KENYA NATIONAL ASSEMBLY

NINTH PARLIAMENT - FOURTH SESSION - 2005

THE DEPARTMENTAL COMMITTEE NO. D HEALTH, HOUSING, LABOUR AND SOCIAL WELFARE

REPORT OF THE STUDY TOUR TO UGANDA

ON

THE MANAGEMENT OF HIV/AIDS

22ND – 26TH JUNE, 2005

PARLIAMENT BUILDINGS
NAIROBI

JUNE, 2005

TABLE OF CONTENT

ABBREVIATIONS

ACP - AIDS Control Programme
ACOW - AIDS Counseling Orientation Workshop
ACYC - AIDS Challenge Youth Club
AIC - AIDS Information Centre
AIDS - Acquired Immune Deficiency Syndrome
ART - Antiretroviral therapy
ARVs - Antiretroviral
BHP - Bio Health Practitioners
CBO's - Community Based Organizations
CSO's - Civil Society Organizations
DRC - Democratic Republic of Congo
FBO's - Faith Based Organizations
HIV - Human Immuno-deficiency Virus
IEC - Information, education and communication
NGOs - Non Governmental Organizations
OVC - Orphaned and Vulnerable Children
PLWHA - People Living With HIV AIDS
PMTCT - Prevention of Mother To Child HIV Transmission
PSE - Programme Support And Evaluation
SCE - Self Coordinating Entities
STDs - Sexually Transmitted Diseases
TASO - The AIDS Support Organization
TH - Traditional Healers
THETA - Traditional and Modern Health Practitioners Against Aids and other diseases
UAC - Uganda AIDS Commission
UGANET - Uganda AIDS Network
UWESO - Uganda Women's Effort to Save Orphans
VCT - Voluntary Counseling and Testing

PREFACE

Mr. Speaker Sir,

1. The Departmental Committee on Health, Housing, Labour and Social Welfare was constituted at the commencement of the Ninth Parliament pursuant to provisions of Standing Order 151 (1). Under the provisions of Standing Order 151(4) the Committee is mandated to:-

(i) investigate, inquire into and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and Departments;

(ii) to study the Programme and policy objectives of the Ministries and departments and the effectiveness and implementation;

(iii) to study and review all legislation after First reading, subject to the exemptions under standing order 101A(4);

(iv) to study, assess and analyze the relative success of the Ministries and Departments as measured by the results obtained as compared with its stated objectives;

(v) to investigate and inquire into all matters relating to the assigned ministries and departments as they may be necessary, and as may be referred to them by the house or a minister; and

(vi) **to make report and recommendations to the House as often as possible, including recommendations of proposed legislation.**

2. The Committee oversees the performance of the following Ministries:-

(i) Health
(ii) Labour and Human Resource Development
(iii) Home Affairs
(iv) Lands and Housing
(v) Sports, Gender, Culture and Social Services

3. Under the above Ministries, the Committee covers the following subjects;

(i) Labour and trade union relations;
(ii) manpower planning and development;
(iii) housing policy and development;
(iv) public health;
(v) medical care and insurance;
(vi) culture and social welfare.

MEMBERSHIP

4. The Committee comprise the following Members:-

(i) Dr. the Hon. Gurach B. Galgallo, M.P – **Chairman**
(ii) Dr. the Hon Hezron Manduku, MP
(iii) The Hon Tobias Ochola Ogur, MP
(iv) The Hon Reuben Ndolo, MP
(v) Dr. the Hon Boni Khalwale, MP
(vi) The Hon. Norman M. G. K. Nyagah, MP
(vii) The Hon Kalembe Ndile, MP

(viii) Dr. the Hon Naomi Shaaban, MP
(ix) The Hon Zebedeo J. Opore, MP
(x) The Hon. Abdalla Ngozi, MP

5. The purpose of the visit was to study the formulation, implementation and management of HIV/AIDS policies and the role played by the agencies of the Executive and Civil Society organizations in the fight against HIV/AIDS in Uganda. These were to be achieved by:-

(i) Holding discussions with the relevant Parliamentary Committee, personnel of the Ministry of Health, the Uganda Aids Commission as well as relevant Civil Society organizations.

(ii) Touring projects and facilities used in the treatment and care of those infected and affected by the scourge.

Mr. Speaker Sir,

6. The Committee wishes to record their appreciation to you and the liaison Committee for the opportunity to undertake the tour. Further our thanks go to the Clerk of the National Assembly for continuous facilitation of our operations.

