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Alignment of HIV Program Performance to HIV Priorities in North Eastern Region of Uganda

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Abstract

The purpose of this study was to assess the alignment of HIV/AIDS programming in North Eastern Uganda to the current program goals of ending HIV as a public health threat in this region by 2030, achieving 95-95-95, and eliminating HIV/AIDS stigma in the community. The study found that the state of program implementation is not well aligned to and is not on track to achieve these program goals. The region had not achieved the desired level of performance in any of the 95 targets. The first 95 (proportion of people living with HIV who their HIV status) was found to be at approximately 75%. The second 95 (proportion of those living with HIV who are on Anti-Retroviral Therapy - ART) was found to be approximately 63% and the third 95 (Viral Load Suppression among those on treatment) was at approximately 70%. This made the cascade 75-63-70, which was significantly below the 95-95-95 targets. 36% percent of the people living with HIV report feeling significant levels of stigma, which is far from the target of 0%. The study documented the key challenges that are hindering progress towards the current program goals. These include limited funding, siloed programming, insufficient coordination, lack of prioritization of HIV programs by local leaders, frequent stockouts of essential commodities, shortage of personnel, and insufficient skills among some of the existing personnel. Urgent action is needed by all stakeholders to revamp HIV programming in the region and put it on track to achieve the desired goals.

Keywords: *AIDS, Alignment, Health, HIV, Karamoja, Teso.*

Introduction

It is well over 40 years since CDC characterized AIDS [1] but the pandemic continues to wreak cause suffering, and loss of life, and exerts pressure on the health systems, especially in Africa and remains a major cause of death [2]. Countries around the world have been affected at different levels depending on their economic status and the state of their health systems. Uganda is one of the countries that has been most severely impacted by HIV/AIDS pandemic. Over the years, various interventions have been implemented to control HIV/AIDS in Uganda. Various international targets and commitments have informed the development of Uganda's Fast-Tracked program which aims at putting an end to HIV as a public health threat by 2030 [3].

The success of the various program interventions in the North Eastern region of Uganda has not been comprehensively reviewed. A study was conducted to assess the impact of the various HIV control programs that have been implemented in the region.

The objective of the study was to assess the alignment of HIV programs to the current HIV program needs and priorities in North Eastern Uganda.

Methodology

Selection of the Area

Uganda is one of the countries in East Africa. The North Eastern region of Uganda is home to

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semi-nomadic cattle keepers, as well as a sedentary community that practices mixed farming [4]. The region experienced armed conflict for many years, and this left it behind other regions of the country in terms of social and economic development [5] Social services, including health services, are inadequate with limited access to most of the population because of their nomadic culture. North Eastern region is the least developed in the country with most development indicators significantly below the national average. Over the years, several initiatives have been implemented to help the community catch up with the rest of the country in terms of health indicators.

The Researcher purposively selected this region of Uganda to assess the alignment of HIV programming to the HIV needs in the region because of its unique characteristics.

Sample size and sampling

This study involved qualitative interviews and a review of the literature. Efforts were made to review all available literature and to interview key informants from all districts so there was no sample size determination.

No sampling techniques were used. The Researcher obtained responses from all districts in the sub-region.

Data Collection

The study was mixed methods; largely a qualitative unstructured approach coupled with a quantitative analysis of available secondary data. This approach was found appropriate for the study because it provided for a review and assessment of available data while also exploring the factors behind the trends of the HIV pandemic in the region.

Data was collected using two main techniques: review of published literature, and key informant interviews. Data from previous studies was reviewed and opinions and insights from key informants were obtained. The structure of the Key Informant Interviews was flexible and allowed for in-depth probing to understand the HIV trends in each district of the region as demonstrated by the available data.

This study analyzed published and publicly available epidemiological data, including reports from the Ministry of Health of Uganda, UPHIA reports [6] NGO reports and other studies that have been undertaken in the region over the last 10 years.

The Key Informants were in two categories, the first was District Health Officers (DHOs), and the second was representatives of Non-Government Organisations (NGOs)/Civil Society Organisations (CSOs) operating in the region. Sampling was not done so all 16 DHOs in the region were reached.

Data Analysis

The study data generated from the literature review was analyzed by reviewing and summarizing the available data. The data extracted from the literature review was presented to Key Informants for validation and to obtain their insights on the data and the implications for HIV programmes in the region.

The quantitative data collected during the Key Informant interviews was analyzed using qualitative data analysis techniques. The primary approach was Thematic Content Analysis (TCA) under which the responses by each Key Informant to each of the questions were reviewed and the emerging themes were extracted till no new themes were coming up.

