

UGANDA AIDS COMMISSION

ANNUAL REPORT 1997

Uganda AIDS Commission Secretariat
Kampala

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1.0 INTRODUCTION

This annual report covers activities of the Uganda AIDS Commission (UAC) and its Secretariat for the period January to December 1997.

The report provides an overview of the situation of HIV/AIDS in the country and the country's response. It also provides highlights of the national programme coordination activities by UAC, outlines challenges to the national response, gives constraints for the implementation of coordination activities and suggests recommendations for the way forward.

During the year, major events rotated around the development of the National Strategic Framework for HIV/AIDS activities in the country for 1998 – 2002. This followed on the recommendations of the Comprehensive Review of the National Programme on HIV/AIDS of 1996.

The United Nations Cosponsored Programme on HIV/AIDS (UNAIDS) announced the shift of emphasis from the traditional observance of World AIDS Day (WAD) on 1st December every year to an annual World AIDS Campaign (WAC) lasting six months to one year. Uganda AIDS Commission coordinated a successful six-month Campaign, focusing on the plight of children in the face of HIV/AIDS culminating in World AIDS Day.

2.0 OVERVIEW OF THE HIV/AIDS SITUATION IN UGANDA

The estimated number of persons living with HIV/AIDS at the end of

1997 was 1.5 million. By the end of 1996, a cumulative total 51,344 AIDS cases were recorded by the Ministry of Health Surveillance units. 47,555 (92.6%) were adults and 3,789 (7.8%) were children below 12 years. The national average prevalence rate during 1997 was estimated at 12.8% of the adult population.

Basing on routine testing of pregnant women attending antenatal clinics in a number of locations in the country since 1989, there is increasing evidence that HIV prevalence is declining especially among young women. For example, in one site in Kampala, 15-19 year old women had a prevalence rate of 26% in 1992 and 9% in 1996. Behavioral studies around the surveillance sites indicate an increase in the age at first sexual intercourse, a reduction in casual sexual partners and an increase in condom use. It therefore appears that the declining trends can be causally linked to changes in high-risk behaviour.

3.0 HIGHLIGHTS OF MAJOR COORDINATION ACTIVITIES

3.1 Development of the National Strategic Framework for HIV/AIDS Activities (1998-2000)

Following the ending of the implementation period for the National Operational Plan for STDs/HIV/AIDS (NOP) and upon the recommendations of the Comprehensive Review of the country's programme on HIV/AIDS in 1996, UAC launched a drive to develop a new strategic plan to guide the country's struggle against HIV/AIDS for the period 1998 - 2002

A number of other activities were initiated to support the planning exercise especially in the field of generating information to enhance

decision-making. Three major activities were undertaken along these lines:

3.1.1 Compilation of HIV/AIDS Status Report, 1997

UAC commissioned a consultancy to compile the status of the epidemic in the country. The report provided information about the growth of the epidemic including trends and impact, the evolution of the national policy and structural response, achievements so far and the challenges. This information formed the basis for developing appropriate strategies for addressing the epidemic for the next plan period.

3.1.2 Survey of Agencies in the HIV/AIDS field

This survey was commissioned to map out who is doing what and where in the field of HIV/AIDS in Uganda. The product was an Inventory of government and no-government organizations involved in HIV/AIDS Activities in Uganda. The document lists over 1020 Agencies, giving their geographical location, address, mandate, HIV/AIDS activities etc. It analyzes the level of activity by specific intervention areas and reflects the areas most under served.

3.1.3 Survey of research on HIV/AIDS up to 1996

A consultancy was commissioned in August 1997 to summarize the major HIV/AIDS research findings both in social and biomedical scientific fields. The survey report reflected over 400 HIV/AIDS related studies done in the country in the areas of basic, clinical, laboratory research, epidemiological, social and behavioural sciences.

In a related activity, research gaps were identified basing on the survey and other information sources. A national research priority list was developed and approved.

