

**The Presidential Fast  
Track Initiative to End AIDS  
by 2030, 3rd Edition**



**SECURING A FUTURE  
FREE FROM HIV & AIDS**



UGANDA AIDS COMMISSION



THE REPUBLIC OF UGANDA



**The Presidential Fast Track Initiative to End AIDS by 2030, 3rd Edition**

**“SECURING A FUTURE FREE FROM HIV&AIDS”**

**Progress Report 2019/2020**

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“ I call upon men to go for voluntary HIV counselling and testing. If you find you are HIV-positive, take HIV treatment. It will not cure you, but when the virus is suppressed, you prolong your life. And you will not infect other people. This is something that must be done. ”

YOWERI MUSEVENI PRESIDENT OF UGANDA

# Acronyms

<b>ACP</b>	AIDS Control Program
<b>ADPs</b>	AIDS Development Partners
<b>AIC</b>	AIDS Information Center
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>CSF</b>	Civil Society fund
<b>CSO</b>	Civil Society Organization
<b>DAC</b>	District AIDS Committee
<b>DHIS2</b>	District Health Information Software, version 2
<b>DP</b>	Directorate of Partnership
<b>DPRP</b>	Directorate of Policy Research and Programming
<b>DPSI</b>	Directorate of Strategic Information
<b>DQA</b>	Data Quality Assessment
<b>EID</b>	Early Infant Diagnosis
<b>GBV</b>	Gender-Based Violence
<b>HCII, III, IV</b>	Health Center Level II, III, IV
<b>HIV</b>	Human Immunodeficiency Virus
<b>TBHIV</b>	Tuberculosis/HIV coinfection
<b>HMIS</b>	Health Management Information Systems
<b>HTS</b>	HIV Counseling and Testing
<b>IP</b>	Implementing Partners
<b>MAAIF</b>	Ministry of Agriculture Animal Industry & Fisheries
<b>MARPS/KP&amp;PP</b>	Most at Risk Populations/Key and Priority Population
<b>MoES</b>	Ministry of Education and Sports

<b>MojCA</b>	Ministry of Justice and Constitutional Affairs
<b>MoLG</b>	Ministry of Local Government
<b>MoPS</b>	Ministry of Public Service
<b>MoFA</b>	Ministry of Foreign Affairs
<b>MoFPED</b>	Ministry of Finance, Planning and Economic Development
<b>MoH</b>	Ministry of Health
<b>MoIA</b>	Ministry of Internal Affairs
<b>NASA</b>	National AIDS Spending Assessment
<b>NMS</b>	National Medical Stores
<b>NPAP</b>	National Priority Action Plan
<b>NSP</b>	National HIV and AIDS strategic Plan
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PF</b>	Partnership Fund
<b>PFTI</b>	Presidential Fast Track Initiative
<b>PLHIV</b>	People Living with HIV and AIDS
<b>PMTCT/ eMTCT</b>	Prevention/ Elimination of Mother to Child Transmission
<b>PrEP</b>	Pre Exposure Prophylaxis
<b>SBCC</b>	Socio-Behavioral Change Communication
<b>SCES</b>	Self-Coordinating Entities
<b>SMC</b>	Safe Male Circumcision
<b>SRHR</b>	Sexual and Reproductive Health Rights
<b>STI</b>	Sexually Transmitted Infections
<b>TWG</b>	Technical Working Group
<b>UAC</b>	Uganda AIDS Commission
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>UPHIA</b>	Uganda Population HIV and AIDS Impact Assessment
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government

# Foreword



Three years ago in July 2017, His Excellency President Yoweri Kaguta Museveni launched the Presidential Fast Track Initiative to end AIDS as a major public health threat by 2030.

My Ministry is happy to note that the country has worked hard to achieve most of the set milestones to ensure that we remain on course to achieve the set targets come 2030. I am pleased with the work of Uganda AIDS Commission and all partners in the HIV/AIDS response who have worked tirelessly to ensure that the progress on ending AIDS is sustained.

2020 has been a challenging year for the HIV response given the restrictions that came with the COVID-19 pandemic. However, I am pleased with the support and guidance from Ministry of Health that ensured People Living with HIV continued to access their regular services during the lockdown.

The Ministry of Health issued guidelines to all District COVID-19 task teams that enabled continued access to vital HIV services while at the same time safeguarding the lives of everyone against COVID-19.

I acknowledge the support of partners, volunteers, expert clients who offered their time and resource to carry out door to door supplies and refills for people on treatment. Through some of these creative approaches, Uganda managed to scale down the extreme effects of the COVID-19 pandemic on HIV response. This ensured that the gains that had been made on access to treatment, testing, elimination of mother to child transmission were largely sustained.

I want to thank His Excellency the President, Yoweri Kaguta Museveni for his regular guidance and commitment to this struggle towards securing a generation free of HIV in Uganda.

For God and My Country.

A handwritten signature in black ink, appearing to read 'EM Mbayo', written over a series of horizontal lines.

Esther M. Mbayo

**Minister for the Presidency**



# Preface

The Presidential Fast Track Initiative was a deliberate effort by His Excellency the President to galvanise the country into heighten state of affairs and ensure that we end AIDS as a major public health threat come 2030. After its launch in 2017, the Initiative significantly picked pace and considerable results have been observed in the three years so far.

At the start of this campaign, the country was dealing with a major challenge of men. All studies then had pointed the problem of men as being the major drivers of the HIV epidemic. By maintaining multiple sexual relationships especially with younger girls, men were fueling a record number of new infections every day. This coupled with the poor health seeking behavior such as reluctance to go for HIV testing.

I want to thank His Excellency the President, Yoweri Kaguta Museveni, Minister for the Presidency Hon. Esther Mbayo, the team at Uganda AIDS Commission and all partners who have overseen creative and strategic interventions that have enabled the country to find solution for the problem of men and more. Through a collaborative approach by Cultural Institutions, the religious community and partners, the country started on a key behavior change awareness campaign targeting men.

We do understand that behavior change is something that takes time but from the research being observed since the start of the PFTI campaign, men have started to listen and we are seeing a lot of positive change. We are seeing more men going for HIV testing a crucial starting point towards ending AIDS. Coupled with the work being done by the government to target young and adolescent girls, we are observing infections among young girls coming down as well.

Uganda AIDS Commission will continue to apply the partnership approach towards achieving the set targets of the country's HIV response because partnerships work. We are confident that with this progress, we shall be able to meet our targets listed under the Presidential Fast Track Initiative come 2030.

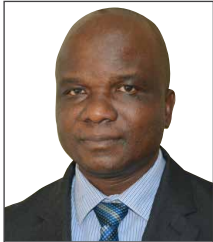


Dr Eddie Mukooyo

**Chairman, Uganda AIDS Commission**



# Acknowledgement



The review provides highlights on the progress of the Presidential Fast-Tracking Initiative on Ending AIDS as a public health threat in Uganda by 2030.

The Presidential Fast Track Initiative on ending AIDS as a public health threat is a directive from His Excellency the President to respond to the persistent high HIV epidemic and slow pace towards the achievement of the global 90-90-90 targets by 2020.

The roll out and successful implementation of the Fast Track Initiative has received support from The Presidency and Cabinet, Parliament, Ministries, Departments and Agencies of government, Development Partners, Implementing Partners, Local Governments, Civil society organizations, Media, Private sector, Religious and Cultural Leaders, People Living with HIV.

This report also comprises of progress highlights from all the key partners that have been at the forefront of leading the PFTI processes in the different constituencies. We urge all partners to continue doing best in ensuring that Uganda achieves its set PFTI objectives even before 2030. Already the country demonstrated this ability by successfully achieving the International 90-90-90 targets that were set for 2020. We can therefore carry forward with the same energies and commitment.

I acknowledge the leadership provided by the steering committee chaired by the Minister for Presidency and the technical support from the technical working group which was key to the success of this campaign. The support from Parliament of Uganda through the HIV committee was catalytic to the success of the program. I urge all stakeholders to use this report to guide the implementation of future Fast Track Initiative activities.

A handwritten signature in black ink, consisting of several fluid, overlapping strokes that form a stylized representation of the name.

Dr. Nelson Musoba

**Director General, Uganda AIDS Commission**



# Executive Summary

On June 6th 2017, The President of the Republic of Uganda, His Excellency General Yoweri Kaguta Museveni, launched the “Presidential Fast Track Initiative on Ending AIDS in Uganda by 2030 (PFTI).

**The PFTI has five pillars:**



**Revitalise HIV**

**Prevention** (and Close the tap on new infections, Particularly Among Girls and Young Women);

**Consolidate**

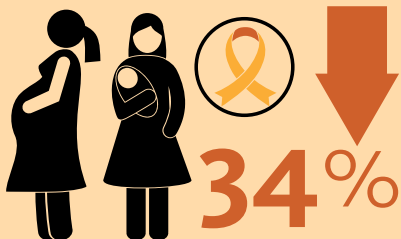
**Progress** on eliminating Mother-to-child transmission of HIV;

**Accelerate implementation of “test and treat”** and attain 90-90-90 targets

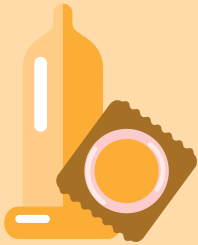
**Address Financing Sustainability** for the HIV Response;

**Ensure institutional effectiveness** for a well-coordinated multi sectoral response.

The progress highlighted in this report has been tracked basing on the anticipated outcomes that were provided by His Excellency the President in 2017 at the launch of the PFTI campaign. Following is the summary growth achieved in each of the outcome areas.



