. Working in close collaboration with the TA Recipient (UNASO) TA Provider (ICWEA) and CE SI, **the assignment was undertaken in <u>Six (6) Phases</u> as thus: (i). Phase 1 – Commissioning and Planning (ii). Phase 2 - Inception (ii). Phase 3 –Expert Review of Current HIV and AIDS NSP and HIV Policy Phase 4 - Community Consultations (iii). Phase 5– Report Writing and Validation and (iv). Phase 6 - Mission Closeout,** summarised as follows:

Expert Review of HIV and AIDS Policy 2011 and NSP 2020/21-2024/25

Community Consultations (11 Key Informant Interviews and   5 Focus group Discussions = 107 Community Members Across 5 Communities - PLHIV, KPs, PPs, VPs, YPLHIV and TB Survivors)

1 Two-Day National Community Consultation Workshop

Final Consolidated Community Strategic Priorities informing TWGs

National Validation Meeting

A cross range of methodologies were employed that included:

Figure 1: Participatory Methodological Approach

2.2   The Consultations

2.2.1 Desk Review

Key data sources were consulted (see List of References in Section 5) that included among others: national laws, policies and strategies; regional frameworks and global frameworks as well as the National HIV Policy 2011, National HIV and AIDS Strategic Plans and the RIA Reports. The Desk Review enabled for: understanding context and background of both the National HIV Policy and National HIV and AIDS Strategic Plan; situated within the broader landscape of existing knowledge; informed the methodology though enabling for the development and sharpening of research questions that were used in the KIIs, FGDs and national consultative workshop and facilitated the process of zeroing on the key respondents to consult during this review.

2.2.2 Stakeholders Consulted

The design of the Review intentionally took on an inclusive and participatory approach to allow extensive consultation within and among communities. Qualitative Data was also gathered through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and a 2-Day National Consultative Workshop (See Attached Annex 3.3).

A total of 11 key respondents were interviewed using an interview guide (See Annex 3.1 – Key Informant Interview Guide).

While a total of 107 community members were consulted through 5 Focus Group Discussions using a Focus Group Discussion Guide (See Annex 3.2). The FGDs were clustered along the following categories:

People Living with HIV	Key Populations	Young People Living with HIV	Priority Populations and Vulnerable Populations	TB Survivors (PLHIV)
1. PLHIV Networks, Organisations and Activists 2. WLHIV Networks, Organisations and Activists 3. Health & HIV Service Providers 4. GBV, HIV and AIDS Stakeholders 5. CCM Board Rep for Youth	1. GB - MSM 2. Transgender and Gender Diverse 3. Other LBTIQ+ Persons 4. Female Sex Workers 5. Other SWs - Male & Queer 6. Persons who use and Inject Drugs 7. KP Health and Legal Service Providers 8. CCM Board Rep for KAP	1. YPLHIV Networks, Organisations and Activists 2. AGYW Networks, Organisations and Activists 3. ABYM Networks, Organisations and Activists 4. In and Out of School Young People 5. CCM Board Rep for Youth	· Fisherfolk · Long Distance Truckers · People in Prisons and Closed Settings · Persons with Disabilities 1. CCM Board Rep for KAPs	· TB Survivor Networks, Organisations and Activists 1. CCM Board Rep for TB

Figure 2: Communities Consulted in the 5 Focus Group Discussions

The 5 FGDs were coordinated by Key CSOs within the communities as follows:

a) Uganda Key Populations Consortium (UKPC) coordinated and hosted the Key Populations Focus Group Discussion that brought together a total of 25 PLHIV including the following sub-communities: GBMSM, female sex workers, male sex workers, queer sex workers, transgender and gender diverse persons and LBQ women.

b) The National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) coordinated and hosted the PLHIV Focus Group Discussion that brought together a total of 15 PLHIV.

c) Positive Women with Disabilities Uganda (POWODU) coordinated and hosted the Vulnerable Populations and Priority Populations Focus Group Discussion that brought together a total of 15 PPs and VPs that included: persons with disabilities, truckers, fisherfolk and ex-prisoners.

d) The Uganda Network of Young People Living With HIV& AIDS (UNYPA) coordinated and hosted the YPLHIV, AGYW and ABYM Focus Group Discussion that brought together a total of 24 Respondents including the following sub-communities: YPLHIV, AGYW, ABYM and students.

e) The Uganda Stop TB Partnership (USTP) The TB Survivors PLHIV coordinated and hosted a Focus Group Discussion that brought together a total of 17 TB stakeholders.

Annex 6.2.2 details the various communities consulted and modes of consultation.

The FGDs ensured representation of sub-populations within the communities. Graph 3 below breaks down the composition of the 5 FGDs.
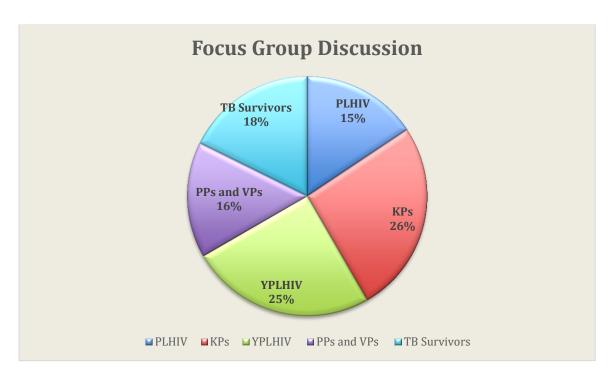
Figure 3: Focus Group Discussion Representation Per Communities

2.2.3 Timelines

The Review was undertaken within a span of Two (2) calendar months from May to June 2025 allocated as follows:

May 2025

- 2nd May: Commissioning Meeting
- 3rd - 6th May: Development of Inception Report and Tools
- 9th May: Submission of Inception Report, Tools and Implementation Roadmap
- 12th - 21st May: Desk Review
- 13th May: Inception Workshop
- 14th - 20th May: Key Informant Interviews
- 19th - 20th May: Focus Group Discussions
- 22nd - 23rd May: National Communities Consultative Workshop
- 24th - 26th May: Development and Submission of Communities Recommendations
- 26th - 31st May: Attend TWGs and support UNASO and Communities
- Ongoing TA support, mentorship and backstopping

June 2025

- 1st - 15th June: Report Writing
- 1st - 15th June: Attend TWGs and support UNASO and Communities
- 11th June: Check-in Call with UNASO and ICWEA
- 18th June: 1-Day Validation Workshop
- 19th - 30th June: Report Finaliation and Development of Charter
- Ongoing TA support and backstopping

Figure 4: Timelines and Key Activities of the Review

2.3   Limitations of the Review and How They Were Mitigated

The Review was affected by three (3) major limitations that were mitigated. These are:

a) **Scope of the Review –** While the review ensured national consultation of various communities, it was still limited in scope due to resource and time constraints and as thus; this limits the findings.

Mitigation of this limitation was through diversification of the key respondents – targeting to ensure that all communities sub-populations are reached; rural-urban . The sampling techniques deliberately ensured that various sub-populations of communities are targeted to create a national representative sample. This ensured that diverse voices were represented. In addition, there was supplemented with data from multiple sources – KIIs, FGDs, Desk Review and National Consultative Workshop.

b) **Resource Constraints -** Restricted the scope and depth as some communities didn't feel adequately represented. For example, the TA budget was under costed yet there was more enthusiasm for community members to attend the various processes. For example; while the FGDs were planned for 10 community representatives per cluster (50 in total) they doubled to 107 FGD participants. In addition, the 2-Day National Consultative workshop was planned for 50 participants and ended up being oversubscribed with a total of 102 participants.

This was mitigated though the use of cost-effective data collection techniques and tapping into the networks and strategic alliance that the TA Expert, TA Provider and TA Requester had to access key spaces and TWGs as well as requesting key leaders to contribute to their costs of participation.

c) **Timing of the Review –** Fieldwork was affected by time constraints as the process of reviewing the NSP had begun and was moving fast. This affected the focus group discussions, key informant interviews as well as effective engagement of the Technical Working Groups (TWGs) by communities.

This was mitigated through adjustment of the fieldwork schedule, identifying liaison persons to support coordination of various FGDs across the 5 sub-communities and efficient resource management and use of more online engagements allowed wider participation of communities. . In addition, the consultant was versatile and made appropriate changes to the interview timelines to suit the schedules of the key respondents.

