



UGANDA

HIV PREVENTION SHADOW REPORT 2020



Summary of civil society analysis

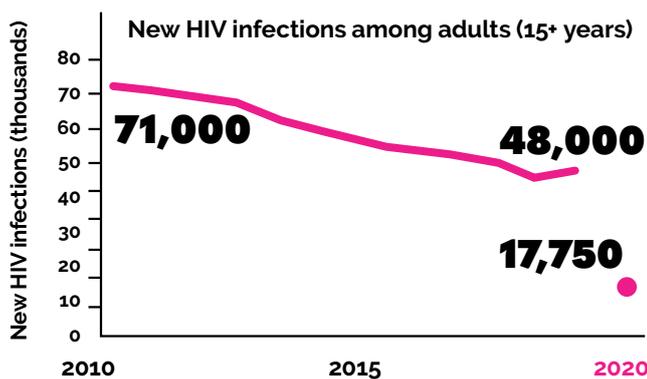
Uganda's Ministry of Health has taken some progressive steps forward when it comes to strengthening programming for key populations – including transgender people and people who use drugs in their new guidance. However, service coverage for key populations and adolescents remains worryingly low. There's still substantial resistance when it comes to expanding access to SRHR services and education for adolescents. There are no concrete plans to change laws that criminalise key populations, and there's been a surge in violence towards sex workers and LGBT people due to COVID-19.

10 ACTIONS: A CIVIL SOCIETY PERSPECTIVE

1	Needs assessment	●
2	Prevention targets	●
3	Prevention strategy & leadership	●
4	Legal and policy reform	●
5	Key population size estimates	●
5b	Defined key population package	●
5c	Adolescent girls & young women size estimates	●
5d	Adolescent girls & young women package	●
6	Capacity development & technical assistance plan	●
7	Social contracting	●
8	Financial gap analysis & strategy	●
9	Strengthen monitoring	●
10	Performance review & accountability	●

● Good progress ● Partial progress ● No or little progress

ON TRACK TO MEET THE 2020 TARGET?



Global HIV Prevention Coalition 4th Annual Progress Report

	KEY POPULATIONS: DATA, SERVICES, STIGMA			
	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	2018	2019	2019	NO DATA
HIV prevention services utilisation	11.7%	41.9%	8%	NO DATA
Avoidance of health care due to stigma & discrimination	NO DATA	NO DATA	64%	NO DATA

Global HIV Prevention Coalition 4th Annual Progress Report

LAWS THAT CRIMINALISE	
Same-sex activities	CRIMINALISED
Sex work	CRIMINALISED
Drug use or possession for personal use	CRIMINALISED
Criminalisation of transgender people	CRIMINALISED
HIV transmission, non-disclosure, or exposure	CRIMINALISED

UNAIDS Laws and Policies Analytics

ADOLESCENT GIRLS AND YOUNG WOMEN		
<p>SRHR services not available without parental consent</p> <p>NO DATA</p>	<p>Intimate partner violence (15-19 years)</p> <p>31%</p>	<p>HIV prevention service coverage</p> <p>31%</p>

Global HIV Prevention Coalition 4th Annual Progress Report

HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition. The Coalition developed a global HIV Prevention 2020 Road Map, to catalyse action and work towards reducing new HIV infections. The Road Map acknowledges common barriers to progress including lack of political leadership; restrictive laws and policies; insufficient funding, and lack of implementation at scale of combination prevention programmes. Each year the Coalition publishes a report, which tracks each country's progress against these barriers. This shadow report sets out civil society's perspective on how Uganda performed in 2020.



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STRENGTHENING POLITICAL LEADERSHIP

At national level, Uganda's political leadership appears more committed to HIV prevention than previous years. At an Inter-Ministerial meeting organised by the Global Prevention Coalition towards the end of 2019, Uganda's Ministry of Health committed to increase domestic financing for HIV, allocating 0.1% of all public sector budget to HIV prevention and coordination activities. The speaker of parliament has also been pushing to set up an AIDS Trust Fund and a new national health insurance scheme.

