



31st August 2016

CIVIL SOCIETY STATEMENT AT THE 9TH ANNUAL JAAR

Theme: “ENDING AIDS by 2030”

The Honorable Ministers,

The Honorable Members of Parliament,

Development Partners,

Distinguished participants in your respectable capacities,

Ladies and Gentlemen, I am pleased to present to you the critical call of civil society organizations working on HIV in Uganda, coordinated under UNASO and whose work cuts across the four thematic areas of the NSP shared here today and represent the multi- sectoral response. We are about 60 organizations.

I am Dora Kiconco Musinguzi, the Executive Director of UGANET, a NGO working on legal and human rights response to HIV, Health and Gender.

We start our remarks with **a big thank you** - we congratulate all the AIDs workers for the results achieved over the one year, we honor the foot soldiers that are providing all these needed services, we continue to honor persons living with HIV whose resilience affirm the fact that we can beat AIDS, we appreciate the Development partners that have continued to invest in ending AIDS and we thank the AIDS commission for its coordination and for convening this 9th JAAR. In advance, we would like to thank and congratulate all the finalists that will receive awards shortly - you certainly deserve the recognition. Thank you !

This JAAR is particularly exciting because of its Theme: Ending AIDS by 2030. We thank the AIDS commission for bridging the debate, from an international platform and bringing it back Home. We are inspired that UGANDA, and our selves believe that we can indeed end AIDS by 2030.

While we genuinely appreciate the milestones over one year, we would like to ask the question - What does it mean to End AIDS by 2030?

What does it take to set the country on track to achieve its commitment to reach the 90-90-90 targets by 2020?

(Those targets are: that 90% of people with HIV know their status, 90% of those who know they are HIV positive are on HIV treatment, and 90% of those who are on treatment have suppressed viral load.)

CSO’s have reflected on our Ugandan lived realities and basing on this, we are challenging our leaders and all of us here - to start to do things differently -

- I. **Overpaying for life-saving ART:** Despite the urgent need to change national ART eligibility guidelines to provide every Ugandans with HIV treatment, Government is overpaying by at least 36% for HIV

treatment procured by National Medical Stores using taxpayer resources. The Global Fund is also overpaying substantially for supply chain management carried out by the National Medical Stores. We recommend Gov't should urgently re-negotiate the Contract and pricing with Quality Chemicals to enable more Ugandans living with HIV access lifesaving drugs from NMS consignments, before the end of 2016.

2. **Persistent shortages and stock outs of medicines, lubricants, test kits and condoms:** As we speak today, we know there are lifesaving HIV medicines that are out of stock in our facilities, as well as test kits and condoms. How can we end the epidemic as a country when people are developing HIV drug resistance due to stock outs? We need to have district health facilities effectively forecasting life savings medicines needed and NMS being flexible enough to rapidly respond to emergencies.
3. **Test, treat and suppress viral load:** An estimated 1.5 million people in Uganda are living with HIV, and of these 176,948 are children (MoH 2014). All people with HIV need treatment. In the bid to achieve the UNAIDS Global commitments to end AIDS by 2030, we urge the Government to expeditiously review and implement test and treat nationally. We implore MoH - Aids Control Program to issue Test and Start policy by October 1, 2016.
4. **Improving Domestic Financing:** Access is a human right that should take center stage in domestic budgetary allocations. Government of Uganda only allocates 10% of its tax revenue to the AIDS response and 23% by households while 67% is from health development partners. The stalled National health insurance bill 2015 and the stalled National AIDS Trust Fund provided for under the HIV Act 2014 should be expedited to increase AIDS funding levels. MOH and HIV/AIDS Committee in Parliament should quicken the process of passing the stalled regulations framework to operationalize the National HIV Trust Fund provided for under the HIV Act 2014 and ensure transparency in governance
5. **Addressing Audit findings of the Global Fund 2015 report:** Seven months after the Global Fund Office of the Inspector General released Audit findings showing systemic mismanagement in the AIDS response, massive national stock outs of life saving ART, and government indifference to poor Global Fund grant performance, only cosmetic rather than substantial changes have occurred. Civil society noted that several officials who had leadership roles during the time of the ART stock outs have been *promoted* rather than asked to account. Nor has there been a change in the location and reporting structure of the Global Fund Focal Coordination Office (FCO). We call upon the Ministers for Health, Finance, and MP's present here to interrogate and Act on this state of affairs.
6. **Funding National CSOs in the HIV response:** The contribution of CSOs in the AIDS response in Uganda in the year under review has reduced due to decreased funding to CSOs. This must have been evidenced by the poor /lower results shared under the thematic areas. CSOs that have been benefiting from various national funding opportunities such as the Civil Society Fund and the Partnership Fund among others are on the verge of closing their offices—undermining the CSO contribution to the AIDS response in the new NSP 2015/16-2019/2020. There is need for donors to make funding available targeted to national NGOs to effectively contribute to the AIDS response. We Call upon UAC to play a role hastening response for funding.
7. **Stigma and prejudice have no place in the response to HIV in Uganda:** We are gravely concerned by the inaccurate and misleading statements blaming people living with HIV for persistently high incidence among adults. Most recent were words attributed to the RDC of Tororo District calling upon parents not to pay for Higher Education for HIV positive Children as reported in the daily monitor July 10th 2016. This leader, like many others that have been speaking out are stigmatizing and presenting factually untrue sentiments. Most HIV transmission happens among people who do not know their status—they have not

