



Mina Nakawuka, Ministry of Health, Uganda

Building forward: Differentiated service delivery as a catalyst for sustained and integrated HIV services amid funding uncertainty

Lessons from Uganda: DSD plans and integration



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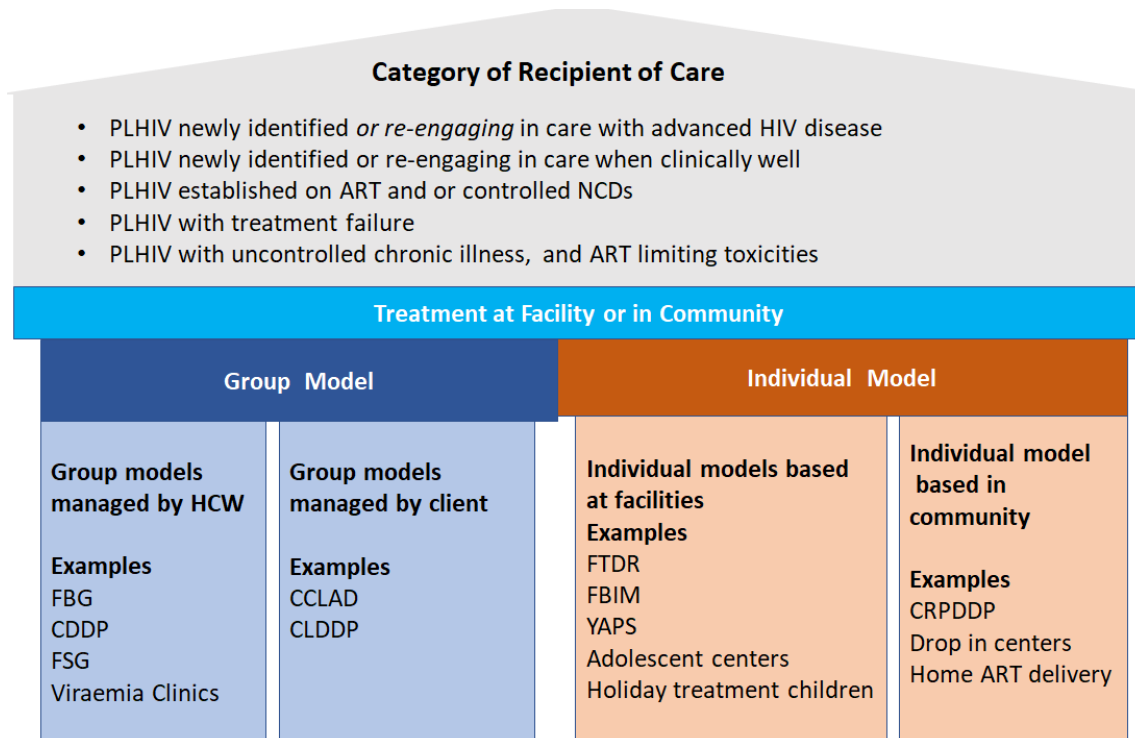
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Outline

- Efforts towards integration before January 20, 2025
- Status of integration
- Plans and focus towards integration - with a special focus on DSD
- Challenges for integration and recommendations for other countries
- Lessons and next steps
- Conclusion



Introduction



2017: Adopted DSD following WHO guidance.

- Training curriculum developed, National, regional & facility level trainings

2018: Incorporated into the national guidelines

- Enrollment criteria (Established on ART vs. clinically unstable)
- Fixed / inflexible models
- Currently >95% of all facilities implementing DSD



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Integration evidence from Uganda

- INTE-AFRICA study was a pragmatic cluster randomized control trial at 32 primary care facilities in Tanzania and Uganda for 12-months
- People living with HIV, diabetes and/or hypertension received their care in through the vertical care (standard of care) or through an integrated “one-stop chronic care clinic” (intervention)
- Results:
 1. Integration did not adversely affect HIV outcomes (similar viral load suppression rates and retention in both arms)
 2. Integration enabled a reduction in duplication of service provision, a reduction in HIV stigma and efficient use of limited resources
 3. There were cost savings in Uganda for participants with multiple conditions in the integrated care arm compared to the standard of care arm

Kivuyo S et al. [Integrated management of HIV, diabetes, and hypertension in sub-Saharan Africa \(INTE-AFRICA\): a pragmatic cluster-randomised, controlled trial](#), *Lancet*. 2023 Oct 7;402(10409):124-1250.