7. The delegation comprised the following Members:-

(i) Dr. the Hon. Gurach Galgallo, MP–Leader of delegation
(ii) Dr. the Hon. Dr. Hezron Manduku, MP
(iii) Hon. Zebedeo Opore, MP
(iv) Dr. the Hon. Naomi Shaaban, MP
(v) Dr. the Hon. Boni Khalwale, MP

(vi) Hon. Abdalla Ngozi, MP
(vii) Mr. Emejen Nicholas – Secretary to delegation

8. It is now my humble duty, on behalf of the Committee to table the report and commend it to the House, pursuant to provisions of Standing Order 162.

Thank you,

Sign:.....

DR. THE HON. GURACH B. GALGALLO, M.P.

CHAIRMAN, DEPARTMENTAL COMMITTEE ON HEALTH, HOUSING, LABOUR AND SOCIAL WELFARE

Date:.....

INTRODUCTION: HIV/AIDS IN UGANDA

9. Uganda was one of the first countries in sub Saharan Africa to experience the HIV/AIDS pandemic. AIDS was first detected in Uganda in 1982 in Rakai district on the shores of Lake Victoria and the country soon became the epicentre of the epidemic. The disease was then called "the slim disease" owing to the fact that its victims slimmed to the bone.

10. Upon identification of the disease, the infection rates increased rapidly and by 1988, Uganda had the highest infection rate in Africa, with 1 million people being infected. From 1990 the infection rates have been on the decline and are currently at the rate of 7% although this varies by region.

11. The decline has been as a result of the strong political support and the multi-sectoral approach in the control of the pandemic. This approach emphasized the role of individuals, community groups, the Government at different levels, and other agencies in the prevention of HIV infection. It also emphasized building and strengthening organizational capacity among Government and Non-Government sectors to sustain AIDS activities.

12. Some areas in the country particularly North Western Uganda, experience low HIV/AIDS prevalence rate due to cultural practices and values, religious teachings (Catholic dominated areas), remoteness of the areas thus low interaction with the urban centres.

13. The Uganda AIDS Commission (UAC) was established in 1992 to coordinate the response to the HIV/AIDS epidemic.

14. The Committee met with a number of civil society organizations who briefed it on their activities in the control of HIV/AIDS.

ROLE OF CIVIL SOCIETY AGENCIES IN THE FIGHT AGAINST HIV/AIDS IN UGANDA

UGANDA AIDS NETWORK (UGANET)

15. The organization was started in the 1995. It uses a multi disciplinary network and a dialogue approach in the fight against HIV/AIDS. It seeks to address, secondary issues arising from AIDS, human and legal rights involved. In its approach it targets all groups since AIDS affects all sectors in the society.

16. Role / work done

(i) Sensitization
(ii) Training of professional groups – lawyers, doctors etc
(iii) Media advocacy targeting particular groups in society
(iv) Discussions on HIV/AIDS and related factors or problems.

17. Relationship with Government/ Parliament

(i) Interacts with the HIV/AIDS Committee of Parliament

(ii) Enjoys cordial relations with the Government on the matters of AIDS.

(iii) Interacts with the Ministry of Health in tapping of resource persons, VCT policy among others.

18. In civil society all funding activities do not have any formal coordination. Each group is funded separately by donors. Efforts are now made to ensure coordination in the activities and funds that are channeled to these organizations.

19. Since it is a network it interacts with CBO's and other service delivery organizations. Some of these organizations are members of the network while others are parties in the fight against HIV/AIDS.

HIV PROGRAMME - OFFICE OF THE FIRST LADY

20. The first lady has established an organization in her office, to help in the fight against the pandemic. The First Lady does funding for HIV/AIDS on her own capacity and through the organization.

21. The first strategy adopted on the fight against the scourge was Abstinence and Being Faithful (A & B) - zero gazing. A Programme on abstinence was started targeting specifically the youth.

22. Over time the office of the First Lady took up the issue of orphans of AIDS and civil war and later assisted widows

under the umbrella organization, Uganda women's effort to save orphans (UWESO). The organizations activities include child care and support, vocational training, child counseling and income generating activities for orphans.

23. In 1990 the strategy of using condoms was adopted targeting those groups who could not abstain from active sexual activity. At the moment, effort is being made to ensure that the use of condom does not over shadow the message of abstinence and being faithful.

24. The office of the First Lady networks with organizations with convictions on the fight against HIV/AIDS such as FBOs, Government, CBO'S and other organizations that are partners in the fight against AIDS. The organization focuses on preventive measures and zeroes in on abstinence and faithfulness; this is because they are the surest ways of protecting people from the scourge. This strategy goes in tandem with faith based organizations like the Catholic Church which is against the use of condoms.

