Summary of civil society analysis

In the last year Uganda has made very good progress producing prevention guidance. Particularly encouraging is that it started defining packages of services for adolescent girls and young women and for key populations. Processes to oversee, advise on and monitor the national prevention response such as technical working groups and the annual Joint Aids Review have also been strengthened to meaningfully engage civil society. However, transgender people are not acknowledged in any programmatic document. There is still no credible plan to change laws that criminalise key populations, and alarmingly, recent months have seen a surge in anti-gay violence and calls from political figures for the further repression of LGBT people.

On track to meet the 2020 target?

- New HIV infections among adults (15+ years)
  - 2010: 71
  - 2015: 45
  - 2020: 17,750

Key populations size estimates & service coverage

<table>
<thead>
<tr>
<th></th>
<th>Men who have sex with men</th>
<th>Sex workers</th>
<th>People who use drugs</th>
<th>Transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latest size estimates</td>
<td>2018</td>
<td>2018</td>
<td>2017</td>
<td>NO DATA</td>
</tr>
<tr>
<td>HIV prevention services coverage</td>
<td>NO DATA</td>
<td>NO DATA</td>
<td>8%</td>
<td>NO DATA</td>
</tr>
</tbody>
</table>

Legal and policy environment

- Same sex activities: Criminalised
- Sex work: Criminalised
- Injecting drug use: Criminalised
- HIV transmission or exposure: Criminalised
- HIV testing without parental consent: Permitted -12yrs

Gender-based violence

- Prevalence of recent intimate partner violence among women (15-49)
  - 29.9%
  - Source: GAM 2019, DHS, 2016

Knowledge of HIV prevention among young people

- 44.8%
- 45.7%

Source: lawsandpolicies.unaids.org, Uganda National HIV Testing and Services Policy and Implementation Guidelines
In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership, enabling laws and policies, and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society’s perspective on how Uganda performed in 2019.

1. Conduct strategic assessment of prevention needs and identify barriers to progress

Since the last shadow report, two important studies have been completed and published: the population-based HIV impact assessment, and the mid-term review of the national HIV and AIDS strategic plan.

The Uganda AIDS Commission (UAC) has also completed a national study to estimate the size of key populations. The report is currently undergoing stakeholder validation, though most key population networks were not fully engaged in the process and this has affected the credibility of the results. Disappointingly, transgender people were not in the study.

Positively, community-led organisations are engaged in reviews and assessments of the prevention response, mainly through their participation in the technical working groups. In addition, leaders of key population networks are now included in the National Coalition - the body which reviews progress on the HIV prevention road map. Also, a new Gender and HIV Technical Working Group has been set up to support the identification of structural barriers related to gender inequality.

2. Develop or revise national targets and road maps

In November 2018 the UAC finalised and launched the National HIV Prevention Road Map. The road map includes national level impact targets for all the prevention pillars, including coverage and outcomes. However, some indicators related to key populations programming are not tracked, and transgender people are missing completely. Furthermore, although the road map includes interventions that address the legal and sociocultural environment, clear structural targets have not been set.

Prevention activists have expressed concerns about the process followed by the UAC to develop the prevention road map and to set targets, which they argue was not sufficiently inclusive of civil society organisations and key population networks.

3. Enhance prevention leadership, oversight and management

Financial constraints limit the overall capacity of the UAC, which seems insufficiently staffed to coordinate the prevention response effectively.

The multi-sectoral National Prevention Committee was set up to advise on prevention activities. However, although civil society and key population advocates are present in the committee, they feel disempowered by government representatives. Also, in 2019, the quarterly meetings of the Key Populations’ Response Steering Committee were repeatedly postponed. This made it difficult for the key population prevention response to be well-coordinated.

Although the UAC continuously engages with civil society organisations and key population networks through numerous processes and meetings, political interference in its day-to-day work is a recurring issue. This compromises the commission’s ability to effectively promote prevention for all key population groups, who feel that their needs are not being prioritised or addressed.

4. Introduce legal and policy changes to create an enabling environment

With a few exceptions, the legal and policy landscape in Uganda has remained unchanged since the previous prevention shadow report. The legal, socio-cultural environment continues to be extremely hostile for key populations who are criminalised by discriminatory laws. For instance, in October and November two mass arrests of LGBT people were reported, one of them after police were called to disperse a mob that was attacking an LGBT safe house. Also, in October 2019 a group of politicians claimed that the earlier Anti-Homosexuality Bill was being re-tabled. Although their claims have been rejected by the government, LGBT groups in Uganda argue that statements like these are responsible for an increase in violence, which has seen four members of the LGBT community murdered in recent months. As in many other countries, transgender women are particularly at risk in this intimidating environment, yet their existence is not acknowledged in any important national strategic documents.

