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1.0 Introduction

The year 1999 was the dawn of the global realization that HIV/AIDS is a serious development and security crisis that can only be addressed by an intensified multi-sector response with the backing of top-level government and appropriate resources. The recognition that central and neutral coordination is key to ensuring a harmonized and effective response and the fact the Uganda pioneered in this field resulted into an increase in activity levels for the Uganda AIDS Commission (UAC).

This report covers activities of the UAC and its Secretariat (UACS) for 1999. The report gives an overview of the country situation of HIV/AIDS compared to regional and global statistics and providing highlights of the major national coordination activities and constraints to implementation.

2.0 The situation of HIV/AIDS and the response in Uganda

Sub-Saharan Africa bears the brunt of the HIV/AIDS epidemic with close to 70% of the total global infections and an estimated 13.7 million people already dead. 23.3 million people are estimated to be living with HIV/AIDS in this region out of 33.6 million living with HIV/AIDS globally. It is estimated that 12 to 13 women are infected for every 10 infected African men.

In Uganda, reported cumulative AIDS cases totalled 54,712 of children and adults by the end of 1998. Data from Ministry of Health

and other sources indicate a consistently higher sero-prevalence rate among women.

Declining trends in sero-prevalence rates have been reported in the country since 1992. HIV prevalence has declined among pregnant women attending antenatal clinics more especially in urban positions. For example in Nsambya Hospital, rates declined from 29.5% in 1992, to 21.8% in 1994 and 13.4% in 1998. However, there is an observed slow rate of reduction and even stagnation since 1996.

The average prevalence rate by the end of 1999 was 10% of the adult population. Estimates by UNAIDS indicate that 1.9 million people have been infected with HIV since the on set of the epidemic in Uganda.

2.1 Impact

The age group most affected, 15-50 years, occupies a critical position in families and communities as heads of households, the labour force and leaders in society. HIV/AIDS therefore touches on every aspect of national life and development including individual behaviour, the roles and functions of the family, communities and the impact on the economy.

Currently, AIDS is responsible for up to 12% of annual deaths and has surpassed malaria and other conditions as the leading cause of deaths among individuals aged 15-49 years in Uganda. One of the most visible social and economic impacts of the epidemic is the ever-

increasing number of AIDS orphans who were estimated at 1.7 million by the end of 1998. The traditional extended family is evidently getting overstretched to adequately care for the social, economic and psychological needs of these children.

2.2 Response

A few successful responses in Africa have been made by some dedicated communities and governments. The onus is now on African leaders and development partners to consolidate such achievements and expand approaches that can reduce the rate of HIV transmission and ensure care and support for those already infected.

The declining trends in sero-prevalence rates in Uganda are viewed as a hard won achievement resulting from the concerted efforts of government, civil society organizations, PHAs, development partners and individuals. Openness, political support and commitment have characterized the national response. Notable efforts have been made to mobilize and unify this response at various levels.

2.3 Challenges

A number of key sectors have not made their due contribution in fighting the epidemic. The national response could greatly benefit from sensitised political leadership as a starting point in mobilizing these sectors into action so as keep HIV/AIDS high on the agenda for social and economic advancement.

It has been observed that complacency is setting in. It is feared that the success story might be the basis for decreased advocacy for HIV/AIDS at all levels, which might also influence the slow pace in behaviour change at individual level.

Complacency at central level has been exhibited in different areas like reduced advocacy for HIV/AIDS and resource mobilization. A recent decision to relocate UAC to an implementing sector at the expense of the neutral coordination role can also be seen as an example of complacency in government leadership.

Stagnation in the declining trends has been observed over the past two years and HIV prevalence rates are still unacceptably high. Without increased advocacy this situation could easily lead to the erosion of the hard won gains in fighting the epidemic and an explosion of new infections.

These and other challenges have been identified through a consultative process that formed the basis for the national strategic planning exercise.

3.0 Highlights of major coordination activities

3.1 Review of relocation of Uganda AIDS Commission

As noted in earlier evaluation missions, some tasks given by the UAC Statute go beyond the coordination role. This has resulted into overlaps between the functions of UAC and some implementing partners. UAC was therefore administratively relocated by Cabinet

from Office of the President to Ministry Health in an attempt to harmonize roles.

UAC members, however, observed that the shift could diminish the role of other key sectors and reduce the Commission's coordination effectiveness. A Review Committee of the UAC was therefore established to examine all issues concerning UAC relocation and make recommendations for government's consideration.