25. Advocacy is done through, posters, stickers, adverts on Abstinence and Being faithful, conferences and workshops on HIV/AIDS.

TRADITIONAL AND MODERN HEALTH PRACTITIONERS TOGETHER AGAINST AIDS AND OTHER DISEASES (THETA)

26. It promotes a mutual respectful collaboration between traditional healers (TH's) and biomedical health practitioners (BHP's) in the fight against HIV/AIDS and other diseases.

27. It recognizes traditional healers as a vital resource in community health care and thus promotes traditional medicine as complimentary to conventional health care. Traditional healers have been identified as good health educators and counselors in both rural and urban areas as most people tend towards herbal medicine.

28. Objectives

(i) Improving and strengthening traditional medicine as a compliment to modern health care.
(ii) Research, documentation and dissemination of information on traditional medicine.

29. Activities

The organization undertakers the following activities;

(i) Community mobilization
(ii) Training and capacity building.
(iii) Research, information gathering from within and from other organizations and the documentation of collected information.
(iv) Advocacy
(v) Resource mobilization
(vi) Monitoring and evaluation of implemented programmes.

30. Challenges

(i) Lack of national policy regulating traditional healers - this gives room for quacks to exploit clients.
(ii) Low level of education – this creates a problem of research.

(iii) Lack of trust – fear of intellectual property exploitation.

(iv) Lack of capacity to train the many traditional healers in the society.

(v) Lack of funds to implement certain activities.

31. Achievements

Since inception the organization has assisted in:-

(i) Referral of patients between traditional healers and biomedical system.

(ii) Supporting groups initiated by traditional healers – schools for orphaned children, advocacy groups and groups distributing condoms.

(iii) Establishment of traditional healers associations and related support groups.

(iv) Establishment of two demonstration Laboratories for processing, standardization and packaging of medicinal herbal preparations.

(v) Mobilization , sensitization and training – 1,905 traditional healers have been mobilized out of whom 1,381 have been sensitized and 524 have undergone training in STD's, HIV/AIDS, community education, counseling and patient care.

(vi) Establishment of a resource centre for traditional medicine and HIV/AIDS in 1995.

(vii) Advocacy – production of publications on HIV/AIDS, organization of workshops and seminars to disseminate and share information on the scourge.

Partners

32. It is working in partnership with, Government, the Uganda AIDS Commission, the National TB and leprosy Programme, CBO's, and FBOs among others. These organizations have offered THETA moral and financial support.

THE AIDS SUPPORT ORGANIZATION (TASO)

33. This was the first organized community response to the AIDS pandemic in Uganda and the first indigenous AIDS organization in Africa.

34. Its activities are centered on the prevention of infection and re- infection. The organization was founded in 1987 by a group of volunteers and people living with HIV/AIDS. It contributes to the restoration of hope and improving the quality of life of persons and communities affected and infected with HIV/AIDS.

35. Activities/ successes

Taso undertakes the following activities:-

(i) Provision of post-test preventive counseling and on-going counseling to individual clients and their families.

(ii) Provision of medical care to people living with HIV/AIDS (PLWHA). This is only a complimentary service to that offered by the Government. Focus is on the treatment of opportunistic diseases, sexually transmitted diseases, and early detection of TB.

(iii) Social support – This comprises of services that enhance practical positive living, skills building, music, drama and fellowship with clients among them:-

a) Support to vulnerable children.
b) Provision of formal education and vocational training to orphans and vulnerable children.
c) food assistance.
d) Provision of loans to finance income generating activities to support the welfare of children affected with HIV/AIDS.
e) establishment of AIDS Challenge Youth Club (ACYC) with the aim of addressing sexual reproductive issues of the youth.

(iv) Training – provides training of HIV/AIDS Counselors, trainers, peer counselors, community mobilizers and educators. Other courses conducted include, Aids counseling orientation workshops (ACOW), Counselor supervision, Child counseling, Nutrition and HIV/AIDS, Regional based training and Centre based community training.

(v) Advocacy and networking – collaboration and networking with Government, NGO's, and CBO's to avail quality care and support to PLWHA.

(vi) Community mobilization, education and capacity building – Facilitates Community mobilization to provide HIV/AIDS education, care and support through district structures. It also supports other institutions and organizations in form of training of

counselors, medical staff and managers/leaders. Seed grant is provided to some CBO's to enable them improve on their activities.

(vii) Programme support and evaluation (PSE) – This Programme monitors and supports the progress and effectiveness of programmes as well as providing technical support on implementation.

