

# **THE MULTI-SECTORAL APPROACH TO AIDS CONTROL IN UGANDA**

## **EXECUTIVE SUMMARY**



Uganda AIDS Commission  
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### **1. Introduction**

#### Background Information to AIDS in Uganda

1. AIDS was first identified in Uganda in 1982 in the district of Rakai. By 1988 most parts of Uganda had become affected. Information on the increasing problem of HIV/AIDS is based on the results of the 1987/88 national HIV sero-survey and on sentinel surveillance of antenatal STD clinics. The major route of HIV transmission is through sexual intercourse between men and women. There is evidence that possibly about 10% of the adult population could be already infected by HIV. The heterosexual nature of HIV transmission has led to an increasing rate of mother-to-child transmission. With such a possible level of infection the epidemic is most likely to have an impact on the development of the country.
2. The HIV/AIDS epidemic jeopardizes the process of national development by affecting the most reproductive age group. The effects of the epidemic on women in particular are compounded by cultural social and economic divisions of labour and other traditions.

#### Government's Response to the Epidemic

3. During the early 1980s Government and public response to the new disease was initially ad hoc and slow. Consequently, the AIDS epidemic spread fast, initially to most parts of Rakai district, and later to the neighbouring district of Masaka.
4. In 1986, the National Resistance Movement Government of Uganda responded to the HIV/AIDS epidemic by establishing an AIDS control programme in the Ministry of Health. Since then, Government has been very open about the problem of AIDS in the country, and supportive of the control efforts
5. During the first four year, the AIDS control programme in the Ministry of Health made substantial progress in the areas of epidemiology, surveillance, health and AIDS education, and blood transfusion services. The programme also attracted the international community to assist Uganda in the fight against the epidemic. Various national and international organisation responded in different ways, to support or supplement the activities of the programme.
6. In addition to implementing the programme, the Ministry of Health was responsible for coordinating the various AIDS control activities carried out by various organisations in the country. Through this coordination a high level of awareness about the epidemic was realised throughout the country.
7. However, because the coordination was being done by the Health Sector, the epidemic continued to be addressed almost exclusively as a health problem. Consequently, there was generally inadequate response and participation by other organisations in the public and private sectors, who felt that AIDs prevention and control was not their responsibility.

8. It was later realised that the impact of the epidemic went beyond the domain of health, and cut across all aspects of individual, family, community and national life. Government therefore decided on an alternative approach towards AIDS control. A multi-sectoral AIDS control strategy was opted for.

9. In 1990, the Government appointed a national Task Force on AIDS to work out modalities for the multi-sectoral AIDS control approach. Major international agencies operating in the country were actively involved in the exercise, the culmination of which has been, among other things; the establishment of the Uganda AIDS Commission and its Secretariat, and the formulation and development of the national multi-sectoral approach.

### **11. The National Policy on AIDS**

10. AIDS poses a real and serious problem to life and development in Uganda. Government has, therefore, decided that effective National response on the basis of multi-sectoral approach be adopted to fight the epidemic.

11. Accordingly:

**All Ugandans have individual and collective responsibility to be actively involved in AIDS control activities in a coordinated way at the various administrative and political levels down to the grassroots level. The fight against AIDS is not only directed at the prevention of the spread of HIV but also addresses the active response to, and management of, all perceived consequences of the epidemic.**

**The process of preventing HIV infection, and controlling its consequences by the various organisations and individuals in the country, should be comprehensive, and sensitive to all aspects of the epidemic and emphasize capacity building for sustainable activities among sectors and individuals.**

12. While recognising the contributions of individuals, community groups, and organisation (either governmental, international or non-governmental) in the war against AIDS, the government will further enhance AIDS control activities through effective programme planning, increased availability of resources, and constant supervision of delivery of AIDS related services.

### **III. The Multi-Sectoral AIDS Control Approach**

#### Its Development

13. The document articulating the multi-sectoral AIDS control approach strategy has been developed since July 1991 by the staff of the Secretariat in collaboration with the Uganda AIDS Commission's Advisory Committee. The Advisory Committee is composed of managers and officials of key AIDS control programmes in both public and private sectors. It advises the Commissions on AIDS policies, programme needs and gaps.

