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Agenda item 4

**Joint United Nations Programme on AIDS
Case Study: Uganda**

This case study has been prepared to provide an example of the support of the Joint Programme to the national response in a particular country. As such, the conference room paper supplements the PCB documents for the agenda items related to the Unified Budget, Results and Accountability Framework (UBRAF). It is intended as an illustration of UNAIDS work at country level to inform the deliberations of the Programme Coordinating Board.

INTRODUCTION

1. This case study provides an overview of the role of UNAIDS in Uganda's AIDS response, describing how the contributions of its various agencies are coordinated, funded and managed through the Joint UN Team and the Joint UN Programme of Support on AIDS.
2. The study highlights successes in the national response and how UNAIDS can further contribute to setting national priorities in Uganda and achieving results.

BACKGROUND

3. In the 1990s, Uganda was one of the few countries to reduce HIV prevalence, thanks mainly to strategies to change behaviours and support leadership. Recent evidence suggests, however, the country has registered a high number of new HIV infections despite an expanded multisectoral response and increased financial resources. Multiple concurrent sexual partnerships, discordant monogamous relationships, commercial sex activities, sociocultural factors, non-disclosure of HIV status, HIV-related stigma and discrimination, and inequity in access to services are driving this renewed increase of HIV. Inconsistent messages on HIV and AIDS, and low levels of coverage of the biomedical interventions, are among factors believed to contribute to the rising levels of HIV. A concerted effort is under way to reinvigorate the national response to reverse this trend.
4. The AIDS response in Uganda is guided by the National HIV and AIDS Strategic Plan 2011/12 - 2014/15 which aims to:
 - reduce HIV incidence by 30% by 2015;
 - improve the quality of life of people living with HIV by mitigating the health effects of HIV and AIDS by 2015 and preventing and treating opportunistic infections, such as tuberculosis;
 - mitigate the social, cultural, and economic effects of AIDS at the individual, household and community levels by extending material and psychosocial support to affected people; and
 - build a support system that ensures quality, equitable and timely service delivery by effectively managing and coordinating the response and mobilizing adequate resources.
5. Uganda's AIDS response is funded largely by external resources (68%), followed by private (21%) and public (11%) resources.

JOINT UN PROGRAMME AND TEAM ON AIDS

6. Supported by the UN Resident Coordinator and led by the UNAIDS Country Coordinator, the Joint Team is composed of several organizations¹: 24 Joint Team staff work full time on HIV and 29 staff work part-time.
7. Based on the UNAIDS Division of Labour, the Joint UN Programme of Support on AIDS unites the work of the Joint Team under one framework. It is aligned to the priorities of the National HIV and AIDS Strategic Plan, the National Development Plan, the UN

¹ FAO, OHCHR, the UNAIDS Cosponsors - ILO, UN Women, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO and the World Bank – and the UNAIDS Secretariat.

Development Assistance Framework and the UNAIDS Strategy 2011-2015: Getting to Zero.

8. The 2011-2014 Joint UN Programme of Support on AIDS has a budget of US\$ 60.9 million, funded largely by the UN (US\$ 48.6 million), followed by IrishAID, the Republic of Ireland Government's programme for overseas development (US\$ 6.48 million), and DFID, the United Kingdom's Department for International Development (US\$ 5.8 million). Funds are invested in reducing sexual transmission and eliminating mother-to-child transmission (73%); increasing access to antiretroviral treatment (14%); improving response governance and reducing HIV-related stigma and discrimination (13%).
9. The work programme is designed to:
 - support development of key national policies, strategies and guidelines
 - strengthen leadership commitment and government/civil society capacity to deliver on focal areas and support key sectors implement HIV and AIDS strategies, and
 - strengthen accountability and efficiency through regular planning and coordination meetings.

KEY ACHIEVEMENTS

10. UNAIDS, working in close partnership with the Government of Uganda, civil society organizations and international stakeholders, has made a substantial contribution in the following areas of the national AIDS response:

Uganda's Government has embraced the evidence and committed to address the rise in the epidemic after more than a decade and half of steady decline.