36. Challenges

(i) Dynamic nature of the epidemic
(ii) Dependence on external donors – local fund raising is low.
(iii) Ever increasing number of clients – this puts a strain on available resources.
(iv) Maintaining community momentum and commitment on the fight against HIV/AIDS.
(v) Increasing accessibility to ART.
(vi) Quality focus.
(vii) Poverty- clients are poor and with diverse demands.

UGANDA YOUTH ANTI-AIDS ASSOCIATION (UYAAS).

37. It is an NGO registered in the 1992 with the mandate of involving all youths in the fight against HIV/AIDS, STD's. Since inception the organization has been implementing HIV/AIDS, STD's and ARH activities in ten districts of Uganda (Kampala, Bugiri, Kamuli, Iganga, Mpigi, Jinja, Pallisa, Mayuge, Wakiso, and Busia).

38. Mission

To limit further spread of HIV/AIDS and STD's among the youth through school and community based efforts.

39. Objectives

(i) Improve the health status of the youths through IEC materials, mass media, talk shows, and community HIV/AIDS outreach seminars.

(ii) Train voluntary peer educators among the youths who will in turn educate others on the scourge.

(iii) Provide technical support and conduct HIV/AIDS related research for various institutions.

(iv) Ensure that youths access treatment, care and support through referral programmes.

(v) Empowerment of school based anti-AIDS clubs and communities through social economic support.

(vi) Build and strengthen capacity of community volunteers and teachers as change agents through training.

(vii) To mitigate HIV/AIDS impact through quality voluntary counseling and testing.

Activities

40. The organization is directly involved in the implementation of HIV/AIDS and other RH activities for the improvement of youth reproductive health in rural and urban areas. These activities include;

(i) Talk-shows

(ii) Training of peer educators

(iii) Life planning skills education

(iv) IEC material publications and distribution on HIV/AIDS and other reproductive health issues
(v) Mass media activities, community mobilization on HIV/AIDS targeting youths
(vi) Voluntary counseling and testing
(vii) Community care, support and referral services
(viii) Training of teachers as change agents
(ix) Extending micro credit facilities to anti-AIDS clubs and affected communities
(x) Technical support to and research with other partners.

41. Factors contributing to high prevalence of HIV infection among youths

(i) Behaviour norms among adults such as dancing, drinking, and sexual acts at ceremonies and in social areas.
(ii) Social cultural activities – polygamy, wife sharing, widow inheritance
(iii) Inadequate knowledge and support provided by parents
(iv) Alcohol and drugs consumption
(v) Negative peer influence
(vi) Avoidance and resistance to Behaviour change
(vii) Negative media influence and pornography
(viii) Poverty
(ix) Submissiveness of women to men
(x) Gender biased beliefs
(xi) Stigma and discrimination
(xii) Inter-generational sex – sexual exploitation of the youth by adults.

GENERAL DISCUSSION

42. Role of Parliamentarians in the fight against HIV/AIDS

(i) They link civil society with parliament to influence legislation
(ii) Advocating Behaviour Change in the society
(iii) Partnership with organizations dealing with HIV/AIDS
(iv) Standing committee on HIV/AIDS

HIV/AIDS legislation

43. In Uganda proper legislation on HIV/AIDS is lacking but this has not hindered the fight against the scourge. Advocacy has greatly helped in the fight and this will hopefully help in shaping up laws. Legislation only enhances the already available efforts on the ground and in most cases it takes long for laws to be enacted.

44. The country lacks a formal policy on HIV/AIDS but political advocacy and commitment has greatly assisted in the fight against the disease.

45. The fight against the scourge started on a personal level in Uganda since it affects the society at large. Family life education is taught in schools thus creating awareness from an early age.

ARV's – (Anti Retroviral Drugs)

46. Uganda and Ivory Coast were among the first African countries to pilot ARV's in 1998 and in 1999 Uganda became the first country in Africa to test an AIDS vaccine candidate. ARV's are provided through hospitals and health centres in regions and districts. ARV's will eventually be available in smaller health centres. This is an approach that will eventually trickle down to the grassroots. Currently there are more than 50,000 people under ARV therapy in Uganda. The main criteria for free ARV's in the public sector Programme is clinical eligibility upon which patients are counseled on the need to adhere to treatment and the benefits and limitations of ARV's.

47. Faith based organizations (FBOs) are also helping in giving out ARV's. The Government on its part has prepared staff on the administration of ARV's and is supplying CD4 counting machines. Other organizations are also bringing CD4 machines to supplement Government efforts.

48. Other than the use of CD4 counting machines Doctors in Uganda are also using clinical criteria in diagnosing HIV/AIDS.