The exercise involved extensive consultations with key stakeholders including government ministries, development partners, Civil Society Organizations (CSOs) and prominent individuals.

It was observed that the original objective of central location is still valid. Obstacles to the implementation of the multisectoral strategy were largely due to lack of clarity about coordination roles, unclear funding policy, inadequate supervision by the line Ministry and the absence of an adequate self-evaluation mechanism for the UAC.

The reasons for relocation pointed to severe lack of sensitisation about the vision and objectives of multisectoral strategy. UAC coordinates activities that cut across all sectors and ministries whereas specific technical expertise and policy formulation must reside within the implementing sectors that should be effectively coordinated by UAC.

The following were the key recommendations of the Review Committee:

- Government should review the shift of UAC;

- UAC should be strengthened as an autonomous central coordinating body located in a neutral sector;
- The Office of the President which offers a central and neutral position is the most appropriate location for UAC;
- A specific portfolio should be assigned to UAC for effective supervision;
- The UAC Statute should be amended to remove existing ambiguities and reflect original objectives of the multisectoral approach.

The Review Report was extensively distributed to all government Ministries, key NGOs, development partners and individuals

3.2 Sector Planning orientation exercise

A rapid assessment during the 1997 strategic planning exercise revealed glaring gaps in integrating HIV/AIDS into government sector plans. It was observed that this is greatly hindering the implementation of the multisectoral strategy. In collaboration with the Ministry of Health, UAC embarked on an orientation and planning exercise for all government sectors. The Sexually Transmitted Infections Project supported the exercise.

A Multisectoral planning forum, comprising technical officers from government, non-government and development partners was established to guide the planning exercise. A few members of this Forum constituted a technical team to facilitate sector planning workshops.

Guidelines for conducting this exercise were jointly developed with the major objective of providing partners with the opportunity to revise their interventions and plan for an expanded national response with the support of international development partners. The exercise focused on having all sectors; public and private, integrating a full range of HIV/AIDS activities into their mainstream activities within their mandates and capacities. The focus was to create a national response that ensures contribution from all sections of society.

Orientation workshops were organized by several ministries and participants involved top level management to facilitate quick and informed decision making.

The exercise proved beneficial to both the ministry personnel and the facilitators as it provided insights into the internal and external impacts of the epidemic on the different government sectors and barriers to their active participation. It emerged that most sectors had not taken up strategic planning for HIV/AIDS since managers could not foresee the immediate impacts on the sector. HIV/AIDS was still largely viewed as a health issue that should only be handled by the health sector.

The exercise however, revealed to participants the enormous responsibilities each sector should take up to consolidate the few achievements the country has made so far.

The orientation workshops paved the way for the strategic planning for HIV/AIDS in all Ministries to be concluded in the first part of the year 2000.

3.3 National strategic planning exercise

The National Strategic planning exercise 2000/1-2005/6 was based on the review and utilization of the National Strategic Framework 1998-2002. The review revealed gaps in the strategy, in particular, the need to place the epidemic in the broader context of national development and relating it to other key national policies on health, poverty eradication and decentralized governance.

UAC initiated the participatory planning exercise with the objective of ensuring shared analysis and perspective on the multisectoral approach.

This activity is being undertaken through a consultancy involving both local and international experts and is supported by UNAIDS. A National Planning Forum including all key partners has been established to guide the consultants and ensure adequate participation. The exercise will be concluded in the first quarter of the year 2000.

3.4 World AIDS Campaign/World AIDS day

UAC coordinated the Campaign under the Theme: "**Listen, learn live! World AIDS Campaign with Children and Young People**". This signified the plight of children and young people (0-25 yrs) in the face of the epidemic. The Campaign was conducted under the two major objectives of:

- Raising awareness about the need to listen to children and young people so as to promote effective AIDS prevention and care efforts;
- Strengthening AIDS Programmes with children and young people in different action areas.

In Uganda, children and young people are heavily infected and affected by HIV/AIDS:

- A large number of them get infected through sexual abuse, defilement, early forced marriages, sex for benefit and Mother-To Child-Transmission.
- Girls are more vulnerable to infection mainly due to physiological and societal reasons. Data from the Ministry of Health shows that girls are three to six times more infected than boys among the age-group 15-19 years.
- Affected children and young people include those living in a family where a relative has HIV or AIDS, those whose parents have taken in AIDS orphaned children, those who suffer discrimination or stigmatisation due to AIDS in the family and those who become heads of households or are homeless as a result of AIDS deaths.