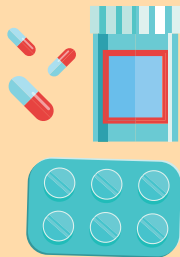
Decline in new infections among girls and women – ages 15 – 24 years by 13% from 17,000 to 14,000 between 2016 and 2019.. There has been a 34% decline of new infections among young people over the past 10 years from 2010. Much of this progress has been realised in the last five years and the period immediately after the launch of the PFTI strategy in 2017.



**Part of the decline is also attributed to a 67% increase in condom use among high risk categories such as the men.** After the PFTI was launched, a number of partners came out strongly to reach out to the men with behaviour change messages. The decline in infections among young girls is a directly related to some of these interventions.

All young women and girls and their male partners accessing and utilizing needed Sexual and Reproductive Health and HIV prevention services; According to the JAR report of 2017, the number of condoms distributed that year were 300 million. This could be one of the key contributing factors towards the reduction of HIV infections in 2018 and 2019.

**At least 90% of all persons living with HIV tested and aware of their results by 2020;** As of today, 89% of all people with HIV know their status. This has been a major achievement of the Presidential Fast Track Initiative that has been achieved even before the end of 2020.



**At least 90% of all HIV positive persons enrolled in treatment and care programs by 2020;** The second go targeted that 90% of those who know their status are on treatment translating into 81% of all PLHIV. This target was surpassed in 2019 with 84% of all PLHIV estimated to be on ART. This is attributed to improved targeted HTS with identification of HIV-infected persons, enhanced linkage to treatment, ‘test and treat’ implementation, as well as improved retention.

At least 90% of all HIV positive persons on treatment well supported by their communities and families and adhering to treatment by 2020.

**The 3rd 90 targeted that 90% of people on treatment are virally suppressed by translating into 73% of all PLHIV.**

This target was surpassed in 2019. This is attributed to multiple efforts including improvement in VL testing coverage, improved retention, and ART regimen optimization. Uganda is among 12 countries to attain the 2nd and 3rd 90 target ahead of the 2020 timeline. By 2020, 75% of PLHIV had their viral load suppressed.

**Zero new vertical HIV transmission by 2020 – evidenced by Uganda achieving WHO pre-elimination certification.**

The country has continued to register progress in the PMTCT program by increasing coverage of the program and reducing mother to child transmission of children. By June 2020 all pregnant women were aware of their HIV status while over 95% those found to be positive were enrolled on treatment to prevent mother to child transmission. About 6% of children born to HIV Positive mothers got infected in 2019. However, the numbers have kept on reducing from 8,176 in 2017 to 5,692 in 2019. The program has also scaled up syphilis testing among pregnant women as a required by WHO.

**HIV related stigma and discrimination eliminated by 2020;**

According to the HIV index stigma report by the National Forum of People Living with HIV, stigma reduced by 50% in 2013 to 24% in 2019. (For more details refer to the Stigma index report 2019.)

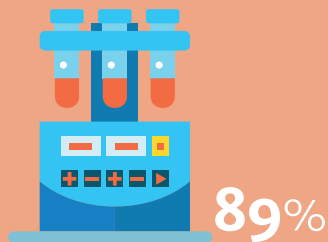
**Institutional effectiveness in the coordination of the multi-sectoral response.**

The Uganda AIDS Commission (UAC) as the central coordinating authority for the multi sectoral HIV and AIDS response is situated under the Office of the President. This strategic positioning enables UAC to bring together different sectors and constituencies to meaningfully participate in the national response to HIV and AIDS. UAC operates through a Partnership Mechanism structure through which all constituencies are rallied around one National Strategic Plan, one National M&E Framework and one coordinating entity. The Partnership Mechanism provides a formal and representative forum for interaction amongst multiple stakeholders. The UAC Board as the governance body is comprised of representatives of SCEs. The Board is advised by a Committee of Technical Experts (CTE) as provided for in the UAC Act. Through the SCEs stakeholders countrywide have been engaged to contribute to the national HIV and AIDS response.

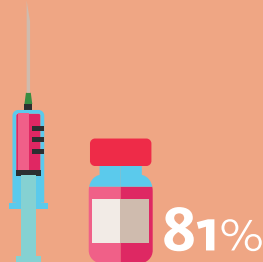
**A sustainable source of locally generated funding for the HIV response realised by 2020.**

38 billion shillings has been locally generated this financial year following the implementation of the main streaming guidelines. This is commendable progress and a demonstration that Uganda can ably sustain its HIV response especially amidst the dwindling foreign funding for HIV. 38 billion shillings for HIV on an annual basis in addition to what is already available is a guarantee the countries path towards ending AIDS by 2030.

# 90-90-90 Targets



HIV Test and Status Known



Treatment of PLHIV



Virally Suppressed

The first 90 targeted that 90% of the persons living with HIV have taken an HIV test and that they know their status. There has been a progressive improvement with this target from 80% knowing their status to 89% in December 2019 which is 1% short of our target.

The second 90 targeted that 90% of those who know their status are on treatment translating into 81% of all PLHIV. This target was surpassed in 2019 with 84% of all PLHIV estimated to be on ART. This is attributed to improved targeted HTS with identification of HIV-infected persons, enhanced linkage to treatment, 'test and treat' implementation, as well as improved retention.

The third 90 targeted that 90% of the people on treatment are virally suppressed translating into 73% of all PLHIV. This target was surpassed in 2019. This is attributed to multiple efforts including improvement in VL testing coverage, improved retention, and ART regimen optimization. By 2020, 75% of PLHIV had their viral load suppressed.

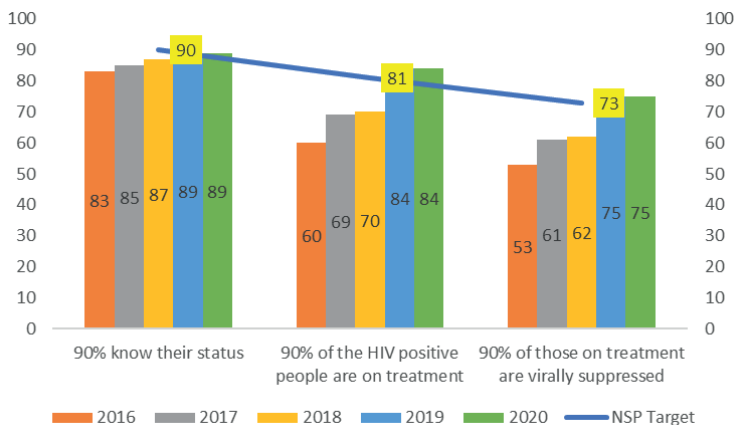
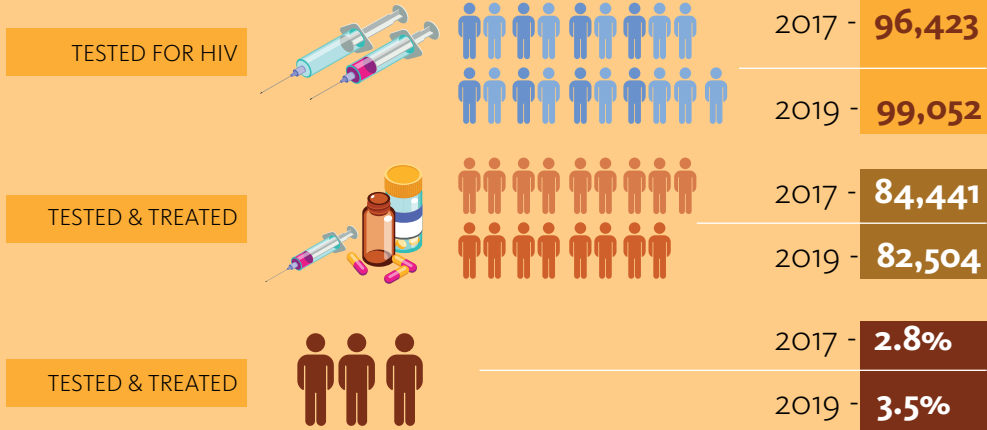


Figure 1: 90-90-90 cascade: All Ages 2016-2020

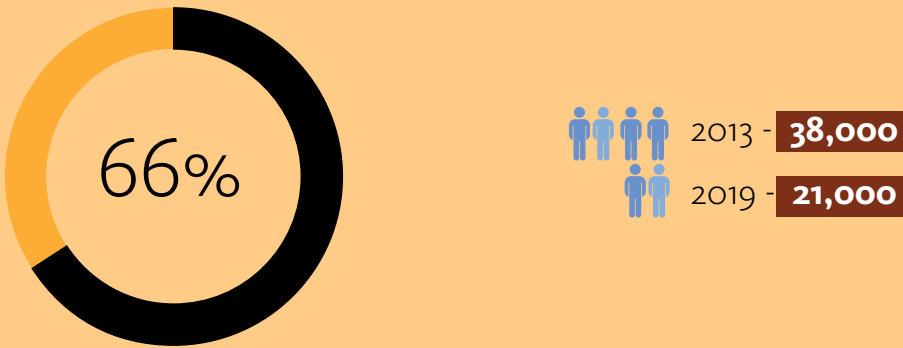
There has been an increase in number of males tested since the launch of PFTI in 2017.

### MALE TESTING TRENDS



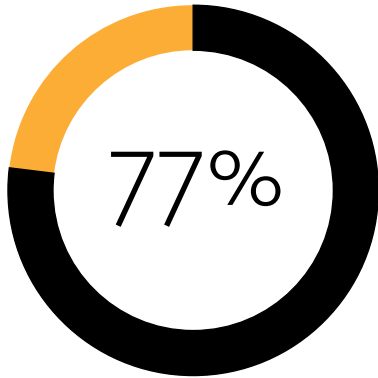
The illustrations that follow clearly highlight the achievements the country has made over the years with reduction in mortality by 66% and new infections by 62% between 2013 and 2020. The number of PLHIV has increased because of reduced mortality and new incident infections.