49. The Aids information centre (AIC) was the first VCT facility in Uganda, set up in 1990. Currently AIC has over 80 VCT centres across the country serving over 80,000 Ugandans. The centres offer same-day results, organize post-test clubs for positive-living support after the test.

THE ROLE OF PARLIAMENT IN THE FIGHT AGAINST HIV/AIDS IN UGANDA

PARLIAMENTARY STANDING COMMITTTEE ON HIV/AIDS AND RELATED MATTERS

Meeting with the Parliamentary Standing Committee on HIV/AIDS at Parliament buildings – Uganda

50. The Committee met the following Members of the Uganda Parliamentary Standing Committee on HIV/AIDS;
    (i) Dr. the Hon. Elioda Tumwesigye, MP - **Chairperson**
    (ii) Hon. Kasule Lumumba, MP
    (iii) Hon. Wesonga Kamana Edward, MP
    (iv) Hon. Hon. Eriyo Jessica, MP
    (v) Hon. Alisemera Jane, MP
    (vi) Hon. Mukabera Annette, MP
    (vii) Hon. Hanifa Kawooya, MP
    (viii) Hon. Capt. Matori David, MP

    The Committee comprises of 15 Members of Parliament.

Functions of the Parliamentary Standing Committee on AIDS

51. The main task of the Committee is to enhance the capacity of Members of Parliament to effectively discharge their advocacy, representative, legislative, and oversight functions in the national response to HIV/AIDS. Other functions include:-

    (i) Coordination of HIV/AIDS and related matters.

(ii) Link Parliament and the Uganda AIDS Commission

(iii) Scrutinize policies on HIV/AIDS, ARV's, and VCT.

(iv) Monitor and evaluate activities of Central and Local Government and any other body in the fight against HIV/AIDS.

(v) Examine and make recommendations on relevant bills of Government on HIV/AIDS.

(vi) Initiate relevant bills on HIV/AIDS in collaboration with the Uganda AIDS Commission and Ministry of Health.

(vii) Network with other Parliaments on HIV/AIDS.

52. Objectives

(i) Law reform – enactment of a new and comprehensive HIV/AIDS legislation and amendments to existing legislation. This will create an enabling and protective environment towards further prevention of HIV/AIDS transmission and facilitate the required care, support, and treatment for the affected.

(ii) Create a coordinated Parliamentary response to HIV/AIDS – this is to foster increased political leadership in the fight against HIV/AIDS and improve relations between parliamentarians and their constituents.

(iii) Parliamentary oversight - to foster responsiveness to citizen's needs, accountability of public officials, and transparency of the process for policy making and implementation as well as better public policy and better governance.

Activities

53. The Committees activities support efforts of the Government to effectively respond to citizen's needs in increasing the effectiveness and sustainability of prevention and mitigation efforts as well as civil society organization's desire for equitable participation, mobilization, and education on HIV/AIDS policy management and protection of civil liberties. These activities include:-

    (i) undertaking visits to various parts of the country to ascertain HIV/AIDS status
    (ii) Setting up of strategic plans
    (iii) Capacity building workshops for MP's on HIV/AIDS
    (iv) Development of the Parliamentary HIV/AIDS kit
    (v) Development of Parliamentary resource centre and VCT.

54. The HIV/AIDS kit is intended to guide leaders, including religious and cultural leaders, at the national and local levels in the crusade against AIDS.

Role of Parliament in the fight against HIV/AIDS

55. Parliament can contribute to the prevention, care, support and continuation of treatment of HIV/AIDS, support and impact mitigation interventions at homestead, community, constituency, district and national levels.

56. Parliamentarians are key in determining the course of the epidemic because they legislate and appropriate resources and can influence the public policy, public knowledge and opinion of other leaders, provide leadership to strengthen

social and moral values, and stimulate action. This can be achieved through:-

(i) Encouraging appropriate, timely, and facilitative policies in tackling the epidemic and creating an enabling environment to enhance existing programmes and services.

(ii) Bridging the customary and secular law, and encouraging political leadership in the fight against HIV/AIDS.

(iii) Parliamentary oversight;

(a) political oversight can enhance responsiveness to citizens;

(b) financial oversight improves transparency of allocation, expenditure and reporting of financial resources;

(c) performance oversight enables production of outputs, improved delivery of services, accomplishment of objectives and / or achievement of positive results.

(iv) Legislation – enacting of legislation and / or strengthening existing legislation with regard to employment, family, domestic violence, discrimination and stigmatization, prejudice, succession/inheritance of property and criminal laws e.g. laws that can punish malicious and intentional spread of HIV/AIDS.

(v) Social mobilization and public policy – parliamentarians can influence public policy,

public knowledge and opinion and the opinion of other leaders.

