



## Leveraging multisector budgets for HIV prevention: Uganda's innovative approach

*A case study by the HIV Multisector Leadership Forum*

*(a community of practice of Director Generals of National AIDS Coordinating Authorities)*

With support from the Global HIV Prevention Coalition



*Uganda's approach to financing HIV services and programmes, and in particular HIV prevention is a unique yet practical application of the notion of HIV mainstreaming across multiple sectors. HIV and AIDS mainstreaming in Uganda has been considered as an appropriate and sustainable strategy to address the multifaceted drivers and consequences of the epidemic. This is rooted in the appreciation of HIV and AIDS as a development issue requiring development related responses and is articulated in a number of national and sectoral development instruments such as the vision 2040 and in the National Development Plans with the purpose to;*

- *Sustain the efforts in the HIV response*
- *Increase domestic HIV financing as international funding dwindles – in lieu of the global donor shifts, and*
- *Garner leaders' stewardship towards the health and well-being of our communities and population at larger.*

*Established in 2018 via a Presidential Directive, all Chief Executive Officers of State-Owned Enterprises and Public Corporations were instructed to allocate a proportion of at least 0.1% of their budget (excluding pension, gratuity and transfers) to HIV and AIDS mainstreaming interventions. The Ministry of Finance, further guided that each entity should plan and budget for HIV&AIDS mainstreaming activities under one single budget output code in the government Program Budgeting System and in the Integrated Financial Management Information System to facilitate the budgeting and implementation of HIV&AIDS mainstreaming guidelines issued in February 2020.*

*The Uganda AIDS Commission (UAC) - the national AIDS coordinating authority -NACA- of Uganda, is mandated with monitoring the allocations and utilization of these resources. In 2023, an additional US\$16million was generated for the HIV response from the HIV and AIDS Mainstreaming initiative. This case study provides a perspective of Uganda's unique approach of leveraging a multisector approach for local resource mobilization for HIV prevention.*

## UGANDA'S AIDS COORDINATING AUTHORITY - THE UGANDA AIDS COMMISSION (UAC)

The Uganda AIDS Commission (UAC) is a Government Agency, which was established in 1992, and reports directly to Office of the President. It is governed by an independent Board of 11 Commissioners, who represent public, private sector, civil society and the affected communities. Like majority of AIDS Coordinating Authorities, it is headed by a Chief Executive Officer and organized into functional units of core Directorates of Policy, Programming and Research; Planning, and Strategic Information; Partnerships; and Human Resource and Administration. HIV prevention is institutionalized through a Directorate of Policy, Research and Programming. UAC is a member of the Global Fund Country Coordinating Mechanism (CCM) and Health Policy and Advisory Committee.

## THE JUSTIFICATION FOR ADOPTING A MULTISECTOR APPROACH

The decision by the Government of Uganda to adopt a multisectoral approach to HIV prevention is founded on a comprehensive analysis of the HIV epidemic, which varies widely across different populations, sectors, and geographic locations. The recent global goal of ending AIDS by 2030 calls for acceleration of efforts to combat the epidemic. In Uganda, mainstreaming HIV into national development processes has been prioritized in the new program approach under the NDP III as one of the strategic approaches to sustaining the efforts of the HIV response.

The justification for HIV and AIDS mainstreaming is premised on two grounds; firstly, in pursuit of a Rights Based Approach which is hinged on the need to observe the rights of various categories of vulnerable persons at risk of HIV infection during implementation of development programmes and, secondly as a corporate social responsibility of the institutions implementing development programmes or providing goods and services to the communities in the institution catchment area.



Guideline No. 5 of the UN HIV/AIDS and Human Rights International states that states should enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups, people living with HIV and AIDS and people with disabilities from discrimination both in public and the private sector, ensure privacy and confidentiality and ethics in research involving human subjects. HIV and AIDS mainstreaming in institutions is intended to promote:

- Accountability in the development process by the institutions implementing development programmes with respect to HIV and AIDS interventions.
- Empowering the staff, programmes beneficiaries, projected affected communities or business clientele to protect themselves against HIV and AIDS.
- Participation of staff, programme beneficiaries, affected communities and business clientele and other stakeholders in the fight against HIV and AIDS.
- Non-discrimination of people living with HIV during development programmes implementation.

This analysis is integral to the development of the National AIDS Strategic Plans (NSP), which underscore the need for a diversified response that extends beyond the healthcare sector to include various segments of government and society. These sub-plans recognize that the impact of HIV is not limited to the individuals directly affected; it extends to the functionality of entire sectors that engage with key populations. For instance, the education sector serves young people who are at heightened risk and thus require targeted HIV and sexual and reproductive health education. Similarly, the ICT sector, through its control over digital platforms, offers a new avenue for disseminating vital health information and education. This sector's involvement is crucial in reaching broader audiences and implementing innovative prevention strategies. Sectors like the uniformed services need tailored interventions focused on their personnel, ensuring access to HIV prevention, testing, and treatment. Historically, while individual sectors developed their specific HIV response plans, there was a significant gap in terms of setting clear targets, securing budgets, and establishing mechanisms to support the execution of these.