Despite this vulnerability, it has been observed that where there is access to appropriate knowledge, skills and means, today young people have shown remarkable propensity to adopt safer behaviours, more so than the previous generations and the older individuals. This ray of hope highlighted the need to focus on young people to enhance their capacity to face the epidemic

3.4.1 Organisation for WAC/WAD

A multisectoral WAC National Steering Committee (NSC) was elected by a stakeholder's forum to support Uganda AIDS Commission in coordinating the Campaign and organizing WAD with the Host District, Masindi.

A Campaign Framework was developed and disseminated to all districts, partners in the government and non-government sector, including education institutions, religious organizations and cultural institutions.

The purpose of the Framework was to promote awareness of the Campaign and to guide partners' participation. It provided background information about the Campaign; why the focus on children and young people, and some relevant ideas for action in our communities

Sensitisation activities were organized targeting children and young people; different categories of leaders at various levels, the media and the general public. The multisectoral planning exercise in the government sector was maximally utilized for WAC sensitisation.

A national essay/poem writing competition was organised to involve young people in the Campaign. A debate for the out-of-school youth and children for the central region was conducted to highlight the vulnerability of this target group. These activities were organised with the main objective of enabling young people to generate their own ideas about the epidemic; what they know, how they feel and how they think the epidemic should be handled. The ideas so generated were compiled and will be used to develop interventions targeting and involving young people.

3.4.2 World AIDS Day

Masindi District was the national venue for World AIDS Day 1st December 1999. The Guest of Honour, H.E the President of Uganda, was represented by the Minister of State for Health, General Duties, Hon. P. Byaruhanga. The well-attended occasion was graced by various dignitaries from government, the United Nations, Ambassadors, Members of Parliament and District officials from Masindi and neighbouring districts.

Masindi District worked closely with the NSC to organize WAD. Several mobilization activities were carried out in and around Masindi District including HIV/AIDS film shows, music, dance and drama, sports events e.g. football, netball and motorcycle rallies.

The event was preceded by a Candlelight Memorial, organized in Masindi Town Council on the eve of WAD, in memory of those who had lost their lives to AIDS. WAD activities included marching, exhibition, music and drama, sports activities, film shows, on-spot HIV blood testing and counselling, keynote addresses and speeches.

The rest of the districts organize WAD at their venues of choice. Some publicity materials were sent to the districts for the day. Several districts have been in touch with the NSC to keep updated about the progress of the Campaign.

3.4.3 Constraints

WAC/WAD is an activity that is not centrally funded by the Government. The activity heavily relies on resources mobilized from different support agencies.

The Theme is always received in the middle of the year, which makes early planning and resource mobilization almost impossible. These two usually result into lack of implementation of the major planning activities. The most affected activity during WAC 1999 was the debate activity that attracted part funding from UNICEF. Without additional resources from other sources, it was difficult to conduct the national debates as planned and yet this was conceived to be the best way of getting views from young people and children without interference from adults.

District participation in these activities is still limited to WAD except in those where there is strong collaboration with NGOs that can support most of the activities. Support and monitoring activities from the national level could not be carried out due to limited resources

Mass mobilization activities are generally very expensive and yet very crucial if communities are to be informed and educated about the Campaign and its objectives.

3.4.4 Conclusion

WAC/WAD 1999 went on as planned and was better organized compared to the previous years despite starting a bit late due to lack of resources. The organization was characterized by increased participation from different stakeholders from the government and the no-government sectors and increased involvement of the media stakeholders. This, coupled with the increased support from the development partners and government sectors, the purpose of the Campaign was largely achieved.

Appreciation goes to UNICEF, UNAIDS, STIP (Ministry of Health) and Coca Cola for the financial support that enabled the NSC and UAC to

carry out the planned activities. Support and participation by the stakeholders is also highly commended

3.5 International Candlelight Memorial Day

This is a day when the world honours the memory of those lost to AIDS; demonstrates public support for those living with HIV/AIDS; raises awareness of opportunities to respond to HIV/AIDS; and demonstrates support to grassroots organisations in building multisectoral community support and commitment to local, national and global efforts to end the AIDS epidemic.

The Theme for Candlelight 1999 was: **Building global solidarity against injustice and fear, for a world without AIDS**

UAC organized and coordinated this event through a National Organizing Committee (NOC). The NOC was composed of members from different HIV/AIDS service organizations and government AIDS Control Programmes. As a one day event, activities mainly centred on creating awareness about the event and organizing activities for the day.