Results And Discussion

The findings of the study are based on the document review and interviews that we conducted with various key informants. This paper presents an assessment of the alignment of HIV program performance to the stated program goals, identifies the key challenges, and makes some recommendations for improvement.

The study found that the North Eastern region of Uganda had not achieved the desired level of performance in any of the 95 targets. The first 95, which represents the proportion of

people living with HIV whose HIV status, was found to be at approximately 75% [7]. This is twenty percentage points below the target of 95% [8].

The second 95, which represents the proportion of people living with HIV who are on Anti-Retroviral Therapy (ART) was found to be approximately 63% [9]; which is the lowest performance in the 95-95-95 targets [10]. Achievement in this program goal was 32 percentage points off the target.

The third 95, which represents the proportion of people on ART who have attained Viral Load Suppression, was at approximately 70% [11]. This was 25 percentage points below the target. Table 1 below shows the HIV clinical cascade in sampled districts in North Eastern region of Uganda:

Table 1. Clinical Cascade in Sampled Districts of the Region

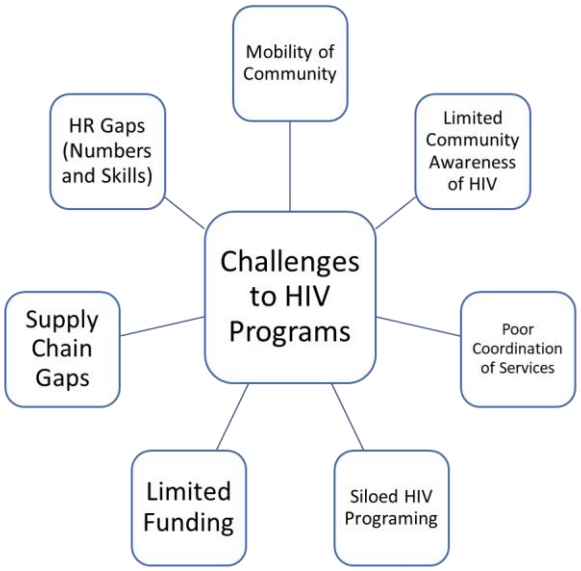
District	Tested and Received	Found HIV positive	Linked to Care	Proportion found HIV positive	Proportion Linked to Care
Kaabong	45,855	146	96	0.3%	66%
Kotido	44,007	210	173	0.5%	82.4%
Nakapiripirit	23,322	245	208	1.1%	84.9%
Moroto	25,151	263	237	1.0%	90.1%
Napak	21,477	209	197	1.0%	94.3%
Katakwi	38,384	472	459	1.2 %	97.2%
Soroti	143,200	1,634	1,388	1.1%	84.9%
Serere	96,592	531	515	0.5 %	97.0%
Bukedea	34,892	276	249	0.8%	90.2%
Kumi	67,522	765	514	1.1%	67.2%

Source: Ssebunya [12], et al, 2018.

Thirty-six percent (36%) of the people living with HIV reported feeling significant levels of stigma [13], which is far from the national and global target of 0%. The kind of stigma experienced ranged from that shown by health workers and neighbors to self-stigma that arises from an individual's self-consciousness about being HIV positive.

Overall, the achievement against the 95-95-95 targets was 75-63-70, which is significantly below the program goals. Findings on the level of stigma were far from the national and global target of having 0% of people living with HIV experiencing stigma.

The study explored the factors that are contributing to the sub-optimal program performance and found several serious challenges that are hindering progress. The key informants, who were all public health professionals working in the region, articulated some of the barriers and challenges to the success of HIV programming in the region. The figure below summarizes the challenges reported by the respondents.



Source: Researcher's illustration

Figure 1. Summary of Reported Challenges

Some of the sub-populations in the region, especially the youth and nomadic cattle keepers, are very mobile, and yet the health facilities serving them are static [14]. Therefore, maintaining touch with some of the key target populations is a major challenge. The health facilities lose track of them and cannot determine their continued adherence to treatment.

Significant difficulties in identifying HIV-positive individuals who are not yet on treatment were reported by the Key Informants. Most of the people living with HIV who happen to walk into health centres have been identified and enrolled into care through the routine screening and testing that is done at Health facilities [15]. Tracing and finding the remaining individuals living with HIV requires the implementation of an intensive case-finding strategy at community facility levels. Health workers reported a lack of both a clear case-finding strategy, as well as funding for its implementation.

At 75% [16], the relatively low level of community awareness about HIV makes the population, especially the youth, vulnerable to new HIV infections because they continue to engage in risky sexual practices. This hampers the achievement of all desired program goals.

