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**PARLIAMENTARY COMMITTEE ON HIV/AIDS  
HIV/AIDS ORIENTATION FOR PARLIAMENT  
HIV/AIDS COMMUNICATION TOOL KIT**

**Held at**

**SPEKE RESORT AND COUNTRY LODGE, MUNYONYO**

**MONDAY, 9<sup>TH</sup> MAY 2005**

**Organized by**

**UGANDA LEGISLATIVE SUPPORT ACTIVITY – LSA  
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## List of Acronyms

ART	-	Anti-retroviral Treatment
ARV	-	Anti-retroviral Vaccine
CBO	-	Community Based Organization
CSO	-	Community Service Organization
DAI	-	Drug Access Initiative
FBO	-	Foreign Based Organization
IEC	-	Information Education Communication
<b>MAP</b>	-	<b><i>Multi-country AIDS Programme in Africa (World Bank)</i></b>
MIS	-	Management Information System
NHS	-	National Health System
NSF	-	National Strategic Framework
OI	-	Opportunistic Infection
PDCO	-	Planning and Development Coordination Office
PEPFAR	-	The President's Emergency Plan for AIDS Relief
PMTCT	-	Prevention of Mother to Child Transmission
STD	-	Sexually Transmitted Diseases
STI	-	Sexually Transmitted Infections
TBA	-	Traditional Birth Attendant
LSA	-	Legislative Support Activity
USAID	-	United States Agency for International Development
VCT	-	Voluntary Counseling and Testing
WHO	-	World Health Organization
VD	-	Venereal Disease

## **1.0 Introduction**

The HIV/AIDS Orientation for Parliament was held with the objective of briefing the Members of Parliament (MPs) on the progress of activities on HIV/AIDS in Uganda and globally and to introduce the Parliamentary HIV/AIDS Communication Tool Kit. The Orientation started with the registration of participants, followed by introductory remarks by the Chairperson of the HIV/AIDS Committee, Hon. Dr. Elioda Tumwesigye, and then it was officially opened by the Rt. Hon. Speaker of Parliament who was represented by Hon. Beatrice Wabudeya, Minister in Charge of the Presidency.

### **1.1 Introductory Remarks by the Chairperson of the HIV/AIDS Committee**

Hon. Dr. Elioda Tumwesigye, on behalf of the HIV/AIDS Committee, took the opportunity to welcome the Members of Parliament to the HIV/AIDS Orientation for parliamentarians. He particularly thanked Hon. Beatrice Wabudeya for having spared her time to come in the morning to represent the Rt. Hon. Speaker who could not attend.

He also thanked the facilitators for having put together the materials for discussion, the United States Agency for International Development (USAID) and Legislative Support Activity - LSA/Development Associates Inc., for providing support to the Committee in organizing the HIV/AIDS Orientation for Parliament. Hon. Dr. Tumwesigye thanked the Uganda AIDS Commission and Ministry of Health for the support they had given MPs and stated that he hoped that they would continue working together in fighting HIV/AIDS.

Hon. Dr. Tumwesigye informed them that the main purpose of the workshop was to introduce the HIV/AIDS Communication Tool Kit. He stated that the Tool Kit, which was launched recently, could be used by MPs to sensitize the public about the AIDS scourge, hence the presence of experts to cover the most important topics. He said that another meeting would be arranged to cover the whole Tool Kit.

### **1.2 Official Opening Remarks by Hon. Minister Beatrice Wabudeya on Behalf of the Speaker of Parliament**

On behalf of the Rt. Hon. Speaker of Parliament, Hon. Minister Beatrice Wabudeya thanked all the Members of Parliament present for having taken on the role of participating in the discussions on the HIV/AIDS epidemic openly and that it was against that background that the Parliamentary Committee on HIV/AIDS developed an HIV/AIDS Communication Tool Kit which the Committee launched in Parliamentary Gardens on 31<sup>st</sup> March, 2005. The Tool Kit was developed to empower Parliamentarians with adequate knowledge and skills so as to strengthen participation of Uganda's Parliament in the fight against HIV/AIDS. She then read the Rt. Hon. Speaker's speech, which was as follows:

The Rt. Hon. Speaker said that the key issues related to the pandemic were care, prevention, treatment, stigma, discrimination, gender, orphans and leadership and that the most important of all was treatment, which was being demanded by those living with HIV/AIDS. He urged the Parliamentarians to break the silence by using the facts put together in the Tool Kit to further

educate the public on how HIV/AIDS was a real danger, how one could contract or avoid HIV/AIDS, how the social and cultural factors could put some people more at risk, and how those already living with HIV/AIDS could still live many productive years if they received counseling, medical treatment, care and compassion.