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Current status of integration: Repurposing existing clinic spaces

Before

General OPD

ART clinic

Diabetes clinic

Hypertension clinic

After

Integrated mixed OPD

Lower level small health units and some higher-level units

Or

General OPD

Chronic Care OPD

Higher level facilities with space and infrastructure

Linkage / Referral to specialist services as needed



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Community



ROC



ARVs

Enrollment at the facility / community

PrEP & HIV self test

Enrollment at facility / community

Family planning

Enrollment at facility / community

TB screening & testing

Enrollment at facility / community

TB treatment

Enrollment at facility / community

Hypertension

Enrollment at facility / community

Diabetes

Enrollment at facility / community

ROC receives commodities for free

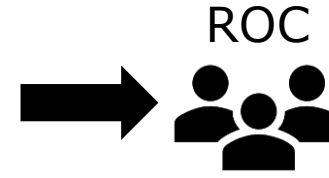
ROC can purchase commodities not available at the facility from pharmacies at reduced price



Efforts on integration

Community Pharmacy

Pharmacy



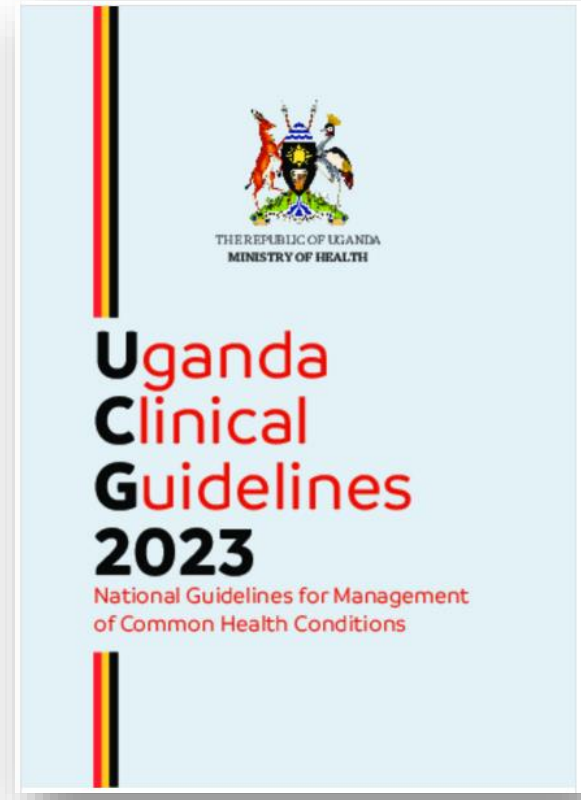
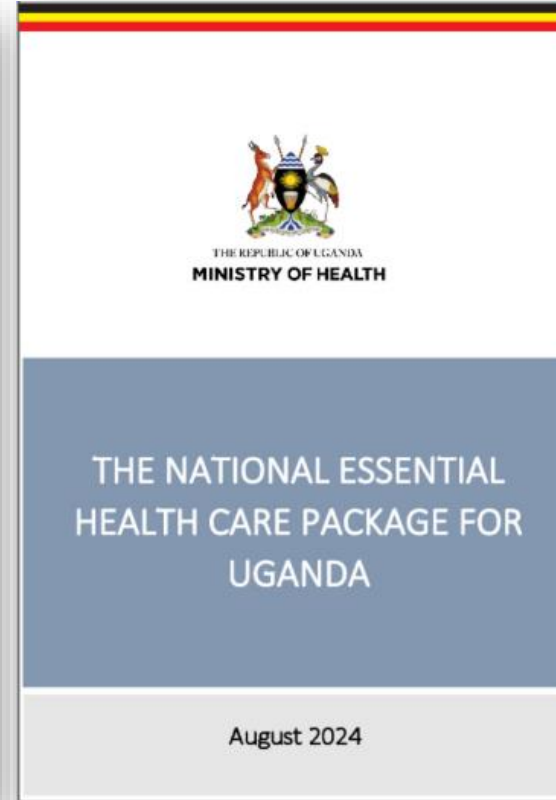
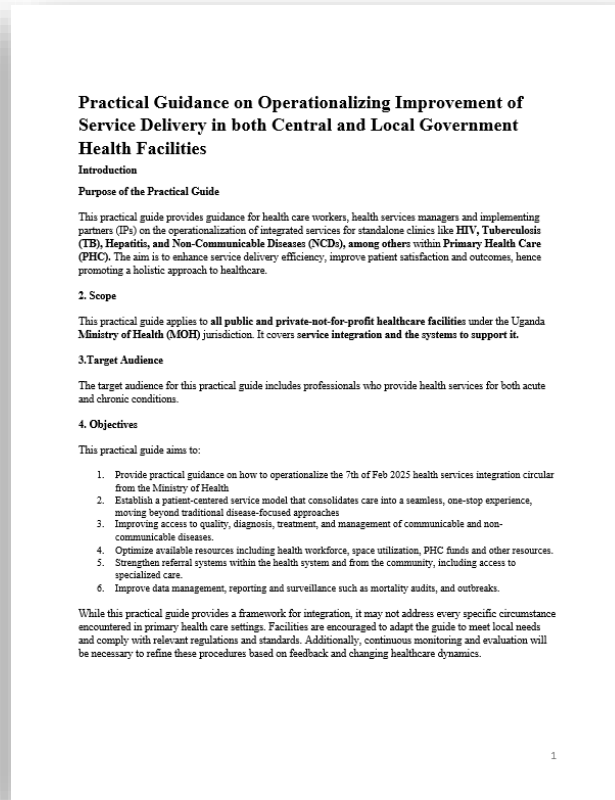
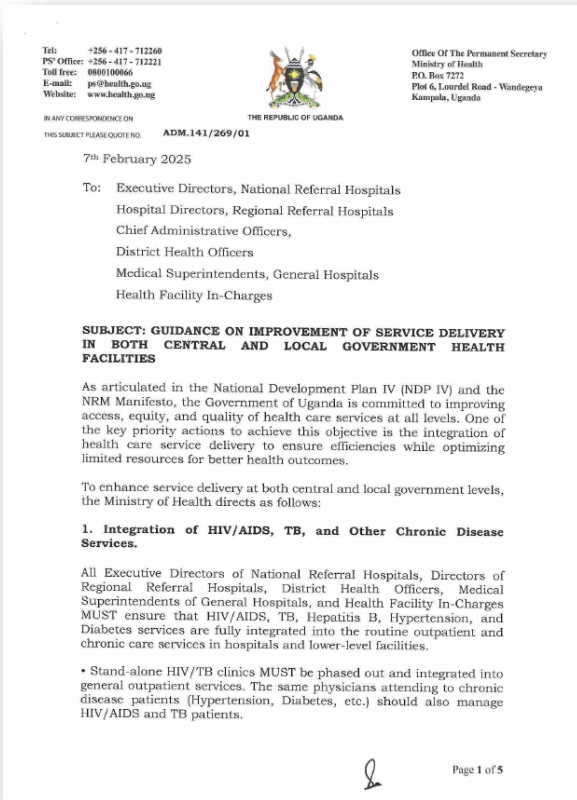
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ARVs	PrEP & HIV self test	Family planning	TB screening & testing	TB Treatment	Hypertension	Diabetes
<ul style="list-style-type: none"> Enrollment via EMR at facility ART access for dispensing Free medicine Dispensing fee paid 	<ul style="list-style-type: none"> Enrollment in PrEP at facility ART access for dispensing Free medicine Dispensing fee paid 	<ul style="list-style-type: none"> FP Access direct at HF Free medicine Dispensing fee paid 	<ul style="list-style-type: none"> Pharma staff screening Sample collection Sample sent to HF Sample collection fee paid by IP Results sent to ROC via SMS and available at pharmacy 	<ul style="list-style-type: none"> Enrollment via EMR at HF TB medicines Access for dispensing Free medicine Dispensing fee paid 	<ul style="list-style-type: none"> Enrollment at facility via EMR BP medication Access for dispensing Discounted medicine at pharmacy for ROC Pharma margin/ dedicated destination 	<ul style="list-style-type: none"> Enrollment at facility via EMR DM medication Access for dispensing Discounted medicine at pharmacy for ROC Pharma margin/ dedicated destination