(vi) Advocacy – advocate for effective HIV/AIDS education, counseling ands testing as well as push for strong health and social services.

Funding

57. The Government lacks funds for the implementation of HIV/AIDS programmes. Most of the funds (46% of budgetary support) are from development partners. The Parliamentary Commission is unable to support most of the projects initiated by the Committee.

58. Challenges facing the HIV/AIDS standing Committee

(i) Time constrains owing to tight parliamentary Programme
(ii) Lack of funds
(iii) High expectations from the parliamentarians, and members of the wider society
(iv) Shortage of personnel/ resource persons
(v) Lack of direct communication channels with constituencies

59. Relationship with civil society organizations (CSO's)

The Committee relates well with the civil society bodies that are helping in the fight against HIV/AIDS. There lacks a formal structure guiding the relationship between the standing committee and the civil society.

GREAT LAKES INITIATIVE / FORUM

Background

60. The idea of the forum was conceived in the year 2004 where participating Parliamentarians agreed to form the body. In the same year MP's from Uganda, Tanzania and Rwanda agreed that Uganda spearhead the mobilization and formation of the forum. An interim committee was established comprising of:-

(i) Dr. the Hon. Elioda Tumwesigye, MP - Chairperson
(ii) Hon. Ledianna (TZ) - Co-Chair
(iii) Hon. Kasule Lumumba Justine - secretary
(iv) Hon. Byatike Matovu - Member
(v) Dr. the Hon. Lucy (TZ)
(vi) Dr. Sam Kalibali - IAVI KENYA

61. Status

(i) No activities have been undertaken in terms of mobilization
(ii) Funding from IAVI have been temporarily stalled

63. Objectives

(i) It aims at pushing for legislation on HIV/AIDS in the partner states
(ii) Harmonizing of legislation
(iii) Harmonizing of national policies of member countries
(iv) Vaccine research sensitization

(v) Increase parliamentarian's involvement and participation in activities in the fight against HIV/AIDS.

64. Planned activities

(i) Parliamentarians AIDS day
(ii) Constituency AIDS day

The great lakes parliamentary initiative is a body created by parliamentarians from Uganda, Kenya, Tanzania, Rwanda, Burundi and the DRC.

Committee's response

65. The Committee expressed eagerness to join the great lakes forum and directed that the secretariat follows up with the great lakes parliamentary initiative secretariat.

GOVERNMENT'S EFFORT IN THE FIGHT AGAINST HIV /AIDS IN UGANDA

MINISTRY OF HEALTH

Meeting with the Minister of State for Health - Government of Uganda

Hon. Mukulunga George Michael (Capt)

He informed the Committee that:-

66. AIDS was first detected in Uganda at Rakai in 1982. The president, H. E. Yoweri Museveni, upon assuming power took a stand and declared Uganda as the epicenter of HIV/AIDS. Following this the Uganda AIDS commission was set up and stationed in the office of the president.

67. The country adopted the ABC (abstinence, being faithful, and use of condom) strategy. Mass education was used to create awareness on HIV/AIDS. In 1990 the rate of HIV/AIDS prevalence was 30% but has now dropped to 7 % by 2002.

68. The Government of Uganda sets policies and involves all the stakeholders including the Uganda AIDS Commission. The commission ensures that adequate resources are allocated for the fight against the scourge.

69. The strong political leadership has played a crucial role in the fight against HIV/AIDS.

70. The minister regretted the fact that certain communities inhabiting islands in Lake Victoria are suffering most from the

scourge and have no access to control measures. There's need for the partner states of Kenya, Uganda and Tanzania to fight the disease in these islands in the lake.

71. The Government of Uganda is targeting social groups that are mostly at risk of contracting HIV/AIDS. These are; soldiers, long distance truck drivers and fishermen. The AIDS control Programme in the military was started way back in 1987 with activities in research and community mobilization. Condoms are distributed as part of logistics, free of charge in the kit that soldiers receive. The long distance drivers are assisted through their organization.

72. The Minister appealed for the formation of an ARV pharmaceutical company by the three East African partner states of Kenya, Uganda and Tanzania.

Presentation by Ministry of Health Officials

73. Pillars of national response

(i) Political commitment and support
(ii) Openness on the epidemic
(iii) Decentralization of HIV/AIDS prevention and control
(iv) Active participation of NGO's and CBO's in prevention and control
(v) Partnerships with donor agencies
(vi) Multi sectoral approach in coordination

74. Interventions

(i) Public health interventions
(ii) Capacity development intervention
(iii) Non health sector interventions

ARV's are distributed freely in the country, where currently 55,000 patients are receiving the drugs as part of the national drug supply.

