

UGANDA



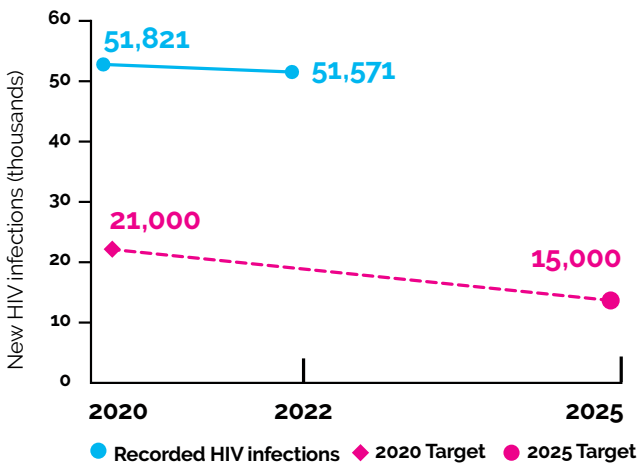
**HIV PREVENTION
& ACCOUNTABILITY
A COMMUNITY
PERSPECTIVE
2023**

SUMMARY OF CIVIL SOCIETY ANALYSIS

Uganda is still in the process of developing a new National HIV Prevention Road Map, with the involvement of civil society. This Road Map takes a combination prevention approach and is fully aligned with Uganda's National Strategic Plan (NSP). This new strategy is bolstered by new financing initiatives that are helping to strengthen the long-term sustainability of the response.

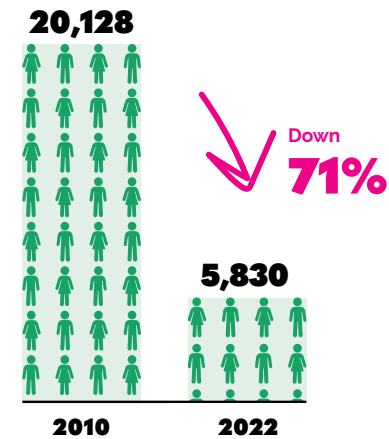
While this new Road Map is welcome, efforts are also being undermined by the increasingly hostile legal landscape and decreasing civic space. The Non-Governmental Organisation (NGO) Act, and in particular the new Anti-Homosexuality Act (AHA), are fuelling widespread stigma, discrimination and human rights violations. These changes are not just impacting lesbian, gay, bisexual and trans and queer (LGBTQ+) communities but are weakening HIV prevention efforts aimed at the wider community.

NEW HIV INFECTIONS FOR ALL AGES



Source: The Global HIV Prevention Coalition

NEW HIV INFECTIONS AMONG CHILDREN



Source: The Global HIV Prevention Coalition

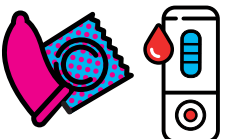


KEY POPULATIONS

| | Sex workers | Men who have sex with men | People who use drugs | Transgender people |
|--|-------------|---------------------------|----------------------|--------------------|
| Latest size estimate (year) | 2019 | 2018 | 2019 | NO DATA |
| Estimated HIV prevalence | NO DATA | 12.7% | NO DATA | NO DATA |
| HIV prevention service coverage | 40% | 20% | 5% | NO DATA |
| Avoidance of healthcare due to stigma and discrimination | 9% | NO DATA | 64% | NO DATA |

Source: UNAIDS Key Populations Atlas, The Global HIV Prevention Coalition

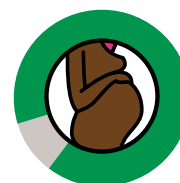
INTEGRATION



Health services delivering integrated services: HIV counselling and testing with SRH

✓ Fully integrated in all health facilities

Source: National Commitments and Policy Instruments Database



98%

Coverage of pregnant women who receive ART to prevent vertical transmission

Source: The Global HIV Prevention Coalition

STRUCTURAL BARRIERS



| LEGAL ENVIRONMENT | Criminalised? |
|---|---------------|
| Same-sex sexual acts | CRIMINALISED |
| Sex work | CRIMINALISED |
| Drug use or possession for personal use | CRIMINALISED |
| Transgender people | CRIMINALISED |
| Gender expression | CRIMINALISED |
| HIV transmission, non-disclosure, or exposure | CRIMINALISED |