### HIV DEATHS (2013 -2019)

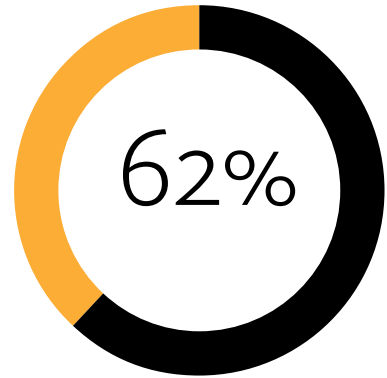




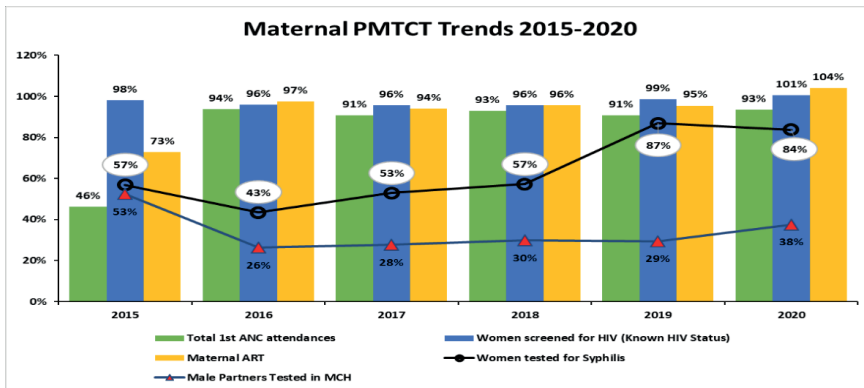
PLHIV (2013 -2019)



NEW INFECTIONS(2013 -2019)



The PMTCT services are provided in 3,242 out of 4,441 (73%) health facilities with ANC services including HC IIs, with highest service delivery being at HC III and HCIV. According to DHIS2, over 95% of pregnant women attend at least one antenatal visit. HIV testing in antenatal has been implemented universally over the years including in most HC IIs, and by June 2020, all mothers attending ANC knew their HIV status including those already known HIV positive as shown below.





# The Heightened Response is Progressively Paying Off

**By Dr Joshua Musinguzi. AIDS Control Program. MOH.**

Uganda has significantly made a lot of progress against HIV ever since the launch of the Presidential Fast Track Initiative against AIDS in 2017.

Prior to the start of the PFTI in 2017, Uganda was registering 83,000 new infections every year, this is according to the 2015 statistics. As of today, in 2020, this number has significantly reduced to 53,000. A reduction of 20,000 new infections is not small number given the high level of complacency that was being observed prior to the launch of the PFTI. It also indicates that there is a lot of more work that needs to be done by all partners to ensure that sources of new infections as indicated by His Excellency in 2017 are effectively dealt with.

The realization of 38 billion shillings under the HIV mainstreaming arrangement is going to go a long way in strengthening some of the progress already realized. This funding has been realized as a result of the heightened effort across all levels to ensure that something is done by everyone towards ending AIDS by 2030. The Ministry of Health worked closely with Uganda AIDS commission in drafting the HIV mainstreaming guidelines and these were finally launched by his Excellency the President in 2018.

With this money, government agencies have the resources they need to implement HIV programs at their workplaces by targeting areas that are critical. AIDS Control Programme is working closely with Uganda AIDS Commission to ensure that the different government entities are guided properly on how to budget and fully utilize this money as per the National Strategic Plan.

The renewed focus against HIV has also been witnessed in key sectors such as the cultural institutions. The King's forum has done a tremendous job in supplementing the work of government especially when it comes to mobilizing men to change their ways. As a result, we are seeing more men showing up for testing and getting to know their status. We are also seeing more men starting to use condoms as a protective measure against HIV. This in in turn is paying off with the reduced cases of new infections amongst men.





The AIDS Challenge Club based in HOIMA district

# This Is the Time: Community-led Efforts Will Deliver the 2030 Targets

## **Karusa Kiragu – Out Going Country Director – UNAIDS.**

I would like to thank the Government and People of Uganda for the good time I spent with you as Country Director for UNAIDS. I came in at the time when the Presidential Fast Track Initiative had just been launched in 2017.

I must say that throughout the roll out and implementation of the PFTI I was happy to observe the involvement of community members in communicating and dialoging about how to end AIDS by 2030 and the ongoing challenges that require action. I was particularly impressed by the central role that young people especially adolescents are doing to center issues of sexuality and reproductive health within the wider context of HIV. Institutions like schools have been mobilised well to provide platforms for young people to talk through programs such as the Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) programme within the framework of the School Health Policy.

Since 2017, UNAIDS has been supporting a number of creative community initiatives to mobilise the public especially the young people who are out of formal education structures. One such best practice that I can ably point out is the AIDS Challenging Club located in Hoima District. This is a youth led club that is comprised of vibrant adolescents living and affected by HIV in Hoima District. I was particularly struck by the energies and positivity exhibited by these young people in creating awareness about HIV through music and drama. We worked with the AIDS challenging club to quickly compose a theme song for the Presidential Fast Track campaign something that they did so well. The song titled “This is the Time” was quickly adopted by the National PFTI steering committee and the team members traversed the country in popularizing the message of the PFTI.

Among the community messages that were put together with this community theme song were those by His Excellency the President Yoweri Kaguta Museveni. The President recorded a number of prevention messages targeting different categories of the public such as men, young people, health workers, parents and HIV Stigma. These messages have been used throughout the period of the PFTI so far on radio, television, social media and they have been effective in raising awareness on the key prevention goals including the calls to action. I am therefore confident that Uganda is on track to achieving the set objectives of 2030. I call upon all partners to continue prioritizing the community voices and giving the community especially the young people space to be heard all the time. The Results of these creative initiatives are already being seen especially with the infection numbers starting to come down especially among the young girls.

# Karamoja leading the way to Ending AIDS by 2030

**HE the Ambassador of Ireland William Carlos, overseeing support to Karamoja area.**



As Uganda AIDS Commission, we are pleased with the partnership we have with the Irish government regarding ongoing support towards HIV services in Karamoja region. For a long time, Karamoja region managed to fend off a major outbreak of HIV in the region largely by keeping its doors closed to the rest of the world. However, when peace returned to Northern Uganda, Karamoja became a tourist and business hub. Many people were curious to visit the area, they started to socialize and in return HIV cases started to grow.

In 2016, the Irish government joined other UN agencies to support the government of Uganda in countering the growing effects of HIV in the region. The Irish government contributed up to 10.6 million euros to The Karamoja United Nations HIV Program. This money supports many aspects of HIV prevention in the area being implemented by different government agencies under the coordination of Uganda AIDS Commission. Since 2016 Uganda AIDS Commission has managed to roll out unique prevention and awareness programs targeting adolescents and young people that are in and out of school.

It was important that the program reaches out to the community in addressing some of the cultural practices that have high chances of exposing the adolescents to HIV. For example, the communal practicing of locking up adolescent boys and girls into one room in the search of a potential marriage partner. When the Presidential Fast Track Initiative was launched in 2017, the Karamoja program rolled out an extensive exercise of engaging community elders on reconsidering some of the practices that hinder HIV prevention. The approach has been to empower the communities with information about HIV and how it can be prevented so that they are able to make informed decisions on protection.

We are happy with the progress that the project has been able to register over the years. The discussions and awareness that has emerged within the communities are enabling the people of Karamoja to take control of their lives by making decisions about their sexual and reproductive health. During the roll out of the Presidential Fast Track Initiative in the Karamoja region, leaders





Women and Girls in Kotido district, Karamoja during marching in support of HIV and reproductive health awareness

were mobilized and trained in advocacy and communication on HIV prevention. This enabled them to establish district HIV Coordination structures in the 8 districts of Karamoja.

We thank the Irish Ambassador in Uganda His Excellency William Carlos together with his team for the continuous support and commitment towards all efforts meant to end HIV and restore Karamoja's past glory as an HIV free region.



# CANDLELIGHT 202

**THEME:** Ending AIDS; Faith Communities in Act

In memory of the people who lost their lives to A

STATION  
(MOP)  
The ink





# For And On Behalf of Council of Presidents

**His Grace the Most Rev. Dr. Stephen Samuel Kaziimba Mugalu -Archbishop, Province of the Church of Uganda**

**Co-Chairperson Council of Presidents, INTER-RELIGIOUS COUNCIL OF UGANDA**

Fellow Ugandans and development partners,

On behalf of the Inter-Religious Council of Uganda Council of Presidents, I greet you all in the name of the Almighty God! I want to thank His Excellency the President of Uganda, Yoweri Kaguta Museveni for his consistent leadership in the HIV fight. The President has been consistent in his messaging and guidance on HIV something that has helped the country to never return to the pre pandemic days of the early 1990s.

For two years now ever since the Presidential Fast Track Initiative was launched, the Inter Religious Council of Uganda has actively worked together with the HIV response through Uganda AIDS Commission to ensure that we mobilise the public towards the set objectives. For example, we have actively participated in all the key national advocacy events in the country lending our voices and pulpits to ensure that the message of ending AIDS reaches everyone in their respective religious docketts.

During this year's Candlelight Memorial Event, the Inter Religious Council took the lead in organizing the main national events. We worked together with Uganda AIDS Commission and all other partners to agree on a single message of hope and prevention given the challenging COVID-19 period the country was going through. We put our emphasis on guiding and nourishing our people with a message of hope and peace and why it is always important to avoid situations that lead to domestic violence in our families. Domestic Violence directly contributes to increased HIV vulnerability. When a woman or man is battered by the partner, their confidence and self-esteem is shattered. They tend to want to engage in activities that offer temporary relief such as revenge sex, alcohol abuse and others. These in the end increase the risk of catching HIV.