3 Key Interventions, Outcomes and Deliverables

3.1 Tasks Performed

Key tasks performed included the following:

Phase 1: Commissioning and Planning
- Clarify TORs and SoWs
- Commissioning Meetings with ICWEA, UNASO and CE SI
- Contracting

Phase 2: Inception and Tool Development
- Design Assignment Tools
- Inception Report
- Inception Meeting with ICWEA, UNASO and CE SI
- Stakeholder Identification

Phase 3: Expert Review of Current HIV& AIDS NSP and HIV Policy
- Desk Review

Phase 4: Community Consultations
- KIIs
- FGDs
- 1 National Community Consultation Workshop
- Community Recommendations Inputted to the Review of the HIV & AIDS NSP

Phase 5: Data Analysis, Report Writing and Validation
- Report Writing
- Validation Meeting
- Finalisation of Report & Submit Final Deliverables
- Community Recommendations Inputted to the Review of the HIV & AIDS Policy

Phase 6: Influence and Engagement with the NSP and Policy Review Processes
- Development of Communities Recommendations for New NSPs
- Support CSO Engament with the Technical Working Groups of the NSP
- Development of the CSO Charter (to aid in advocacy)

Phase 7: Assigment Close Out
- End of Consultancy Report
- Closeout Meeting with ICWEA, UNASO and CE SI

3.2 Key Outputs and Deliverables

The Technical Expert delivered on the following:

3.2.1 Outputs

a. Agenda for the Inception Meeting

b. List of Key Resources for Desk Review and Expert Analysis

c. List of Key Respondents for the KIIs and FGDs

d. Key Informant Interview Guide and the Focus Group Discussion Guide

e. Workshop Program and Session Plan for the 2-Day National Community Consultation Workshop

f. Workshop Program and Session Plan for the 1-Day Validation Workshop

g. Power Point presentations and other resources for the National Community Consultation Workshop and Validation Meeting

3.2.2 Key Deliverables

1. Inception Report and Assignment Implementation Roadmap

2. Workshop Process Report – National Communities' Stakeholder Consultative Workshop On The Review Of The Uganda National HIV and AIDS Policy 2011 And National HIV and AIDS Strategic Plan (2020/2021–2024/2025)

3. Community Recommendations to improve the current National HIV and AIDS Policy (2011) and the National HIV and AIDS Strategic Plan (2021 - 2025) that:
   a. Informed the HIV Policy and NSP review processes esp. addressing the critical gaps and guides CSOs and policy makers
   b. Enhanced advocacy efforts by CSOs and communities and;
   c. Guided program implementation

4. Two Communities' Advocacy Documents as follows[1]:
   a. Advocacy Document for National HIV and AIDS Policy (See Annex 5). This informs Communities advocacy lobbying and engagement with the National HIV and AIDS Policy 2025 development process.
   b. Communities Charter Communities' Top Tier Strategic Priorities for National HIV and AIDS NSP 2025-26 - 2029-30 (See Annex 7). The CSO Charter summarized the Communities priorities to inform advocacy and engagement in various processes especially development of the NSP 2025/26-2029/30 as well as the ongoing processes on the Integration of Health Services

5. A Final Report:
   a. Documenting project activities lessons learnt and impact
   b. Has a detailed Expert Review Analysis of the National HIV and AIDS Policy (2011) and the National HIV and AIDS Strategic Plan (2020/2021- 2024/2025)
   c. Community Recommendations to feed into the development of the National HIV and AIDS Policy (2015) and the National HIV and AIDS Strategic Plan (2025/26 – 2029/30).

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[1] Whereas several recommendations were made by Communities (attached as Annex 4 and Annex 6); it was decided (at the Validation Workshop) that in order to be strategic there is need to prioritize and develop Top Tier Advocacy Documents that will be used to inform engagement on the two processes. These are presented as Annexes 5 and 7.

Annex 5 is the Advocacy Document - Priority Policy Gaps, Strategic Issues and Recommendations for National HIV and AIDS Policy that presents the Priority Policy Gaps, Strategic Issues and Recommendations for HIV Policy.

Annex 7 is the Communities Charter Communities' Top Tier Strategic Priorities for National HIV and AIDS NSP 2025-26 - 2029-30 that indicates the advocacy priorities that inform Communities engagement with the NSP process.

4 Review of the National HIV and AIDS Policy 2011

4.1 Introduction to the National HIV and AIDS Policy 2011

The National HIV and AIDS Policy (2011) served as a landmark framework in overturning the HIV epidemic in Uganda, and was instrumental in framing a multisectoral, and rights-based approach across governance, prevention, treatment, care and support for the national HIV response. It served as a roadmap for accelerated efforts to control the HIV/AIDS epidemic, and improve the lives of people living with and affected by HIV/AIDS notably; it laid a strong foundation for the development of the various national HIV prevention and treatment frameworks and Plans including HIV Prevention and Control Act 2014 (Republic of Uganda, 2014).

4.1.1 National HIV Policy 2011 Purpose

The National HIV Policy 2011 was developed to:
- Meet the need for a strong, coherent, supportive, human rights-based and gender-balanced, legal and policy environment to address the evolving HIV response (dynamics and magnitude of social, and economic impacts of the HIV epidemic).
- Strengthen Multi-sectoral Coordination of the HIV response (Move beyond addressing HIV as a disease-specific issue but as a social, economic and development issue).
- Assessment of emerging issues and anticipated impacts of the dynamics of the HIV epidemic and the broader AIDS response.

4.1.2 Driving Factors for the Development of the National HIV Policy 2011

a) There was no substantive law to address issues arising from HIV/AIDS, apart from the Uganda AIDS Commission Act (UAC ACT Cap. 208), which only provides for the functions and powers of UAC.
b) Stagnated HIV prevalence in the Mid 2000's (6 -7%).
c) Gaps in existing policies and limitations in implementation (National Policy Guidelines on HIV/AIDS – 1993/1996); Policy developed as a **"Revised and broader policy framework"** for delivering HIV and related services in the country. (Aligned to key national & International policy guidelines in – Governance, Human-rights, HIV and social economic development, and intended to inspire national action at all policy formulation, programming and service at all levels).

4.2 National HIV and AIDS Policy 2011: Summary Analysis

This section presents findings from the Expert Review (desk review) that is collaborated with qualitative data (quotes / community voices from communities).

4.2.1 Major Milestones of the National HIV and AIDS Policy 2011

Key most outstanding achievements of the National HIV and AIDS Policy 2011 were: providing guidance for the development and review of the National HIV and AIDS Strategic Plans, HIV Prevention and Control Act 2014, various guidelines & other guiding documents. Th policy also clarified the role of UAC plays as a custodian of the HIV Response in Uganda complementing the UAC Act Cap 208 as well as lay ground for the deepening of the multisectoral approach and coordination across sectors. Since 2011, there has been as growth in HIV resourcing – that saws the increased investment of public financing; commitment of the 0.1% by sectors; private sector; development partners and communities.

> **Community Voices: Major Milestones**
>
> *"The Policy gave us a landscape of engagement... clarity of roles ... clarity of the governance structures and institutional arrangements. It further highlights the role of Uganda AIDS Commission as the custodian of the HIV response and convenor of the multisectoral approach that brings us all together as stakeholders"*
> **Key Respondent**
>
> *"As implementing partners that support communities, this policy has provided us with an excellent guide in the reduction of new infections... It informed several new strategies that were implemented optimally"*
> **Key Respondent**
>
> *"The policy led to the development of guidelines that we have as Communities disseminated across the country ... it also has enabled us to undertake periodic Stigma Indexes, which are important for us as PLHIV"*
> **Community Focus Group Discussion**
>
> *"For me, it's the roll down of the mother to child transmission!"*
> **Key Respondent**

The review further established that the Uganda registered key milestone regarding HIV prevention and prevalence key among these being: a 60% decline in new HIV infections between 2010 and 2024, decline in HIV prevalence – from 7.2% in 2010 to 5.1% in 2024 as per the Annual JAR Report 2023/24 (Uganda AIDS Commission , 2024); Reduction of Mother to Child Transmission with vertical transmission reduced by 6.6% from 50,000 in 2011 to 5,000 in 2024; Scaling up of the ABC+ Model and its successes; Improved access to HIV testing services through various options; Biomedical HIV prevention interventions like: PREP, PEP, PMTCT etc; Scalability and accessibility to combination HIV prevention services packages (SBCC, HTS, Condom Programming, PrEP, VMMC, ART - Treatment as Prevention) as well as; Scaled up Differentiated Service Models (DSD).

Detailed analysis is attached hereto in the Top-Tier Community Issues and Recommendations for the National HIV and AIDS Policy.

4.2.1 Challenges and Gaps of the National HIV and AIDS Policy 2011

Nonetheless, in spite of the major milestones, the policy had pertinent challenges and gaps. Due to the shifts within the HIV trajectory and key developments; over time, the National HIV and AIDS Policy 2011 has

been overtaken by newer frameworks and failed to remain a central reference in Uganda's National HIV response. The review established that the knowledge of this policy was and is still low within national stakeholders including communities – with many respondents referring to the NSPs. There was also a conflation of the Policy and NSPs and the fact that the HIV policy, NSPs and HIV prevention and control cat weren't in congruence with each other.