He urged Parliamentarians to show compassion, to prevent prejudice, discrimination and stigma, and to also influence government, social, religious and traditional leaders and public officials to take positive action. The MPs were advised to establish and use their constituency offices and political party meetings as forums for discussions and debate to develop consensus on national policies. He advised them to lobby for HIV/AIDS legislation, national plans and budgetary allocations so as to get reformed laws and policies that could strengthen prevention and protect those most vulnerable to HIV/AIDS and also improve care for those already infected. They should ensure budgetary allocations for realization of those goals and also ensure that the funds are spent appropriately.

The Rt. Hon. Speaker urged the MPs to advocate for policies that prevent discrimination, intolerance and human right violations for people living with HIV/AIDS, tackle both the root causes and immediate problems that made commercial sex workers, homosexuals, drug users, migrant workers, refugees and internally displaced people most vulnerable. The MPs were also urged to advocate for HIV/AIDS education and counseling by religious and social leaders for school age children to make them informed and responsible before becoming sexually active.

Strong health and social services should provide universal, non-discriminatory access to voluntary confidential counseling and HIV testing, control of STDs, youth-friendly and gender sensitive sexual, reproductive health and family planning services, condoms, blood screening, drug and alcohol rehabilitation and needle-exchange for injecting drug users. Efforts must be made to expand access to anti-retroviral treatment, including positive pregnant women, and the services should also help to strengthen community and home-based counseling and support for people living with HIV/AIDS, their families, caretakers, child protection services and shelters for women, commercial sex workers and street children.

Poverty and deprivation should be fought as HIV/AIDS and related diseases like TB thrive on economic hardship and inequality. The Speaker pointed out that Parliamentarians need to forge national, regional and international partnerships that address the constraints to development, whether these stem from gender inequality, budgetary shortfalls, and adverse terms of trade or international debt.

Lastly, the Speaker thanked the Parliamentary Committee on HIV/AIDS, Planning and Development Coordination Office of Parliament (PDCO), and Legislative Support Activity (LSA) for organizing the HIV/AIDS Orientation for Parliament. He then declared the Orientation open.

## **2.0 “Overview and Magnitude of the HIV/AIDS Epidemic in Uganda” Presented by Professor Francis Omaswa, Director General of Health Services, Ministry of Health on behalf of the Minister of Health, Hon. Major Jim Muhwezi**

Professor Francis Omaswa, Director General of Health Services, Ministry of Health, started his presentation by saying that Uganda had experienced a severe HIV/AIDS epidemic for over two decades and that significant strides in addressing the problem had been made with some achievements in containing the spread of the epidemic through sexual behaviour change. He gave a number of sources of data on the magnitude and dynamics of HIV/AIDS, using four methodology approaches, which were: sentinel surveillance, behavioural surveillance, longitudinal studies, and statistical models. He gave the background to the Uganda National Sero-survey with various objectives and justifications and that the detailed analysis and report writing of the findings of the National Sero-survey would be completed in two months' time.

In conclusion, Prof. Omaswa stated that:

- Significant achievements had been made in reducing the magnitude of HIV infections in Uganda from 18% in 1992 to 7% in 2005.
- The magnitude of the epidemic was still high with 7% of adults infected.
- The epidemic was heterogeneous, with some areas and population groups such as women and urban residents disproportionately affected.
- Concerted efforts by everyone were required to promote HIV prevention, care and treatment. The role of political leadership at various levels was very important.
- There was no room for complacency in the ongoing effort against the epidemic.

### **Issues Raised**

- Why the age group of 5-15 years was not included in the national sero-survey that had been carried out in Rakai District? These are the children who were defiled and young girls who were married off to older men.
- The MPs wanted more light shed on why a married couple could be discordant.
- What measures were being taken to stop corruption in drug distribution?
- Why had the rate of HIV infection stagnated at around 7%?
- What was the impact of ARVs on HIV prevalence according to the first national HIV sero-survey of 1988?

- The MPs also wanted to find out whether there was any improvement in the abstinence levels with the rate of seven children per family on average because the survey showed that HIV prevalence was going down.
- Why Kotido had the lowest AIDS prevalence of between 6 -10 year olds as compared to other districts?
- Why is no proper research done on the fishmongers in the islands for purposes of group innovative interventions?
- The MPs wondered why the surveillance study showed higher HIV/AIDS prevalence in northern Uganda when in actual fact it started from western Uganda.
- Why was there no mention in the HIV/AIDS surveys about People With Disabilities (PWD)?
- Why were there no special programs for women, like family planning, for purposes of sensitizing them considering that they are most hit by the HIV/AIDS scourge?

## Responses

- It was stated that the age group of 5-15 years could not be included in the National Sero-Survey statistics of Rakai District because the children in that age bracket were so many that it was quite difficult to define them.
- It was stated that there was a survey done on discordant couples and the findings were expected to be out in two months' time.
- MPs were reminded that it was their responsibility to supervise and scrutinize the distribution of drugs in their respective constituencies so as ensure transparency in the process.