Source: Uganda Anti-Homosexuality Act, UNAIDS Laws and Policies Analytics, Human Dignity Trust

GENDER VIOLENCE



29.9%

of women experienced physical and/or sexual intimate partner violence in the last 12 months

Source: UN Women

STIGMA



Latest stigma index report conducted in

2019

Source: Global Network of People Living with HIV (GNP+)

FINANCING



15% Abuja Declaration target

7.7% of government budget to health expenditure



International funding for HIV prevention

91%

Domestic funding for HIV prevention

9%

Sources: Amnesty International, UNAIDS Financial Dashboard

ADOLESCENTS AND YOUNG PEOPLE



SRHR services without parental consent

✗ NO for adolescents under 18 years



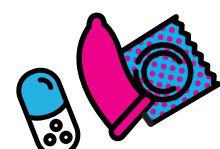
HIV testing without parental consent

✓ YES for adolescents 12 years and over



National CSE curricula in place

✓ YES Primary & secondary – not yet implemented



45.5%

Knowledge of HIV prevention amongst adolescents (aged 15-24)

Source: UNAIDS Laws and Policies Analytics, UNESCO, AIDSinfo

UGANDA





PROGRESS AGAINST THE 2025 ROAD MAP: A CIVIL SOCIETY ANALYSIS

ACTION

1

EVIDENCE-DRIVEN ASSESSMENT OF HIV PREVENTION PROGRAMME NEEDS AND BARRIERS



Uganda's National Strategic Plan 2020/1–2024/5 (NSP) includes core priorities and is based on data drawn from a mapping of high-risk districts and various population surveys such as the Demographic Health Survey (DHS) and Uganda Population-based HIV Impact Assessment (UPHIA), both of which were updated in 2022. Although this is a big step forward, it still lacks a sense of urgency and prioritisation.

A mid-term review was recently completed and highlighted that structural inequalities promote stigma and discrimination and result in continued vulnerability for key populations. HIV prevention efforts, especially among key populations, are being hampered by the difficult political and policy environment, and structural issues are not adequately prioritised in the NSP or other plans.

The Mode of Transmission and Prevention analysis study, completed in 2020, included all key population groups. Most size estimates are programmatically funded, jeopardising sustainability.

There are out-dated size estimates for sex workers, men who have sex with men and people who inject drugs, with no estimates for transgender people and prisoners. There is an ongoing Crane survey, which is an Integrated Biological and Behavioural Surveillance (IBBS) survey for key and priority populations (including refugees) across 12 districts of Uganda, but no data has been released since it began in 2022. Civil society and community organisations do not feel adequately involved in data collection, analysis, review and priority setting, despite playing a key role in the delivery of HIV responses.

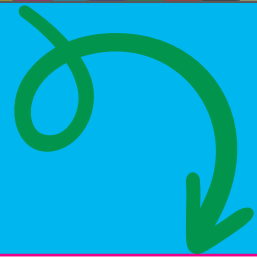
RECOMMENDATIONS

- ✓ Urgently finalise and disseminate the Crane Study and the Mode of Transmission and Prevention analysis study and conduct other studies to ensure disaggregated and reliable size estimates for all key populations, including transgender people and prisoners.

ACTION

2

PRECISION PREVENTION APPROACH



The Joint United Nations Programme on HIV/AIDS (UNAIDS) helped Uganda to establish national and sub-national targets, but civil society was not fully involved.

Biomedical targets are covered, including UNAIDS' 95-95-95 testing and treatment targets which Uganda is still working hard to achieve. The current Monitoring and Evaluation (M&E) Plan (2020-2025) includes several structural indicators. Civil society and communities welcome the targets on reducing stigma and discrimination towards key populations and gender-based violence but the plan falls short when it comes to improving the wider legal and policy environment.

There are specific targets aimed at high-risk groups, most noticeably on condom use and access to pre-exposure prophylaxis (PrEP). There are also targets on scaling up services for adolescent girls and young women and key populations. Although this is welcome, the lack of baseline data makes it extremely challenging to measure progress effectively.