With over a decade since the adoption of the 2011 HIV Policy, both global and national HIV response frameworks have undergone transformative shifts, which have left the policy remarkably outdated, and out of touch with the evolving political, scientific, legal, social shifts and community realities that define the current global, Africa regional and national HIV landscape.

At the Global Level there has been shifts such as:
a. At the global level, the Sustainable Development Goals (SDGs), particularly Goal 3.3, aimed at ending AIDS by 2030.
b. The UNAIDS Global AIDS Strategy (2016–2021) and (2021–2026) (UNAIDS, 2021) and Global HIV Target Setting Towards 2030 (UNAIDS, 2025), that emphasise fast-tracking HIV targets, ending inequalities, strengthening community leadership, and rights-based approaches, urge for the elimination of inequalities as central to ending AIDS, leveraging community-led responses, and ensuring universal access to HIV prevention, testing, and treatment services.
c. The Global 95-95-95 HIV targets for HIV treatment and prevention (95% of people living with HIV to know their status, 95% of those diagnosed with antiretroviral therapy (ART), and 95% of those on ART to have viral suppression by 2030).
d. The Global 10-10-10 Societal Enabler Targets that are aimed at addressing key societal barriers in the HIV response such as punitive legal and policy environments, stigma and discrimination, gender inequality and violence.
e. The 30-80-60 Community Targets aimed at ensuring that by 2030; communities will deliver 30% of testing and treatment services, 80% of HIV prevention services and 60% of programmes supporting the achievement of societal enablers.
f. The WHO Global Health Strategies on HIV, Hepatitis and STIs GHSS 2022-2030 (World Health Organization, 2022) which emphasizes integrated, person-centered, resilient and sustainable health systems responses.

g. The HIV Prevention 2025 Road Map which; focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers that can prevent people from acquiring HIV infection. It also highlights the considerable complementary and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV.

h. The 2021 Political Declaration on HIV and AIDS where Member States agreed to prioritize HIV prevention and reduce new HIV infections to fewer than 370, 000 per year by 2025.

Communities Voices – Challenges and Gaps

"I am not so familiar with HIV Policy. Do we have a Policy, or do you mean the HIV Act of 2015?"

"One of the biggest challenges is that the NSPs overshadowed the Policy … the NSPs were plans for implementing the Policy, yet they overshadowed it"

"The Policy wasn't intentionally naming the communities most at risk, especially all populations that are most at risk, especially AGYW, KPs, Mothers, etc"

"The language in the HIV Policy isn't progressive and inclusive. Some places are derogatory, others make some communities invisible, hence undermining their existence, and others aren't in synch with acceptable minimum global standards"

"The policy is outdated and not moving with the times, where the HIV response, for instance, doesn't incorporate emerging issues and other complexities. It misses out on the new biomedical prevention interventions like U=U, PrEP for high-risk populations, SGBV, pandemic preparedness, etc, etc.

Similarly, at the continental level, there has been the following shifts since 2011 such as: The AU Agenda 2063 (African Union, 2015), Africa Union Roadmap to 2030 and Beyond (African Union, 2015) and the Africa Health Strategy (AHS) 2016-2030 (African Union, 2015) underscore among others: the need for stronger political will, health equity for vulnerable populations, right-based HIV service delivery, diversified and sustainable financing of the response, centrality of investments in adolescents, children women and youth; health security and pandemic preparedness as well as; access to medicines, regulatory harmonization and local/regional manufacturing of medicines, vaccines, and diagnostics as well as calling for integrated responses across HIV, hepatitis, and STIs.

At country-level, Uganda introduced a number of reforms and updated instruments to define its evolving HIV landscape notably; The HIV Prevention and Control Act 2014 (Republic of Uganda, 2014); The Presidential Track Initiative on Ending AIDS in Uganda (Office of the President, Republic of Uganda, 2017), the 2018 Acceleration of HIV Prevention Roadmap (Uganda AIDS Commission, 2018) , The Consolidated Guidelines for Prevention and Treatment of HIV and AIDS 2022 (Ministry of Health, 2022) and; The National HIV/AIDS Strategic Plan 2020/21 - 2024/25. These frameworks emphasize person-centered care, integration of HIV services, robust legal protections, differentiated service delivery, and alignment with global treatment standards. In addition, the Uganda AIDS Commission Regulations 2022 and the Sustainability Roadmap urge for programmatic accountability, efficiency, domestic financing, and resilient health-systems.

A comparative review of these frameworks reveals fundamental disconnects between the HIV and AIDS Policy 2011 and the current HIV and AIDS ecosystem notably:

1. The outdated policy omits key developments, such as PrEP, HIV self-testing, universal test-and-treat, differentiated HIV service delivery models and the various care and treatment models. Collectively, these national, regional and international frameworks prioritize innovations like PrEP, PEP, HIV self-testing, DSD, and rights-based program design, which were not anticipated in the National HIV Policy 2011.

2. National HIV and AIDS Policy lacks legal and regulatory coherence with the HIV Prevention and Control Act 2014 and does not reflect commitments enshrined in newer national strategies and plans.

3. Crucially, the policy fails to embed rights-based, gender-responsive, and inclusive approaches that classify and prioritize the needs of vulnerable and populations most at risk of HIV who are central to epidemic control especially, AGYW, KPs – including; sex workers in their diversities (female sex workers, male sex workers, and trans sex workers), gay, bisexual and other MSM (GBMSM), people who use and inject drugs, transgender and gender diverse persons, lesbian, bisexual and queer women (LBQ).

4. The reviewed literature and primary data sources (KIIs, FGDs and national consultative processes) underscores an urgent need to update the policy into a high-impact instrument that aligns with current context, affects communities' realities, leverages the latest scientific and programmatic advances, reflects global and national commitments, and ensures sustainability and community ownership.

4.3   Assessing the Policy Strategies of the National HIV and AIDS Policy 2011

The Expert Analysis further reviewed the Policy Strategies. The National HIV and AIDS Policy 2011 prioritised a total of 7 Policy Strategies as follows:

1. **Policy 1:** Coordination and Management of the National Response
   Policy Objective 1: To ensure coordinated management of the national response To the HIV & AIDS Epidemic

2. **Policy 2:** Prevention of transmission of HIV
   Policy Objective 2: To prevent the transmission of HIV through sexual contact, Mother-to-child, and Blood products, and other routes.

3. **Policy 3:** Mitigation of adverse Health Impact of HIV and AIDS
   Policy Objective 3: To mitigate the adverse health impact of HIV and AIDS on the Infected through Care, Support and Treatment Interventions.

4. **Policy 4:** Impact Mitigation at Individual and Community Levels
   Policy Objective 4: To minimize the socio-economic consequences of HIV & AIDS on the

population and promote involvement of the infected and affected in development efforts

5. **Policy 5:** Address Key Populations at Higher Risk
   Policy Objective 5: To reduce Vulnerability to HIV and promote equal access to impact mitigation services

6. **Policy 6:** Gender, HIV and AIDS
   Policy Objective 6: To address all gender-based concerns that increase HIV vulnerabilities and impact on service access

7. **Policy 7:** Research and Utilization of Research Products
   Policy Objective 7: To promote and guide HIV & AIDS related research to ensure standards, promote innovation and access to reliable information to

The Expert Review assessed the above 7 Policy Strategies prioritised under the National HIV and AIDS Policy 2011. The Outcomes were:

Table 1: Assessment of the Policy Strategies of National HIV and AIDS Policy 2011

2011 HIV Policy Strategy	Key Achievements and Milestones	Major Challenges and Gaps
Policy 3.1: Coordination and Management of the National Response **Policy Objective 1:** To ensure coordinated management of the national response To the HIV & AIDS Epidemic	▪ Policy provided guidance for the development and review of the National HIV and AIDS Strategic Plans, HIV Prevention and Control Act 2015, various Guidelines & other guiding documents ▪ Clarified the role of UAC plays as a custodian of the HIV Response in Uganda complementing the UAC Act Cap 208 ▪ Multisectoral approach, coordination across sectors ▪ Growth in HIV resourcing – public, sector 0.1%, private, development aid and communities	▪ Few people knew about the policy in detail, were conversant with it and its dated ▪ It restricted coordination at national level and didn't cascade it down to lower levels ▪ Misalignment between the Policy, Laws and NSP– e.g was not referenced or used as much as the HIV Prevention and Control Act 2015 or AHA 2023 as well as the NSPs ▪ Key stakeholders like PLHIV, among others, were not engaged to get their feedback prior to the development of the policy ▪ Policy wasn't widely disseminated to all stakeholders ▪ Resourcing Gaps – esp. the declining to functionalize the AIDS Trust Fund. ▪ Didn't take into consideration the emergence of Acts like the HIV control act which is invasive and requires PLHIV to disclose their HIV status. ▪ Social Contracting wasn't mentioned there yet it's part of the future
Policy 3.2: Prevention of transmission of HIV **Policy Objective 2:** To prevent the transmission of HIV through sexual contact, Mother-to-child, and Blood products, and other routes	▪ 60% decline in new HIV infections between 2010 & 2024 ▪ Decline in HIV Prevalence – from 7.2% in 2010 to 5.1% in 2024 ▪ Reduction of Mother to Child Transmission – Vertical transmission reduced by 6.6% from 50,000 in 2011 to 5,000 in 2024	▪ Lack of Policy strategies for some categories like the Boda Boda Riders, sexual partners of AGYW, mining communities, refugees and IDPs, PWDs, ABYM didn't have specific programs targeting them ▪ High HIV infection rates among adolescents and young people aged 15 – 24 years ▪ Sexuality Education is a missing link in the Policy amidst high infection rates among