Major activities included mass mobilization, mobilization of partners to hold Candlelight-related activities and organization of the event at the national venue.

Candlelight was observed at the Constitution Square, Kampala District and the date on 29th June 1999. The day was marked with marching around the streets of Kampala and the function was well attended. The Guest of Honour was the Mayor of Kampala, Mr Sebana Kizito.

There was an organized exhibition by several AIDS service organizations, drama and song presentations about the theme and the AIDS epidemic, presentations from people living with HIV/AIDS and a presentation from a young person which mainly focused on the theme of the 1999 WAC.

There were keynote addresses and recognition of participation in the 1998 WAC/WAD.

World AIDS Campaign 1999 was officially launched on this occasion

The organization of the 1999 Candlelight observance portrayed that stakeholders can be united against a common problem and they highly appreciate neutral coordination. The function was well organised, well attended and the message was disseminated. A lot of appreciation goes to UNICEF, which solely funded the activity and enabled the organizers to achieve the aim.

3.6 Other activities

3.6.1 HIV/AIDS in Uganda on the Internet

Through the government of Uganda and French Government collaboration, the NADIC was facilitated to compile comprehensive information about the epidemic in the country since the onset of the epidemic in the country.

The Web Page was approved by UAC and launched with the French Embassy in Uganda in May 1999. It is envisaged that this tool will promote information sharing and dissemination at local and

international levels. Print outs will be made and distributed locally to ensure access to this information to those who cannot access the Internet. Queries from users will assist in building an information base on all the current aspects of the epidemic in the country.

The biggest challenge for UAC is to ensure capacity for sustaining this activity

3.6.2 Global collaboration

Constructive criticism and comments from visitors are serving as inputs into the national strategic and sector planning exercises.

UAC continued to receive foreign delegations throughout the year. The renewed interest in the multisectoral approach and the central coordination role was the source of interest for most of the visitors. Notable among the Missions was the World Bank Mission, which challenged Uganda to counter complacency through renewed advocacy, revitalization of the multisectoral strategy and strengthening of the legal central coordination body to ensure a strong harmonized response.

The Great Lakes Initiative on AIDS (GLIA), initiated in Kampala in 1998, was officially launched in Kigali in April 1999. The event was attended by the UAC Chairman, Bishop Halem'lmana and the Acting Director General Professor J Rwomushana. The Rwandan Prime Minister presided over the occasion. The presence of Ministers from participating countries was a sign of recognition of the Initiative's significance.

3.6.3 Staff development

H.E the President appointed Dr David Kihumuro Apuuli as the Director General UACS beginning December 1999. He replaced Hon.Omwony-Ojwok who was appointed Minister of State, Office of the Prime Minister, in charge of Northern Uganda Rehabilitation in March 1999.

Through an open recruitment exercise UAC recruited 5 technical staff members who joined UACS in November 1999. These were in the areas of Finance and accounting, social sciences, computer and information sciences.

3.6.4 Planning and resource mobilization

A consolidated workplan and budget were developed in consultation with the Ministry of Health. Increased advocacy for funding yielded an increase in the amount of funds from government for coordination activities and UAC operations.

Other sources of support included UNICEF, which supported the UAC relocation review exercise, Candlelight Memorial event, WAC/WAD, the recruitment exercise and several other activities

4.0 Constraints

The increased activity level due to the revitalization of the national response was not equally matched with the required technical capacity at the UACS, the technical implementing arm of the UAC.

The absence of a substantive UACS Director General for a big part of the year and lack of adequate technical staff created a big gap in the implementation UAC activities. It is envisaged that more technical staff will be brought on board in the year 2000 to fill up the glaring vacant positions in the organization structure.

The location of UAC in an implementing sector is still a puzzle to key partners who still believe that the UAC neutral coordination role might be compromised.

5.0 Conclusion

Uganda is hovering at the crossroads in her struggle against HIV/AIDS. The observed complacency and stagnation of prevalence rates at the high level of 10% is potential environment for an explosion of new infections and unmanageable epidemic proportions.

There is urgent need to mobilize all actors to ensure revitalized efforts to fight the epidemic in order to avert the looming development crisis.

Uganda should capitalise on the renewed global focus on the pivotal role of central and neutral coordination of the multisectoral strategy to harmonize her response while ensuring a common focus on the national programme.