New HIV infections in Uganda are expected to rise in the coming years, threatening past gains on HIV prevention. The government has taken welcome steps recently such as the Presidential Fast Track Initiative, opening up to including key populations in new size estimates, and developing an anti-HIV stigma policy and a national sexuality education framework. However civil society organisations are concerned that these do not go far enough to address structural barriers such as widespread stigma, punitive laws and unhelpful policies. The government needs to acknowledge the contribution of civil society organisations and partner with them to scale up investment in combination HIV prevention programmes for young women and key populations.
Conduct strategic assessment of prevention needs and identify barriers to progress

Uganda is in the process of updating its epidemiological data and analysis. Currently key populations are not included in the national survey and data for some of these groups (men who have sex with men, transgender) exists only at a sub-national level. Work is currently being undertaken to address this and the Global Fund is allocating funds to initiate new size estimations.

Uganda has conducted a series of assessments of the national HIV prevention response. While civil society has been actively involved in this process, engagement of key population organisations has been inconsistent – the government preferring to engage with mainstream HIV organisations. Although assessments have emphasised the need for better service delivery packages and the monitoring of effective structural and behavioural interventions for key populations, it is not clear how these plans will be operationalised.

The Uganda AIDS Commission (UAC) is the national body responsible for coordinating work on HIV prevention. However, there are concerns over capacity and resources, and many government departments continue to work in silo. The Global Fund has recently allocated funds to help strengthen the UAC. A new multi-sectoral National Prevention Committee (NPC) has also been set up to help oversee implementation of the Road Map but at present only a couple of civil society organisations (CSOs) are engaged in this platform and key population representation is limited. There are also plans to revitalise a multi-sectoral technical working group on prevention.

Introduce legal and policy changes to create an enabling environment

Uganda’s 100-Day Action Plan, which followed the launch of the Road Map, identified key legal and policy reform priorities such as addressing repressive policies including the NGO Act, the Anti-Narcotics Drugs and Psychotropic Substances (Control) Act, and the flawed HIV Prevention and Control Act. But there have been no further discussions on how this will be done, with the NPC citing a lack of resources as the main reason for the delay.

That said, the government has made welcome progress by initiating a new Anti-Stigma Policy. This has been led by the UAC with the involvement of civil society, including national networks of people living with HIV. It is expected to be launched later this year.

In May 2018 the government launched the first ever Sexuality Education Framework setting out how sexuality education will be delivered to young people in formal education. While this is a significant step forward, sexual and reproductive health and rights (SRHR) remains a highly controversial issue. In November 2017 the Ministry of Health withdrew national guidelines and standards following protests against the provision of contraceptives and other SRH services to adolescents.

However, youth advocates continue to push for these guidelines and a new National Health Policy for Adolescents that would both expand access to services and address structural barriers, such as age of consent, stigma and discrimination.
In Uganda it is estimated that 23% of the country’s total HIV budget is allocated to prevention although data on actual expenditure is hard to obtain. The majority of the funds are allocated to the procurement of commodities with little attention given to increasing access, demand and uptake of prevention services. Heavy reliance on donor funding is also a challenge.

Increasing domestic funding for HIV prevention in Uganda is a slow but ongoing process. The newly established AIDS Trust Fund, a tax-based initiative and the One Dollar Initiative, a new private sector-led financing mechanism, have been put forward as possible solutions to the domestic financing problem. However, there are doubts over how effective these new initiatives will be.

As far as civil society is aware no financing dialogue has taken place since the launch of the Road Map. Such discussions are likely to be postponed until after the National AIDS Spending Account report which is due to be released soon.

Uganda has recently launched a new HIV Situation Room, which pulls together HIV prevention indicators from national data systems. Although this offers a good starting point, disaggregated data (by age and population group) is lacking and new indicators on the behavioural and structural drivers of HIV (such as stigma and discrimination, gender-based violence) need to be developed. Unfortunately, civil society has not been fully involved in the design and implementation of this new monitoring platform. Going forward, the government must work harder to establish monitoring and evaluation systems that capture community-level data from non-governmental implementers.

There are worrying signs of increased suppression of key populations such as cancellation of the first ever key populations conference in May 2018. Repressive laws such as the Public Order Management Act, the Sexual Offences Bill and the NGO Act, have also stifled effective advocacy.

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

The definition of key and priority populations is still to be updated pending results of the Mid-Term Review of the National Strategic Plan. As a result, the government is yet to develop specific guidance on minimum service packages for these population groups - with the exception of adolescent girls and young women. CSOs are concerned that service packages will not be comprehensive in their approach. Adequate resources must be allocated towards structural and behavioural interventions, as well as the scale up and use of biomedical interventions such as pre-exposure prophylaxis (PrEP), condoms and Voluntary Medical Male Circumcision. There are also doubts over how service packages will be delivered at the community level.

Establish or strengthen programme monitoring systems

CSOs were unable to confirm whether Uganda has any plans to establish new mechanisms that will allow the government to contract civil society implementers. Current HIV prevention and treatment guidelines (2016), highlight the importance of linking health facilities with community-based services. However, there are no concrete plans outlining how this will be achieved.

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, CSOs have been informed that this delay is due to a lack of resources.

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

It is unclear whether a separate accountability framework has been established to monitor national progress on prevention. The government needs to ensure that CSOs are included in these processes and given the resources to participate fully.
Recommendations

We welcome the political commitment of the Ugandan government and the steps taken in recent months to push HIV prevention higher up the country’s agenda. As civil society and community organisations we commit to partner with you in these efforts. In order to meet the global and national targets, we believe Uganda should prioritise the following actions:

1. Ensure that the new size estimation study is robust and is carried out with meaningful engagement of key population-led organisations. They must also be included in national prevention assessments and target setting processes.

2. Address lack of resources and capacity to improve coordination of national HIV prevention programmes, including by ensuring that the National Prevention Committee is far more representative and inclusive of community-led organisations.

3. Develop a plan to address the legal and policy reforms needed. While the new Anti-Stigma Policy is a welcome step more must be done to challenge negative attitudes and reform punitive laws that restrict key populations from accessing HIV prevention. It is critical that civil society organisations, including those led by key populations, are able to operate free from fear of repression.

4. Strengthen and publish new national SRHR guidelines and a new National Health Policy for Adolescents and ensure that adolescents and young women have improved access to HIV prevention.

5. Define the term “key populations” in official national documents and adopt comprehensive, tailored interventions and approaches to scale up service delivery. This should include contracting civil society organisations to implement programmes.

6. Develop new indicators on behavioural and structural drivers of HIV, such as stigma, discrimination and gender-based violence as well as on harm reduction as part of the national monitoring system. Ensure that community-level data from non-governmental implementers is also included.

7. Allocate adequate resources for combination HIV prevention programmes and engage civil society organisations in future financing dialogues.

Methodology

As a member of the Global HIV Prevention Coalition, the International HIV/AIDS Alliance has played a leading role in convening civil society and community organisations. Activists from 22 countries participated in interactive workshops to learn, share and agree advocacy priorities. As part of this process activists worked in teams to analyse their country’s progress on HIV prevention. Some country teams continued their collaboration and developed shadow reports based on responses to a standard questionnaire developed by the Alliance. These reports voice the priorities of civil society organisations and offer an alternative to official assessments.

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Our partners

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