2011 HIV Policy Strategy	Key Achievements and Milestones	Major Challenges and Gaps
	- ABC+ Model and its successes - Improved access to HIV testing services - Biomedical HIV prevention interventions like: PREP, PEP, PMTCT etc - Scalability and accessibility to combination HIV prevention services packages (SBCC, HTS, Condom Programming, PrEP, VMMC, ART - Treatment as Prevention) - Scaled up Differentiated Service Models	AYP - Reduced investments in SBCC / Demand Creation - Condom programming challenges – usage, demand, promotion & tracking - EMTCT challenges – 44% of new pediatric infections due to drop out of mothers - MTCT Challenges – 5,000 Babies get infected with HIV per year (although down from 50,000 in 2011) - VMMC challenges and uptake by men
Policy 3.3: Mitigation of adverse Health Impact of HIV and AIDS **Policy Objective 3:** To mitigate the adverse health impact of HIV and AIDS on the Infected through Care, Support and Treatment Interventions	- Partnerships between GOU, CSOs, Communities, FBOs and Development Partners - Provision of ART - Overall ART coverage currently at 98% 1.2 Million people (out of the 1.5 Million currently on treatment) - Nutritional support programmes	- Funding gaps for Communities within national HIV response exacerbated by recent defunding / aid cuts - Inadequate nutritional support programmes - Young people falling out of care = need to design newer strategies to keep in care - ART coverage is at 1.2 Million out of 1.5 Million (gap of 300,000 people)
Policy 3.4: Impact Mitigation at Individual and Community Levels **Policy Objective 4:** To minimize the socio-economic consequences of HIV & AIDS on the population and promote involvement of the infected and affected in development efforts	- Created an environment to fight HIV-related stigma and discrimination - Involvement of PLHIV and TB Survivor Networks in planning, implementation and monitoring HIV response - Coordination mechanisms for PLHIV at national and local levels - HIV workplace policies and policy – e.g: 183 private companies have instituted HIV friendly workplace measures - Service delivery improved especially psycho-social support and access to youth friendly services and safe spaces - Improved access to youth-friendly health services	- Stigma and discrimination is still prevalent – esp. for community that have multiple identities like KPs, PWDs, HIV/TB stigma, etc - Social safety nets - Policy gaps on having no clear strategies and prioritizing for carers = maybe explains why many adolescents and young people are dropping out of care or AGYW mothers living with HIV cannot be retained in care
Policy 3.5: Address Key Populations at Higher Risk	Definition of populations at high-risk e.g: children, young	Invisibility of the Policy on some communities and high-risk populations.

2011 HIV Policy Strategy	Key Achievements and Milestones	Major Challenges and Gaps
Policy Objective 5: To reduce Vulnerability to HIV and promote equal access to impact mitigation services	people, AGYW, KPs, prisoners, PWDs, fisherfolk, migrant populations, prisoners that provided basis for programming and NSPs ▪ Fostering inclusion of key and vulnerable populations' voices in the HIV response ▪ Created favorable environment for KP-led CSOs to engage meaningfully in the HIV response through various TWGs under the auspices of UAC and MOH as well as other interventions such as Global Fund Processes, PEPFAR COP, Equity Plan and the review and/or development of NSPs	Although policy though it speaks about high-risk populations doesn't mention key populations (or MARPS or KAP - the language used then) ▪ Language on KPs is problematic, *"people who engage in sexual behaviours that put them at higher risk"* and needs to be aligned to the current inclusive and respectful languages of communities ▪ Some communities at high risk aren't listed ▪ No policy strategies for all communities at risk like PWDs ▪ The policy doesn't disaggregate the KP categories to distinguish Sex workers from LGBTQI+ persons. ▪ Little or no commitment to the policy, and therefore, few sections of the policy were implemented
Policy 3.6: Gender, HIV and AIDS **Policy Objective 6:** To address all gender-based concerns that increase HIV vulnerabilities and impact on service access	▪ Enabled for acknowledging HIV as a development, gender and human right issue ▪ Acknowledges limited male involvement and seeking for support of men male engagement ▪ Policy strategies to promote equity ▪ Political commitment on eliminating SGBV affecting women ▪ Weaving a nexus between economic empowerment and GBV elimination	▪ Though acknowledges limited male involvement, has no policy strategy on Male Engagement – gaps in engaging men, adolescent boys and young men & VMMC ▪ There are no strategies to engage with gatekeepers / norm- shift actors that define and/or regulate social norms at family and community levels ▪ SGBV and GBV rates are still very high disproportionally high affecting WLHIV and AGYW, female KPs (e.g. Female SWs, Female PWUID) and Transgender persons

Policy 3.7: Research and Utilization of Research Products
 	
Policy Objective 7: To promote and guide HIV & AIDS related research to ensure standards, promote innovation and access to reliable information
	▪ HIV data and research products generated e.g: JAR, UPHIA, Size Estimates, Factsheets, etc
	▪ Research protocol put in place to guide research
	▪ Growth of evidence-based HIV programming and response
	▪ Data systems within UAC and MOH, Development Partners and Communities such as:
	  - EMR which feeds into DHIS 2
	  - UPHIA for surveillance
	  - DSD for tracking patients in care
	  - EID dashboard
		▪ Lack of data for some sub-populations where there are no size estimates
		▪ Parallel data systems in the health sector
		▪ HIV Data disparity
		▪ Data Conflation – Data is still not fully disaggregated per sub-populations / sub-communities.
		▪ Transgender Data is often conflated within Gay MSM and Sex Worker Data
		▪ The 'politics of who owns and controls' KP Data

2011 HIV Policy Strategy	Key Achievements and Milestones	Major Challenges and Gaps
	- Viral load Dashboard - KP Tracker - CLM for Communities - IKIS for Key Populations	

4.4 Lessons Learnt from the National HIV and AIDS Policy 2011 and Opportunities to Harness for New Policy

The Expert Review established as number of learnings and opportunities to harness.

a. **Shifting Global Health Financing Architecture** – The global landscape is changing and pushing countries to sustain their response. E.g. US defunding creates an opportunity to increase public finance for health, reignite local ownership & autonomy of the HIV response and full actioning of the 0.1% mainstreaming within various Ministries, Departments and Agencies (MDAs).

b. **Community Systems -** The Communities and CSOs are strong, resilient, increasingly influential, organised and has several models that have worked & can be scaled up (e.g: CLM, Youth and Adolescent Support (YAPS), DICs, Peer Models etc).

c. **Strategic Location of UAC –** Under Office of the President allows the institution to exert its mandate and recognition.

d. **Integration of Health Services Agenda –** Creates an opportunity to strengthen the multi-sectoral approach although; there is need to define how the broader integration will look like.

e. **Sustainability Roadmap –** The process provides an opportunity to define sustainability and local ownership of the National HIV response.

f. **AIDS Trust Fund** – An opportunity for local resource mobilisation that needs to be actioned and fast-tracked.

g. **Existing Social-Development Programmes –** Such as PDM, Emyooga, GROW, OWC etc that can be leveraged and aligned with the Social Support and Protection strategies of the Policy to address vulnerability and poverty of PLHIV, AGYW, young people and high-risk populations.

h. **Existing Community Structures –** There are successful community health structure s like VCTs, CHEWS, Peers, Expert Clients that can be leveraged moving forward.

i. **Universal Health Insurance –** The current landscape of promoting local ownership of the response provides an opportunity for Communities to demand, fast-track and hold government accountable to enact and implement the Universal Health Insurance.

j. **Regional and Global Health Targets and Standards –** Creates an opportunity to align the HIV Policy e.g to the SDGs, Global AIDS Strategy, Global Fund, WHO, Abuja Declaration.

4.5 General Recommendations to Inform the New National HIV and AIDS Policy 2015

The Expert Review proffers the following general recommendations and attached hereto is the Communities Top Tier Policy Issues and Recommendations.