3.2 The strategic planning process

The planning exercise was participatory and involved extensive consultations among stakeholders through interviews and workshops. UAC coordinated the activity through a core group of 11 key partners (CG11) which constituted of:

1. UAC as the Chair and Coordinator
2. UNAIDS to represent the Co-sponsoring UN agencies
3. ACP Ministry of Health
4. ACP Ministry of Planning and Economic Development
5. ACP Ministry of Local Government
6. TASO representing the NGOs
7. Islamic Medical Association representing the religions sector
8. Joint Clinical Research Centre representing the Research community and armed forces
9. UNFPA representing bilateral donors
10. Medical Research Council representing international research bodies
11. A person living with HIV/AIDS to represent views of this community

With the support of two consultants, the CG11 worked through the sub-committees of Care and support, Prevention, Research and Information and Capacity building which co-opted more members from other stakeholders.

The first draft of the strategic framework was reviewed in a two-day retreat of major stakeholders. The final draft of the National Strategic Framework (NSF) for HIV/AIDS Activities 1998 – 2002 was presented, discussed and adopted by a consensus conference of over 300 stakeholders from the government and non-government sectors, local governments and the donor community at the end of November 1997. This planning exercise will be concluded with a donors' conference after costing the Framework in the first quarter of 1998.

3.2.1 Focus of the NSF, 1998-2002

The country response will be guided by the following identified goals in the Framework:

- To stop the spread of HIV infection
- To mitigate the adverse health and socio-economic impact of the HIV/AIDS epidemic
- To strengthen the national, district and lower level capacity to respond to the epidemic
- To establish a national information base on HIV/AIDS
- To strengthen the national capacity to undertake research relevant to HIV/AIDS
- To provide care, support and protection of the rights of people living with HIV/AIDS
- To reduce vulnerability of individuals and communities to HIV/AIDS, with particular focus on children, youth and women.

Strategies and activities have been identified under these goals

3.3 WORLD AIDS CAMPAIGN 1997 Introduction

Uganda joined the rest of the world to participate in the first World AIDS Campaign (WAC). The global shift from observing World AIDS Day every 1st December to a six month campaign culminating into WAD was spearheaded by the United Nations Cosponsored Programme on AIDS, UNAIDS. The aim of WAC is to promote increased advocacy and pragmatic activities and initiatives around specific HIV/AIDS issues. This ensures maximum utilization of the limited resources while increasing the reach and impact of mobilization efforts.

Planning and coordination

The WAC/WAD were observed under the theme ***“Children living in a World with AIDS”***. The overall aim of the Campaign was attainment of increased understanding of the magnitude of the HIV/AIDS epidemic and its global dimensions with emphasis on promoting action and sound policies to prevent HIV transmission and to minimize the epidemic impact on children, their families and communities.

Uganda AIDS Commission coordinated the WAC at national level through a Steering Committee (NSC) of key stakeholders mainly in the field of HIV/AIDS and children. Basing on the Campaign guidelines from UNAIDS, the NSC developed a national coordination plan and guideline which hinged on the following objectives:

- To encourage and promote the involvement and participation of the Children in the World AIDS Campaign activities including managing the World AIDS Day itself.
- To promote advocacy for all HIV/AIDS related issues that affect children.
- Ensure proper Planning coordination, Monitoring and Evaluation of the World AIDS Campaign activities.

Uganda's national WAC plan was selected by UNAIDS as a best practice and its concepts were globally distributed to facilitate planning exercises in other countries.

Involvement and participation of children

Activities involving children mainly centered around generating ideas from them about the epidemic through different ways. Several organizations involved them in Music, Dance and Drama activities also increased their awareness about epidemic and how it should be handled in that age group in relation to parents and communities.

An essay competition was organized which attracted over 500 entries from children all over the country. Most of these essays to a large extent portray these children as young adults who can play a very significant role in HIV prevention, care and support of the infected and affected. The children also wrote about how the epidemic has affected them and how they think government can assist. These voices of our children were compiled and the report is available in NADIC.