ROC receives commodities for free.

ROC can purchase commodities not available at the facility from pharmacies at reduced price

Implementation: Integration of care





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Integration challenges and recommendations to other countries

- Early policy development and national framework
- Community engagement and support systems
- Invest in logistics, HR, and data infrastructure
- Ensure continuous medication supply and quality assurance
- Inconsistent stock and supply chain issues
- Human resource limitations
- Coordination challenges across services
- Lack of an integrated M&E system

Standards 4 (HMIS)

Standard	Key considerations	Who?	Recommendations in Practical Guide
Standard 4: Functionalizing the National integrated HMIS	<ul style="list-style-type: none"> Different EMRs and paper-based tools 	Data Managers, Biostatisticians Data Assistants Clinical team	<ul style="list-style-type: none"> Use available tools in the meantime- paper-based and EMRs Where EMRs exist, they should be utilized

- ❑ Currently, documentation and reporting ongoing using program-specific tools (paper-based or electronic (EMRs)).
- ❑ The government is developing a facility-wide integrated EMR system, **e-Afya**, to support integrated documentation and reporting across services.
 - **e-Afya** is a government-owned platform, aimed at standardizing and integrating data management within the health system.



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Lessons learnt and next steps

Lessons learnt

- Strong national policy and stakeholder alignment is critical
- Training health workers ensures sustainability and quality
- Peer-led groups, like YAPs, strengthen adherence and reduce stigma
- Robust data systems help track success and challenges
- Flexibility is essential for model adaptation

Next steps

- Modifying available DSD models in the era of integration
- Expand eligibility criteria for DSD models to reduce limitations on enrolments for RoC in the chronic care model
- Develop sensitization material in local languages to promote enrollment into DSD models for all eligible RoC
- Develop an integrated data system that captures all required information on the RoC



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Conclusion

- Uganda's experience demonstrates that DSD, when combined with integration of services, leads to better outcomes, more efficient systems, and greater client satisfaction if planned well with stakeholder involvement



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ACKNOWLEDGEMENTS

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