High levels of homophobia and the recent Anti

Homosexuality Act (AHA) continue to jeopardise programming for key populations and make it harder for key population-led organisations to register and operate. This context also raises legitimate concerns about the credibility of the targets that have been set.

In addition, advocates have expressed doubts about the funding available to meet these targets. The multi-sectoral National Prevention Committee, which includes civil society and community representatives and is intended to support implementation, has not been convened since January 2023.

RECOMMENDATIONS

- ✓ **Prioritise the quarterly convening of the National Prevention Committee to support and monitor implementation of Uganda's HIV prevention response.**
- ✓ **Work with the M&E Technical Working Group (TWG) to map out the data sources for indicators without baseline indicators and share detailed plans on how these data gaps will be filled and how regularly they will be reported on.**

ACTION

3

COUNTRY INVESTMENT NEEDS



In 2022-2023, Uganda's total annual budget increased by 47%, but the health budget only increased by 0.7%, representing 7.7% of total expenditure and falling short of the 15% recommended by the Abuja Declaration and the Health Sector Strategic Investment Plan target of 10%.

The National Strategic Plan is costed using the activity-based costing method, with a funding deficit of 30% over the planned period. Resources for HIV prevention are not prioritised, with most of the available funding going to care and treatment.

The latest National AIDS Spending Assessment (NASA) was conducted in 2019. Although out of date, it shows spending on HIV prevention has decreased, falling by 25% between 2017-18 to 2018-19. Advocates are worried this trend will continue. The five prevention pillars represented just 66% of all prevention spending in 2018-19. Less than 3% of total HIV prevention spending was allocated to key populations, with adolescent girls and young women receiving just 8%. Additional breakdowns of how this funding was allocated remain undisclosed.

The NSP Mid-Term Review revealed that 83% of HIV financing is from international donors, with little movement towards sustainability. This reliance on donors is even higher for prevention.

The Uganda Investment Case 2015 recommended the

need to increase local financing for HIV, which resulted in the National AIDS Trust Fund and the One Dollar Initiative, as well as an annual budget contribution of 0.1% from all government departments.

Uganda still does not have a funded National Insurance scheme. The Ministry of Health is proposing a revised scheme but the original bill, passed by parliament in 2021, was withdrawn by the government due to gaps that needed addressing after consultations with stakeholders. It is also unclear whether key populations and marginalised people will be included in this bill.

RECOMMENDATIONS

- ✓ **Recognise the negative long-term consequences associated with underspending and develop a national resource mobilisation strategy for HIV Prevention, working with donors and national stakeholders to increase financing for prevention – particularly for key populations.**
- ✓ **Publish an annual budget and provide full accountability, including for budget allocations and spending for each pillar and population, so that levels of investment can be tracked over time.**
- ✓ **Input into the national health insurance scheme to ensure key and marginalised populations are included.**

ACTION

4

HIV PREVENTION POLITICAL LEADERSHIP



The Ugandan AIDS Commission (UAC) falls under the Office of the Presidency and is tasked with coordinating multi-sectoral work on HIV prevention. However, the HIV Prevention office in the UAC is understaffed due to inadequate resources, resulting in HIV prevention not being prioritised.

There are weak links between the National HIV Prevention Committees (NPC) and UAC, and weak inter-sectoral coordination in the TWGs/committees, again due to inadequate funding and irregular meetings. Civil society is concerned about the failure to decentralise and disseminate strategies and information, and inadequate capacity to coordinate and tailor the response at the district level.

There is little political will to prioritise HIV prevention and specifically key populations. The UAC has attempted to ensure that key populations are better served through the development of the Equity Plan (2019) to promote inclusiveness around access to health services. Due to the political climate and the AHA, the UAC does not openly

stand in solidarity with key populations. However, it did release statements after the Act was passed, urging that services remain non-discriminatory.

TWGs and committees are scheduled to meet quarterly, but since the AHA was tabled, some civil society and community representatives are apprehensive about attending. This jeopardises an already fragile HIV prevention response, affecting implementation and oversight. Civil society groups report that the UAC is attempting to rectify this by ensuring that the groups meet as scheduled.