In spite of the repressive context, this year for the first time the official definition of key populations has been broadened to include men who have sex with men, sex workers, people who use drugs, transgender people and prisoners. Moreover, the National Adolescent Health Policy has been reviewed and now问责s budget clearance from the Ministry of Finance. Additionally, harm reduction guidelines and an action plan addressing the priorities of key populations are being prepared under the leadership of the Ministry of Health (MOH) and the UAC. These initiatives represent a step in the right direction, but without wider legal and policy reform, they risk being undermined.

5. Develop national guidance and intervention packages, service delivery platforms and operational plans

In the last year, Uganda made good progress in elaborating national prevention guidance and intervention packages. Both the National Prevention Committee’s Action Plan and Uganda’s National Prevention Road Map, developed by MOH and UAC, recommend prevention services tailored to the needs of each priority population. Notably, besides recommending a wide range of primary prevention interventions, the prevention road map identifies 13 structural priority actions. If these are implemented it will create a more enabling environment, decreasing HIV risk for the most marginalised people.

6. Develop capacity building and technical assistance plan

The 100-Day Plan highlighted areas where technical assistance is needed, but Uganda has not yet developed a consolidated technical assistance and capacity building plan. Again, civil society organisations have been informed that this delay is due to a lack of resources.

No national technical assistance needs assessment has yet been carried out. UAC reports that this exercise was delayed due to a lack of funds, and that a technical assistance needs assessment is required to prepare the plan.

Unless UAC, MOH and international partners fundamentally shift their approach towards in-country capacity building, it seems very unlikely that there will be any progress on this point.

7. Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

There have not been any changes in the way government supports civil society organisations to implement community-based responses over the last year. Although the government supports the role of civil society in the prevention response, there is no social contracting mechanism in place. Global Fund and PEPFAR remain the two biggest funders of the community-led response.

8. Assess available funding and develop strategy to close funding gaps

In the last year the country conducted a national AIDS spending assessment covering 2016/17, 2019/20 and 2018/19. Findings from this assessment indicate that total expenditure on the HIV/AIDS response progressively increased over the three years, from 327 million in 2016 to 527 million in 2017. However, despite this increase, the proportion of funds allocated to HIV prevention went down from almost 4% of the total budget in 2016, to only 13.5% in 2017. These results confirm that HIV prevention is considered less of a priority, and consequently is less well funded. The government hasn’t been able to allocate public funds to support important prevention programmes like PrEP and condom procurement. Repeatedly prevention commodities are not sufficient for key populations such as lubricants, needles and syringes and medication-assisted treatment, aren’t freely available like condoms. Furthermore, these commodities are typically financed by donors.

9. Establish or strengthen programme monitoring systems

Progress implementing the prevention road map is captured through indicators in the existing monitoring and evaluation framework which operates at subnational and national levels. Collected data is also captured globally through the Global AIDS Response Monitor Tool.

The lack of targets for structural and behavioural interventions means there are no appropriate indicators to track. However, it is hoped that the ongoing process to improve monitoring and evaluation for key populations systems for adolescents, girls and young women, supported by the Global Fund and led by UAC, will rectify this issue. Having left civil society out of this exercise to date, it is hoped that planned engagement will improve systems for monitoring structural, as well as prevention, targets.

10. Strengthen national and international accountability

The main national accountability mechanism for HIV prevention is represented by the Joint AIDS Review which takes place annually. The Review enables an assessment of the national prevention response and is the main public forum where UAC must account for progress and setbacks.

Notably, during the last Review, representatives from networks of key populations and people living with HIV were given an opportunity to share their feedback with civil society organisations, government departments and international donors. Their participation was facilitated by UAC.

The thematic prevention technical working groups are another important accountability mechanism. They include representatives from all relevant stakeholder groups and are hosted by both UAC and MOH. The technical working groups oversee the implementation of the different prevention programmes and should meet quarterly. However, civil society advocates report that they meet less often.
In order to meet the global and national targets, Uganda should prioritise the following actions:

1. Urgently develop a credible plan to introduce the legal and policy reforms needed, and to reduce violence against and police harassment of key populations, particularly LGBT people. Civil society organisations led by key populations need to be able to operate free from fear and violence.

2. Conduct regular studies to estimate the size of all key populations including transgender people, and ensure that these are always designed, conducted, monitored and validated in full collaboration with key populations. Develop targets and track progress for all key populations under the National HIV Prevention Roadmap.

3. Increase the HIV prevention budget, by redistributing available (international and domestic) resources and advocating for additional resources. Ensure that funding is allocated for the full range of HIV prevention commodities, to include condoms, lubricants, PrEP, needles and syringes and medication-assisted treatment.

4. Continue to engage and increase collaboration with the civil society groups that represent and advocate for the rights of the most marginalised, involving them in tracking progress and protecting spaces and communication channels where an open dialogue can take place. Develop mechanisms for social contracting so that community-based organisations can be commissioned to provide HIV prevention services.

METHODOLOGY

As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation’s progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

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For national progress reports see: frontlineaids.org/prevention

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