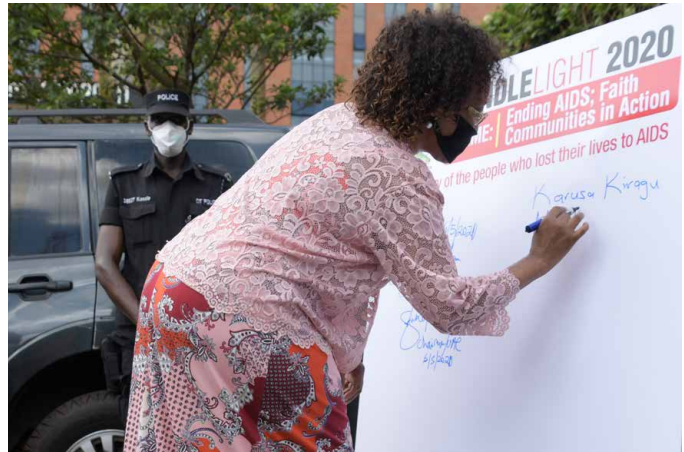
Moral guidance and counseling therefore have been a core part of our contribution to the struggle to end AIDS by 2030 under the Presidential Fast Track Initiative. It is our prayer that this aspect of our wellbeing is not ignored in all future interventions targeting behavior change. As religious leaders, we shall continue organizing and providing spiritual, pastoral and welfare resources, in addition to our daily special virtual prayers dedicated to people living with HIV and their caregivers.

For God and my Country!

# National Candlelight Events, 2018 & 2019







# Securing Local Funding of a Sustainable HIV Response

**By Sarah Khanakwa. UAC**



For a long time, the country has been grappling with a situation of having the biggest percentage of our HIV budget funded by development partners. In most cases, this funding is not guaranteed and is subject to several restrictions that are sometimes not consistent with the country's priorities.

In an effort to find a solution to this challenge, Uganda AIDS Commission together with the HIV partnership members came up with an innovative solution of mobilizing local resources within government agencies.

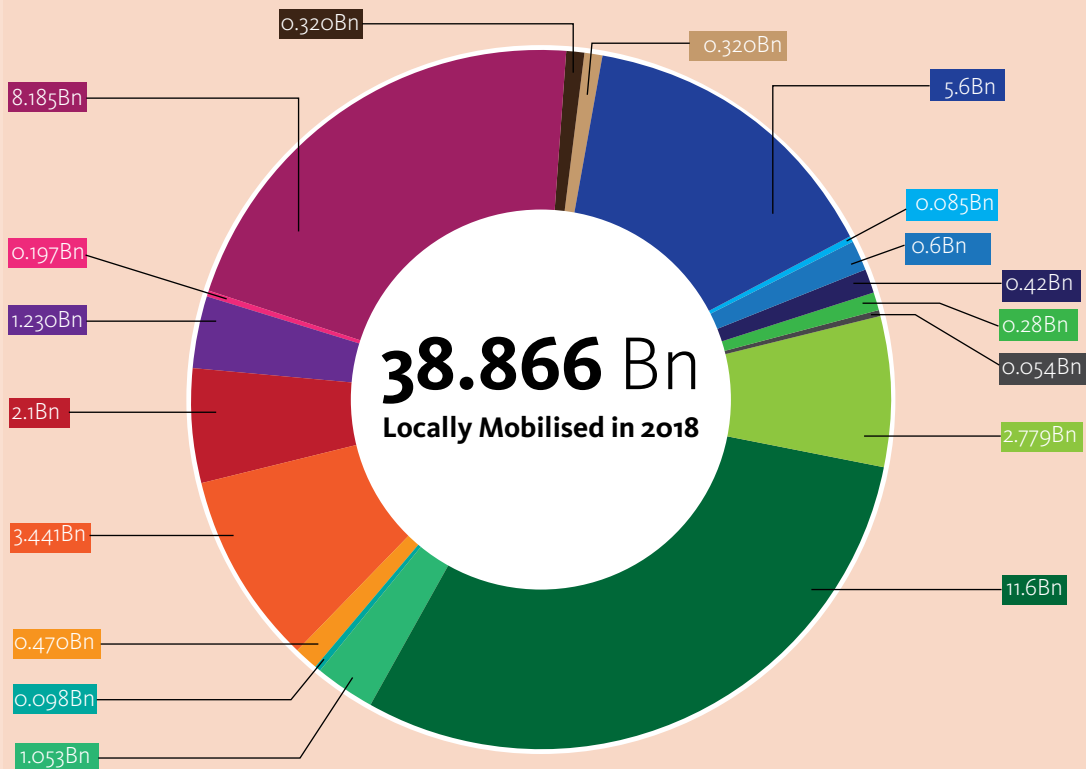
Mainstreaming is a process where a sector gets to understand how HIV is impacting on its overall performance and therefore undertakes internal mechanisms to allocate resources off its annual budget towards mitigating preventing HIV within its workforce. After thorough consultations with Ministry of Finance, Parliament and all other key actors, His Excellency President Yoweri Museveni accented and launched the mainstreaming guidelines in 2018 during the PFTI activities in Hoima district.

The Ministry of Finance took it up and guided all government agencies on how to implement this creative approach towards raising local resources. The Ministry provided that at a bare minimum each agency should allocate 0.1% of its annual budget towards HIV/AIDS.

During the 2019/20 budget, available information indicates that 38 billion was set aside by different agencies to undertake this assignment. This money has been utilized for different prevention services to staff such as messaging, provision of HIV care and treatment services etc.

38 Billion and more being made available on an annual basis through local resources is something to be proud of. As Uganda AIDS Commission, we are excited about this innovation and it becomes another first amongst many other innovations that Uganda has championed at a global scale when it comes to managing the HIV response.

# SECTOR ALLOCATION TO HIV/AIDS INTERVENTIONS



## 0.001 SHARE FOR HIV/AIDS (BN USHS)

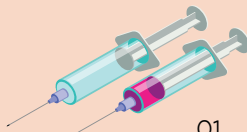
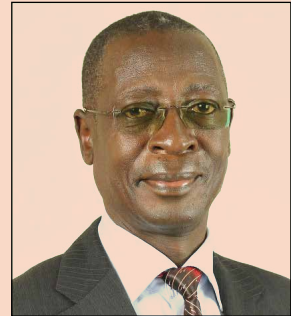
<span style="color: blue;">■</span> Agriculture <b>0.693</b>	<span style="color: orange;">■</span> Security <b>3.073</b>
<span style="color: cyan;">■</span> Lands, Housing and Urban Development <b>0.095</b>	<span style="color: red;">■</span> Justice, Law and Order <b>1.549</b>
<span style="color: blue;">■</span> Energy and Mineral Development <b>0.703</b>	<span style="color: red;">■</span> Public Sector Management <b>1.175</b>
<span style="color: purple;">■</span> Works and Transport <b>2.736</b>	<span style="color: purple;">■</span> Accountability <b>0.495</b>
<span style="color: green;">■</span> ICT and National Guidance <b>0.071</b>	<span style="color: pink;">■</span> Legislature <b>1.392</b>
<span style="color: lightgreen;">■</span> Education <b>2.876</b>	<span style="color: purple;">■</span> Public Administration <b>0.613</b>
<span style="color: darkgreen;">■</span> Health <b>1.387</b>	<span style="color: brown;">■</span> Science, Technology and Innovation <b>0.049</b>
<span style="color: green;">■</span> Water and Environment <b>0.555</b>	<span style="color: tan;">■</span> Tourism <b>9.404</b>
<span style="color: teal;">■</span> Social Development <b>0.059</b>	<span style="color: grey;">■</span> Trade and Industry <b>0.141</b>

# Our Voice

## People Living with HIV/AIDS

Happy with the Progress so far, BUT.

As we work towards our target of eliminating HIV/AIDS from being a threat to public health by 2030 under the PFTI; as people living with HIV (PLHIV) we are satisfied with the steps taken, which include:



01

Rolling out the test and treat programme for all who test HIV positive instead of waiting for their CD4 count to drop before being initiated on ARVs. This will certainly reduce the number of AIDS related deaths and new HIV infections, especially through the mother to child transmission route if well handled.



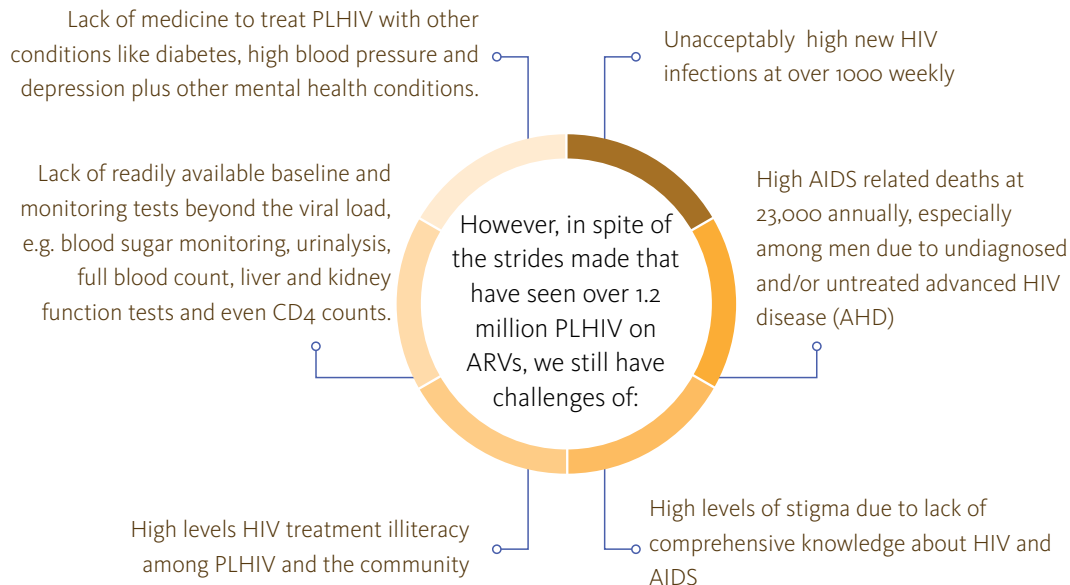
02

The introduction of optimised ARVs like dolutegravir based regimens, which has made adherence to treatment much easier because they are more user friendly and with fewer side effects compared to efavirenz and nevirapine based regimens used in the past.



