

**Talking points for
Hon Dr. Jane Aceng. Minister of Health, Republic of Uganda
Presented at the
Inaugural Meeting of the Prevention Coalition, Geneva, Tuesday October 10, 2017**

FINAL

Thank you Chair

UNAIDS Executive Director Michel Sidibe

UNFPA Executive Director Natalia Kanem

Fellow ministers, dignitaries

Ladies and gentlemen,

1. Over the years, Uganda's efforts in combating HIV/AIDS have registered considerable progress bringing down the HIV prevalence rate from a peak of 18% in the 90s to 6% in 2017;
2. While success has been registered, there is still much to do. Each week, 1000 Ugandans acquire HIV. Many of these are adolescent girls and young women.
3. Uganda remains fully committed to ending AIDS by 2030 in line with UNAIDS Fast-Track strategy. This high level commitment is reflected in the launch of the Presidential Fast Track Initiative on Ending AIDS as a Public Health Threat in Uganda, launched in June 2017. It is referred to as "Kisanja Hakuma Mchezo", a Kiswahili phrase that means "there is no time for playing games". Uganda now has no time for playing games.
4. Male engagement in HIV prevention is particularly important – men have only a 54% viral suppression rate, 8 points behind women. This is the reason male engagement is the 1st pillar of this Initiative;
5. Uganda welcomes new Global HIV Prevention Coalition Initiative and will be an active member. We hope to adopt the Global HIV Prevention Road Map and we believe this Road Map will mobilize countries towards the same goal. It will help us to implement age-appropriate, gender- and culturally-sensitive programs towards the 2020 and 2030 goals.
6. Uganda reviewed the draft roadmap sent earlier, and several stakeholders gave their comments which we submitted to yourselves. The stakeholders noted that:
 - This document focusses on *primary prevention* and even though PMTCT is part of prevention, it is not part of the discussion here. However in practice PMTCT also includes elements of primary.
 - The roadmap focuses heavily on key populations, adolescent girls, young women and their partners; this will make it possible for countries to reach the ambitious targets.
 - The road map in principle is in line with emphasizing fast tracking prevention and reduction of new infection.
 - However there are a few areas which we wish to highlight:
 - We are in view that in generalized epidemic context, especially when HIV is being spread due to heterosexual sex, we can't ignore the need

for prevention in school and out of school settings, the role of teachers, and the role of parents. The document does not include the word “school” or “parents” anywhere, and seems focused on prevention once sexual experience starts.

- Likewise we believe the prevention methods discussed leave out A and B: Abstinence and Being Faithful. We believe the prevention efforts must reach young pre-adolescent audiences before they engage in sex, and abstinence must be a core programmatic response. We are of the view that age-appropriate sexuality education should occur to enable sound decision making as the young person matures. We also believe that emphasis on mutual fidelity should be strengthened in the document.
- We believe that human resource for prevention are essential. There is need to the need to reorient curricula at academia institutions to the training needs, and your thoughts on this would be welcome.
- Presently the focus on testing is “for treatment”. We believe that testing is equally important “for prevention”. We would be grateful for your guidance on testing “ for prevention”. We know that the majority of Ugandans – 94% -- are HIV-free. We would be grateful to discuss clear guidance on the prevention package to help such persons remain HIV-free, particularly one that can engage service providers at facility and community levels
- We believe that to accelerate, countries will need solid technical assistance. It will be good to discuss what assistance will be available and how it will be deployed.
- Reporting is important for accountability. However, we are of the view that many reporting lines and on different subjects is not practical option. Therefore we call for integrated reporting on country progresses.

To close. I believe you are aware that Uganda has already drafted National HIV Prevention Road Map in line with UNAIDS Fast Track Strategy. We will use the results of this meeting to refine it, based on our discussions and agreements here. So this meeting is very timely.

We have reviewed the 10 point plan and in the coming months Uganda will focus on:

- Revising national targets and roadmaps for HIV prevention by 2020;
- Strengthening prevention leadership and make institutional changes to enhance HIV prevention oversight and management; and
- Implementing of a strategic assessment of key prevention needs and identify policy and programme barriers to progress.