yet been reached with HIV testing. We must all reject stigma. Furthermore, discrimination targeting key populations including sex workers and men who have sex with men hinders access to life saving HIV prevention and treatment services and leaders should spend more time finding more solution to this . All urban leaders present today , Local government leaders presenting districts here today , all leadership represented by you Honorable Ministers , you are highly urged to lead by example in averting stigma.

8. Elements of the HIV Act, 2014 and other laws and policies: In 2014, Parliament ratified the HIV and AIDS prevention law that seeks to provide for a legal framework geared towards the prevention and control of HIV. While the HIV Act, 2014 contains important commitments by government for the HIV/AIDS response, CSOs remain concerned about some discriminatory provisions especially **clause 41** which seeks to criminalize HIV, particularly intentional transmission. The provisions in the HIV Act do not only stigmatize and discriminate against people living with HIV, but also deter communities from seeking HIV services such as HIV Testing and subsequently HIV treatment. We also note that clauses of the NGO Act will undermine our ability as civil society to work as accountable watchdogs in monitoring the HIV response. We shall be counting on you Members of Parliament to lead the way in kick starting law reviews in these areas.

9. Improving Women and Girls Programming for the AIDS response

Our national data continues to prove that HIV disproportionately impacts on women and young girls at all fronts. It's not surprising that given that our culture, traditions, institutions both formal and informal are still opposed for gender equality initiatives .The AIDS response gives us a platform to address Gender based Violence, address social norms that increase AIDS devastation. We welcome the new ministry of gender GBV policy and National Action plan and call upon stakeholders to embrace the AIDS sector led HIV and gender indicators development process the yet to be concluded. We call upon all stakeholders to jointly support and monitor the Gender activities under the Global fund project. We also demand that the JAAR reporting next year should incorporate Gender indicators tracked and running through all thematic areas of the NSP and not only under Social support and protection thematic area.

10. Leadership and Stewardship in the AIDS response: Protracted battles between top management have become a feature of the AIDS response—attracting more attention than life and death matters of program implementation. “Taking sides” in the midst of these battles has paralyzed the national response, distracting from real work and creating a leadership vacuum. CSOs are concerned about the internal leadership crisis in the UAC and this needs to be fixed since it is likely to scare donors away from injecting money to the Commission for the AIDS coordination. Wrangles at UAC have continued to affect the coordination of the national response at UAC. We call upon our leaders to fix the conflict and address the issues that have been a highlight of this week's news as read in the Daily Newspapers.

Ending AIDS by 2030 means that we need to work harder today, have stronger and exemplary leadership, AND - that we need to be more pragmatic! We need to save lives, this is urgent and should be treated so because we indeed can end AIDS sooner.

Thank you very much for listening to us.