### **3.0 “Overview and Magnitude of the HIV/AIDS Epidemic Globally” by Mr. Ludo Welffens, UNAIDS Country Coordinator, but Presented by Ms. Inge Tack, UNAIDS Partnerships Advisor to the Uganda AIDS Commission**

Ms. Inge Tack, UNAIDS Partnerships Advisor to the Uganda AIDS Commission, presented a global summary of the HIV/AIDS epidemic for 2004 and the concern on whether AIDS was an exceptional threat that required exceptional response. Details to explain this concern were outlined and these included the HIV/AIDS prevalence among pregnant women in Sub-Saharan Africa, prevalence of HIV/AIDS among the 15-49 old men and women in urban and rural areas in selected sub-Saharan countries between 2001 and 2003. Another aspect was life expectancy at birth in selected most affected countries including Botswana, South Africa, Swaziland and Zimbabwe. The number of women and men living with HIV in sub-Saharan African between 1995 and 2004 was indicated to be highest among women than men in the last 10 years. Aspects of exceptional response were outlined using Uganda as an example and these included:

exceptional leadership, adequate financing, that is how to organize money according to plans and coordination on AIDS through Uganda AIDS Commission (UAC), National Strategic Framework (NSF) and National Monitoring and Evaluation Framework (NMEF), exceptional actions through commitment to prevention, rebuilding human resource capacities for the long term and harmonization of “three ones”: that is, one district coordinating authority, one district strategic framework for action, and one monitoring and evaluation framework and “making the money work” agenda. The presentation concluded with the following observations:

- HIV/AIDS was an exceptional crisis that would last for generations;
- Exceptional response was needed to raise money and political will to be translated into bringing services to the people who needed them; and the need to do on-the-ground action/review the usual implementation practices; and
- We cannot plead ignorance – we have to live up to our responsibility.

### **Issues Raised**

- What is the magnitude of HIV/AIDS in Europe and United States in the global picture?
- Are there any measures being taken to stop HIV/AIDS from being transmitted from one continent to another through travel lines?
- Life expectancy in Uganda was compared with that of Southern Africa. How did it compare with East African countries like Kenya, Tanzania and Rwanda?

### **Responses**

- Figures for Europe and United States were pointed out to be estimated at six hundred thousand to one million (600,000 – 1,000,000) people infected with HIV/AIDS but that investigations were still going on.

#### **4.0 “Core HIV/AIDS Prevention Interventions in Uganda” By Hon. Jim Muhwezi, Minister of Health, Presented by Dr. Sam Okware, Commissioner of Health Services (Community Health) in the Ministry of Health**

In his presentation, Dr. Sam Okware, Commissioner of Health Services, Community Health, Ministry of Health, outlined three (3) objectives of the national response, which were: 1) to prevent further transmission of the sexually transmitted diseases (STD), and the HIV/AIDS epidemic; 2) to mitigate the impacts of HIV/AIDS through the provision of care and support to the infected and affected; and 3) to strengthen capacity for HIV/AIDS prevention and control at the national, district and community levels.

He mentioned the pillars of the national response which included political commitment and support at all levels, openness about the epidemic, decentralization of the HIV/AIDS

prevention and control activities, participation of Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) in prevention and control, public-private partnership, and multi-sectoral coordination through Uganda AIDS Commission. The main interventions under the national response were public health, capacity development, and non-health sector. Public interventions included information, education, condom promotion and distribution, laboratory and blood transfusion services, management of sexually transmitted infections, enhancement of infection control, care and support of people living with HIV/AIDS, Voluntary Counseling and Testing, Prevention of Mother to Child Transmission (PMTCT) and epidemiological surveillance and research.

The challenges highlighted were: the high costs for interventions with regard to information, education communication, ARVs, low availability of drugs, STDs, opportunistic infections (OIs), personnel shortages, especially in the districts, in as far as counseling and laboratory services were concerned; funding gaps for HIV/AIDS prevention, and control still existed, and sustainability of interventions in the long term was still a challenge.

The way forward included consolidating ongoing interventions, especially “Abstaining, Being Faithful, and using Condoms” (ABC), scaling up interventions, Voluntary Counseling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT) and anti-retroviral drugs (ARVs) and implementation of innovative interventions (core group interventions such as fish mongers, IDPs, refugees, etc.).

In conclusion, Dr. Okware mentioned the critical moment in the era of anti-retroviral therapy (ART) with opportunities and dangers abound, complacency and misconception which should be addressed, that the majority of people were still free from infection and needed to be protected through ABC, which remained relevant and effective for all shades to ensure options for all. He stressed strong political commitment, stakeholder involvement and strong partnerships both local and international for critical effective responses.