03

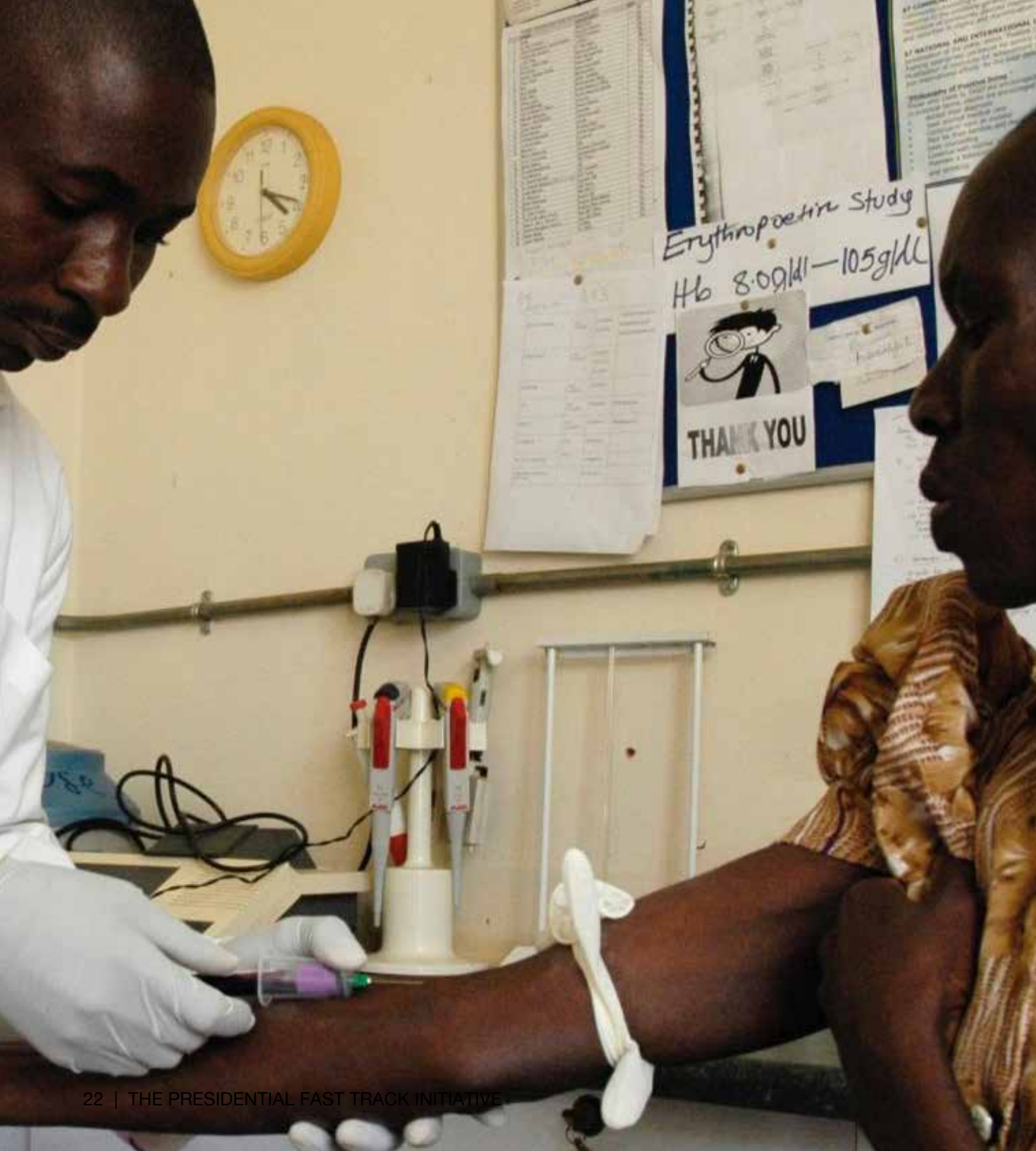
Rolling out the differentiated service delivery models (DSDM) of care including giving longer prescriptions (up to six months) for clients who are stable and have no need of being seen frequently by the health workers.



We, therefore recommend that more efforts and investment be put in combating new HIV infections by meaningfully involving PLHIV and whole communities to identify potential sources of new infections e.g. by encouraging adherence to ARVs by PLHIV who are already on the drugs in order to ensure undetectable viral loads and therefore the risk of transmission. Also important is looking at PLHIV in more holistic way beyond just provision of ARVs for viral suppression. Many of them, especially as they age develop non-communicable diseases such as diabetes, high blood pressure and depression; some of the conditions sometimes coming as side effects to ART.

Lastly, since ART is treatment for life all ART programs should ensure HIV treatment literacy for PLHIV as part of the package. It should be budgeted for and run with meaningful involvement of PLHIV (expert clients). This will ensure that PLHIV and communities have some basic knowledge of HIV, ARVs and how they work plus their common side effects in order to ensure continuous pharmacovigilance. We believe with greater and meaningful involvement of PLHIV we can achieve the goal of eliminating HIV from being a threat to public health by 2030 with no new infections or AIDS related deaths and no discrimination experienced by PLHIV.





Erythropoietin Study

Hb 8.09g/dl - 105g/dl



THANK YOU



# Closing the Tap of New Infections. UNAIDS Perspective

**Sarah Nakku. UNAIDS. Community Liaison Officer.**

Has the country's strategy of engaging men paid off?

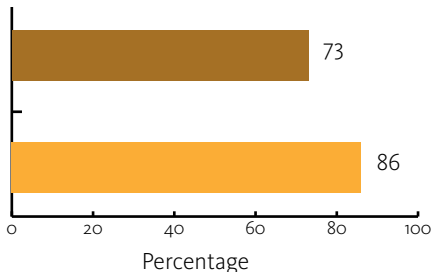
In 2015, Uganda developed the first male involvement strategy that was anchored on male's participation in the health care setting for the benefit of better health care and specifically, HIV Prevention among children born by parents living with HIV and AIDS.

The strategy was the backbone of men's involvement in eMTCT programs, even though there were challenges in implementing this male involvement strategy, but we saw many men involved in accessing health care than it was previously.

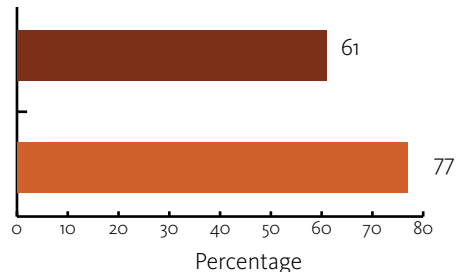
In 2017 the year of that started the Presidential Fast Track Initiative, there was a strong focus on involving men in the health care interventions and we saw institutions like Buganda Kingdom strongly come up in 2018 to focus on male engagement interventions with the intent to reducing the burden of HIV in a region that has the biggest number of people living with HIV, biggest number of new HIV infections but also with an increased number of HIV positive mothers that are still passing on HIV to their unborn and born children together with other initiatives by Ministry of Gender and Civil society platforms we are seeing an increased number of men testing for HIV from 73% to 86% and those enrolling on treatment from 61% to 77%.



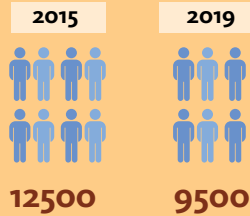
PERCENTAGE OF MEN TESTING FOR HIV



PERCENTAGE OF MEN ENROLLING ON TREATMENT

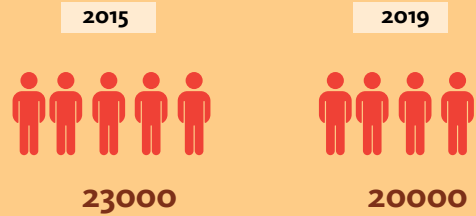


## MEN DEATH DUE TO HIV



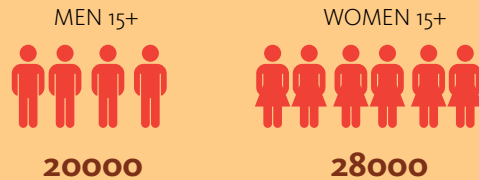
The number of men dying due to HIV has also reduced from 12,500 in 2015 to 9500 in 2019.

## NEW INFECTIONS AMONG MEN AND BOYS



The reduction in new infections among men and boys from 23,000 in 2015 – 20,000 also shows progress in the male engagement strategy although a lot still needs to be done if we are to achieve the global targets of Ending AIDS in Uganda.

## HIV INFECTIONS 15+ YEARS



According to the UPHIA and HIV Country progress report 2019, Uganda registered 53,000 new HIV infections and men of 15 years plus contributed 20,000 to those infections, while women of 15 years plus contributed to 28,000. Looking at the past data of 2015, there were 23,000 new infections among men while women registered 34,000.

## REDUCTION IN HIV INFECTIONS



The difference in these data sets indicate that women managed to reduce new HIV infections by 6,000 while men only reduced by 3,000. This shows how critical male engagement needs to be strengthened if we are to reduce HIV infections but also achieve the global target of Ending AIDS by 2030. Even though there is a slight improvement in men accessing primary health care services but more is still desired.