11. **Production and use of strategic information:** UNAIDS has played a key role in generating strategic information that has shaped HIV programming and the country's priorities. Specifically, UNAIDS revived and strengthened the national HIV monitoring and evaluation technical working group and provided support for an AIDS indicator survey, the Uganda demographic health survey, annual surveillance surveys and HIV projections, the first stigma index for and by people living with HIV, a modes of transmission study, a livelihoods profile study and for developing the Global AIDS and Universal Access reports. The key study findings were shared during the national prevention summit, the joint annual AIDS reviews, and regional and district forums. The findings were also used to engage the President, parliamentarians, mayors and other local government political leaders, civic leaders and religious and cultural leaders to recommit to the AIDS response.
12. The findings provide a solid body of evidence on the appropriate medical and socioeconomic programmes and policies needed to reverse the trends of the epidemic and are influencing the AIDS agenda and resource allocation.
13. To make investments in HIV prevention more effective and efficient, UNAIDS supported the country to develop, review and align the national HIV prevention strategy and strategic plan, based on evidence of the changing nature of drivers and the concentration of new HIV infections. Prior to this, technical and financial support was given to 11 out of 24 line ministries to develop and implement strategies that were aligned to the national HIV prevention strategy. Priority sectors now include the ministries for health, education and sports, works and transport, defence, gender, labour and social development, police and prisons, agriculture, local government and public service.

14. **Strengthening of prevention mechanisms:** UNAIDS has continued to advocate with government and development partners for increased support to sectors so they can intensify prevention implementation efforts. UNAIDS further supported 17 cultural institutions to develop HIV prevention plans that take a multisectoral approach and identify specific sectoral priorities and advocacy strategies for reducing HIV prevalence.
15. UNAIDS supported prevention, coordination and management structures at national and sector levels, including the national prevention committee that led the national prevention strategy review, the prevention of mother-to-child transmission (PMTCT) advisory and steering committee that led Option B+² advocacy, and development of the costed action plan to eliminate mother-to-child transmission.
16. Other structures receiving UNAIDS support include the safe male circumcision national taskforce, the HIV counselling and testing, behavioural change communication technical working group, the Ministry of Works and Transport HIV task team and the Ministry of Education and Sports HIV and AIDS technical working group. The condom coordination committee at the Ministry of Health was revived and helped quantify national condom need for family planning and preventing sexually transmitted infections for 2012-2015.
17. UNAIDS strengthened seven national umbrella civil society organizations, providing assistance on governance and developing organizational manuals, and building capacity. This enabled the organizations to play their watchdog role and advocate for accessible HIV services, which have since improved, with fewer drug and HIV test kits stock-outs.
18. **Prevention implementation support:** UNAIDS, has continued to help develop, finalize and endorse critical enablers³ to set priorities and scale up interventions. UNAIDS has supported the development of policies, guidelines and frameworks to create an enabling environment for the national AIDS response. These include:
- national policy and planning frameworks on sexual and reproductive health and HIV linkages;
 - a plan for eliminating mother-to-child transmission; a comprehensive national condom programming strategy;
 - the school health policy;
 - the first health sector action plan on sexual and reproductive health and HIV in sex-work settings;
 - integrated antiretroviral guidelines for adults, adolescents and children;
 - safe medical circumcision guidelines, procedures and manuals;
 - non-communicable disease screening guidelines;
 - the national HIV and AIDS monitoring and evaluation plan;
 - the national action plan on women, girls and gender equality and HIV;
 - national nutritional guidelines;
 - the child labour policy and the national plan on child labour and orphans and vulnerable children;
 - guidelines for mainstreaming HIV and AIDS into the collective bargaining agreements for construction, agriculture and mines workers and;
 - integrating human rights issues into national development plans and budgets.

² Option B+ is an option that gives women living with HIV the possibility of starting lifelong antiretroviral therapy immediately for their own health as well as to protect their children.

³ Critical enablers are activities that are necessary to support the effectiveness and efficiency of basic programme activities. The Investment Framework divides critical enablers into two subcomponents: social enablers that create environments conducive to rational HIV responses (e.g. laws, policies, community mobilization, stigma reduction); and programme enablers that create demand for programmes and improve their performance (e.g. community-centered design and delivery, management and incentives, production and distribution, and research and innovation).