### **Issues Raised**

- Why does the western region have more access to drugs than other parts of the country?
- Why are the laws silent on people who maliciously spread HIV/AIDS?
- What preventive measures are in place to deal with drug addicts, alcoholics and to ensure proper use of condoms?
- Eighty percent (80%) of antenatal care was by Traditional Birth Attendants (TBAs). The MPs wanted to know whether these TBAs were included in the AIDS programmes.
- The MPs expressed concern about commercial sex workers who targeted expatriates, and secondly, that there was an increase in the percentage of sex

workers because men had resorted to them. They were also wondering whether there were any programmes to educate the sex workers to get money through other means other than trading in sex.

- What measures were taken to ensure that “B” in the “ABC” concept was effective as some people did not believe that HIV/AIDS did exist?
- What could be done with regard to religious leaders who were not advocating for use of condoms?
- What happened to women condoms known as femidom?
- Has Government developed any programmes for HIV/AIDS in conflict-affected areas?
- Why are some condoms distributed by Ministry of Health defective?
- Why are expired drugs being sold in pharmacies?

## **Responses**

- It was stated that the western region of Uganda has more access to HIV/AIDS drugs because the two pilot project areas of the Drug Access Initiative (DAI) in Uganda are the western and eastern regions.
- The MPs were informed that there was no law to punish those who maliciously spread HIV/AIDS apart from the Venereal Diseases Decree, which was archaic but had not been repealed.
- Preventive measures taken with regard to drug addicts and alcoholics were through special programs of educating and counseling them. It was pointed out that such people had little or no sex drive.
- On ensuring proper use of condoms, this was being done through educating and counseling the population but that in the final analysis it was always the men to decide.
- It was stated that there were special training programmes arranged for TBAs concerning safe motherhood.
- The MPs were informed that there was no law preventing commercial sex workers from targeting expatriates. Everyone had a right to free association.

## **Recommendations**

- It was recommended that cultural values like the promotion of virginity should be reactivated. It was stated that marriage counselors were good at promoting this value

- and they should be encouraged to continue so that those who abstained until marriage could be rewarded.
- The Ministry of Health should come up with posters in nightclubs and bars for the general public awareness on HIV/AIDS.
- Women should always go with their husbands for HIV/AIDS Testing
- All leaders should talk about HIV/AIDS openly.

#### **5.0 “Update on HIV/AIDS Vaccine Trials” by Dr. Fred Nakwagala, International AIDS Vaccine Initiative**

Dr. Fred Nakwagala of International Vaccine Initiative presented a paper where he justified the need for HIV Vaccine in Africa and in Uganda in particular. He said that a vaccine was the most cost effective way of controlling epidemics and diseases like small pox was eradicated, and polio and measles could be eradicated using vaccines. The reasons for a vaccine in Uganda were that 800,000 Ugandans were currently living with HIV/AIDS and that 7.7% of Ugandans were HIV positive. A total of 1.8 million Ugandans were orphaned by 2001 and HIV related cases occupied more than 55% of hospital beds in 2002.

In addition, preventive measures have had limited effects, namely that education and condom use had slowed but not stopped the spread of HIV/AIDS and that conditions that favour spread of the virus still existed such as poverty, increased migration and poor health care delivery systems. There were also no drugs that could cure HIV/AIDS other than those which could control and which were very expensive and not widely accessible in Africa.

Dr. Nakwagala then gave details in the development of a vaccine and the challenges of developing a vaccine. He indicated three trials that had been conducted in Uganda by three institutions, that is, Joint Clinic Research Centre (JCRC) between 1999 and 2001 as the first trial in Africa. The second trial was by Uganda Virus Research Institute (UVRI) between 2003 and 2005 and the third trial had just started by Walter Reed Army Institute at Makerere University/Mulago.

The main issues were that there was only one main scientific concept and that if it was to fail, it would be a one big blow. The manufacturing candidates were difficult to get and that there were no antibody and mucosal immunity vaccines available. It was also unsafe to use live HIV vaccines and the capacity to conduct trials in developing countries was not there.

In conclusion, Dr. Nakwagala stated that UVRI did not have all the answers to a successful vaccine; more safe vaccine candidates were needed to be tried; many trials were ongoing; advocacy was needed for greater funding and market initiatives to private sector. Communities needed to be informed for their participation.

## Issues Raised

- What incentives were available for people who volunteered for HIV vaccine trials?
- What safety guarantee was there for the vaccine trials to be done on animals and then human beings?
- Was there any compensation in case of death?

## Responses

- Regarding incentives for people who volunteered for HIV trials, the MPs were informed that there were neither incentives nor compensation at all since the exercise was done on voluntary a basis.

