

UGANDA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, UNAIDS SECRETARIAT, FAO, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Despite the impact of the COVID-19 pandemic on the HIV response, the Joint Team continued its support to reinforce Uganda's effort to catalyse scale up of HIV prevention, testing, treatment services and achieve the 90-90-90 targets. Data collection and people-centered analysis of HIV programmes with focus on the drivers of the epidemic and meeting the needs of people living with or affected by HIV generated critical evidence for decision making such as for increased domestic and prioritized Global Fund's investments and implementation of evidence-based interventions. Advocacy for a conducive policy and a more protective legal framework, defining national technical normative guidance, and strengthening coordination and governance structures have been areas of focus to scale up rights based and stigma free service delivery systems. Critical support was provided for a more sustainable and efficient national HIV response including further mobilizing and enhancing capacities of political, religious, and cultural institutions to ensure more effective outreach through adapted service delivery, especially for young people and key populations, and a more sustainable response for impact.

HIV TESTING AND TREATMENT

Technical support was provided for the adoption of the 2015 World Health Organization's Consolidated Treatment Guidelines and transition to Dolutegravir-based treatment regimen. The national Point of Care Testing Policy and Implementation Guidelines were also updated to ensure efficient and client-centred laboratory service delivery. Improvements on the guidelines included strategies aimed at strengthening the sample transportation system, particularly in Karamoja region. Evaluation of existing viral load monitoring and reporting tools was supported bolstering progress and reporting towards the 90-90-90 target on viral load suppression.

Monitoring of people living with HIV on antiretroviral treatment (ART) on the Open Electronic Medical Recording System (Open EMRS) was strengthened and 10 data managers were capacitated through mentorship sessions on the revised Open EMRS in 10 districts in Karamoja region.

The Joint Team, in collaboration with the Federation of Uganda Employers, kicked-off the VCT@Work campaign on male engagement, reaching 12 350 young men (67%) and women (33%) with HIV testing and counselling services in 30 targeted boxing clubs in six districts of the Eastern Region and 12 commercial and manufacturing business enterprises across the country.

Four per cent of people tested were seropositive and all were referred for early ART enrolment. Meanwhile, 40 boxing coaches and instructors were trained on HIV prevention and interpersonal communication to serve as male champions and promote positive and constructive masculinity.

To scale up integrated nutrition and HIV services, the Ministry of Health was supported to carryout targeted support supervision and mentorship sessions for 156 health workers from 52 ART sites in nine refugee hosting districts in the West-Nile and Acholi sub-regions. Additional 380 health workers offering HIV services on Nutrition Assessment, Counselling and Support (NACS) benefited from supervision and on-job mentorship at 40 ART sites in Karamoja sub-region and 23 sites in South-western Uganda. All the ART sites were also supported to develop work improvement plans to strengthen integration of nutrition and HIV services. Malnourished pregnant and lactating women, and children under 5 years were enrolled on to the acute malnutrition treatment programme and other refugee people found to be malnourished were referred to individualized nutrition and dietary counselling. With over 80% of the people living with HIV enrolled on treatment screened for acute malnutrition, this has greatly improved nutrition screening and counselling of people living with HIV.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Under the Solidarity Fund initiative, eight key population organizations received funding for socioeconomic support activities aimed at reducing inequalities and bridging the economic gap among vulnerable and key populations. 217 people from key population groups and their families improved their skills on building small scale businesses, including establishing shops for soapmaking, catering, animal rearing, poultry, beauty and tailoring. A social marketing App—[Stall Marketing App](#)—was also developed strengthening marketing of products.

A social and behaviour change communication campaign for male engagement was rolled out in Buganda focused on accelerating uptake of HIV services, challenging gender-related norms, and advocacy on COVID-19 prevention—featuring the King of Buganda as UNAIDS Goodwill Ambassador. An estimated seven million men were reached via the campaign's activities contributing to a 52% decrease in new HIV infections between 2016 and 2020. To sustain campaign gains, 3000 people were identified as champions and sensitized on HIV and COVID-19 prevention, care, and treatment, and ending violence against women and girls. Four radio talk shows created public awareness around COVID-19, second chance education, sexual-and gender-based violence, and HIV-related stigma and discrimination.

The Ministry of Education and Sports was assisted to systematically roll out the National Sexuality Education Framework to guide sexuality education in schools. The Joint Team also assisted the National Curriculum Development Centre in translating the national sexuality education into lower secondary school curricula and developing implementation guidelines for extracurricular activities.

A comprehensive HIV information pack, an adopted HIV Workplace Policy for education sector, and abridged pocket versions were developed to ensure quality and consistent HIV-related information in schools and empower teachers and learners living with HIV. 120 teachers living with HIV were identified and trained as Master trainers from Western, Eastern, Central and Northern regions. The master trainers are expected to disseminate these materials to learners living with HIV in school and all Teachers anti-AIDS Group members through their network structures.