75. Capacity development

(i) Establishment of ACP
(ii) Strengthening of NBTS
(iii) Strengthening laboratory UVRI
(iv) Joint clinical research centres

76. Achievements

(i) Decline in Antenatal prevalence from 30% in 1992 to the current 6%
(ii) Decline in HIV prevalence among STD patients from 44.2 %(1989) to 19% (2002)
(iii) Creation of universal awareness and knowledge
(iv) Comprehensive health plan - this has seen the reduction of morbidity arising from diseases e.g. Uganda has managed to control guinea worm cases, polio cases have also gone down, and for the last 2 years there has been no case of measles in the country.
(v) Focused Infrastructural development - the distance traveled by patients to medical

centres has been reduced to 5 kms with an aim of reducing it further.

(vi) Collective harmonization in the fight against HIV/AIDS.

77. Challenges in the fight against HIV/AIDS

(i) Transforming the heightened awareness of HIV/AIDS into positive behaviour change.

(ii) Strengthening voluntary counseling and testing (VCT) for effective prevention and control measures, including prevention of mother-to-child HIV transmission (PMTCT).

(iii) Availing free or substantially subsidized ARV drugs to infected persons.

(iv) Providing care and support to persons living with HIV/AIDS.

(v) Caring for orphans and other vulnerable children (OVCs).

(vi) Continued commitment and increased involvement of high-level political leadership.

(vii) Avoiding complacency amidst the current decline in prevalence and increasing availability of ARV's.

(viii) Learning from experience to scale up effective strategies.

(ix) Pursuing innovations that can effectively target the youth who are becoming increasingly vulnerable.

78. Overall impact of HIV/AIDS on the national economy and development

(i) Reduced agricultural production which translates to low income earnings, reduced exports, lower foreign exchange earnings and lower tax revenues.

(ii) Low GDP growth, a severely constrained national budget, and persistent poverty

(iii) Overtaxes social systems and impedes health and educational development

(iv) Reduces size of Labour force and lower productivity arising from absenteeism, organizational disruption and loss of skills.

Committee response

79. The Committee appreciated the warm welcome by the Government and the people of Uganda. The chairman pointed out that there's is need for a concerted effort in the fight against the scourge and that the East African countries need to negotiate as a block for HIV/AIDS funds as well as for the reduction in the prices of ARV's.

THE UGANDA AIDS COMMISSION (UAC)

Presentation by the Director General, Dr. David Kihimuro Apuuli, Uganda AIDS Commission.

80. The Commission was established by an act of Parliament in 1992, as a coordinating body to formulate an overreaching HIV/AIDS policy and to establish Programme priorities for the control of the epidemic and the management of its consequences. Its establishment came out of the realization that the different actors and sectors would have to be brought together to address AIDS.

81. Functions

These include among others;

(i) Coordinating all activities of AIDS in the country but does not implement the programmes
(ii) Resource mobilization at local and international level which is then distributed to implementing organizations
(iii) Research and policy development