Although Uganda's legal and social environments remain extremely hostile towards key populations, and particularly towards LGBT people and sex workers, some political representatives are showing more understanding and support towards marginalised groups, at times standing in solidarity with them. The Minister in charge of the Presidency released a supportive statement in solidarity with key populations when police raided and arrested 20 LGBTQ+

members, although they stopped short of calling for their release, or holding the police to account for their actions. The same Minister has also been advocating in parliament for HIV prevention for all Ugandans regardless of their sexual orientation and together with the Uganda AIDS Commission was instrumental in putting Uganda forward to host the next ICASA conference. Similarly, the Minister of Health released a press statement in support of a lesbian woman who was attacked by a health professional, urging for disciplinary measures to be taken.

The Uganda AIDS Commission (UAC), although not well resourced, continues coordinating the HIV response at national level jointly with the Ministry of Health. Key populations activists report that their voices are listened to by the National Prevention Committee, the Ministry of Health's Key Populations Technical Working Group and the Global Fund Country Coordinating Mechanism.



ADDRESSING POLICY GAPS AND LEGAL BARRIERS

In 2020, UAC completed the National HIV Priority Action Plan for Key and Priority Populations (2020/2021 – 2022/2023). The plan is accompanied by a key populations drop-in centre manual and a key populations training manual, which includes modules for health workers on stigma-free care, as well as a module on the prevention of gender-based violence. After many years of advocacy by community activists, people who inject drugs and transgender people have both been included in the newly developed guidance documents.

In 2020, there has been a notable shift towards greater support for harm reduction programming. The Ministry of Health together, with the Uganda AIDS Commission and in partnership with civil society organisations (CSOs), has developed guidelines to steer the implementation of harm reduction interventions. These have been followed by the establishment of the first Medically Assisted Treatment facility for people who use and inject drugs in Butabika

National Referral Hospital in Kampala.

There has been less progress in the policy and legal landscape for adolescents and young people, however. The National Health Policy for Adolescents, which has been on hold since 2018, has not yet been passed mainly because it recommended lowering the age of consent for accessing sexual and reproductive health services to 15. Similarly, the Sexuality Education Framework, launched in 2018, to provide students in primary and secondary schools with basic information on sexuality and gender issues, is not being rolled out because the Ministry of Education has not developed appropriate curricula materials and activity plans. The curricula development process stalled because of criticism received from the Inter-Religious Council of Uganda, which complained that the framework – already very conservative in its approach to sexuality – does not reflect Uganda's traditional values.



ADEQUATE AND SUSTAINABLE FINANCING

Despite recognising the need to scale up HIV prevention interventions, domestic financing of the HIV prevention response continues to remain largely inadequate. This low level of domestic funding echoes declines in overall funding for prevention from 18.9% in 2014/15 to 13.6% in 2016/17.

These amounts represent just a fraction of the funding need identified by the government itself. The National HIV and AIDS Priority Action Plan projected cost estimates for the total HIV prevention response ranging from US\$204 million in 2017/18 to US\$240 million in 2019/20. This is in stark contrast with actual spending on prevention – in 2017 only US\$74 million was spent on prevention, with US\$15 million of that allocated to HIV testing.

Despite the higher HIV prevalence among key populations, the proportion of funding for interventions targeted at the 'most at-risk populations' has remained extremely low, at

under 1% from 2014-2017.

Uganda's HIV response remains highly dependent on donor funding, which accounts for almost 90% of total expenditure. The US government through PEPFAR is the largest donor and in 2018 allocated 16.3% of its expenditure to prevention. As mentioned above, the government has committed to increasing domestic financing. However, progress on operationalising the proposed AIDS Trust Fund has been slow, and it's unclear how much of any funds mobilised will be allocated to HIV prevention. Efforts are also being made to mobilise resources from other sources such as the One Dollar Initiative, a private sector campaign launched in 2018.

Even with these additional funds, the prevention response faces a large funding gap of US\$486 million over the two-year period of 2018-2020.