4.5.1 Policy Overhaul and Revision to:
  a. Commit on decriminalisation of HIV and Key Populations = Legal Reform Strategies
  b. Ensure alignment with existing national policies, regional and global standards
  c. Meet the ever-changing trends and digital transformation
  d. Be aligned with the realities of the current financing landscape and resource shifts
  e. Address the language and ensure that it's inclusive, affirming and aligned to global standards and NSPs
  f. Be aligned to the HIV trajectory in Uganda and emerging issues like ageing with HIV, NCDs, mental health, SRHR, human rights barriers, etc

4.5.2 Ensure that the Policy is updated to include contemporary key issues such as:
  a. Biomedical interventions and options – PrEP, PEP, U=U, etc
  b. Tripple Elimination
  c. Male Engagement

Community Voices : Opportunities to Harness from the National HIV and Policy 2011

"At the heart of every response, there is community! The fact that we are there is a huge opportunity to harness..."

"For so many years, we have been talking about sustainability; the time is now for us to act on it!

"However, brutal I may sound, but in my view, the cut of development aid by development partners is the best blessing that Uganda's healthcare system and HIV response has been gifted... It will enable us to realise efficiencies and reprioritise national budgets"

"Integration has always been there, and we can authoritatively claim that we are one of the few sectors that started doing it.... HIV has for the longest done integration through the multi-sectoral approach... Through integration of TB, malaria, nutrition, SRHR, mental health, COVID-19, MPOX, gender, name it! So, it's now our opportunity to show others how they can integrate..."

"A Person with Choice has Power!... The fact that we have things like PrEP Options is an opportunity we can tap into"

d. Ageing with HIV

e. Universal Health Insurance

f. Community Systems Strengthening

g. Social Contracting

h. Norm-shift actors at community levels, e.g. cultural and religious leaders

i. Other components like: NCDs, Mental Health, SRHR, Nutrition, Health and Human Rights and Disability

j. Other pertinent issues - pandemic preparedness, emergency response, displacement

4.5.3 Under the Coordination and Management of the Response, ensure that the policy addresses

a. Elaborate the multi-sectoral approach should include the other ministries, like the Ministry of Education, URA and government agencies

b. Issues of health workers absconding from work, stigma and discrimination are addressed.

c. Define Resourcing of the Policy and consider introducing the following:

   i. Clients are charged a reasonable service fee that could contribute to the local resource mobilisation pool.

   ii. Make provisions for resourcing the response

   iii. Expand the AIDS Trust Fund to include contributions from people like musicians, among other entities

   iv. Clarify what the 0.1% national budget allocation of funds from the government translates into and what it should be used for

   v. The policy majorly based on local funding for sustainability

4.5.4 Adequately support the response for NCDs and other chronic illnesses that affect many PLHIV.

4.5.5 Mainstream social protection in the HIV and AIDS Policy.

4.5.6 Ensure regular revision to incorporate the emerging trends and interventions like new biomedical developments, HIV testing modalities, research models and new technology.

4.5.7 Define the Priority Populations and Vulnerable populations are rather than just bundling all of them together as vulnerable populations since they each have unique needs.

4.5.8 Include strategies on HIV related Community-Led Research.

4.5.9 Create a clear policy strategy on user fees that makes provisions for sensitisation of Communities on the importance of paying a service charge for HIV services.

4.5.10 Develop abridged versions of the HIV for more effective dissemination and understanding by Communities

4.5.11 Incorporate the new research trends and interventions like Cabotegravir PrEP.

4.5.12 Update the policy for better utilisation of new communication tools like social media / social groups, or influencers to raise awareness.

4.5.13 Make provisions for the use of telemedicine to ease access to information and medication.

4.5.14 Prioritise the investment in data collection and utilisation for KPs, Priority Populations and Vulnerable populations to improve decision making.

4.5.15 Include Social Contracting in the New Policy.

5 Review of The National HIV and AIDS Strategic Plan 2020/2021 – 2024/2025

5.1 Introduction National HIV and AIDS Strategic Plan 2020/2021 – 2024/2025

The National HIV and AIDS Strategic Plan (NSP) 2020/21–2024/25 is Uganda's most current and comprehensive framework for guiding the national HIV response. It offers a forward-looking vision grounded in country-context, affects communities' realities and is firmly aligned with national development and global commitments. The NSP reflects the priorities of the UNAIDS Global AIDS Strategy (2021-2026) (UNAIDS, 2021), including the acceleration of the 95-95-95 targets, elimination of structural and human rights-related barriers to access, and the promotion of equity, dignity, and quality of life for people living with and at risk of HIV. It also aligns with the WHO GHSS 2022-2030 (World Health Organization, 2022), emphasizing integrated, person-centered, and resilient health systems. As well as alignment with the united Nations Agenda 2030 on Sustainable Development - The Sustainable Development Goals (SDGs) Goal 3 (United Nations, 2015).

5.2 Major Achievements and Milestones of the National HIV and AIDS Strategic Plan 2020/2021 – 2024/2025

Importantly, the NSP laid a strong foundation for HIV epidemic control by strengthening multi-sectoral coordination and community engagement in HIV prevention, treatment and care support. It catalyzed the implementation of the 2017 Presidential Fast Track Initiative (Office of the President, Republic of Uganda, 2017), the 2018 HIV Prevention Road Map (Uganda AIDS Commission, 2018), the 2014 HIV Prevention and Control Act (Parliament of Uganda, 2014) and informed key reforms such as, the development of the 2022 Consolidated guidelines for Prevention and Treatment of HIV and AIDS (Ministry of Health, 2022) and the 2022 Uganda AIDS Commission Regulations (Parliament of Uganda, 2022). Collectively, these instruments have improved HIV quality service delivery, key affected population reach, and solidified the strategic multisectoral coordination leadership role of the Uganda AIDS Commission.

In addition, the NSP was in alignment with the Global HIV 2030 Targets that urge countries to adopt a bold, country-owned, equitable, people-centered and rights-based approach focused on three priorities; equitable access to HIV services, removing structural barriers, and fully resourcing and integrating HIV responses. Uganda's NSP partially mirrored this, especially in expanding domestic resource mobilization for sustainability of the national HIV response and community-led service delivery models.

Evidence from the Annual JAR Report 2023/24 (Uganda AIDS Commission , 2024) shows commendable progress of the national HIV responses notably; HIV prevalence reduction to 5.1%, ART coverage scaled to 94.6% nationally, improved HIV prevention and treatment coverage including; linkage and viral suppression, especially among Adolescent girls and young women, priority and key populations. Integration of HIV services with TB, cervical cancer, and hepatitis B screening improved quality of care. Community-led differentiated service delivery models, such as the Key Population service Models (DICs), Young and Adolescent Peer Support (YAPS) approaches, significantly improved HIV testing, linkage, retention and viral suppression among young people and key populations.

Key to note among the key milestones is the boldness with which the NSP prioritised some communities especially Key Populations – key among this setting indicators for KPs like gay, MSM, sex workers and introduction of Transgender targets and commitments. Furthermore, Communities noted that this NSP strengthened the multi-sectoral coordinating mechanism. Communities reported their increased level of engagement between MOH, UAC and involvement in key policies such as DIC Guidelines with MOH as well as engagement at national level TWGs, belonging to national task force and committees like the National Condom Committee, participation in the GF processes, Equity Plan Steering Committee, PrEP, etc.

Community Voices: Key NSP Milestones

"The mere mentioning of sex workers, gay and MSM, transgender in a national strategic plan is revolutionary.. This has enabled for the growth of KP programming and resourcing in Uganda... The fact that some KPs are recognized on the NSP have enhanced service delivery for KPs but also cushioned them when the AHA was passed... and of course, this NSP increased update of PrEP and PEP"
Key Respondent

"The NSP was intentional in targeting vulnerable and high at-risk populations.. It is no doubt that the fact that this NSP Boldy held the bull by its horn led to the reduction of the risk of HIV among vulnerable groups like AGYW and KPs"
Focus Group Discussion

"There has been more resilience and working with communities such as managing Ebola, MPOX and COVID-19 the GOU worked with community systems that have been integrated to serve various epidemics"
Key Respondent

"The current NSP was bolder in terms of issues of rights, social security - even at the development stage this NSP was bolder and stronger... only to be hit by the AHA although all wasn't lost. Because of its boldness, it gave us a milestone in developing the Adaptation Framework after the AHA enactment cos even after the AHA, the NSP protected everyone in the HIV Response and communities continued to work through the support provided by UAC and the MOH circulars"
Key Respondent

"The NSP development process enabled us as communities to participate – the development process was consultative and thereafter the technical working groups – although some of them aren't active"
Focus Group Discussion

5.3 Key Challenges and Gaps of the National HIV and AIDS Strategic Plan 2020/2021 – 2024/2025

In spite of the milestones and achievements registered above; the Communities Consultation and Review established challenges such as underfunded combination prevention efforts, fragmented M&E systems, and overreliance on donor funding persist (80–82% of HIV financing is externally sourced). These threaten the sustainability and equity of the HIV response. Comorbidities such as TB, cervical cancer, hypertension, and mental health issues are increasingly reported among PLHIV, but the NSP did not adequately address integration of these services. Additionally, Advanced HIV Disease (AHD) management, integration with NCD and mental health services, and coverage for children and adolescents remain insufficient. Prevention lags treatment in funding and implementation, and key populations still face criminalization, discrimination, and inadequate structural protections. Structural barriers and Gender inequalities still drive increased new HIV infections among AGYW. In addition, The NSP also omitted emerging innovations such as long-acting PrEP (CAB-LA, Dapivirine ring, and the newly approved Lenacapivir), which are critical to AGYW and key population HIV prevention strategies.