### **6.0 “Update on ARV Programme (ARV Distribution, ARV Rollout Plan, Effect of ARVs on HIV/AIDS Prevention and Challenges)” by Dr. Alex Opio, Assistant Commissioner, Health Services (National Disease Control), Ministry of Health**

Dr. Alex Opio, Assistant Commissioner of Health Services (National Disease Control) Ministry of Health, gave a presentation, which focused on the experiences and challenges to the ART rollout plan in Uganda. He started by giving the background information that showed that Uganda had a high burden of HIV/AIDS and that only a fraction of eligible patients were currently on anti-retroviral therapy (ART). He gave historical perspectives, institutional framework for ART, national targets for ART and ART roll out plan in his presentation. He pointed out the progress made in rolling out ART and the accredited and functional ART centres in Uganda. He also mentioned the source of monies available for ART which included Government of Uganda (GoU), Uganda HIV/AIDS Control Project, Global Fund, The President’s Emergency Plan for AIDS Relief (PEPFAR), Research Organizations, Employers, and Donation programmes. The underlying key principles to the policy were the Universal access to ARV drugs by those who needed them, equity considerations as the scale up was implemented and the expansion of ART services in a phased manner and using a public-private mix strategy.

The key policy guidelines were three:

**Guideline 1:** That ART should be given to clinically eligible patients. Patients eligible for ART should be counseled prior to inclusion on ART and that once a person had initiated ART, he/she should remain on it for life.

**Guideline 2:** That before health facilities could provide ART services, they had to be accredited; use of simple but effective ARV drug regimens that could cater for the majority of patients; use of both generic and branded ARV drugs provided that the drugs were effective and of good quality and finally, source drugs from World Health Organization (WHO) pre-qualified companies.

**Guideline 3:** Mechanisms for multiple financing were to be either free or subsidized or full cost; Free ARV treatment was for ARV drugs acquired through public financing, Global Fund, Multi-country AIDS Programme in Africa (World Bank) (MAP) Funds and PEPFAR funds and to ensure quality through regular monitoring.

He categorized the four main challenges faced in the distribution of ARVs:

Challenges 1:

- The high demand for ART vis a vis the high cost of ART drugs and laboratory tests
- How to achieve equity in access
- Standard regimens that may not cater for all patients

Challenges 2:

- Pressure on the health system
- Issues of procurement, management and distribution of ARV drugs
- Public knowledge about ARVs which was still low

Challenges 3:

- Provision of ART to children as early diagnosis of HIV in children is difficult and giving counseling services to HIV infected adolescents and taking ARV drugs in schools.

Challenges 4:

- While it was Government's policy to run ART in partnership, there were inherent challenges which included ensuring standards in service provision by all and harmonization of policies as most Civil Society Organizations (CSOs), Non Governmental Organizations (NGOs) and Community Based Organizations (CBOs) were located and preferred to serve in urban settings, leaving rural settings with little or no HIV/AIDS related services.

The lessons learnt during the program were that it was possible to provide ART in resource-poor settings as evidenced by Drug Access Initiative (DAI) Project and Community Based (CB) Programmes. The lower the cost of ART, the better was the access, strong health service needed to support the delivery of ART and capacity building for ART had wider benefits since health services were used for the broader patient care.

In conclusion, Dr. Opio stated that the success of ART depended on continued availability of good level of funding towards drug purchase, training, and laboratory work and also the crucial support of local and international community.

## Issues Raised

- How does the funding for HIV/AIDS preventive measures compare with HIV/AIDS treatment?
- What plans were put in place by the Ministry of Health to fund HIV programmes in case the donors stopped funding these programmes?
- Why were some districts getting little distribution of ARVs compared to others?
- Are ARVs distributed equitably in the conflict-affected areas where women and children are at a higher risk?

### **7.0 “Update on ARV Programme (Effect of ARVs on HIV/AIDS Prevention and Challenges” by Dr. Peter Mugenyi, Director, Joint Clinical Research Centre (JCRC)**

Dr. Peter Mugenyi, Director, Joint Clinical Research Center (JCRC) emphasized that the Centre was a partnership of Ministry of Health and Makerere University. The Centre is not a service provider. He indicated to the participants that there was noticeable rising AIDS cases, deaths and orphans and added that the leading cause of death was tuberculosis. He indicated the major constraint to dealing with HIV/AIDS as the poor infrastructure but which infrastructure could not be an excuse for failure to save lives in an emergency.

Rural and urban centres had mobilized town dwellers and villagers in order to extend services to where they were urgently needed and JCRC organized training programmes at their premises and outreach, on the job training, joint training with other organizations, formal training and work with all in a bid to rescue patients rather than compete. All these programmes were going on at the same time. He said that JCRC had over 20 ART centres established in all regions in Uganda.

The order for accessing free therapy was: orphans, vulnerable children, orphans’ caretakers, pregnant women, and widows. The special categories were health care providers and children.

Dr. Mugenyi mentioned the huge numbers of people who were already infected and did not know their sero-status and were a source of continuing infection and that ART was a powerful incentive for Voluntary Counseling and Testing (VCT). He therefore emphasized that prevention and treatment were both vital for successful AIDS control.