To strengthen Uganda's HIV prevention response and deliver the HIV prevention roadmaps, the UAC identified this as an opportunity to leverage a multisector response to drive HIV prevention targets with attendant budgets. The UAC aimed to leverage the unique capabilities and reach each sector for a more coherent and comprehensive HIV response strategy that would be integrated within the broader operational frameworks of these different sectors. Collectively the interventions of each sector contributes to improving the overall health outcomes of the community

### ENGAGING MULTIPLE SECTORS

Incorporating a multisectoral strategy for HIV prevention in Uganda started with targeted engagements aimed at aligning sector-specific HIV plans with the overarching National AIDS Strategic Plan (NSP). This three-year endeavour began by closely collaborating with individual sectors to revisit and refine their strategies based on a thorough analysis of epidemiological data and their unique risk factors. Many meetings were held with different sectors to engage, sensitize and review their HIV sector plans. This collaborative process identified key implementation challenges and opportunities, paving the way for tailored interventions that align with both national priorities and the unique needs of each sector.

The process of developing these guidelines involved assessing the progress Uganda has made in mainstreaming HIV and AIDS and the overall achievements to the HIV response; to identify entry points and opportunities, and to establish priorities for action.

The UAC then supported Ministries to develop packages of services to align with National priorities and Sector HIV plans. Initial interventions were strategically chosen for their feasibility and impact potential, such as the placement of condom dispensers across various ministry service points to address both internal and public needs. They gradually expanded to include more comprehensive services, such as



linking vulnerable youth from the Social Services sector to essential HIV and sexual and reproductive health services thus adapting to the unique interfaces each sector has with the public and its specific risk profiles.

### FORMALIZING THE FINANCIAL COMMITMENT

Uganda AIDS Commission working with developing partners particularly UNAIDS and PEPFAR provided technical assistance (TA) package that included engagements with district leadership and departments to create awareness, orientation on the HIV mainstreaming guidelines and capacity building on computation of the 0.1% and costing of HIV interventions using Activity Based Costing approach and linking the same to the budgets. To facilitate planning and budgeting of the 0.1%, UAC worked with the Ministry of Finance to create a budget output code. The code enables budgeting and tracking of spending of the 0.1% allocated to HIV mainstreaming activities.

This marked a significant step in institutionalizing the commitment of various sectors to the national HIV prevention effort. It mandated all Ministries to adhere to the new budgetary provisions, thereby ensuring a unified approach to financing HIV prevention across the government spectrum.

The UAC drew on its past investment cases, national AIDS spending data and existing cost analysis of the proposed packages of services to determine the budgetary needs to deliver the sector plans analyzed. Advocacy was undertaken with key institutions across Government.

This collaborative effort resulted in the adoption of a 0.1% standardized proportion of all ministry budgets dedicated to HIV prevention. This approach also took into consideration the need to exclude certain budgetary items like transfer-through funds, pensions, and gratuities, applying the earmark solely to

the active portion of each ministry's budget. The UAC drew on the now institutionalized plans and budget proposal of a 0.1% earmark for HIV prevention as a strategic solution to ensure consistent and equitable investments.

### COLLABORATIVE IMPLEMENTATION AND OVERSIGHT

The UAC is founded on collaboration and involves multiple stakeholders to create a robust, responsive, and sustainable HIV prevention framework that aligns with both national and international health goals. It developed an internal framework to support Ministries with implementation and track the achievement of targets as outlined in the sector plans.

There are two approaches being employed in the fight against HIV and AIDS in Uganda. The first approach is the HIV and AIDS direct work approach, where on the one hand, health practitioners undertake biomedical HIV and AIDS interventions and on the other hand, AIDS Service Organizations undertake other direct HIV and AIDS interventions as enshrined in their Mission Statements. The second approach is HIV and AIDS mainstreaming approach, where other public and non-public institutions with diverse mandates and missions adapt HIV and AIDS interventions in their policies and programmes to mitigate the impact of HIV infection in their institutions and communities within their catchment area of operation.

As the primary provider of biomedical health care services and custodian of crucial data used in sector plans and monitoring efforts, the Ministry of Health is a key stakeholder. Various other ministries and government agencies are engaged based on their interaction with at risk populations and their role in the public service delivery framework. These include sectors like Education, Social Services, and Uniformed Services, among others, each responsible for implementing tailored HIV



prevention and treatment services that align with their respective operational mandates.

These multisector budgets do not constitute direct funds to the Commission or other stakeholders and there has been limited engagement of civil society organizations or development partners. However, these partners play a key role and can complement the efforts made by government sectors. The Commission invests in regularly submitting performance and compliance reports to the Committee of Permanent Secretaries, the President's Office, the Ministry of Finance and the National Parliament to ensure HIV retains visibility and priority at the highest levels of government decision-making.