Uganda Prisons Service was supported to develop National HIV Testing Services (HTS) and Standard Operating Procedures (SOPs) for prison settings tailored to the unique characteristics of the prison environment. To scale up integration of HIV and tuberculosis services in prisons, financial assistance was provided to setup a fully furnished prefabricated clinic with vital medical equipment in Masindi Prison.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

The Joint Programme prioritized support to Uganda to further ground its HIV responses in human rights principles. Successful advocacy by the Joint Team, civil society and other development partners helped persuade the President of Uganda to decline approval of the sexual offences bill. The Office of the Director of Public Prosecutions (ODDP) was supported to implement various activities aimed at removing human rights barriers in accessing HIV, tuberculosis, and COVID-19 services—in line with the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination initiative. Similarly, National AIDS Council was assisted to reconstitute the National Technical Working Group on Stigma and Discrimination to address barriers faced by people living with HIV. Thanks to the Joint Programme's and the Global Fund's technical and financial support, the Working Group finalized and launched the [National Policy Guidelines on Ending HIV related Stigma and Discrimination](#) in 2021, as well as the judicial handbook on HIV, human rights and the law in Uganda aimed at strengthening evidence-based decision making among judicial officers in handling cases related HIV and human rights.

Support was provided for the Ministry of Health-led joint inter-agency monitoring missions to refugee camps and host districts in West Nile and Southwestern Uganda. The missions carried out assessments on the quality of HIV, sexual and reproductive health (SRH), gender-based violence (GBV) services delivery and the level of integration of refugees and host communities in the national health system; and reinforced integration of the Human Rights-Based Approach and inclusion of integrated HIV and health services into humanitarian, recovery, and economic programmes. Findings and recommendations from the monitoring missions informed the Integrated Refugee Response Plan (HSIRRP) 2022–2023 to enhance health sector service delivery within refugee transit and host districts. Meanwhile, in Kampala, 24 healthcare workers were trained on application of the Human Rights-Based Approach to address stigma and discrimination against adolescent girls, women, and people from priority and key populations and ensure delivery of rights based SRH and HIV services.

INVESTMENT AND EFFICIENCY

To ensure sustainability and efficiency of the national HIV response, the Joint Team provided critical support in mobilizing resources and mapping out sustainable financing options, including the establishment of the AIDS Trust Fund. Technical and advocacy support also resulted in the endorsement of the National HIV Mainstreaming Policy Guidelines that mandate government entities to allocate 0.1% of their budget for the HIV response. Under the One Dollar HIV and AIDS Initiative (ODI), 152 champions and promoters were trained to support private sector resource mobilization efforts. A total of 73 companies were involved in a virtual training raising US\$ 50 000 through cash and pledges.

Support was provided for the development of a successful grant application for the Global Fund, securing US\$ 602 501 931 for the national HIV, tuberculosis, and malaria responses and to build a Resilient and Sustainable Systems for Health (RSSH) for 2021-2023. Additionally, US\$ 34 565 047 were raised from the Global Fund COVID-19 Response Mechanism to strengthen the COVID-19 response in Uganda.

The Second National AIDS Spending Assessment (NASA) covering the period 2014/15, 2015/16 and 2016/17 was finalized to inform resource mobilization, allocation, and monitoring of the national HIV response.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In support of Uganda's progress towards the Sustainable Development Goals (SDGs), the Joint Team provided significant support for the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025, which included key outcomes areas to ensure quality, equitable, rights-based, gender-responsive health and social protection services. The framework also comprises result areas focusing on promotion and protection of gender equality and human rights of people in Uganda, contributing to SDGs 3, 5, 10, and 16.

CHALLENGES AND LESSONS LEARNED

In 2020, Uganda saw an increased number of GBV cases, possibly due to lockdown measures during the COVID-19 pandemic—GBV cases soared from 1084 in 2019 to 11 883 in 2020, according to the GBV Dashboard from the Ministry of Gender. Human rights violations against people from the lesbian, gay, bisexual, transgender and intersex (LGBTI) community continued to be a major challenge.

Uganda continues to rely heavily on external resources for its HIV response—nearly 92% of the 1.2 million people living with HIV on ART are supported by international donors. Domestic spending (private and public) covers only 16% of the total HIV response expenditure where international entities support 83% of the total budget.

Primary HIV prevention programmes remain underfunded resulting in low HIV prevention service coverage among key populations, including adolescents and young people. Existing prevention services remain sub-optimal in terms of the required minimum package of services on the National HIV Prevention Roadmap.

Persistent governance issues, such as weak ownership, poor resource management and mutual accountability, and inadequate coordination of efforts at district- and community-level call for stronger support for the implementation of more robust interventions.

The COVID-19 pandemic continued to negatively impact vulnerable communities, including loss of livelihood and food insecurity. Despite the good progress made in expanding ART and multi-month dispensary of ART services to people living with HIV during the pandemic. Recurrent stockout of ART and HIV commodities, including laboratory reagents and HIV testing kits presented significant challenge in the response.

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