The above challenges have heavily contributed to gaps including:
a. 11% of the population not tested for HIV (the low HTS uptake among children, young people, key populations and men).
b. Increasing new HIV infections among pediatrics and Children, young people (Inc. AGYW, ABYM).
c. High new HIV infections among Key population despite small population estimates.
d. Low ART coverage among children, adolescents and young people is estimated at 72% for those below 15 years.
e. Low ART Coverage for pediatrics and Children (0-9 years) at 52%, 10 - 19 years at 67% and 20 - 24 years at 62%.
f. Limited integration of TB/SRHR/GBV, NCD screening and mental health into HIV care and treatment

The Review established that the NSP lacked a full integration of the 10-10-10 targets, which aim to end stigma and discrimination and uphold human rights and gender-equality in the HIV response. This underrepresented human rights-based, and gender-responsive programming. Additionally, the NSP did not align itself to the 30 – 80 - 60 targets and as a result; failed to recognize community leadership and community-led responses including; key affected communities role in strengthening linkage, differentiated service delivery, and does not yet institutionalize mechanisms to fund community-led monitoring (CLM) or legal empowerment structures such as paralegals or PLHIV legal aid services or community support models. Yet; evidence from the Report on Community-Led AIDS Responses suggests that community-led interventions increase retention and adherence by over 25% when adequately funded and supported (UNAIDS, 2022).

Additionally existing and new Punitive Laws such as; HIV Prevention and Control Act 2014 (Parliament of Uganda, 2014); The Anti-Homosexuality Act of 2023 (Parliament of Uganda, 2023), and The Sexual Offences Bill of 2024 (Parliament of Uganda, 2024) continue to criminalize HIV and people living with HIV and those at most risk of HIV especially KPs – viz sex workers, MSM, transgender persons and other sexual and gender minorities.

Therefore, as s Uganda prepares for the next phase of the National Strategic Plan (2025/26–2030/31), the opportunity lies in realigning the strategic plan with global shifts outlined in the Global AIDS Strategy (2021–2026), especially the drive to end inequalities to end AIDS, and position communities at the center of the HIV responses. Additionally, strategic shifts in political commitment is needed to further sustainable financing, prevention coverage, and human rights-based inclusion and protection for long-term impact. It is also equally important that the new strategy aligns with the current Uganda Sustainability Roadmap (Global Fund, UNAIDS and PEPFAR, 2024) and the development guidelines of the ongoing development of the next Global AIDS Strategy 2026 -2031 (still under development) (UNAIDS, 2025).

5.4 Consolidated Communities Priority Issues and Recommendations to Inform the New National HIV and AIDS Strategic Plan 2025/2026 – 2029/2030

The consolidated challenges gaps and recommendations to inform the New NSP are presented in Annex 6 attached hereto – that present the Communities Priority Issues and Recommendations to inform the National HIV and AIDS Strategic Plan. These are also complimented with the Communities Charter attached hereto as Annex 7 that inform engagement with the NSP process moving forward.

5.5 Lessons Learnt to Inform the New National HIV and AIDS Strategic Plan 2025/2026 – 2029/2030

The Communities Consultative Processes identified the following Priority Issues

Table 2: Lessons Learnt to Inform the New National HIV and AIDS Strategic Plan 2025/2026 – 2029/2030

Lessons Learnt	Recommendations to Inform New NSP 2025/26-2029/30
Lesson 1: Limited Inclusion of Key Affected Communities, Community System Strengthening and legitimacy for Community-leadership in the HIV responses beyond engagement. a. Naming, defining and categorization of all vulnerable and key populations incl. LBQ women, Persons with Disability etc enables for designing of effective responses. b. Legitimacy for community-leadership and community-leaded responses. c. Community-led service delivery incl. social contracting are key to enhancing community participation, leadership and involvement. d. Meaningful and ethical engagement of all communities in Governance and decision-making levels (Move beyond; engagement to power and resource sharing).	1. Name and classify all vulnerable and key populations in the new Strategic plan. 2. Improve strategies for data-disintegration for Children, Young people, and Key populations to strengthen reach and tailored programming. 3. Develop and fund a structured community partnership framework, including; legitimacy for community-leadership, formalizing social contracting with CSOs, and ensuring key affected community group especially; PLHIV, KP, AGYW, Young People networks are resourced to lead, deliver, and monitor services. 4. Incorporate the 30-80-60 targets to Fastrack community-led responses incl. service delivery and community-led monitoring. 5. The next NSP must recognize and incorporate formalized social contracting, to ensure direct budgetary allocations to community-based organizations (CBOs), and KAP Networks. 6. Lay strategies for alignment and Absorption of KAP peer supports into the CHEW/VHT structures to

Lessons Learnt	Recommendations to Inform New NSP 2025/26-2029/30
	promote last-mile service delivery. 7. Highlight CLM as a core responsibility of Community-Led Organisations and structures. 8. Allocate adequate resources and align funding mechanisms for community-led responses.
Lesson 2: Limited Access to Combination HIV prevention and new prevention Technologies, Treatment and Related Social Supports for vulnerable and most at risk populations including; Children a. Accelerating access to HIV prevention and treatment options including the digital tools and new technologies yields higher outcomes. b. Prioritizing combination prevention with expanded access to PrEP, PEP, HIV self-testing, and long acting injectables. c. It is critical to eliminate PMTCT gaps through community-based mentor mother programs and integrate AHD management tools into care protocols. d. Maintaining community service delivery mechanisms is central to an effective HIV response.	1. Strengthen Plan alignment with SDG 3:3 particularly coherence with the 5 strategic objectives i.e.; (i) Deliver high-quality, evidence-based, people- centred services, (ii) Optimize systems, sectors and partnerships for impact, (iii) Generate and use data to drive decisions for action, (iv) Engage empowered communities and civil society, and (v) Foster innovations for impact. 2. Alignment of new NSP to the 95-95-95 targets 3. Sustain Community Service delivery mechanisms like YAPS, peer-support mechanisms, paralegals, safe spaces, DICs, mentor mothers, etc 4. Strengthen Supply Chain Management. 5. Scale Up Evidence-Based Prevention: Prioritize full rollout of CAB-LA, Dapivirine Ring, PrEP, HIV self-testing, and U=U campaigns for AGYW and key populations. Institutionalize mentor mother models to bridge PMTCT gaps and implement pediatric/adolescent regimen optimization 6. Improve lab systems and address chronic stock-outs by decentralizing procurement and investing in local ARV production.
Lesson 3: Limited mainstreaming of human rights and gender equality lens across all program areas including; human rights-based, and gender-responsive programming. ▪ Addressing and ending stigma and discrimination and upholding human rights and gender-equality in the HIV response. ▪ Addressing Human-rights barriers to accessibility is critical in sustaining the gains in the HIV response. ▪ It is important to address criminalization esp. punitive laws such as the AHA 2023, SOB 2024, HIV prevention and control act 2014 which continue to criminalize HIV and people living with HIV and those at most risk of HIV especially; sex workers, MSM and other sexual minorities.	1. The New NSP must adopt the 10-10-10 targets, focusing on eliminating stigma, gender-based violence, and punitive laws to ensure legal and policy alignment with global human rights norms, and prioritize inclusion of AGYW, MSM, sex workers, transgender people, and people with disabilities, all key populations. 2. Align with the HIV and AIDS Prevention and Control Act (2014) and Uganda AIDS Commission Regulations (2022) to embed legal coherence and community protection 3. Institutionalize Equity and Inclusion within the entire new NSP and NPAP.
Lesson 4: Integration of HIV services with related comorbidities including; NCDs, SRHR, Mental Health, Advanced HIV Diseases, and adverse effects of Ageing with HIV. ▪ HIV prevalence reduced from 7.3% in 2010 to current at 5.1% (Annual JAR Report 2023/24) due to sustained investment and the scale up of high impact models. ▪ HIV services are not positioned within broader health systems strengthening and UHC agendas. ▪ No integration of SRHR, NCDs, mental health,	1. Promote integrated, equitable, rights based and People-Centered UHC integration with SRHR, NCDs, and mental health services. 2. Embed AHD management, viral load suppression, and TB/HIV co-management as standard care pillars 3. Embed HIV services within UHC and pandemic preparedness systems. 4. Strengthen service delivery at the last mile through safe spaces, mobile outreach, and integration with SRHR,