3.3.1 WORLD AIDS DAY

The nation observed the day successfully at the National Venue, Kamuli District Headquarters. The chief guest was His Excellency the President who was represented by the Minister of Health, Hon. Dr C Kiyonga. The occasion was also graced by two special guests, a young boy and girl, who presented the plight of Uganda's children in the face of HIV/AIDS to the government. Other districts in the country observed the day at their venues of choice.

All in all the World AIDS Campaign and observance of the World AIDS Day were very successful in Uganda. The Campaign contributed very tremendously on understanding of the changing dynamics of HIV/AIDS in Uganda and the coping mechanisms in a special way. It opened up people's eyes on the plight of children in this era of HIV/AIDS. The Campaign proved a very useful tool in mobilizing and educating people in this struggle to combat HIV/AIDS.

4.0 The Uganda AIDS Commission

4.1 Relocation of UAC

Following the recommendations of the Comprehensive Review of the country's HIV/AIDS Programme of 1996, an Inter-Ministerial Committee supported by a Technical Committee on the Review of roles and functions of the Uganda AIDS Commission and Ministry of Health were set up in 1997. The main task of the Review was to study and recommend improvements on the coordination framework for HIV/AIDS activities in the country.

The review found that the coordination element, though crucial, was weak both at national and district levels. This was attributed to poor technical linkages, overlaps in roles and functions of various actors arising from structural and operational set ups. In the case of District AIDS Coordination Committees, lack of support and the top-down establishment were sited as the causes for ineffective action.

The following were the key recommendations of the technical committee report approved by the Inter-Ministerial Committee:

- The Ministry of Health should be the Line Ministry responsible for

UAC

- A National Joint Planning Team (NJPT) be formed as a forum for planning, monitoring and evaluation in consultation with the UAC
- HIV/AIDS Coordination at district level be placed under an appropriate committee of the district council
- The UAC Statute be reviewed to reflect the proposals of the Inter-ministerial report

Basing on this report, Cabinet resolved that UAC be relocated to Ministry of Health as the Cabinet Memo for revising the Statute is being prepared. This task is scheduled for the early part of 1998.

4.2 UAC meetings

UAC held several meetings that mainly focused the relocation and reorganization of UAC and UACS, the national strategic planning exercise and other policy issues.

4.3 Bereavement

On a sad note UAC lost its Chairman, the late Bishop Kawuna Miseari on 7th October 1997. He had served UAC first as a Commission Member right from the inception of the Commission in 1992 and he later become the first appointed full time UAC Chairman in November 1995. Bishop Kawuma will always be remembered for his relentless effort to save Ugandans from contracting HIV and his love and acceptance for those infected and affected.

In the same year, UACS lost its senior driver Mr Edward Musisi on 9th August 1997. He had served the Commission for almost six years. He

died after a long period of sickness.
May their souls rest in eternal peace.

4.3 Uganda AIDS Commission Secretariat

UACS continued to provide support services to the Commission as well as providing support to partner programmes and activities on HIV/AIDS.

Activities of UACS can be categorized under:

- National programme coordination
- Support to and participation in partner programmes
- Administration and finance

4.3.1 National programme coordination

This involved activities focusing directly at harmonizing the efforts of all stakeholders at different levels with the major aim of unifying the response. The main focus during 1997 was on developing the national HIV/AIDS strategy and coordinating WAC and WAD as covered in 3.0 above.

In addition to these, UACS promoted advocacy for HIV/AIDS activities and programs in an effort to increase involvement and mobilize the masses against the epidemic. Other activities include information gathering and sharing at different national, regional and global levels through different fora.

Most coordination activities are planned and implemented jointly with stakeholders through partner coordination meetings, task forces and

consultative meetings.