### **8.0 “Mapping of HIV/AIDS Activities in Uganda” Presented by Dr. Kihumuro Apuuli, Director General, Uganda AIDS Commission and Dr. Jim Arinaitwe, Monitoring and Evaluation Specialist on Behalf of Hon. Beatrice Wabudeya**

Drs Kihumuro Apuuli, Director General, Uganda AIDS Commission and Jim Arinaitwe, Monitoring and Evaluation Specialist, Uganda AIDS Commission started their presentations by outlining the rationale for the national mapping activity which gave an update on the

inventory of stakeholders and partners involved in HIV/AIDS activities, the present distribution of services and resources, gap analysis for the different interventions, rationale for planning and allocation of meagre resources, avoidance of over-concentration and duplication of services in same geographical local areas and strengthening monitoring and evaluation at Uganda AIDS Commission. The objectives for national mapping were indicated as: updating the inventory of stakeholders involved in HIV/AIDS activities, present distribution of services by the different stakeholders up to the sub-county level, carrying out gap analysis for the different interventions, tracking resources of the different stakeholders by interventions, funding agency and the beneficiary community and to redirect programme effort to avoid over concentration and duplication of services.

Following the brief outline of the findings, the paper concluded that:

- The mapping tool was able to capture and present information on who was doing what and where on HIV/AIDS in Uganda;
- Apart from the information, education, communication and condom distribution, less than 45% of sub-counties had an HIV/AIDS stakeholder;
- It was difficult to obtain information on funds exclusively spent on HIV/AIDS because many stakeholders were not able to disaggregate expenditures on HIV/AIDS interventions; and
- The mapping database currently installed at Uganda AIDS Commission (UAC) was undergoing further development (linkage to Management Information System-MIS).

### **Issues Raised**

- Does the Ministry of Education have any scholarships for orphans?
- Kanungu district neither had any major HIV/AIDS activities nor actors as per the presentation. What is the status of HIV/AIDS in Kanungu?

### **Reponses**

- The MPs were informed that Government had completed the Orphans' Policy and Plan and that the issue was going to be dealt with.
- Dr. Apuuli informed the Members that the aim of mapping the HIV/AIDS activities and their location in Uganda was to establish the rationale of how resources would be allocated to all the districts.

## **9.0 Way Forward Proposed by Hon. Dora Byamukama**

Hon. Dora Byamukama proposed the following as a way forward on the need for specific laws:

- 1)
- 2) Provide interested MPs with facilitation to enable provision of information and monitoring both at district and constituency level. She suggested a quarterly facilitation of two million shillings (2,000,000/-).
- 3) Support enactment of a specific law on HIV/AIDS and revision of the Public Health Act in order to sustain success registered. Since HIV/AIDS was a cross cutting sector, Hon. Byamukama suggested that laws needed to be urgently enacted. This would include the labour laws.

Specific strategies targeting issues affecting the female population should be undertaken to avert their vulnerability to HIV/AIDS. It was therefore recommended that the laws on the following aspects be urgently enacted so as to protect the female population:

- Sexual offence bill
- Female genital cutting/mutilation
- Widow inheritance
- Polygamy checks
- Poverty and lack of property rights
- Domestic violence

Hon. Byamukama stated that some of the issues listed were already provided for in the Domestic Relations Bill and she therefore urged the MPs to support the Bill.

## **10.0 Closing Remarks**

### **10.1 Remarks by Hon. Dr. Elioda Tumwesigye, Chairperson, Parliamentary Committee on HIV/AIDS**

Hon. Dr. Elioda Tumwesigye, the Chairperson, Parliamentary HIV/AIDS Committee, welcomed the Rt. Hon. Deputy Speaker for coming to officiate at the function and thanked her for the number of workshops she had attended, especially on HIV/AIDS. He urged the MPs to take stock of what had transpired during the workshop and impart the knowledge to their constituents in order to reduce the HIV prevalence in Uganda. He informed them that they were going to have another workshop in order to cover all the contents in the Parliamentary HIV/AIDS Communication Tool Kit. He then invited the Rt. Hon. Deputy Speaker, Rebecca Kadaga, to give the closing remarks.

### **10.2 Closing Remarks by Rt. Hon. Deputy Speaker**

The Rt. Hon. Deputy Speaker, Rebecca Kadaga, started by thanking the organisers for being visionary and strategic in briefing and bringing on board the legislators, as the people's representatives. She emphasized that after all the presentations, she was sure that together they

could combat HIV/AIDS not only locally but also globally. She referred to the recent Assembly of World Parliamentarians where they called upon parliaments and governments to ensure that their laws, policies and practices respect human rights in the context of HIV/AIDS with particular emphasis on education, work, privacy, protection and access to care, treatment and social services. Governments were urged to allocate sufficient resources to their health systems for that purpose. She said that with the launch of the Parliamentary HIV/AIDS Communication Tool Kit, Members of Parliament would be able to sensitize the public about the magnitude of the problem and how it was under control so that people could come out for voluntary counseling, testing, and treatment, eventually, the stigma would be minimized.