According to the Key Informants, significant supply chain challenges hinder service delivery. HIV prevention products (including HIV testing kits, condoms, etc.) and ARVs suffer from frequent stock-outs. Shortage of the necessary commodities compromises the effectiveness of HIV prevention and care services across the spectrum of services, this leads to frustration among health workers and gaps in delivering services to those in need.

Respondents also cited vertical/siloed HIV programming which means that the implementation of HIV programs almost entirely depends on the availability of dedicated project funding. The absence of specific project funding halts community outreach activities. In addition, the siloed approach leads to inefficiencies and duplication of efforts as the various initiatives are neither well-coordinated nor consolidated for greater impact.

Another key challenge mentioned by the respondent is Human Resource capacity gaps; both in terms of shortage of health workers and insufficient skills among some of the available health workers. Furthermore, the health workers are overworked, earn low salaries, are demoralized and have poor outlooks for career growth. These challenges among the health

workers lead to suboptimal implementation of the HIV programs in the region.

The Key Informants also highlighted the challenge of limited funding for HIV programmes. Besides being inadequate, funding depends largely on donor contributions from bilateral and multilateral development partners, and there is no clear sustainability plan. A review of funds allocation over the past decade showed that the level of funding for HIV programmes has plateaued and, in some cases, declined, despite the increasing challenges. This leads to shortages in human resources, commodities, and other essentials for successful program implementation.

The study obtained answers to the key research question of whether HIV program implementation was aligned with the current goals. A review of performance against the program goals of 95-95-95 and zero stigma showed that the program is not on track to achieve its set priorities. Actual performance was consistently below the program goals. This implies major gaps in the design and implementation of the current programming. It highlights a need to review what is being done and correct course to achieve the desired epidemic control, and to end HIV as a public health threat by 2030. The priorities for HIV programming in the region are numerous; with the most urgent being addressing the supply chain challenges for HIV commodities; ranging from condoms and testing kits to ARVs. The limited supplies and stockouts present serious challenges to the attainment of epidemic control in the region.

HIV commodities and supply chain issues were very strongly articulated by the respondents as being major hindrances to service delivery. The challenges range from limited funding, and delayed delivery of supplies, to total stockouts of commodities and supplies. These challenges affect both prevention commodities like condoms, to care commodities like ARVs. Any stockout of commodities poses a direct challenge to epidemic control efforts. If there are no condoms, more people get infected with HIV. If there are no test kits, those with HIV cannot be diagnosed. If there are no ARVs, people on ART cannot attain viral load suppression. Therefore, it is of utmost importance that government and other partners in the HIV/AIDS sector pay special attention to and resolve commodities and supply chain issues.

Integration of HIV services into mainstream public health service systems at all levels of health centres, and all service points within the health centres. This is an urgent need that would help address multiple issues hampering the progress of HIV services in the region. Integration would help improve the attitudes of both the health workers and service recipients. If services are integrated and are obtained from the same service points, the health workers would be trained, and their capacity developed to handle the clients well and the clients would not have the stigma to walk into a facility because they would be just like any other patient. Shortages of HR would also be addressed because the available health workers would be trained in multiple skills to enable them to handle various conditions. The questions of funding and sustainability would also be addressed by integration as there would be no need for discrete project funding for particular services as all programs would be integrated within the public health system. Integration is a critical intervention that the Government needs to act upon.

Adequate coordination, supervision, and oversight of service delivery is critical for HIV and other health services. Uganda has a devolved system of governance where responsibilities are decentralized to districts. The country also has regional structures (Regional Referral Hospitals) that are supposed to coordinate and provide oversight and supervision to the district hospitals. However, the regional hospitals have no legal authority over the district hospitals which are managed by the decentralized districts. This presents

significant oversight and supervision challenges for health services. This results in situations where districts within the same region implement programs on their own which are not coordinated with their neighbouring districts. It also means that there is no effective supervisory structure in the region; this undermines efforts to achieve epidemic control in the region. Government needs to resolve the question of oversight, supervision, and coordination of health services at the regional level by establishing an enabling policy framework.

Behaviour change interventions are not adequately prioritized and so receive little funding. This is compromising progress towards epidemic control because the respondents reported that the youth have very low HIV risk perception; the youth are more worried about pregnancies than contracting HIV. The implication of this is that the youth will continue contracting HIV, thus increasing the number of HIV-positive people in the community and so making it much harder for the region to achieve epidemic control. It is critical for the partners implementing HIV programs in the region to review the current programs and come up with more innovative and more socially relevant HIV prevention interventions. It is also necessary to re-invest in focused Behaviour Change interventions to close the existing gaps in HIV programming.