IMPLEMENTING QUALITY PROGRAMMING AT SCALE

There's been little progress in delivering HIV prevention that addresses the needs of key populations and adolescents and young people. Although population size estimates for sex workers and men who have sex with men have been revised upwards, LGBT activists still doubt their reliability. More importantly, last year coverage of HIV prevention services was very low for both key populations and adolescent girls and young women – only 31% of high incidence districts had dedicated programmes for young women.

To support the scale-up of prevention services for key populations, the Ministry of Health has released new guidance, which aims to support the establishment of additional community drop-in centres. However, these currently depend entirely on external donor support. Uganda does not have social contracting mechanisms to fund CSOs and this means that the sustainability of community prevention services is constantly at risk.

The new condom strategy is now being implemented, but the results so far have been modest. In 2019, only 38% of women aged 15-49 used a condom with a non-regular partner, and nationally only 62% of the condom distribution need was met.

The roll out of Pre Exposure Prophylaxis (PrEP) guidelines and the scale-up of health facilities that can provide it has significantly increased the number of PrEP users. However, the cumulative number remains low and not on track to meet the 2030 targets.

On voluntary medical male circumcision (VMMC) there's been better progress. In 2019, Uganda achieved 84% of its national target and was on track to achieve its 2020 cumulative target. However, it is expected that the suspension of VMMC services due to COVID-19 will have a negative impact on the annual reach.



THE IMPACT OF COVID-19 ON HIV PREVENTION

During the COVID-19 lockdown, the government enlisted sex workers in COVID-19 prevention campaigns, aiming to reduce their interactions with foreign truck drivers to prevent transmission. However, despite a presidential directive, sex workers faced increased harassment, arrests, detention, blackmail and violence from the police and were denied food aid in many districts. Sex workers and their children were going hungry and struggling to access condoms, PrEP, and treatment for sexually transmitted infections and HIV, and reports that some were thrown out of their housing. In March, 24 young LGBT people in a homeless shelter were arrested and 20 of them detained on the pretext of COVID-19 restrictions. Similarly, people who use drugs faced increased harassment, evictions, arrests and detention during lockdown and were excluded from government schemes providing food aid and COVID prevention tools.

Many communities found ways to ensure that people living with HIV, including sex workers and LGBT communities, could get treatment – through multi-month refills or home deliveries by bike. However, services critical for preventing HIV such HIV testing, PrEP, drop-in centres for marginalised groups and VMMC were scaled back or stopped. Young people in particular found it hard to access sexual and reproductive health services, and there was an increase in teenage pregnancies, early marriages and gender-based violence.

Civil society has adapted to keep providing HIV prevention and treatment during COVID-19 through peer-led differentiated service delivery models, toll-free helplines and creating new community structures to support service delivery.

RECOMMENDATIONS



IMPACT OF COVID-19

COVID-19 has disrupted HIV prevention services and exacerbated economic and social drivers, with the risk that new HIV infections may begin to increase. Uganda must commit to sustaining progress on and funding for HIV prevention, and must protect the human rights of the most marginalised communities.

LEADERSHIP

While there are some champions, political commitment to HIV prevention must increase further in Uganda, at the national and district level. In particular, action is needed to address the hostile legal and social environments facing the most marginalised populations and to reduce stigma, violence and police harassment against them.

LAW AND LEGAL

Uganda urgently needs to address policy gaps for adolescents and young people, by finalising The National Health Policy for Adolescents and developing the curricula and activity plans needed to roll out the Sexuality Education Framework. Political leaders must be courageous in ensuring that calls from religious groups or parents to protect traditional values do not trump young people's access to services and information that could save their lives.

FINANCING

The Ministry of Health must mobilise and allocate adequate financing for HIV prevention and significantly increase the portion allocated to the "most affected" communities, in order to close the huge gaps in service coverage.

QUALITY PROGRAMMING

The Ministry of Health must introduce new social contracting mechanisms and use them to increase support for community-led organisations and ensure that they are sustainably funded for the contribution they make to the HIV response.



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. As part of this process, activists from different community-based organisations decided to work together to analyse their nation's progress on HIV prevention. The reports are based on responses to a data collection tool developed by Frontline AIDS. In 2020, activists from seven countries agreed to update their reports. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments put forward by governments.

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OUR PARTNERS



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