19. UNAIDS helped 300 religious leaders provide HIV prevention messages within their communities. This enhanced sexual and reproductive health and HIV programmes in nine cultural institutions, with leaders oriented on HIV prevention and community mobilization and dialogue skills. Communities identified sociocultural risks and HIV vulnerabilities and developed social-change action plans.
20. Similarly, sexual and reproductive health and HIV programmes have been sustained in the five major religious denominations. Leadership manuals that blend social teaching, scientific evidence and national policy have been developed to convey consistent HIV prevention messages at all levels, while 1,000 leaders have been oriented to encourage their communities to use existing systems and services.
21. UNAIDS supported local governments in a decentralized response, assisting 500 mayors and councillors advocate for HIV services to be scaled up in their constituencies. The Urban Local Leadership has mobilized communities to access safe male circumcision and prevention of mother-to-child transmission services, including sexual and reproductive health and family planning, resulting in an increased demand for services that outstrips capacity. This has increased the need for further advocacy with government and response partners to allocate more resources for services to achieve universal access targets.
22. UNAIDS has reached out to 3,000 youth leaders with HIV prevention messages. Previously, there were many uncoordinated youth groups that were difficult to reach with prevention services. These have now been affiliated one umbrella organisation, overseen by the Ministry of Gender, Labour and Social Development. The coordinating youth organization will access funds from the Partnership Fund, which has been established to provide resources for such entities.
23. UNAIDS has continued to provide financial and technical support for regional youth camps. Uganda's First Lady presides over these camps, which provide a forum for youth to share their views, receive messages on HIV prevention and reach out to their fellow youth. These camps are linked to the 25 UNAIDS youth-supported 'corners' that provide youth-friendly services to 200,000 young people in district health and education facilities.

Scaling-up PMTCT coverage from 29% in 2009 to 50% in 2012

24. UNAIDS catalyzed to a national costed plan to eliminate mother-to-child transmission that defines targets to be reached by 2015 by launching the Global Plan targeting the (elimination of new HIV infections among children by 2015. UNAIDS is also helping the Ministry of Health develop policies, providing technical guidelines and delivery plans, and building the capacity of health-care workers to raise the standards of integrated PMTCT services. In 2012 alone, more than 500 health personnel were supported by UNAIDS to complete a training programme in elimination of mother-to-child transmission and integrated sexual and reproductive health and HIV service delivery.
25. In September 2012, the Government of Uganda took a significant step in prevention and treatment services by adopting Option B+, which involves offering treatment for life for all HIV positive pregnant and lactating women regardless of their CD4 cell count or clinical stage. This option helps prevent horizontal transmission to an uninfected partner in addition to offering lifelong triple-drug antiretroviral therapy to all HIV positive pregnant and breastfeeding women regardless of CD4 count.
26. Option B+ eliminates factors that hamper an efficient response associated with: delays in starting treatment pending CD4 results; the distance between antenatal care sites where HIV is diagnosed and antiretroviral sites where treatment is started; transport costs; and

human resource constraints that result in long waiting times and scheduling difficulties. Referral between antiretroviral therapy and prevention of mother-to-child transmission sites was a major bottleneck, resulting in loss to follow-up and low access to antiretroviral therapy. Between October 2012 and March 2013, national data show that a total of 53,451 HIV positive pregnant women have been provided antiretrovirals for prophylaxis, while 20,485 HIV positive pregnant and lactating women were supported with option B.

27. Uganda has taken the lead in implementing Option B+ for elimination of mother-to-child transmission services; while the country's early infant diagnosis programme was acknowledged as the best in Africa by the African Society for Laboratory Medicine.