The Director General Uganda AIDS Commission Dr.Nelson Musoba hands over an award to His Majesty the Kabaka in recognition of his his work towards championing men in the fight against HIV.

# Cultural Institutions have been Vital in Progress so far

As Uganda AIDS Commission we have had a strong partnership with all cultural institutions in our HIV prevention efforts. Cultural Institutions have contributed immensely to our efforts in spreading the message of behavior change, getting communities to drop some of the key harmful practices such as widow inheritance and child marriage that increase the risk of HIV.

When the PFTI was launched in 2017, Uganda AIDS Commission met with all key cultural institutions and rolled out a working framework regarding the heightened phase of ending AIDS by 2030. All institutions came out with workplans and have implemented them properly.

In this edition of the PFTI progress, we want to highlight the progress we have had with Buganda Kingdom. Given its central location, the Kingdom has influence over key high-risk geographical zones that are key towards our goal of ending AIDS.

The Kabaka of Buganda His Majesty Ronald Muwenda Mutebi has been leading the HIV campaign targeting the men to adopt safer preventive ways such as HIV testing and faithfulness to their partners.

Through our partnership with Buganda Kingdom, we have been able to utilise the Kingdom's different platforms such as Masaza Soccer Competitions, the Radio and Television stations to channel out the President's message on ending AIDS.

Recently, Buganda Kingdom partnered with Uganda AIDS Commission to advance the message of HIV prevention during the 2020 Kabaka Birth Day run that will coincide with World AIDS Day. All proceeds from the sale of the running kits will go towards strengthening ongoing HIV efforts in the country.



Owekitibwa Dr Prosperous Nankindu Kavuma during the Partnership meeting at Uganda AIDS Commission

# Uganda Is Doing Well With Young People, But Parents Need To Catch Up

## Uganda Network of Young People Living with HIV/AIDS - UNYPA.

UNYPA is pleased to be part of Uganda's 3<sup>rd</sup> edition progressive report of the Presidential Fast Track Initiative to end AIDS. The PFTI phase came with a renewed focus towards centering the voices of young people in the national response.

More than ever before, we are pleased that young people have been part of all processes meant to decide the nature of the response. Case in point was the National Candlelight event of 2018 where the young people took lead in the entire planning and execution of the events.

The power that was generated out of the countrywide events during that time has continued to fuel many young voices in speaking out for a generation free of HIV. Coming to other growth areas especially in areas that directly expose young people especially girls to HIV, there have been some key areas of growth since 2017.

The strategies employed by Uganda in promoting behavior change amongst older men and awareness amongst young girls and young women have yielded some successes in;

- \* Fostering men to ably access HIV prevention, care and treatment thru outreaches, service delivery at male dominated centers e.g.; Boda-boda men have been champions in encouraging fellow men to take charge in using condoms.
- \* Addressing social-cultural barriers that drive gender related violence to reduce vulnerability of young girls and women to HIV infections (Reduction in FGMs, Child marriages etc.).
- \* Building assertive and vigilant communities of grassroots gate keepers who are keen about the future of the girl child and are able to report about Violence targeted at them.







PEERS MAKING IT HAPPEN

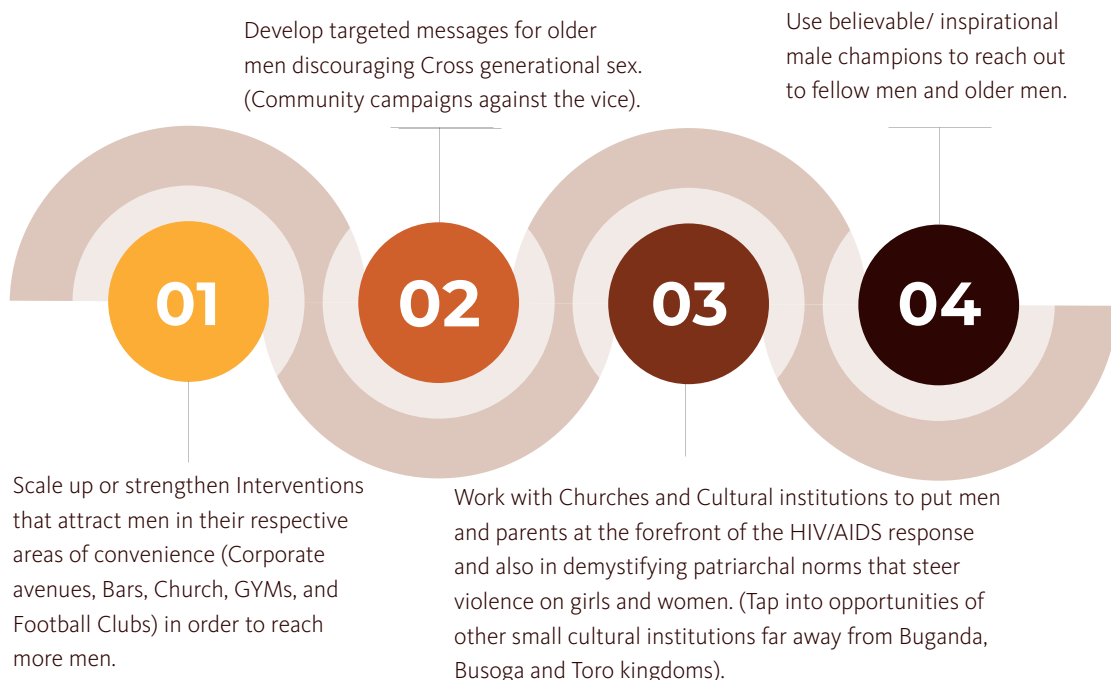


However, the Strategy of Behavioral change is never enough in breaking the curse of cross generation sex and closing the tap on new HIV Infections; young girls and women are still disproportionately affected by HIV/AIDS due to gender inequalities and social-cultural constraints.

There is urgent need for combined prevention initiatives that effectively engage older men, young women and women and the entire communities in combating the vice and closing the tap on new HIV infections by paying attention to:

In order to consolidate the progress with bringing men on board, we need to do some of the following;

- Scale up or strengthen Interventions that attract men in their respective areas of convenience (Corporate avenues, Bars, Church, GYMs, and Football Clubs) in order to reach more men.
- Develop targeted messages for older men discouraging Cross generational sex. (Community campaigns against the vice).







NATIONAL POPULATION  
COUNCIL



SDG25 YOUTH  
EVENT



# International Conference on AIDS and Sexually Transmitted Infections in Africa, 2021

**Uganda wins bid to host the International Conference on AIDS and Sexually Transmitted Infections in Africa, 2021.**



In 2019, Uganda won the bid to host the International Conference on AIDS and Sexually Transmitted Infections in Africa, 2021. Unfortunately, the ICASA Secretariate decided to host the event in Gaborone, Botswana instead citing Political reasons due to 2021 elections..

None the less, Uganda AIDS Commission wants to thank all the Partners, Leaders led by His Excellency Yoweri Museveni who played a major role to ensure the country's bid was successful.





FOR GOD AND MY COUNTRY  
REPUBLIC OF UGANDA

UGANDA MEDIA CENTRE

Ministry of ICT & National Guidance

REPUBLIC OF UGANDA

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# Securing the Girl Child.

## Empowering the young Women to say no. How is the country keeping your girls safe and is it paying off? Where are gaps?

Uganda's girls are on track to safety as the employed interventions are paying off. However, it is not enough to keep girls safe, girls need to thrive in a safe and supportive environment.

Girls have been empowered with knowledge and life skills to keep focused, resilient and able to make informed choices that have had a positive impact on their lives. E.g.; Campaigns such as Live your Dream, DREAMS have kept girls in schools, reduced school drop outs and teenage pregnancy etc.

New interventions such as Skilling and socio-economic empowerment of AGYW has played a great role in refusing vulnerability to poverty thereby closing the tap to new HIV infections among the group.



Campaigns such as the Y+ Beauty Pageant, Girls Not Brides have empowered girls living with and affected with HIV to become Role models for their fellow peers.

Keeping girls in school has reduced early marriages e.g.; Enrollment of UPE in rural communities has ensured access of basic education for the girl child.

## Gaps

Limited funding streams to support continuous HIV prevention initiatives. E.g.: (Obulamu campaign was yielding progress but lost along the way).

Cultural effects on reception of behavioral change communication pose a barrier.

Poor retention of girls in school (USE not effectively rolled out, Non-Supportive school environments leading to increased school dropouts).

Male involvement remains very poor. (Most programs target girls and women leaving out men who are the possible perpetrators and drivers of HIV infections among AGYWs).

## What Needs to be Done?

- \* Increase resource mobilization from donors and government to provide adequate funding for HIV prevention interventions to reach more girls and women.
- \* Scale up/ strengthen tailored interventions to address Norms Change. (Gender inequalities, Toxic Male masculinity, Cultural beliefs that expose girls and women to violence and discriminations).
- \* Ensure access to quality and equitable Education for the Girl child with an assurance of a supportive school environment; girls need to feel safe in school in order to keep in school.
- \* Sustain empowerment and socio-economic Programs for girls and women to reduce their vulnerabilities to Violence and HIV infections.
- \* Revive the visibility of Female Role models to mentor and inspire girls to stay in school, (Campaigns such as the Go Getters, Protect the Goal worked in the past but have been silent due to limited funding)

## Note:

- \* Interventions to reach Adolescent girls aged 10-14 years need to be strengthened. The assumptions that parents are on board is NOT true.
- \* The emergence of COVID-19 has exposed the vulnerability of girls and women and the underlying weaknesses in the community's engagement in the HIV/AIDS response which have proved to be under-resourced and unsustainable yet the leadership of communities in the response remains key.