Lessons Learnt	Recommendations to Inform New NSP 2025/26-2029/30
pandemic preparedness, or digital health solution – yet comorbidities have increasingly been reported among PLHIV. ▪ There is a need to design interventions on addressing the adverse effects of ageing with HIV.	GBV, and NCD platforms. 5. Roll out programming on ageing with HIV.
Lessons 5: Limited Sustainable HIV Financing and Domestic Ownership ▪ One of the most critical weaknesses of the NSP is its heavy reliance on donor support (over 80–82%) of Uganda's HIV funding is externally sourced, with only 13% from domestic resources ▪ This imbalance exposes the national response to fragility and limits long-term planning. ▪ The 0.1% HIV budget allocation and the AIDS Trust Fund were not operationalized effectively at national or district levels. This required stronger sector accountability mechanisms = like how EOC undertakes the gender and equity budgeting process per sector as provided under the Public Finance and Management Act.	1. NSP must institutionalize domestic financing reforms, including integrating HIV within national insurance schemes, public co-financing platforms, and performance-based budget tracking systems. 2. Operationalize the AIDS Trust Fund, enforce the 0.1% HIV budget allocation at both national and district levels, and embed HIV financing into health insurance and national fiscal policy frameworks 3. As part of financial reforms for HIV financing; consider the introduction of stronger provisions in the HIV Policy and/or the UAC Act on *HIV Financing and Equity Budgeting* aimed at ensuring adherence to the 0.1% and exercising mutual accountability by sectors.
Priority Issue 6: Fragmented M&E and Data Accountability ▪ Addressing fragmentation by harmonizing tools and integrating community-led monitoring (CLM) data is important.	1. Harmonize and digitize Monitoring, Evaluation and Reporting (MER) tools, incorporate CLM, IKIS and use real-time, disaggregated data to inform adaptive programming. 2. Ensure community-generated data informs national dashboards 3. Emphasizes real-time, disaggregated data systems as essential to measuring equity including expanding digital infrastructure, building sub-national M&E capacity, and align MER systems across integrated programs (HIV/TB/NCD).

6   Conclusions and Recommendations

In Conclusion, below are the summary conclusions and recommendations for the National HIV and AIDS Policy 2025 and the National HIV and AIDS Strategic Plan 2025/2026 - 2029/2030.

6.1   National HIV and AIDS Policy 2015: Conclusions and Recommendations

In conclusion; while several recommendations were proffered that inform the review of the National HIV and AIDS Policy, the 10 Top-Tier Communities' Strategic Priorities are presented below and elaborated in attached Annex 5.

1. **Alignment with the Global Development Framework -** Review and develop an updated comprehensive National HIV and AIDS Policy aligned to Sustainable Development Goals (SDGs) and the subsequent future post-2030 development framework. And; if the duration of the National HIV Policy surpasses 2030, ensure it is reviewed after the adoption of the post- SDG Global Development framework to ensure strategic alignment.

2. **Alignment with Regional and Global Heath, HIV and Human Rights Standards -** Review and develop an updated comprehensive National HIV and AIDS Policy aligned to key regional and global frameworks and human rights standards key among others.
   - The Global AIDS Strategy 2021-2026 and the subsequent Global AIDS Strategy 2026 -2031 (still under development) (UNAIDS, 2025).
   - UNAIDS Targets such as: The 95-95-95 Targets, The 10-10-10 Societal Enabler Targets and the 30-80-60 Community Targets
   - The 2025 HIV Prevention Roadmap
   - 2021 Political Declaration on HIV and AIDS
   - WHO Global Health Strategies on HIV, Hepatitis and STIs GHSS 2022-2030 and other Guidelines
   - African Union development frameworks such as The AU Agenda 2063, African Union Roadmap to 2030 and beyond and the Africa Health Strategy (AHS) 2016-2030

3. **Legal and Regulatory Coherence -** Strengthening legal and regulatory coherence through forging coherence with current national laws, policies, strategies and frameworks esp. The HIV and AIDS Prevention and Control Act, Other Policies and Strategies. Key among these:
   - The current National HIV and AIDS Strategic Plans
   - The HIV and AIDS Prevention and Control Act (2014), Uganda AIDS Commission Regulations (2022), HIV Prevention Road Map 2018, The Presidential Fast Track Initiative 2017, The Consolidated Guidelines for Prevention and Treatment of HIV and AIDS in Uganda, 2022 among others
   - Other progressive national laws and policies
   - The Uganda Sustainability Roadmap
   - Community Linkage and Support Models
   - Ensure new and emerging issues and trends are included such as demographic shifts and transitions, vulnerability shifts towards AGYW and KPs as well as ageing with HIV and NCDs
   - Strengthening community systems strategic components integrated in the New HIV and AIDS Policy.

4. **Infuse Human Rights Language in the Policy** - Adopt language to internationally accepted minimum language and adopt human-rights based approaches. It is recommended that the Policy:

- Use inclusive, affirming, and non-stigmatizing language.
- Embed intersectional rights-based language that recognizes the diversity and dignity of all people.
- Include a dedicated chapter with disaggregated data on vulnerable and most at risk populations, with clear tailored and targeted strategies for reaching them.

5. **Embed Human Rights and Equity Principles in the Policy -** This is through:
   - Ensure inclusion of key populations, priority populations, youth, women, and persons with disabilities.
   - Identify and categorize all groups who are vulnerable and most at risk of HIV infections – the Policy should name them and highlight clear targeting and tailored strategy intervention for them.
   - Break down the various communities and sub-populations at risk and have clear policy strategies to address each of their specific needs.
   - Incorporate strategies for stigma reduction, non-discrimination, and access to justice and quality HIV services.

6. **Integrate New Biomedical, Structural, Health Reforms and Other Developments in the Sector**
   - U=U, long-acting PrEP (Cabotegravir), vaginal ring, self-testing, and differentiated care.
   - Integration of TB, SRHR, NCDs, GBV, mental health, pandemic preparedness and HIV and climate change.
   - Integration of ageing with HIV in the Policy.
   - Address harmful laws through a legal reform agenda and human rights frameworks.
   - Ensure that community systems strengthening components and service delivery models are integrated in the New HIV and AIDS Policy.
   - Align policy to the UNAIDS 30-80-60 Targets.

7. **Address Human Rights barriers, Gender Inequalities, Stigma, Discrimination and HIV Criminalization**
   - Align policy to the UNAIDS 10-10-10 Social Enablers Targets
   - Align policy with human rights frameworks in line with the Global Commission on HIV and the Law.
   - The National HIV and AIDS Poolicy 2025 should have a clear political stand on decriminalization, repeal of retrogressive laws and upholding the principle of human rights and equity as follows:
     - Decriminalizing of HIV transmission as provided for in the HIV Prevention and Control Act (2014)
     - Repeal of the Anti-Homosexuality Act 2023
     - Uphold inherent human rights of PLHIV and KPs

8. **Strengthening provisions on HIV Integration within the Health Systems as well as with other issues**
   - Incorporate HIV integration, pandemic preparedness and health security within the Policy.
   - Harness current opportunities presented by the Integration of Health Services
   - Align Policy with the African Union (AU) RoadMap to 2030 and the WHO GHSS 2022-2030
   - Integrate TB, SRHR, NCDs, mental health, pandemic preparedness, climate change, ageing with HIV and digital health solutions within the HIV Policy.

9. **Mainstream Sustainability and Financing Mechanisms within Policy**
   - Integrate domestic financing strategies, e.g. from the sustainability roadmap, user fees for HIV services, private sector, AIDS Trust Fund, etc
   - Clear strategies and provisions on increased domestic financing for HIV.
   - Provisions and strategies for stronger accountability mechanisms and sector compliance on the 0.1% allocation to HIV Build capacity for WHO building blocks.

- Integrate provisions on health security, pandemic preparedness and HIV and Climate change.

10. **Embrace new HIV technologies, Innovations and Community Models in the HIV and AIDS Policy**
   - Policy to incorporate HIV prevention research agendas.
   - Ensure that the Policy integrates the new HIV biomedical innovations and technologies such as U=U, long-acting injectable PrEP (Cabotegravir), vaginal ring, self-testing, and differentiated service delivery models.
   - Scale up digital health, telemedicine, and differentiated care models.
   - Integrated community models like: DICs, CLM, Community Outreaches, Peer-to-Peer Models, Mentor Mothers, YAPS, etc

6.2 National HIV and AIDS Strategic Plan 2025/2026 - 2029/2030: Conclusions and Recommendations

In conclusion; while several recommendations were proffered for the NSP, the 6 Top-Tier Communities' Strategic Priorities for the National HIV and AIDS Strategic Plan 2025/2026 - 2029/2030 are presented below and elaborated in attached Annex 7.