HIV and AIDS mainstreaming in Ugandan sectors can be considered achieved once each government entity has fully taken on HIV and AIDS interventions as part of its overall sector portfolio - meaning that there is a specific HIV and AIDS program in place with institutional responsibility established and human and financial resources assigned - of not less than 0.1% as a proportion of its budget (excluding pension, gratuity, external grants and transfers) as provided for in the multi-sectoral HIV and AIDS mainstreaming guidelines.

### **THE OPPORTUNITY OF MULTI-SECTOR BUDGETS FOR HIV PREVENTION**

Prevention programmes in general populations face the challenges of identifying those most likely to become infected from the large pools of individuals and then bringing the necessary services to the points of risk of these individuals and motivating uptake of prevention interventions. This remains the Achilles' heel of HIV prevention in general epidemics, that still contribute the highest cumulative numbers to new infections and therefore lifetime costs for HIV treatment.

Leveraging diverse sectors, this approach creates a platform that can access individuals at various points of risk, who

might otherwise remain outside the healthcare system's direct reach. This strategic utilization of multiple sectors facilitates a comprehensive engagement with general populations, where identifying and reaching individuals most likely to become infected poses a considerable challenge.

In order to optimize this opportunity, at the beginning of 2023, the UAC identified the most critical sectors to deliver the HIV prevention roadmap. The UAC has developed a supportive framework, complete with a dedicated team to guide the implementation across these sectors. This framework emphasizes strengthening services to increase access to HIV education, reduce stigma, and improve testing and linkage to treatment. It also supports adherence to treatment protocols and encourages the uptake of various HIV prevention technologies and methodologies.

The purpose of this UAC support is to ensure that the resources accrued from this mainstreaming approach align with the 10 point action plans, directly addressing coordination barriers and scaling up of HIV prevention programs. This initiative is expected to significantly contribute towards achieving the ambitious 95-95-95 targets (95% of people living with HIV knowing their status, 95% of those diagnosed receiving sustained antiretroviral therapy, and 95% of those receiving antiretroviral therapy achieving viral suppression) and the 10-10-10 targets aimed at long-term incidence reduction.

### **THE ROAD AHEAD**

Uganda's novel approach for incorporating HIV prevention into its multi-sector budgeting is an evolving process. Overall, this process has pushed the UAC to: review data indicators and collection systems of other sectors in order to identify what can be leveraged to monitor HIV prevention activities; to strengthen its monitoring and evaluation team, data use and epi-analysis as a pre-requisite for quality sector, population and geo-location targets and indicators.



Uganda has 135 districts and 10 cities whose HIV plans contribute to the national Strategic Plan. In developing the HIV mainstreaming guidelines, the UAC has had to make considerations for the complex structure of Ministries at the district level, particularly those that provide direct services, who also tend to be the priority for the HIV response due to their unique platforms of reaching individuals who may be at risk, but not linked to the health sector and how they link with the district offices. Developing and implementing the sector plans in this context remains work in progress.

The UAC recognized and is investing in its internal capacities in order to optimize this approach and navigate emerging challenges. While implementing this strategy, some ministries have expressed resistance, citing HIV services as outside their primary scope of work. In response, the UAC is refining sector plans to adopt a precision prevention approach. This involves tailoring the delivery of services through ministries to align with their core functions as well as directing support towards HIV prevention commodities such as condoms.

### THE LESSONS

The Uganda HIV multisectoral approach earmarks an innovative way to consolidate all of government effort and resources towards HIV prevention. It has provided a pathway towards sustainable financing of HIV prevention that rests on national resources. A key lesson is that such approaches must be accompanied by consistent advocacy, education and lobbying across technical agencies as well as political and agenda setting institutions. Consistency of reporting on performance of the HIV response, and compliance grading of different Ministries has been key to incremental gains made so far.

The comprehensive engagement across multiple sectors underscores Uganda's commitment to a holistic and inclusive approach to HIV prevention. By leveraging the unique strengths and capacities of various sectors, the country aims to create a robust and sustainable response to HIV, tailored to the diverse needs and contexts of its population.

The inclusion of a HIV mainstreaming vote-head in the national treasury chart of accounts is very strategic for Uganda as it offers a pathway towards sustainable financing for HIV prevention and is likely to become critical in the face of on-going donor transitions and pullback from the response. The UAC will require to undertake an evaluation to assess the contribution of these investments towards HIV prevention targets.

An important factor is the institutionalization of the allocation, compliance and accountability procedures as well as reporting that are tied to Uganda's financing ecosystem. This means that the UAC can leverage its legal mandate to engage in actions that retain HIV prevention as a political and national priority and utilize other sectors to fast-track implementation. This model underscores the importance of strategic planning, cross-sector collaboration, and the adoption of innovative financing mechanisms to support public health initiatives on a large scale. The Uganda HIV mainstreaming earmark and the UAC's role offer valuable lessons for other countries grappling with prioritizing HIV prevention and making incidence reduction sustainable pre and post 2030.





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