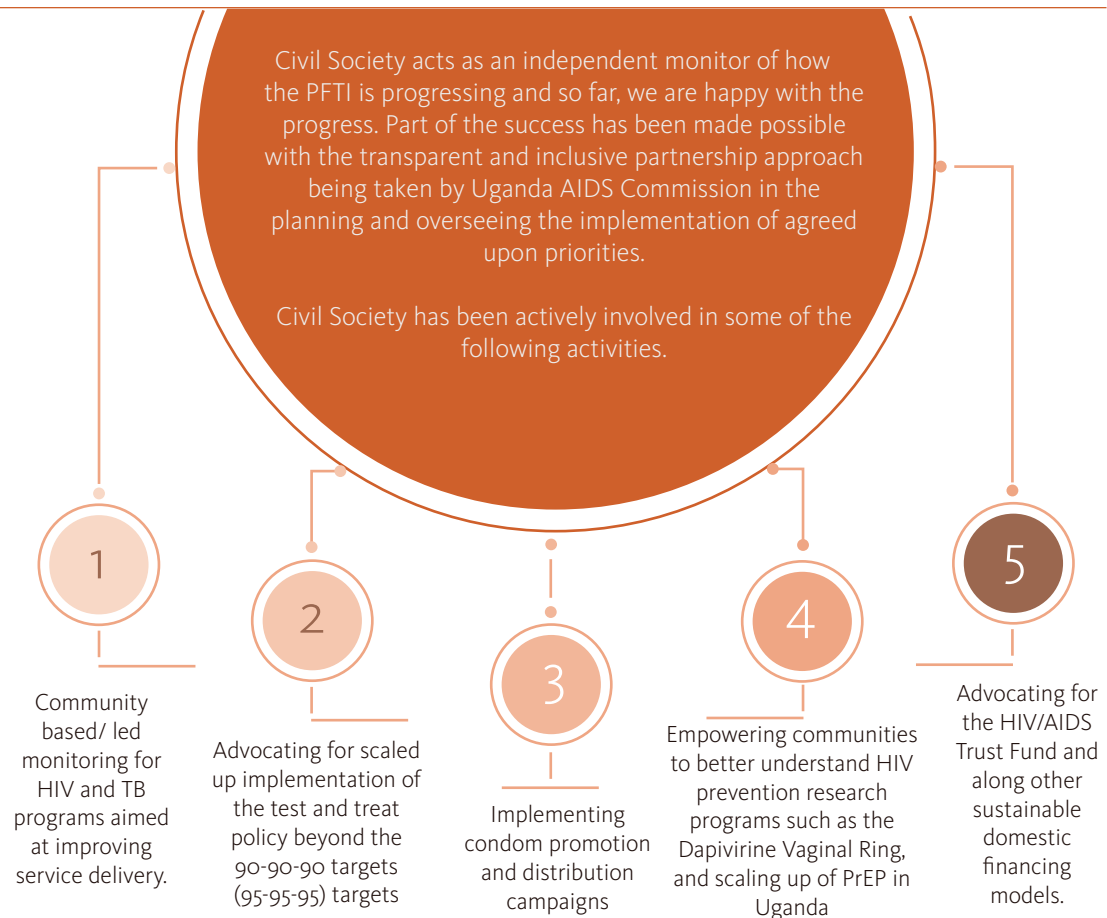
Moses Golola at one of the HIV awareness activities held in Bwaise, 2018. UAC and its Partners have been using a prominent personalities as one of the strategies to pass on the message of HIV to different age groups



# Partnership Approach is Key to Ending AIDS

## Civil Society Voice - UNASO

Over the years, CSOs have supported implementation and monitoring government programs and policies often times acting as state watchdogs and this has remained unchanged as far as the implementation of the Presidential Fast Track Initiative is concerned.



Despite the progress made to end HIV by 2030, there are critical issues that need to be addressed to consolidate and sustain the gains and thus achieve the 2030 agenda.

First and foremost is accelerated implementation of programs that engage and involve men across board, more effective and meaningful engagement of young people in planning, implementing and monitoring HIV interventions including the functionalizing the young people's self-coordinating entity at UAC. The gains made under the Mainstreaming approach are impressive but it is important to operationalise the AIDS Trust Fund something that has been long overdue.







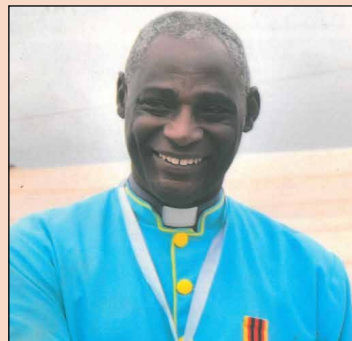
## The Faith Based Organizations.

# Partnerships are Crucial towards Ending AIDS

### By Rev Canon Prof Gideon Byamugisha

'Faith- Hearted and Religion Shaped' people in Uganda make up 99.53% of Uganda's total population<sup>1</sup> and they have, since 1992, been one of the key stakeholders in the Uganda's multi-sectoral HIV & AIDS response and partnership .

Given our extensive reach, our community presence and our rich traditions of love, care and empathy; people of faith continue to be at the forefront in implementing the Presidential First Track Initiative to end AIDS as a public health in Uganda by 2030 (PFTI) .



Our niche contribution is in two essential areas:

#### AREA

# 1

Reducing the Stigma, Shame, Denial, Discrimination, Inaction and Mis-action that still surround AIDS and slow our race towards ending new HIV infections, AIDS illnesses and death.

Safe behaviors and practices that prevent HIV infections from sexual and non-sexual sources and routes (ii) Access and adherence to ART and to good nutrition (iii) Voluntary, routine and stigma-sensitive counseling and testing (iv) Empowering, engaging and supporting people living with HIV, our most-at-risk children, adolescents and youths as well as our most HIV vulnerable families, most HIV impacted communities and most HIV burdened community groups (SAVE).

#### AREA

# 2

Led by our most senior religious leaders through the Inter-Religious Council of Uganda (IRCU); we have ( since the 2017) seen significant progress in understanding and appreciating our theological roles, our ethical duties, spiritual mandates and our pastoral and prophetic responsibilities to achieving the five PFTI targets.

Our 'religion & HIV experience' has continued to reveal to us that we need transformative moral norms, spiritual values and religious ethics based on selfless service, empathic love and empowering grace.

As faith-based organisations, we have using these three pillars to reach out to the most HIV, COVID-19 & Stigma at risk adolescents and youths, the most vulnerable families, the most 'AIDS impacted' communities and community groups, the most 'AIDS challenged' towns and the most 'AIDS burdened' districts<sup>2</sup> of our country Uganda.

As a result of our consistent work through churches, mosques, temples, community based organisations, crusades, counseling centers, peer to peer work, family outreaches, door to door campaigns, we are have started to observe a turnaround in form of young people adopting more risk free behavioral practices that have led to a reduction in HIV infections especially among young people.

As we continue on our journey towards ending AIDS by 2030, we need to do more of the following;

Investing in task-focused and more resilient partnerships with the faith sector will pay a lot of dividend in the national response as religious leaders, communities and congregations will scale up the utilization of their platforms to address the remaining challenges and bottlenecks in our last mile journey to ending AIDS

Because we interact with the most at risk young people and communities, it is important that the next decade delivers well-resourced and properly coordinated partnerships with the faith sector. These partnerships should utilize modern scientific methods, evidence based approaches and spiritual values to effectively deliver against AIDS and AIDS related stigma.

**The Author is the Team Leader -Theology, Ethics & Spirituality for Ending AIDS Faster, Smarter & Better: KIKI EKIGANYE CAMPAIGN.**



# A war without bullets, UPDF at the Frontline against HIV/AIDS.



## **Uganda People's Defence Forces - Chieftaincy of Medical Services, LandForce Headquarters - Directorate of HIV/AIDS**

The Presidential Fast Track Initiative to end AIDS by 2030 has enabled the UPDF to strengthen its resolve in keeping its members safe from HIV. The Ugandan People's Defense Forces (UPDF) military personnel are recognized by the National HIV and AIDS Strategic Plan as being at an increased risk for HIV infection. Main drivers and risk factors among the UPDF are the same as those among non-uniformed communities.

Globally, unprotected sexual intercourse between men and women is the predominant mode of transmission of the HIV epidemic, also has a considerable effect on the armed forces. Today, in many parts of the world, HIV and AIDS together with other STIs pose a far more serious threat to militaries than the inherently hazardous nature of their occupation.

The Uganda People's Defense Force (UPDF) launched a new brand of condoms to increase focus on prevention and reduce HIV/AIDS and STI incidences, through strengthened community systems in HIV prevention among the uniformed personnel as an integral part of the PFTI.

Ulinzi condom was launched in 2018 and this was specifically designed for men.





The Director General of UAC Dr Nelson Musoba (Center) together with top leadership of the Army at the launch of Ulinzi condoms.

The Uganda people defense forces is predominantly a male population despite the current trends of equal opportunities that has seen a great number of women recruited, involvement of commanders in programming has seen an increased uptake of HIV services with support from commanders at all levels to bring men on board for HIV services. Condom use is practice that is well discussed and taught among the forces. The UPDF realizes that this is a discipline that all responsible officers who value their lives and that of the community should have.

Also as part of messaging the directorate has introduced the use customized messaged note books for commanders to give harmonized messages to their troops for HIV prevention and access to treatment for those in need. All these interventions are seeing an increase in uptake of prevention services amongst the forces and therefore significantly reducing the risk on catching HIV. The Directorate has since the start of PFTI has accredited more six ART centres collaboration with ministry of health to improve accessibility to HIV service and also mitigate new infections especially for men and eMTCT as these are some of the key drivers of the epidemic as highlighted by the PFTI

In conclusion therefore, the progress of PFTI in MoDVA/UPDF is not different from the mainstream successes registered and the above is only a snap shot of what maybe peculiar to other implementers of the same.