Promoting information sharing

UACS organized the pre-Abidjan/post Vancouver workshop which brought together researchers, program managers, scientists, the media and the general public to discuss what Uganda was to be presented during the 10th International Conference on AIDS and STDs in Africa (ICASA). The same forum also considered the draft national research priority list and approved it.

Participation in different fora

UACS participated in the 10th ICASA. The Director General led a delegation of three staff members including Prof. Rwomushana, Mr Nsubuga and Mrs Mwesigwa to Abidjan, Cote d'Ivoire where they presented papers and participated in different fora. The Theme of the Conference was "**AIDS and Development**". The Conference appealed for international solidarity in increasing access to treatment of PHAs to reduce on morbidity and mortality due to HIV/AIDS in Africa.

Other fora during ICASA included the Satellite meeting on Africa AIDS Documentation Centres, the preparatory meeting on the Great Lakes Initiative on AIDS (GLIA) meeting and the African meeting of AIDS Control Managers.

UACS staff has also shared experiences on the country program at the following fora:

- Botswana National AIDS Conference, Gaborone August 1997
- All Africa Home Economics Conference, Kampala, March 1997
- 3rd International conference on home care and support for people

living with HIV/AIDS in Amsterdam

- 5th Kuwait International Conference on AIDS, Kuwait City
- Strategic Planning meeting for the African Network on Law, Ethics and HIV/AIDS, Cote d'Ivoire

4.3.2 Support to and participation in partner programmes

By virtue of UAC's position as the coordinating body, most partners involve UACS in their activities to ensure harmony in program development and promote experience sharing. Activities in this area include participating in partner's information exchange fora, participation in program development and evaluation, participation in management fora etc. Table 1 highlights some these activities during 1997.

Table 1: MAJOR SUPPORT ACTIVITIES 1999

DATES 1997	Activity	UAC contribution	RECOMMENDATIONS/ STATUS
27-29 February	UGANET workshop	- Officiating - Presentation - Participation	Promoting awareness on issues of law, ethics and HIV/AIDS
18-20 June	Uganda Law Reform Commission workshop	- Participation	Advocacy for further Reform in the wake of HIV/AIDS
24-20 June	Condom promotion Strategy workshop - MoH/ACP	- Full participation	Review of Condom policy
Jan.-Feb. 1997	Conducting seminars Traditional	Facilitation, Organization and	Promotion of traditional medicine in Home and Community Based Care

	Medicine (TM) and HIV/AIDS with TASO/THETA/NACOTHA in Association Kaigaku (Japanese TM) in the districts of Kampala, Bushenyi and Kabale	participation		
Jan-Dec 1997	Technical and Institutional/Management advisory meetings: THETA(Qrtly) MRC/UVRI(annual) NDA (Qrtly) AIC (Qrtly)	Facilitation, Participation		
	NACWOLA	Facilitation of the formation of the network		
	Uganda Youth Network on AIDS			
May to Dec 1997	Task Force on AIDS Drug Access Initiative	Participation in meetings & activities		

Regional collaboration

The Commission as the central coordinating body responsible for the HIV/AIDS, has been approached frequently by partners from around the world seeking to share experiences. UACS receives these delegations and in most cases coordinates their visits to local implementing programs depending on their areas of interest. Numerous journalists have also visited UAC seeking information on various issues especially on Uganda's response to the HIV/AIDS epidemic that has been so often quoted as an example of best practice in the world. Table 2 below shows the origin of visitors to UAC during the year 1997.

Table 2: Origin of international visitors to Uganda

AFRICA	EUROPE	AMERIC A	ASIA	UNAIDS
Kenya	UK	USA	Japan	Geneva
Tanzania	France	Canada	China	
Rwanda	Germany			
Zimbabwe	Holland			
S. Africa	Italy			
Senegal	Norway			
Nigeria	Sweden			
Somalia				
Malawi				
Ethiopia				

4.3.3 UACS Administration and Finance

Human resources

During the year under review the Secretariat operated with a very lean staff. UACS received two new senior staff members; Ms Anne Nakawesi, Coordination Administration and Advocacy and Ms Asaba Kanyunyuzi,

Coordinator Documentation and Information. However, the Coordinator for Planning, monitoring and evaluation Mr R Zedriga did not renew his contract with UAC and left the Secretariat in November 1997. It is hoped that staffing problems will be resolved once the reorganization and recruitment process for the Secretariat is finalized in the first half of 1998.