RECOMMENDATIONS

- ✓ Arrange regular TWG and committee meetings, whilst taking steps to ensure the safe and meaningful participation of community representatives and making a political commitment to HIV prevention at the highest level, which includes civil society and communities.
- ✓ Strengthen capacity and multi-sectoral collaboration at the sub-national level, including the coordination role of District AIDS Committees.

ACTION

5

COMMUNITY-LED HIV PREVENTION SERVICES



Although Uganda's National Strategic Plan (NSP) mentions community-led service delivery, it lacks specific targets. This is concerning, given the crucial role that communities and civil society organisations play in the response.

Most HIV prevention services are funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund, but there is no specific data on the percentage of services provided by civil society. Civil society and community organisations are also involved in running drop-in centres, community-led monitoring, research, advocacy and peer education. Legal restrictions that affect funding for organisations working on key population issues continue to hamper progress on community-led services.

There is also no social contracting mechanism in place. However, civil society has commended the government for acknowledging the contribution that civil society makes

in the HIV response, and for its attempts to make the response more sustainable through sourcing domestic resources.

Technical assistance (TA) is provided by donors but is not systematic or sustainable. No TA plan exists to support and build the capacity of civil society and key population-led organisations to ensure that they qualify for funding.

RECOMMENDATIONS

- ✓ Develop supplementary targets on community-led service delivery in Uganda's NSP, alongside a consolidated national TA plan to support civil society and communities and strengthen the sustainability of HIV prevention.
- ✓ Inform and engage civil society and community organisations in the development of social contracting mechanisms, including the transparent allocation of funding.

ACTION

6

REMOVE SOCIAL AND LEGAL BARRIERS



In May 2023, Uganda enacted the Anti-Homosexuality Act (AHA), further criminalising same-sex conduct between consenting adults and imposing the death penalty in cases of "aggravated homosexuality". Since the tabling of the Act, LGBTQ+ people in Uganda have reported increasing violence and human rights violations. Despite statements from government calling for non-discriminatory health services, LGBTQ+ communities are reluctant to access HIV prevention services for the fear of prosecution and violence. The Act is also concerning for organisations providing services to LGBTQ+ people as they can be accused of "promoting homosexuality", with several community organisations being investigated by the NGO Bureau. Civil society is currently challenging the AHA in the Constitutional Court.

Somewhat ironically given these latest developments, civil society and community organisations were meaningfully involved in an assessment of the legal and policy environment in 2022, and some of its recommendations have been implemented. The Ministry of Gender, Labour and Social Development has developed a Gender and Equity Strategy and a guide for incorporating the LEA recommendations into Social Protection Programmes. New HIV workplace policies have been established in various sectors, including government ministries, the private sector and local government.

However, there is a serious lack of alignment in Ugandan laws. The Constitution of Uganda protects all citizens and the Stigma and Discrimination Policy (2016) aims to end stigma. Uganda is a member of the Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination and is implementing stigma-reduction activities in the healthcare, law enforcement, religious and cultural and other sectors. All this is undermined by the AHA, which has created a hostile environment and

increased stigma against LGBTQ+ people and other key populations.

Sexual and reproductive health for young people in Uganda, including comprehensive sexuality education (CSE), is under attack from the anti-rights movement, championed by some religious leaders. Following mobilisation by anti-rights actors, Uganda has not recommitted to the Eastern and Southern African (ESA) Ministerial Commitment on CSE, although it is part of the UNAIDS' Education Plus Initiative.

Even the 2018 National Sexuality Education Framework has received criticism from religious leaders, despite its narrow focus, and remains largely unimplemented. In 2021, the High Court in Kampala instructed the Education Ministry to create and enforce a new CSE policy within the next two years, with biannual progress reports to the court registrar. However, no progress has been made so far.

Challenges around age of consent also persist. Whilst children aged 12 can access HIV testing without parental consent, sexual and reproductive health (SRH) services are not available to children under the age of 18, and SRH commodities and services are not available in schools.