# Annex 1

This is the final review of the 2015/16-2019/20 NSP. It is therefore important to look at the impact indicators of the NSP as we move into the new NSP. Analyzing the achievements and shortcomings will inform future programming for HIV. At the impact level there were 5 indicators which are presented in the Table 1 below.

Table 1 Impact indicators performance

Indicator	Baseline	Target	Performance at mid-term (Dec 2017)**	Performance at end term (June 2020)	Comment
<b>To prevent new HIV infections</b>					
HIV incidence	Total= 139,089 Adults= 123,802 Children= 15,287 (2013)	Total = 110,814 Adults = 102,221 Children = 8,593	Total= 50,000 Adults =42,000 Children = 8,593	Total=53,000* Adults = 48,000 Women = 28,000 Children = 5,700	The country has surpassed the numerical targets set in the NSP for both adults and children. However, the NSP prevention goal of reducing incidence by 70% among adults and 95% among children was not achieved. Incidence among adults was reduced by 62% and that among children by 63%. There is a challenge in harmonizing projected numbers versus proportions
Estimated percentage of child HIV infections from HIV+ women delivering in the past 12 months	6 weeks = 5.7% After Breastfeeding = 13.6%	6 weeks = 1.9% After Breastfeeding = 6.5%	6 weeks = 4.2% After Breastfeeding = 7.39%	6 Weeks = 3% After Breastfeeding = 6%	The target of reducing child infections from HIV+ mothers at 6 weeks was not achieved but the target after breastfeeding was met. However, the country met the global target of less than 5% at 6 weeks. The country target was not aligned to the global target. There is need to reduce MTCT risk during breastfeeding through ART adherence

Indicator	Baseline	Target	Performance at mid-term (Dec 2017)**	Performance at end term (June 2020)	Comment
HIV Prevalence rate among 15- 49 years	Overall= 7.3% Male= 6.1% Female=8.2% (2011)	Overall= 7.8% Male= 6.5% Female=8.9%	Overall=6.2% Male=4.3% Female=7.5% (UPHIA 2016)	2019: Overall=5.6%* Male=4.3% Female = 7.1%	There is reduced HIV prevalence from baseline although the NSP had projected increased prevalence. There is need to review assumptions during projections

To decrease HIV /AIDS related morbidity & mortality					
HIV AND AIDS related mortality rate	63,000 (2013/14)	25,310	26,000 (2017)	Overall, 21,000*** adults 15+ 16,000 Women 15+=6500 Children=4,800	Reduced HIV related mortality that surpassed the NSP target of 25,310. Mortality is disproportionately higher among males, with males accounting for 60% of deaths among adults. Target males to reduce gender gap and improve outcomes

To reduce vulnerability to HIV/ AIDS and mitigating its impact on PLHIV and other vulnerable groups					
% of women and men aged 15- 49 who report discriminatory attitudes towards PLHIV	Overall=66% M=65.8% F=77.8% (2011)	50%	Overall = 33.2% M= 28.7% F =34.4% (2016)	No data	Although the country was on track at mid-term, performance at end is awaiting UDHS 2020. Review performance after UDHS 2020

\* Spectrum Uganda estimates 1990-2019; \*\* JAR Midterm Report; \*\*\* UNAIDS estimates 2019

## Outcome Performance for Care and Treatment

Indicator	Baseline Year	Target	Midterm Dec 2017	End of term June 2020	Comments
<b>Outcome 1: Increased access in pre-ART care to those eligible to 90% by 2020</b>					
Proportion of adults and children enrolled in HIV care services	70% (June 2014)	80%	81.9%	85%	Original target of 80% surpassed. Indicator dropped following Test & Treat
% of new HTS positive PLHIV linked to treatment	No data	95%	79.5% (JAR 2017)	86.4%	Target not achieved but there was improvement. Indicator introduced after MTR. Need to strengthen linkage
<b>Outcome 2: Increased access to ART and sustained provision of chronic care for patients initiated on ART</b>					
% of adults and children with HIV known to be on treatment 12 months after initiation of ART	82.3% (DHIS2) (175,403/213,022) Dec 2015  PMTCT- 68.4% (23571/34438)	90%	76%	79%	Performance declined from baseline. Notable gaps in tracking retention and significant attrition from care. Unique identifiers will improve retention monitoring. Continued roll out of DSDM for all populations is critical
Proportion of Key and Priority populations with HIV maintained on ART for 12 months by category	No data	95%	No Data	65%*	Target not achieved. Data routinely captured but not categorized. KP indicators and draft tools are awaiting validation and approval.
<b>Outcome 3: Improved quality of chronic HIV care and treatment</b>					
% of estimated HIV+ incident TB cases receiving both TB and HIV treatment	60% (2013)	100% Revised from 70%	39% (MTR)	94%	Marked improvement though short of target. Indicator definition needs improvement



Indicator	Baseline Year	Target	Midterm Dec 2017	End of term June 2020	Comments
% of people with diagnosed HIV infection on Isoniazid Preventive therapy	No data	80%	9%	51% (627,630/1,241,478)	Target not achieved but there was dramatic improvement in 2019 following the 100-day IPT campaign. Scale up requires additional commodities and strengthened pharmacovigilance/ toxicity monitoring
<b>Outcome 4: Strengthened integration of HIV care and treatment within health care programs</b>					
Unmet need for FP among PLHIV	34.4% (general Population) UDHS 2011	24% PLHIV	41.2% (JAR 2017)	50%**	Target not achieved because of myths and misconceptions about FP. Integrate FP in SBCC to improve uptake
Proportion of HIV positive acutely malnourished clients who received nutrition therapy	No data	100% Original target 50	70.5%	16%	Nutrition is integrated but there was reduced funding towards RUTF limiting access

\* UNAIDS Country factsheets UGANDA |2019; PEPFAR HIBRID); \*\* PMTCT Impact Evaluation

Leaders Speaking Out Over the Period

# Let's commit to ending AIDS

I want to use this opportunity to reflect on the gains Uganda has registered in the fight against HIV and the challenges that the coronavirus (COVID-19) pandemic presents to Uganda and specifically as Members of Parliament.

The month of May usually brings fond memories of all my colleagues, friends and family that I have lost to HIV/AIDS. It is also an opportunity to remember that the sacrifice many of these people made was not in vain, because today, Uganda has managed to conquer much of the fear, stigma and lack of treatment that was associated with the earlier years. Uganda has put more than 1.2 million people on anti-retroviral therapy (ARVs) with support from the Government and development partners.

The month of May always brings with it a host of activities dedicated to the memory of those we lost to HIV. As chairperson of the parliamentary committee on HIV/AIDS, I am proud to take part in this year's activities and specifically at this time when the country is putting up a brave and winning face against COVID-19. The current successes against the coronavirus are so familiar to us who have been in the struggle against HIV.

Twenty years ago, one African country refused to believe that HIV caused AIDS and alleged that AIDS was a Western plot to profit from selling medicines to Africans. As we speak now, that country has a double-digit HIV prevalence rate and is among the top three African countries with the highest burden despite being an economic giant on the continent. Political leadership should never be taken for granted because strong and clear-headed leadership by President Yoweri Museveni is responsible for the outstanding job done vis-a-vis HIV and COVID-19.

We know the importance of proper and factual information because people need to know what to do in order to avoid the disease or live positively for those who have it; we also need to fight the stigma and discrimination that persist amongst our people. I thank the media for their consistent awareness and the

**FLORENCE  
NAMBOZO  
WAMALA**

space being dedicated to COVID-19, but also remind everyone that HIV is still here and we need to continue talking about it.

This year, our religious leaders through the Inter Religious Council of Uganda are taking lead in commemorating the national HIV candlelight activities. Most of the activities are going to be virtual in line with the existing guidelines against COVID-19. Every week, religious leaders have access to an audience of about 18 million people countrywide. They have agreed to relay messages to our people that despite the challenges we are facing with COVID-19, HIV is still here with us and we should not lose the gains we have so far made. Religion is a rallying point for the principles of compassion and moral responsibility that people of all faiths embrace.

We have seen these principles in play as communities rise up to contribute to the national COVID-19 response.

These same principles are still urgently needed in order to halt the spread of HIV and

alleviate the suffering caused by AIDS.

Where religious leaders and those associated with faith-based organisations speak out truthfully and take action, a difference will be made for the good of everyone. As trusted and respected members of society, religious leaders are in a strong position to ensure that the country meets the Presidential Fast Track Initiative of ending AIDS as a public health problem by 2030.

My appeal to fellow Members of Parliament is that; we must use our legislative position to ensure that the HIV response in this country gets the resources it needs to achieve its target. Parliament supports the establishment of the AIDS Trust Fund because a functional HIV basket Fund will help our country in mobilising local resources in the face of declining international support. I, therefore, want to remind all fellow parliamentarians that this is a cause we must support and ensure that it becomes fully operational immediately.

Uganda has made a lot of progress in responding to the burden of HIV and AIDS over the last four decades. The HIV prevalence was brought down from 18% in the late 1980s to 5.7% in 2019.

We have been able to ensure that all those that need testing are able to test and that all those on treatment are able to access the treatment. As a result, over the last 10 years, the number of annual HIV-related deaths has been reduced from about 60,000 to around 23,000. As we embark on the final journey towards 2030, we are in a strong position to predict total victory if only we doubled our commitment with action.

*The writer is the chairperson of the HIV committee of Parliament and Sironko Woman MP*





Board of UAC meeting with Hon Mbayo and the UNAIDS Executive Director Winnie Byanyima



Hon Esther Mbayo hands over an appreciation award to Irish Ambassador for his outstanding support to the HIV response in the country



Stakeholders in Uganda's HIV response after interacting with the ICASA assessment team at Uganda AIDS Commission Offices



Hon Esther Mbayo hands over Uganda Government appreciation to the outgoing UNAIDS country Director Karusa Kiragu