The Rt. Hon. Deputy Speaker once again thanked the organizers, the participants, and the resource persons from the Ministry of Health, UNAIDS and other activists in the fight against HIV/AIDS, for participating in the HIV/AIDS Orientation for Parliament. She then declared the workshop closed.

## APPENDIX

### PARTICIPANTS' ATTENDANCE LIST

No.	Name	Organization
1	Hon. Tim Lwanga	Minister of Ethics and Integrity
2	Hon. Capt. David Matovu	Parliament/Member of HIV/AIDS Committee
3	Mr. Ignatius Kasirye	Parliament, Clerk to the HIV/AIDS Committee
4	Mr. I. Kafungye	Parliament
5	Dr. Wilford Kirungi	Mulago Hospital
6	Dr. Joshua Musukeli	Ministry of Health
7	Prof. Francis Omaswa	Ministry of Health
8	Prof. John Rwomushana	Uganda AIDS Commission
9	Dr. Jim Arinaitwe	Uganda AIDS Commission
10	Ms. Inge Tack	UNAIDS
11	Hon. Dr. Byatike Matovu	Parliament/Member of HIV/AIDS Committee
12	Dr. Kihumuro Apuuli	Director General/Uganda AIDS Commission
13	Hon. Fred Badda	Parliament
14	Hon. Araali Basaliza	Parliament/Member of HIV/AIDS Committee
15	Hon. Tom Anang-Odur	Parliament
16	Hon. Dora Byamukama	Parliament/Chairperson/Equal Opportunities Committee
17	Hon. Amuriat Oboi	Parliament
18	Hon. Philip Ntacyotugira	Parliament
19	Mr. Geoffrey Sseruyange	The Monitor Newspaper
20	Hon. Mindra Joyo	Parliament
21	Ms. Annie Kaboggoza-Musoke	United States Agency for International Development (USAID)
22	Hon. Sarah Kiyingi	Parliament
23	Hon. B. Mulengani	Parliament
24	Hon. Gertrude Kulany	Parliament
25	Hon. Dr. Francis Epetai	Parliament
26	Mr. David Muttu	Uganda AIDS Commission
27	Hon. Ben Wacha	Parliament/Parliamentary Commission
28	Hon. Rex Aachilla	Parliament
29	Hon. Nicholas Gole	Parliament
30	Hon. Tom Bagalana	Parliament
31	Hon. Rosemay Seninde	Parliament
32	Hon. Anthony Mukasa	Parliament
33	Hon. Loice Bwambale	Parliament/Pan African Legislative Assembly
34	Mr. Francis Emorit	New Vision Newspaper
35	Mr. Apollo Mubiru	New Vision Newspaper
36	Hon. Dr. Peter Esele	Parliament
37	Mr. V. Kayondo	President's Office
38	Mr. J. Buzukira	Parliament
39	Mr. J. Senyonjo	Parliament

<b>No.</b>	<b>Name</b>	<b>Organization</b>
40	Hon. David Lugya	Parliament
41	Mr. Sylvester Oundo B.	Parliament
42	Mr. K. Ssenkayi	Parliament
43	Hon. James Kubeketerya	Parliament
44	Mr. J. Mulondo	Parliament
45	Hon. Rogers Matte	Parliament
46	Hon. Sam Anyolo	Parliament
47	Hon. Ephraim Kamuntu	Parliament
48	Hon. Nelson Wambuzi	Parliament
49	Hon. Kityo-Mutebi	Parliament
50	Hon. Dr. Herbert Lwanga	Parliament
51	Hon. Beatrice Rwakimari	Parliament
52	Hon. Animu Angupale	Parliament
53	Hon. Munyira Wabwire	Parliament
54	Mr. L. Semujju	Ministry of Health
55	Hon. Richard Mukula	Parliament
56	Hon. Theodore Ssekikubo	Parliament
57	Hon. Asanasio Kayizzi	Parliament
58	Hon. Charles Angiro	Parliament
59	Hon. Gumisiriza Guma	Parliament
60	Hon. John Kazoora	Parliament
61	Dr. Peter Mugenyi	Joint Clinical Research Centre (JCRC)
62	Hon. James Kakooza	Parliament
63	Hon. Henry Banyenzaki	Parliament
64	Hon. Johnson Malinga	Parliament
65	Hon. Capt. Baker Ddudu	Parliament /East Africa Legislative Assembly
66	Hon. Elijah Okupa	Parliament
67	Mr. Ali Bengleil	Benghayi Infectious Disease and Immunity
68	Mr. Abdalla Elteir	Benghayi Infectious Disease and Immunity
69	Ms. Amina Abusedra	Benghayi Infectious Disease and Immunity
70	Hon. Samuel Pirir	Parliament
71	Hon. Zachary Olum	Parliament
72	Hon. Anthony Yiga	Parliament
73	Dr. Alex Opio	Ministry of Health
74	Hon. Avitus Tibarimbasa	Parliament
75	Mr. W.M. Kafeero	Technical Assistant to Hon. Dr. Elioda Tumwesigye
76	Hon. Dr. Elioda Tumwesigye	Parliament
77	Hon. Ruth Nvumetta Kavuma	Parliament
78	Hon. Beatrice Wabudeya	Parliament
79	Hon. Dorothy Hyuha	Parliament
80	Hon. Kalule Ssenko	Parliament
81	Dr. Sam D. Okware	Ministry of Health
83	Hon. Patrick Ochieng	Parliament