RECOMMENDATIONS

- ✓ **Urgently repeal the AHA and review and reform all other laws that undermine HIV prevention efforts and violate the human rights of key populations.**
- ✓ **Make the age of consent to access SRH services 12 years, in line with existing standards for HIV testing, and ensure that condoms and other SRH commodities are available in schools.**
- ✓ **Endorse the revised ESA Ministerial Commitment on CSE (2021), and work with the Ministry of Education to deliver on the 2021 legal ruling.**

ACTION

7

PROMOTE HIV PREVENTION INTEGRATION



The use of condoms in Uganda is low, especially among women. There seems to be a suboptimal implementation of the condom strategy and total market approach, which is affecting distribution and uptake. Uganda is also not on track to meet the voluntary medical male circumcision (VMMC) target due to VMMC largely offered in PEPFAR-supported sites, an out-dated male engagement strategy and poor coordination.

There is growing demand for PrEP and the government has recently released the Technical Guidance on Pre-Exposure Prophylaxis (PrEP) for Persons at Substantial Risk of HIV Infection in Uganda. However, there is insufficient funding to adequately implement and monitor the PrEP programme on a national scale. Certain populations such as prisoners, adolescent girls and young women and pregnant women are not benefitting from the rollout of oral PrEP.

Uganda has an agreed minimum service package for adolescent girls and young women and for key populations adopted from the East African community package. However, criminalisation of key populations and the hostile environment is holding back implementation. Additionally, in 2022 only 38% of adolescent girls and young women

in high HIV-incidence communities were reached with a comprehensive package of prevention interventions, due to funding constraints.

The Undetectable=Untransmittable (U=U) approach is also not widely known or adequately covered in campaigns aimed at communities. The NSP highlights the importance of combination/integrated HIV prevention, which is often not worked into donor-funded programmes.

RECOMMENDATIONS

- ✓ Prepare a national forecasting and needs assessment for PrEP to ensure it is not only guided by available funding.
- ✓ Urgently revise the male engagement strategy to engage and mobilise more men to take up VMMC.
- ✓ Adapt service delivery models and mobilise funds to ensure that the minimum service packages for key and priority populations are implemented across the country.
- ✓ Scale up programming for adolescent girls and young women, including expand.



ACTION

8

NEW HIV PREVENTION TECHNOLOGIES



The Dapivirine Vaginal Ring (DVR) was approved for use in Uganda in 2021 with Cabotegravir Long-Acting Injectable PrEP (CAB-LA), still under review. The national PrEP guidelines have been revised to include the DVR and CAB-LA, which is an important step. PEPFAR plans to procure CAB-LA for 3,000 young women and girls and key populations in high-risk districts under PEPFAR COP 2023. There will also be \$3 million of matching funding from the Global Fund to support implementation. The DVR will be supported through the Global Fund GC7 grant with targets of 10,000 in the first year, 20,000 in the second year and 30,000 in third year.

Uganda is also part of the Maximizing Options to Advance Informed Choice for HIV Prevention (MOSAIC) project and the Catalyzing Access to New Prevention Products to Stop HIV (CATALYST) study. Funded by PEPFAR, CATALYST is MOSAIC's flagship product introduction study and will provide and assess an enhanced service package to women that includes oral PrEP, DVR and CAB-LA, yielding results to

inform PrEP implementation across Eastern Africa.

To support rollout of new prevention technologies, there is a need to train health workers, prepare communities and generate demand. The same information should be provided to all communities, regardless of which donor-funded programme is reaching them.

Uganda has also scaled up innovative community-led approaches that were used during COVID-19 lockdowns, such as multi-month dispensing and HIV self-testing.

RECOMMENDATIONS

- ✓ **Develop and roll out training materials on new HIV prevention technologies for health workers.**
- ✓ **Work with community and civil society organisations to co-develop and disseminate standardised information about CAB-LA and the DVR, which builds understanding and creates demand for these tools within communities.**

ACTION

9

REAL-TIME PREVENTION PROGRAMME MONITORING



The NSP includes a monitoring and evaluation (M&E) section but there is still no harmonised M&E framework. The UAC started training on an Education Management Information System (EMIS) for all stakeholders in June 2023. This is the National HIV and AIDS database, linked to the Ministry of Health database housing biomedical data.