1. **Priority Area 1: Powering Communities to Lead a People-Centered, Rights-Based, and Equitable HIV Response –** This Priority focuses on shifting and sharing power, resources, and fostering legitimacy for community-led leadership, agency and participation in integrated health service delivery, HIV prevention, treatment and care and; policy advocacy and accountability.

2. **Priority Area 2: Community Resilience, Safety And Holistic Support (Focusing On Achievement of The 30 -80-60 Targets and The 10-10-10 Targets)** – Priority 2 focuses on safeguarding the health, dignity, and wellbeing of all people living with HIV, at risk of HIV, and all who are affected by the impacts of the HIV epidemic. Includes continuity for service accessibility through differentiated, integrated, and inclusive community systems that respond to intersecting needs across HIV/AIDS, TB, SRHR, mental health, gender-based violence, and social protection.

3. **Priority Area 3: Expanding Access, Availability, And Scalability Of Inclusive, Equitable, and Dignified HIV Prevention, Treatment, and Care Services for All –** This, focuses on ensuring a fully integrated HIV response, aligned with Universal Health Coverage (UHC) and Sustainable Development Goal 3:3, while **ensuring no one is left behind**. It also advances epidemic control while ensuring equity, dignity, and health justice for mostly key and vulnerable populations including children, adolescents, young people, and key populations.

4. **Priority 4: Getting Back On Track To End Aids By 2030 (Accelerating Progress Toward The 95-95-95 Targets and Universal HIV Testing, Treatment Coverage, and Viral Load Suppression) -** Priority Area 4 focuses on data-driven programming, community engagement, differentiated service delivery, and rights-based approaches to ensure equitable progress toward epidemic control by 2030 specifically urging urgent and sustained action to close the remaining gaps in HIV testing,

treatment access, adherence support, and viral load suppression for various populations including; PLHIV, children, adolescents, young people, AGYW, key populations, men and boys.

5. **Priority 5: Advancing a Sustainable, Country-Owned, Resilient National HIV Response Fit for the Future -** Priority Area 5 focuses on strengthening political leadership, domestic resource mobilization, cross-sector partnerships, and information systems, ensuring that the national HIV response is fit for the future and anchored in long-term national development priorities.

6. **Priority Area 6: Strengthen Joint Multi-Sectoral Coordination and Shared Responsibility in the HIV Response –** This Priority focuses on strengthening the mandate for Uganda AIDS Commission (UAC), and institutionalizing joint coordination, ensuring shared responsibility, and embedding community and CSO leadership across all levels of the HIV response. It urges functional, transparent, and participatory coordination mechanisms that harness the strengths of all actors including government agencies, civil society, communities, and the private sector.

References

African Union. (2015). *African Union Agenda 2063: The Africa We Want.* Addis Ababa: African Union.

African Union. (2015). *The Africa Health Strategy 2016-2030.* Addis Ababa: African Union.

African Union. (2015). *The African Union's Roadmap to 2030 and Beyond: Sustaining the AIDS Response, Ensuring Systems Strengthening and Healthy Security for Development of Africa.* Addis Ababa: African Union .

Global Fund Office of the Inspector General (2023). Audit of Global Fund Grants to the Republic of Uganda (Report No. GF-OIG-23-019, December 11, 2023). Geneva, Switzerland. Retrieved from https://www.theglobalfund.org/media/13532/oig_gf-oig-23-019_report_en.pdf

Global Fund, UNAIDS and PEPFAR. (2024). *Uganda Sustainability Roadmap Executive Summary Summary Overview, May 2024 .* Global Fund, UNAIDS and PEPFAR.

Global HIV Prevention Coalition and UNAIDS (2025). *HIV Prevention 2025 Road Map: Getting on Track to End AIDS as a Public Health Threat by 2030*

Ministry of Health. (2022). *Consolidated Guidelines for the Prevention and Treatment of HIV and AIDS in Uganda, November 2022 .* Kampala: MOH.

Ministry of Health (Uganda) (2024). Annual Health Sector Performance Report FY 2023/24. Kampala, Uganda. Published 20 October 2024. Kampala: MOH

Office of the President, Republic of Uganda and Uganda AIDS Commission. (2017). *Presidential Track Initiative on Ending AIDS in Uganda, Taking a Stand Against HIV and AIDS: A Presidential Handbook June 2017.* Kampala: Office of the President.

Parliament of Uganda. (2014). *The HIV and AIDS Prevention and Control Act 2014.* Kampala: Parliament of Uganda.

Parliament of Uganda. (2022). *Uganda AIDS Commission Regulations, 2022 (Under section 9 of the Uganda AIDS Commission Act, Cap. 208).* Kampala: Parliament of Uganda .

Parliament of Uganda. (2023). *The Anti-Homosexuality Act 2023.* Kampala: Parliament of Uganda.

Parliament of Uganda. (2024). *The Sexual Offences Bill 2024, Bill No. 80, Bills Supplement No. 13 - 11th October 2024.* Kampala: Parliament of Uganda.

Republic of Uganda. (2014). *The HIV Prevention and Control Act 2014.* Kampala: Parliament of Uganda.

Uganda AIDS Commission. (2018). *Acceleration of HIV Prevention in Uganda: Towards Sustainability, Ownership and Resilient HIV prevention systems - A Road Map Towards Zero New Infections by 2030 .* Kampala: UAC.

Uganda AIDS Commission (2020). *The National HIV and AIDS Strategic Plan 2020/21–2024/25: "Ending the HIV and AIDS Epidemic: Communities at the Forefront".* Kampala: UAC

Uganda AIDS Commission (2020). *National HIV and AIDS Research Agenda 2020/21–2024/25.* Kampala, Uganda. Kampala: UAC

Uganda AIDS Commission (2020). *Ending New HIV Infections among Adolescents and Young People (AYP) in Uganda: The National Multisectoral Action and Accountability Framework 2020.* Kampala: UAC

Uganda AIDS Commission (2023). *The National HIV and AIDS Priority Action Plan (NPAP) 2023/24–2024/25: "Ending the HIV and AIDS Epidemic: Communities at the Forefront".* Kampala: UAC.

Uganda AIDS Commission (2023). *Mid-Term Review of the National HIV and AIDS Strategic Plan 2020/21–2024/25.* Kampala: UAC.

Uganda AIDS Commission . (2024). *Annual Joint AIDS Review Report 2023/24.* Kampala: UAC.

UNAIDS. (2021). *Global AIDS Strategy 2021–2026 End Inequalities. End AIDS.* Geneva: UNAIDS.

UNAIDS. (2022). *Community-Led AIDS Responses: Final Report Based On The Recommendations Of The Multistakeholder Task Team.* Geneva: UNAIDS.

UNAIDS (2022). *Global AIDS Monitoring Framework 2022–2026: Framework for Monitoring the 2021 Political Declaration on AIDS.* Geneva: UNAIDS

UNAIDS. (2025). *Global HIV Target Setting for 2030.* Geneva: UNAIDS.

UNAIDS (2025). *Global HIV Target Setting for 2030: Global Task Team on 2030 Targets Recommendations (May 15, 2025).* Geneva: UNAIDS

UNAIDS. (2025, June 30). *UNAIDS GLOBAL AIDS Strategy 2026 -2031.* Retrieved from https://www.unaids.org: https://www.unaids.org/en/2026-2031-global-aids-strategy

UNAIDS (n.d.). *Recommended 2025 Targets for Ending the HIV Epidemic.* Geneva: UNAIDS

UNAIDS (n.d.). "Human Rights: A human right–based approach to ending AIDS as a public health threat". Geneva: UNAIDS . Retrieved from https://www.unaids.org/en/topic/rights

United Nations. (2015). *Transforming our World: The 2030 Agenda for Sustainable Development.* New York: United Nations.

World Health Organization. (2022). *Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022-2030 GHSS 2022-2030.* Geneva : WHO.

Annexes

Annex 1: Terms of Reference

Annex 3: Review Tools Used

Annex 4: Community-Specific Recommendations for the National HIV and AIDS Policy 2011

Annex 5: Advocacy Document for National HIV and AIDS Policy

Annex 6: Consolidated Communities Strategic Priorities for the National HIV and AIDS Strategic Plan 2025/26-2029/30

Annex 7: The Communities Charter: Communities' Top Tier Strategic Priorities for the National HIV and AIDS Strategic Plan 2025/2026 - 2029/2030