Ensuring a legal and social environment that protects human rights

28. Ensuring a legal and social environment that protects human rights is a priority across UNAIDS activities. In this regard, UNAIDS has been providing advocacy support and technical assistance in the development of two recent bills.
29. Firstly, assistance has been provided in relation to the Anti-Homosexuality Bill, which is a private members bill introduced in parliament in October 2009. It sought to criminalize same-sex relations and impose the death penalty for some offences. It would impose criminal liability on persons who do not report same-sex sexual activities to authorities within 24 hours and criminalize 'letting premises' to LGBT groups. It proposes mandatory HIV testing for those arrested on suspicion of homosexuality.
30. While the bill was under development, UNAIDS worked to support the President of Uganda, ministers and parliamentary committees, religious leaders and civil society organizations and provided technical assistance on human rights matters to the Office on Legal and Policy Issues.
31. The Bill's consideration by parliament was postponed and recommendations were put forward to remove the death penalty; the President of Uganda subsequently announced nobody in Uganda would be killed or jailed for being gay.
32. Secondly, technical assistance has been provided for the draft Prevention and Control of HIV and AIDS Bill which is a welcome development in the AIDS response. The earlier draft Bill sought to offer routine HIV tests for pregnant women and their partners, and for victims of sexual offences and persons accused of such offences. It also sought to have the HIV status of individuals disclosed without their consent, and to criminalize "transmission" and "attempted transmission" of HIV.
33. UNAIDS has been providing support in the development of the bill to the Office on Legal and Policy Issues; the Uganda Human Rights Commission; and the Uganda Network on Law, Ethics and HIV and AIDS Legislation, which comprises civil society organizations, development partners, the private sector, the media, and people living with and affected by HIV. The negative provisions of the bill have been revised and consideration of the bill has been postponed. UNAIDS aligned with the government and all concerned partners to work with high-level political leaders leading to an acceptable way forward.
34. In addition to contributing to the development of key legal and policy instruments, UNAIDS also helped provide sexual and reproductive health and HIV prevention services to most-at-risk populations in selected districts. Community dialogue sessions for sex workers and other vulnerable groups were held at national and community levels, reaching more than 5,000 sex workers and 1,000 members of sexual minority groups. UNAIDS procured the entire supply of 45 million male and 2.5 million female condoms delivered through the public health system, and supported condom distribution via mechanisms outside health facilities, including boda (small motorcycle) drivers and sex

worker networks. UNAIDS has also initiated high level advocacy for key populations, and facilitated a national team of parliamentarians and other senior officials to travel to other countries to learn about their best practices in programming and interventions for key populations.

Uganda AIDS Commission's overall management index rose from 50% in 2010 to 63% in 2012

35. Within the context of the promotion of social responsibility and strengthening governance, UNAIDS provided capacity support to the national AIDS coordinating body, the Uganda AIDS Commission, to lead and coordinate the national AIDS response. Previously, poor coordination, misused resources, inadequate staffing and poor image had forced development partners to appoint a financial management agent to manage the resources for the AIDS response. UNAIDS oversaw the Commission's restructuring, helping to create new directorates, fill major positions and review country partnership structures. The revamped Commission has an increased focus on accountability and good governance. UNAIDS has built donor confidence and helped unblock funding.
36. UNAIDS has continued to provide support to the AIDS Development Partners' Group, which has become an effective forum and mechanism to harmonise and align development assistance to the Government of Uganda by minimizing duplication and overlaps. UNAIDS collaborated with the group to broker reforms to the country coordinating mechanisms, resulting in increased civil society representation, the AIDS Support Organization becoming a Global Fund principle recipient, and more than US\$ 90 million in Global Fund resources, previously blocked due to corruption and misuse, being released for life-saving treatment.
37. Key donors have responded positively to this atmosphere of increased attention on governance. For instance, the US Government President's Emergency Plan for AIDS Relief (PEPFAR) has maintained confidence in the national response, increasing its HIV funding from US\$ 289 million in 2009 US\$ 415 million in 2013.

Increased resource alignment, allocation and sustainability of funding for AIDS

38. UNAIDS continued to support the Uganda AIDS Commission and the Ministry of Finance, Planning and Economic Development to track how HIV resources were being used. A rapid assessment of AIDS resource-tracking mechanisms led to a full National AIDS Spending Assessment that has informed advocacy efforts for the government to increase domestic resources for AIDS. There has been strong progress in the capacity to coordinate, monitor and evaluate the response, including resource tracking.
39. The World Bank provided an economic analysis of the fiscal dimension of AIDS in Uganda. The results of those studies indicated the Government contributed 11% of funding for the AIDS response, which initiated a debate on increasing domestic resources to the response. These discussions formed the basis of a draft paper to parliament on an AIDS levy and prompted a mission to Zimbabwe by parliamentarians and key players to learn about sustainable financing.
40. The National AIDS Spending Assessment findings helped strengthen dialogue with members of parliament and influenced their refusal to approve the 2012/13 national budget until Cabinet agreed to increase allocations for health and AIDS. Overall, Government spending on AIDS increased from US\$ 15 million to US\$ 45 million on average and per year since the start of the current national strategic plan in 2012.