The NSP commits to all stakeholders having access to system-generated reports but this has not yet materialised. While significant strides have been made towards a unified national M&E system, separate systems remain for donor-funded programmes, making it impossible to see the full dataset on the HIV response in Uganda.

A substantial number of healthcare facilities still rely on paper-based data collection and reporting, which results in undercounting in the national system and an inability to use data to plan prevention strategies accurately. Data is meant to be entered daily/weekly and consolidated quarterly, but the rollout of EMIS is further plagued by challenges with electricity and internet in some areas, as well as capacity concerns and technical know-how on data entry.

As multiple data systems with different indicators exist, data

is not always disaggregated the same way, resulting in data quality issues. Currently, UAC is in the process of rolling out a data warehouse to integrate all HIV-related data in databases and dashboards.

Data and evidence from community-led monitoring (CLM) initiatives have resulted in significant wins, such as influencing funders to increase resources for PrEP and the introduction of new prevention technologies. However, CLM data needs to be used more strategically in guiding the national response. Technical assistance on CLM is provided by different donors and UNAIDS but civil society and community organisations often struggle to complete the applications.

RECOMMENDATIONS

- ✓ **Strengthen the data collection system to ensure comprehensive and quality monitoring of services across health facilities and community systems.**
- ✓ **Support CLM implementers to access and benefit from technical assistance opportunities and use their evidence to guide the national response.**



ACTION

10

ACCOUNTABILITY FOR HIV PREVENTION

Uganda began the process of developing its National HIV Prevention Road Map in October 2022. The process engaged civil society and community organisations that had already been working on developing their own priorities. However, the Road Map and the milestones have yet to be finalised and disseminated by the UAC, reportedly due to funding shortages.

UAC recently completed the Global HIV Prevention Coalition (GPC) survey to track progress against the HIV Prevention Road Map, but did not involve civil society in this response, nor has the data been made available.

The UAC keeps all obligations for reporting to UNAIDS, and the NSP outlines obligations to include all stakeholders for regular data validation, including civil society. However, as described above, big data gaps remain. Civil society is invited to the annual Joint AIDS reviews. However, in 2022

this was merged with a conference, which resulted in less meaningful engagement by civil society and community organisations.

RECOMMENDATIONS

- ✓ Expedite the completion of the HIV Prevention Road Map and implement it. This must include working closely with civil society and communities to understand which activities should be prioritised.
- ✓ Ensure the involvement of civil society and community organisations in data reviews and validation of data related to HIV prevention.
- ✓ The Joint AIDS reviews should be separated from external conferences to allow more meaningful engagement of communities and civil society organisations.



METHODOLOGY

As a member of the Global HIV Prevention Coalition (GPC), Frontline AIDS plays a key role convening civil society and community organisations to demand accountability for HIV prevention in their countries.

After the launch of the HIV Prevention 2025 Road Map, Frontline AIDS supported 126 organisations in 10 countries to play an active role in supporting their government to develop national Road Maps and holding their governments accountable for national and global commitments on HIV prevention.

As part of this process, community-led coalitions in these countries worked together to assess their country's progress against the 10-Point Action Plan outlined in the new Road Map, through reviewing key documents, agreeing on collective assessments and gathering input from government stakeholders.

These *HIV Prevention Accountability* reports voice the priorities of civil society and community organisations and offer an alternative to the official assessments put forward by national governments.

ACKNOWLEDGEMENTS

We deeply appreciate all the civil society partners for their joint efforts and leadership in developing this report.

National research and analysis: sincere thanks to the country coalition partners below and the coordinating partner for Uganda, Alive Medical Services.

Coordination and editing: Vicky Anning, Leora Pillay, Clare Morrison, Libby Van Zee, Lola Abayomi, Fionnuala Murphy, Ntombizodwa Mthembu, Aditi Sharma, Amelia Weekley, Lois Chingandu, Revanta Dhamarajah and Suzanne Fisher-Murray.

Design: Fruit Design.

We gratefully acknowledge the funding for the United for Prevention programme from the Bill & Melinda Gates Foundation.

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