<b>No.</b>	<b>Name</b>	<b>Organization</b>
84	Hon. Mathias Kasamba	Parliament
85	Hon. Nyendwoha Mititi	Parliament
86	Hon. Alintuma Nsambu	Parliament
87	Hon. Badhul Katongole	Parliament
89	Mr. E. Ssebayinga	Radio Sapientia
90	Ms. Grace Kyomugisha	Uganda Television
91	Mr. Yunusu Nsubuga	Nile Broadcasting Station
92	Mr. Gerald Walulya	Kampala FM Radio Station
93	Mr. Peter Nyanzi	The Monitor Newspaper
94	Hon. Margaret Baba Diri	Parliament
95	Ms. Mary Aciro	Parliament
96	Hon. Claveri P. Mutuluza	Parliament
97	Hon. Jane Akwero Odwong	Parliament
98	Hon. Tom Kayongo	Parliament
99	Hon. Godfrey Kiwanda	Parliament
100	Hon. Dr. Johnny Bulamu	Parliament/Vice Chairperson, HIV/AIDS Committee
101	Hon. Jacqueline Kyatuheire	Parliament
102	Mr. Robert Magembe	Uganda Television
103	Mr. Jimmy Golooba	Uganda Television
104	Ms. Susan Cowley	United States Agency for International Development (USAID)
105	Mr. Gideon Akangasira	Parliament/Planning and Development Coordination Office of Parliament (PDCO)
106	Hon. Kule Muranga	Parliament
107	Hon. David Wakikona	Parliament
108	Hon. Jalia Bintu	Parliament
109	Hon. Hamad Kagaba	Parliament
110	Hon. Francis Mukama	Parliament
111	Mr. Henry Rukidi	Uganda AIDS Commission
112	Mr. Nasser Kayanja	Radio Simba
113	Mr. James Mugisha	Uganda AIDS Commission
114	Hon. Jessica Eriyo	Parliament
115	Mr. Stephen Mayinja	Parliament
116	Hon. Peter Wonanzofu	Parliament
117	Mr. Emma Opolot	Parliament
118	Hon. Fred Omach	Parliament/Pan African Legislative Assembly
119	Hon. Margaret Ateng Otim	Parliament
120	Hon. E.K. Wesonga	Parliament
121	Hon. G.W. Wopuwa	Parliament
122	Hon. A.J. Kigyagi	Parliament
123	Hon. Idah Mehangye	Parliament

124	Dr. Fred Nakwagala	Uganda Virus Research Institute
125	Hon. John Eresu	Parliament
126	Hon. Kibaale Wambi	Parliament
127	Hon. Alhaj Kaddunabbi	Parliament
128	Hon. Kabakumba Masiko	Parliament
129	Hon. Sylvia Ssinabulya	Parliament
130	Hon. Lukia Isanga	Parliament
131	Hon. Sarah Nyombi	Parliament
132	Dr. Francis Runumi	Ministry of Health
133	Ms. Amy Cunningham	United States Agency for International Development (USAID)
134	Hon. Alex Onzima	Parliament
136	Dr. Kapkwomu Ndiwa	Parliament
137	Hon. Paul Lokeris	Parliament
138	Hon. Ojok B'Leo	Parliament
139	Hon. Micah Lolem	Parliament
140	Hon. Odonga Otto	Parliament
141	Hon. Moses Kizige	Parliament
142	Hon. Winifred Masiko	Parliament
143	Hon. Ruth Tuma	Parliament
144	Ms. Susan Omusolo	Ministry of Health
145	Hon. Janat Namuyangu	Parliament
146	Hon. Muruli Mukasa	Parliament
147	Hon. Sulaiman Madada	Parliament
148	Hon. Jane Alisemera Babiha	Parliament/Member, HIV/AIDS Committee
149	Hon. Emmanuel Dombo	Parliament
150	Hon. Nulu Byamukama	Parliament
151	Hon. Oliver Wonekha	Parliament
152	Hon. Katuramu Hood	Parliament
153	Rt. Hon. Rebecca Kadaga	Parliament/Deputy Speaker
154	Hon. Anifa Kawoya	Parliament
155	Hon. Umar Lule	Parliament
156	Mr. Jerry Henderson	Legislative Support Activity -LSA
157	Ms. Rosette Kuhirwa	Legislative Support Activity-LSA
158	Ms. Lydia Kyalayi	Legislative Support Activity-LSA (Intern)