14. The document seeks to provide direction and define a process of changes required to address the problem of AIDS in Uganda.

15. Past efforts to address the problem of AIDS, and in particular recommendations of the national Task Force on AIDS (appointed in 1990), plus observation of several international technical missions, and resolutions of workshops and meetings on AIDS and related issues provided the foundation for the articulation of the Approach, and in particular, the identification of appropriate goals, strategies, interventions, activity areas and key implementing sectors.

#### Content of the Approach

16. The Approach establishes five goals to serve as guiding principles for AIDS control activities during national, district, organisation and community planning and programme identification. The goals also provide justification for resource allocation.

17. The goals, together with key strategies for achieving them are:

**GOAL: 1**  
**To stop the spread of HIV infection**

**Strategy 1:** Preventing Sexual transmission of HIV

**Strategy 2:** Preventing HIV transmission through blood and blood products.

**Strategy 3:** Preventing vertical (parent to child) transmission of HIV

**GOAL: II**  
**To Mitigate the Adverse Health and Socio-Economic impact of the HIV/AIDS epidemic**

**Strategy 1:** Coping with national HIV/AIDS-related impacts

**Strategy 2:** Promoting action at community level to reduce the Impact of HIV/AIDS-related consequences.

**Strategy 3:** Providing health care for people with HIV and AIDS

**GOAL: III**

**To Strengthen the National Capacity to Respond to the HIV/AIDS epidemic**

- Strategy 1:** Strengthening national and sectoral capacity for planning and policy development in relation to AIDS.
- Strategy 2:** Strengthening implementation capacity of District and local sectors
- Strategy 3:** Enhancing the community coping capacity.
- Strategy 4:** Identifying and mobilising resources, both national and international, including human, material and financial

**GOAL: IV**

**To Establish a National Information Base on HIV/AIDS**

- Strategy:** Meeting information needs through promotion of appropriate data gathering and information access.

**GOAL: V**

**To Strengthen the National Capacity to Undertake Research Relevant to HIV/AIDS.**

- Strategy 1:** Addressing national needs for immediate and long term research
- Strategy 2:** Establishing quality control for HIV/AIDS-related research, monitoring and evaluation
- Strategy 3:** Strengthening national capacity for AIDS control research and training
- Strategy 4:** To Contribute to International Efforts in the Development of Cures and vaccines for HIV/AIDS

## Priority Setting

18. Over 50 interventions to realise the above goals and strategies have been identified and prioritised on the basis of the following criteria.

- a) Impact of the intervention in the attainment of the relevant goal;
- b) Acceptability of the intervention by the community;
- c) Availability of the capacity for implementation;
- d) Cost effectiveness of the intervention; and
- e) Timely feasibility of the intervention.

19. The process of prioritisation was carried out with the active participation of the Advisory Committee composed largely of the managers of major AIDS programmes in the country.

## Key Elements of the Approach

20. There are three distinct features in the multi-sectoral approach to AIDS control which need to be emphasized.

Firstly: It advocates for the active involvement in AIDS Control activities by all members of society individually and collectively, with coordination at various administrative and political levels, down to the grassroot level.

Secondly: The Approach seeks to address not only HIV/AIDS prevention but also the active response to, and management of, all perceived consequences of the epidemic

Thirdly: The Approach emphasizes organisational capacity-building for sustainable activities among sectors and individual organisations

## Underlying Assumptions

21. In identifying the key goals and strategies for the multi-sectoral AIDS control approach, some basic and important assumptions were made about the policy environment, the trend of AIDS and its impact, resource available and international support. The main assumptions were that:

- a. Ongoing policy reforms will continue in favour of:

Strengthening the role of women in development; decentralization of planning and service administration; promotion of self-reliance and community empowerment; and developing close partnership between Government, NGOs and CBOs;

- b. There will be continued strategic political will and support for AIDS control;
- c. Positive public response to AIDS will include rapid and substantial behaviour change;
- d. Allocation of resources (at all levels of Government) will increasingly be in favour of HIV prevention, and response to the effects of the epidemic;
- e. Mobilisation and sensitisation of the public on the impact of AIDS will be stepped up;
- f. International support/ assistance, while welcome, will not unduly influence national priority interventions; and
- g. The current trends of the disease will not change much.