Long distances from communities to Health Centre IIIs constitute a major barrier to access to HIV services in the region; especially the Karamoja sub-region. In some cases, patients who have limited financial capacity have to travel as many as 30km to reach Health Centre IIIs, where they can get better services. People in difficult financial circumstances fail to go when referred to the Health Centres IIIs, or hospitals; they sacrifice their assets for treatment only when their illness is life-threatening. They often go to the facilities they have been referred to when their health is severely compromised, and this limits the options for the Health Workers. When people living with HIV start ART late, the quality of their lives is undermined, viral suppression becomes harder to achieve, and this makes it more difficult for the region to attain the 95-95-95 targets.

Funding for the HIV response is less than optimal. More resources need to be mobilised from various avenues to support the ongoing work by addressing underfunded priorities like case finding and social change in a sustainable manner.

The sustainability of HIV services continues to be a question of great concern to the people in the region because most of them live below the poverty line and so would not be able to pay for these services if they are required to. The commercial charges for HIV test kits are outside the reach of most people in the region and ARVs are unaffordable for most of the people in the region. Therefore, there is a need to re-design current HIV prevention and treatment programs in the region and make them more affordable and sustainable. Part of the solution is to integrate HIV services into the public health system so that the Government can meet some of the costs, including HR, commodities, utilities, rent and others. It is also necessary to review the design and delivery models of the current HIV services. For example, cheaper sources of ARVs can be sought, lab services integrated, and HR streamlined. This would make the HIV program more efficient and so reach more people. This in turn will facilitate the achievement of epidemic control in the region.

This analysis revealed several other findings. The first is that there is limited published data on HIV in the region. A review of the renowned online databases returned very little high-quality evidence, especially for the Teso sub-region. This is a significant gap that should be addressed by conducting more studies and generating more scientific evidence on the HIV situation in the Teso sub-region. Additional research should be carried out by the Ministry

of Health, international development partners, national NGOs and institutions of higher learning, specifically the schools of public health.

Conclusions

The programmatic challenges established by this study are very significant. The Ministry of Health and its development partners need to address these issues urgently to expedite progress towards the achievement of the set 95/95/95 goals and end HIV as a public health threat by 2030.

Many of the challenges fueling the spread of HIV in the community are linked to poverty, power dynamics, and cultural practices.

This study found that the availability of scientific HIV evidence for the region is very limited.

Recommendations

The Ministry of Health and its partners need to conduct an in-depth review of the implementation of HIV programs and adopt a comprehensive and integrated approach that addresses the glaring gaps in commodity supplies, human resource capacity, and stigma.

Government and HIV/AIDS development partners operating in the region need to look into and resolve the pressing challenges; including reviewing prevention interventions to align them with population dynamics, integration of HIV services into mainstream public health facilities, addressing commodity and supply chain challenges, and updating the knowledge and skills of health workers.

Funding for HIV programs needs to be resolved sustainably. Full integration of HIV programming into the public health system should be prioritized and expedited as it is the only sustainable way forward. In addition, the Government needs to work with its development partners to establish sustainable models for funding the HIV response. In particular, a national health insurance scheme should be established and implemented to cover the basic needs of the population.

The legal framework for planning, coordination and oversight of health services at the regional level needs to be put in place. The Regional Referral Hospitals should be given a legal mandate to oversee the district hospitals and supervise their operations. Local authorities should retain a mandate over the lower-level health centres only. This will improve the planning and coordination of HIV and other health services across the region.

Resolution of operational bottlenecks such as gaps in Human Resources for Health, difficulties in the commodity supply chain, lack of a unique identifier to facilitate tracking of patients across health facilities, livelihoods for the communities, and other obstacles to program implementation should be prioritized. Failure to resolve these issues will hamper the attainment of epidemic control in the region.

Therefore, the Government should step up economic empowerment interventions and also work to resolve power imbalances in the communities, especially in gender relations.

Therefore, more research needs to be done to improve the availability of scientific evidence for HIV programming in the region. The government and its development partners should support and fund studies to help inform programming in the region and nationally.

Significance of the study

This study reviewed the current implementation of HIV/AIDS programs to determine if this is well aligned with the current program priorities. The findings and recommendations of this study are of significance to and have direct application for the Ministry of Health and other public health professionals who are working to control HIV in this region, as well as in other regions of Uganda and other countries that may be facing similar challenges in their HIV programmes.

Conflict of Interest

I confirm that I have no conflicts of interest to declare, and I have no financial interest to report. Furthermore, I certify that this manuscript is my original work and has not been submitted to any other publication.

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