CHALLENGES AND RECOMMENDATIONS FOR FUTURE UNAIDS ACTIONS

41. Some aspects of the AIDS response in Uganda continue to lag and will require UN remedial assistance.

a. Basic programme activities

- Care and treatment: a review of the HIV supply chain management system identified challenges in antiretroviral drug supplies and other commodities, ranging from poor quantification to delays in supply and management in the country, leading to limited access to medicines. Poor national aggregated data (double/undercounting) adversely affected planning. Better supply chain management will enhance the drive to test and treat HIV.
- Safe male circumcision: despite evidence, partly from research carried out in Uganda, that safe male circumcision significantly reduces HIV infection among men, political debate continues about its role in the combination prevention package in Uganda.
- Comprehensive condom promotion: Condom use with a non-cohabiting partner has dramatically declined over the past five years, according to the AIDS Indicator Surveys.

42. Strong government leadership and ownership of the response is needed, including effective coordination at the national and decentralised levels, to:

- Address the slow pace of coordinating HIV prevention programmes for key populations;
- Coordinate unmet needs for services (including commodity stock-outs)

b. Critical enablers

- Laws, legal policies and practices: while some progress has been made in supporting the development of legislation, if adopted by parliament in their current form they risk increasing HIV-related stigma and discrimination and hampering prevention and treatment efforts.
- Sustainable and predictable funding has remained a major challenge in financing the AIDS response, significantly affecting the flow and availability of funds. While recent increases in AIDS funding by the Government of Uganda are encouraging, funding is far below that required to meet the increased demand for antiretroviral therapy and there are concerns about cost-efficiencies in the models of care.
- Overdependence on donor funding for the response: about 68% of AIDS funding comes from external sources while the Government contributes about 11%, a risky situation given the on-going fallout from the global financial crisis and hence the need to advocate for an AIDS levy, coupled with limited convergence of funding streams at district level.

c. Synergies

- Linking formal health systems and community outreach systems: to successfully expand HIV prevention and treatment services, a continuum of services between health facilities and community systems will be required.

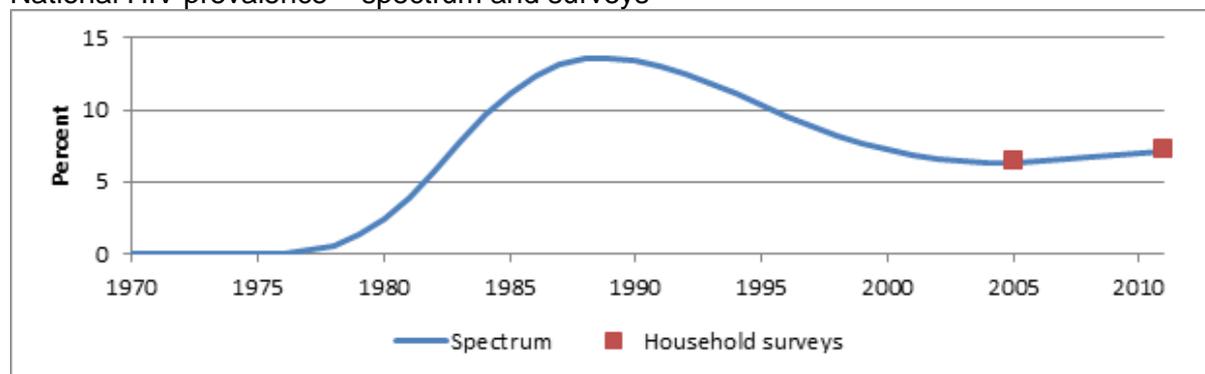
43. In line with UNAIDS' focus on policy, technical guidance and developing institutional capacity, building HIV programme coordination and implementation capacity needs to continue, particularly at the decentralized level, while political decision-makers must be further engaged to assure greater strategic focus on priority investments in the country's national AIDS response.

Key HIV and AIDS information for Uganda

HIV and AIDS estimates (2011)	
Population	34 500 000
Number of people living with HIV	1 400 000
Adults aged 15 to 49 prevalence rate	7.20%
Adults aged 15 and up living with HIV	1 200 000
Women aged 15 and up living with HIV	670 000
Children aged 0 to 14 living with HIV	190 000
Annual deaths due to AIDS	62 000
Annual new HIV infections	145 000
Orphans due to AIDS aged 0 to 17	1 100 000
antiretroviral therapy coverage	57%
Prevention of mother-to-child transmission coverage	50%

Source: AIDSInfo.

National HIV prevalence – spectrum and surveys



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