#### **IV. Organisation and Management**

##### The Uganda AIDS Commission

22. The Uganda AIDS Commission was established by Statute Number 2 of 1992, given in Appendix 1. It consists of: a Chairman, Vice-Chairman, Director-General and twenty one members, all of whom are appointed by the President. Members include Government Ministers whose ministries are responsible for HIV/AIDS Control operations, officials of NGOs and private individuals selected for their commitment to, and active involvement in, AIDS control.

23. The function of the Commission is to oversee, plan and coordinate AIDS control programmes in the country.

##### The Commission Secretariat

24. In the performance of its duties, the Commission is serviced by a Secretariat headed by a Director-General and consisting of a small number of technical and support staff. The Secretariat implements the decisions and programmes of the Commission. In collaboration with the Advisory Committee of the Commission, the Secretariat also serves as an advisory body to government and NGOs on matters concerning the functions of the Commission.

##### Linkages and relationships between the Commission and the AIDS Control Programmes

25. The Commission is the reference point for the formulation of plans, policies and national guidelines for HIV/AIDS control programmes and activities in the country.

26. There are numerous AIDS control activities carried out in the country by government ministries and NGOs. Some of these activities are on an ad hoc basis, but there are others which are part of well designed programmes. The existing AIDS control programmes will be strengthened, and new ones will be established in various sectors and organisations. The number of programmes and activities are bound to increase. There is, therefore, an urgent need to establish an effective coordination

mechanism of AIDS control programmes and activities to avoid unnecessary duplication and overlap to maximise the available resources.

27. Coordination of AIDS control activities is done through periodic meetings of the Advisory Committee and Technical Committees. Multi-sectoral District AIDS Control Committees are being progressively established at the district level to effect coordination of activities at that level. The functions of these committees are given in Appendix II.

28. Each Technical Committee consists of specialised individuals involved in the implementation of a specific activity in various programmes. The Technical Committee provides a forum for sharing experiences and dealing with issues related to specific activity areas.

29. Monitoring of AIDS control programmes will mainly be done by the relevant programme managers at the programme, and activity levels. The purpose of monitoring the programmes is to:

- a) Ascertain the relevance to the objectives of the national Multi-sectoral AIDS control strategy, and identify gaps and weaknesses for which appropriate policies or remedial action may be developed.
- b) Detect community response towards the epidemic and the effects of control programmes.
- c) Assess the performance of programmes at all levels.
- d) Ensure proper allocation of resources, and accountability.

30. The Commission will enhance and facilitate the monitoring function by participating in the development of indicators and data collecting instruments. Collation and analysis of data will also be the main responsibility of the Commission Secretariat, in addition to occasional national Programme reviews and in disseminating information to the users.

## **V. Research**

31. An effective HIV/AIDS control approach must be supported by research that is widespread, intensive, technically sound, ethically acceptable, and supported with adequate resources.

32. Interdisciplinary research is essential for full appreciation of the impact of the multi-faceted challenges posed by the epidemic. Moreover, the research must be well coordinated. A comprehensive strategic plan for HIV/AIDS research is therefore being prepared.

## **VI. Conclusion**

33. Achievements of the five goals will require significant increases in financial and human resources. There is potential for enhancing these resources by emphasizing income generating projects side by side with AIDS control activities, and by encouraging short-term training of relevant personnel at all levels of operation.

34. Despite this potential, which is clearly acknowledged in the document, it will be necessary to request for further assistance from the financing community. How much of that assistance may be required would be indicated mainly by the sector budgets which are due to be drawn up.