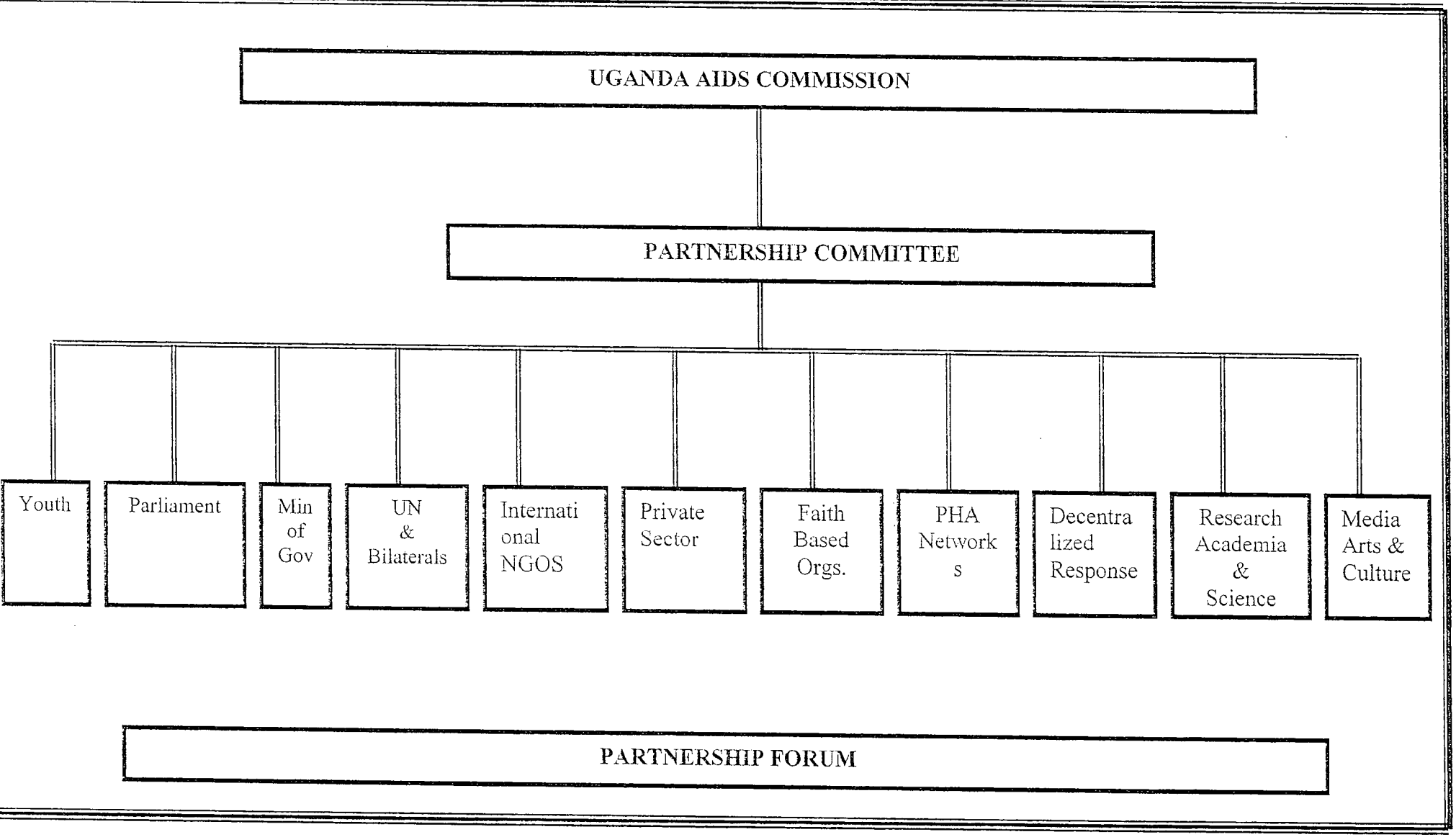
82. In its operations the Uganda AIDS commission relates directly with the ministry of finance and receives a vote directly from the consolidated fund as well as from donors. Its budget is tabled in Parliament for consideration.

83. The board comprises of 10 resourceful persons i.e. People with technical expertise and experience. A partnership forum is organized annually and funded by a partnership fund.

84. The partnership forum comprises of representatives, known as constituencies/ self coordinating entities (SCE's); Parliament, relevant Government Ministries, UN and bilateral donors, national NGO's, private sector, FBOs, PHA networks, decentralized response, and a representative from research, academia and science.

85. In recognition of the need to accommodate and coordinate all partners in the fight against HIV/AIDS the Uganda HIV/AIDS partnership has been established as an innovative coordination mechanism at national level bringing together constituencies of the national response. The partnership aims to minimize wasteful duplication; maximize synergy and harmonization; and pool efforts to effectively bring down prevalence rates.

THE UGANDA HIV/AIDS PARTNERSHIP



86. Recommendations

Arising from the findings of the study tour the Committee recommends:-

(i) Development and enactment of a comprehensive legislation on HIV/AIDS in Kenya.

(ii) Adoption of a multi sectoral approach in the fight against the pandemic.

(iii) Enactment of legislation to protect orphans and vulnerable children.

(iv) Strong political support and commitment in the control treatment and care of those infected and affected by HIV/AIDS.

(v) Mobilization and support of Community based responses

(vi) Formulation and implementation of a policy on HIV/AIDS education targeting youth in primary and secondary schools.

(vii) Development of innovative approaches for better management and amelioration of the impact of HIV/AIDS.

(viii) Identification and strengthening of existing national structures and institutions for coordination of HIV/AIDS activities.

(ix) Decentralizing funding of HIV/AIDS activities.

(x) Raise awareness through advocacy and social mobilization.

(xi) Economic empowerment of the poor, orphans and vulnerable persons through provision of micro credit and other financial support to start income generating activities.

(xii) Strengthening of institutional capacity for Monitoring and Evaluation of HIV/ AIDS and related activities.

(xiii) Scaling up abstinence awareness and HIV Counseling and Testing (HCT) to further reduce the prevalence.

(xiv) Provision of free or affordable ARV's to patients.

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