Purchase and renovation of the new UAC home

The government purchased a house on Sentema Road in Mengo, Kampala, for the Commission. The government has also provided the necessary resources to renovate the building to adapt it to suit the UACS functional needs. The UACS is expected to shift to the new home in the first quarter of 1998

Financial status 1997

The Commission is charged with the task of mobilizing resources both for its operations and for the national programme. Intensifying advocacy for resource mobilization was among the recommendations of the Review exercise of 1996. The focus was to develop a strategy for solicit resources internally and externally for Commission and HIV/AIDS activities.

An attempt was made to assess the funding level for AIDS activities in the country during the data collection of the inventory of agencies in the field of HIV/AIDS. Though the response was not enthusiastic, the information generated identified the support agencies and the gaps in support.

The strategic planning exercise was therefore envisaged as the first step in the process of determining how much is need to fight AIDS and how to mobilize the resources.

A donor's conference for resource mobilisation has been planned early for the first quarter of 1998 as a culmination to the process of developing a new National Strategic Framework for HIV/AIDS activities.

Support to UAC activities

Government of Uganda supported the Commission by providing funds on monthly basis through the Office of the President. This mainly covers wages, operation and maintenance.

UNDP continued to support the Commission's activities through the UGA/005/95 Project. This covers field visits, purchase of equipment and others

UNAIDS through UNDP supported the Strategic Planning exercise through provision of resources for compiling the Agency Inventory, compiling the Status Report, and supporting the consultation process including the national consensus workshop.

UNICEF assisted the Commission in various ways including: part payment for Office rent, supporting the WAC and WAD activities and contribution to information collection and distribution.

Planning and budgeting

The UACS developed a workplan with a budget of 88,482,503 for centrally planned and funded activities and 56,000,000 for activities executed and implemented at District levels. 54 million was secured for centrally planned activities and 46.2 for district level activities.

Some of these activities were developed banking on contributions from the Local Governments for implementation of activities at the District and in the Communities.

The Sexually Transmitted Project of the World Bank provided support to most of the implementing partners especially in the health sector both at national and district level. It is therefore strongly recommended that all the Ministries and the local governments should plan and budget for some of the major activities for example the World AIDS Campaign and World AIDS Day.

5.0 Challenges and constraints

Limited resources

The amount of funding received from the traditional and new sources could not adequately cover the budget for the reporting period. This was especially so due to the increase in the activity levels as a result of the planning exercise. However, the Commission is taking up the resource mobilization challenge to raise adequate resources for its operations and the national programme. The conclusion of the strategic planning exercise i.e. costing the Framework and organizing a donors conference will form the basis for this drive.

Transport

UAC experienced transport problems with most the old vehicles breaking down now then. Lack of transport is limiting factor in networking closely with partners. This issue is seriously targeted for resource mobilization

Institutional relocation

The institutional location consultations and the long-standing need for

reorganizing the UACS once the roles of the Commission are streamlined created a negative atmosphere for UACS staff. The resulting future uncertainty for careers with UAC led to low morale especially among the technical staff

6.0 CONCLUSION AND THE WAY FORWARD

The progress so far made in the battle against the epidemic should not be compromised in any way at any level. Success in a few areas should not be a source of complacency. The country should instead consolidate the achievements to intensify the struggle at all levels. The national planning exercise should serve as springboard for action within the government and the non-government sectors.

The Commission should intensify advocacy for the national programme and support partners to use it as a guide to integrate HIV/AIDS activities in their development plans.