

**HIV and AIDS Issues
in the Local Government Planning and
Budgeting
FY 2016/17**

Uganda AIDS Commission

Uganda AIDS Commission

- Established by Act of Parliament
- Body corporate
- Mandate: To Provide Overall Leadership in the Coordination and Management of the National HIV/AIDS Multisectoral Response
- UAC reports to the Office of The President
- Contact us: Plot 1-3 Salim Bey Rd Ntinda, P.O. Box 10779 Kampala.

Website: www.aidsuganda.org



Introduction

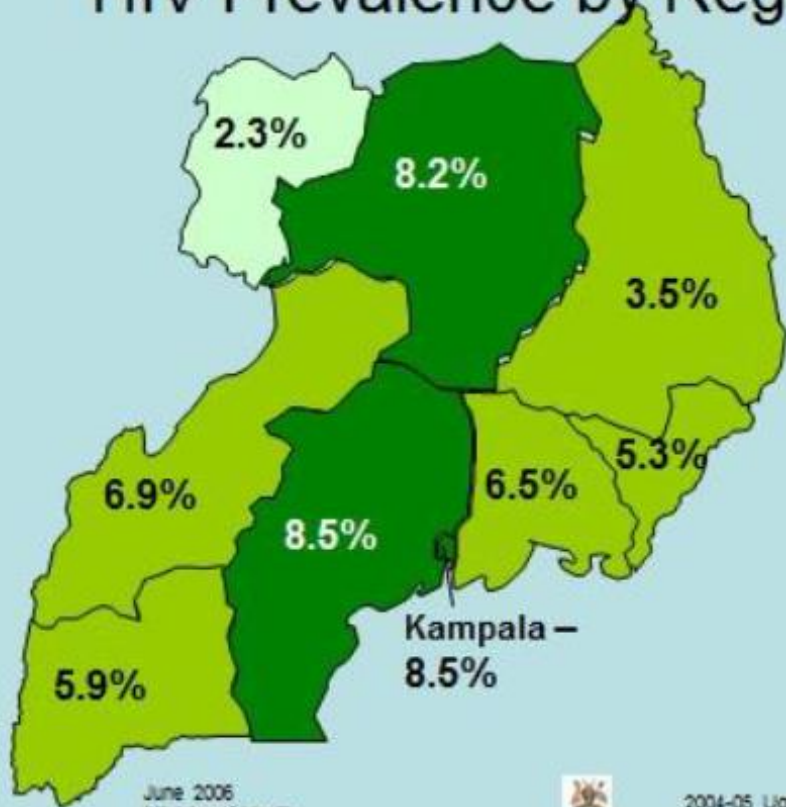
- Uganda has experienced a severe HIV/AIDS epidemic over the last three decades
- Significant strides in addressing the problem with reported epidemic contraction and sexual behavior change in the 90's- now stagnated.
- A robust response is now being implemented premised on Combination HIV Prevention including Structural, Behavioral and Biomedical Interventions

HIV burden in Uganda

- Uganda is still considered high burden country with high number of persons living with HIV which has continued to increase
 - continuing spread of HIV
 - increased longevity among persons living with HIV
- Reduction in number of new infections among the adults over the last five years from about 135,000 in 2010 to 99,000 by end of 2014

Epidemiology

HIV Prevalence by Region 2004/5



Uganda total: 6.4

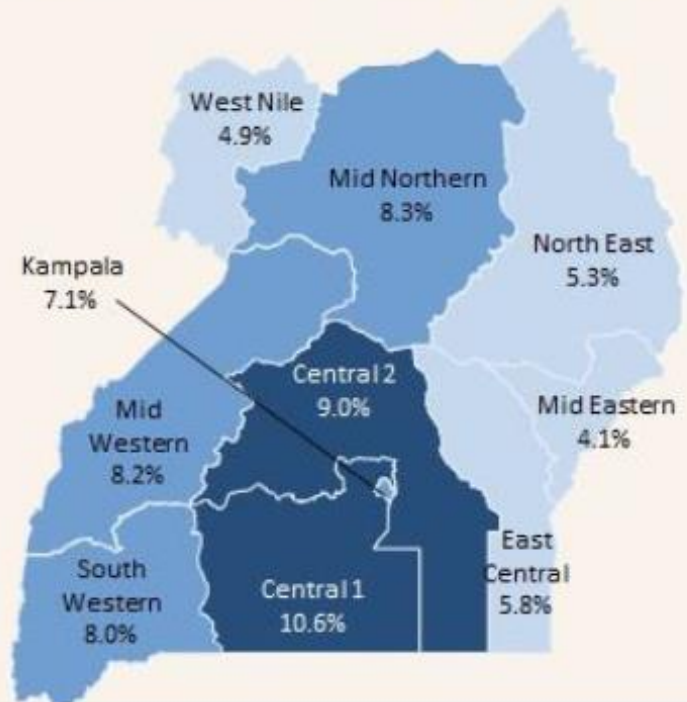
June 2006
Ministry of Health



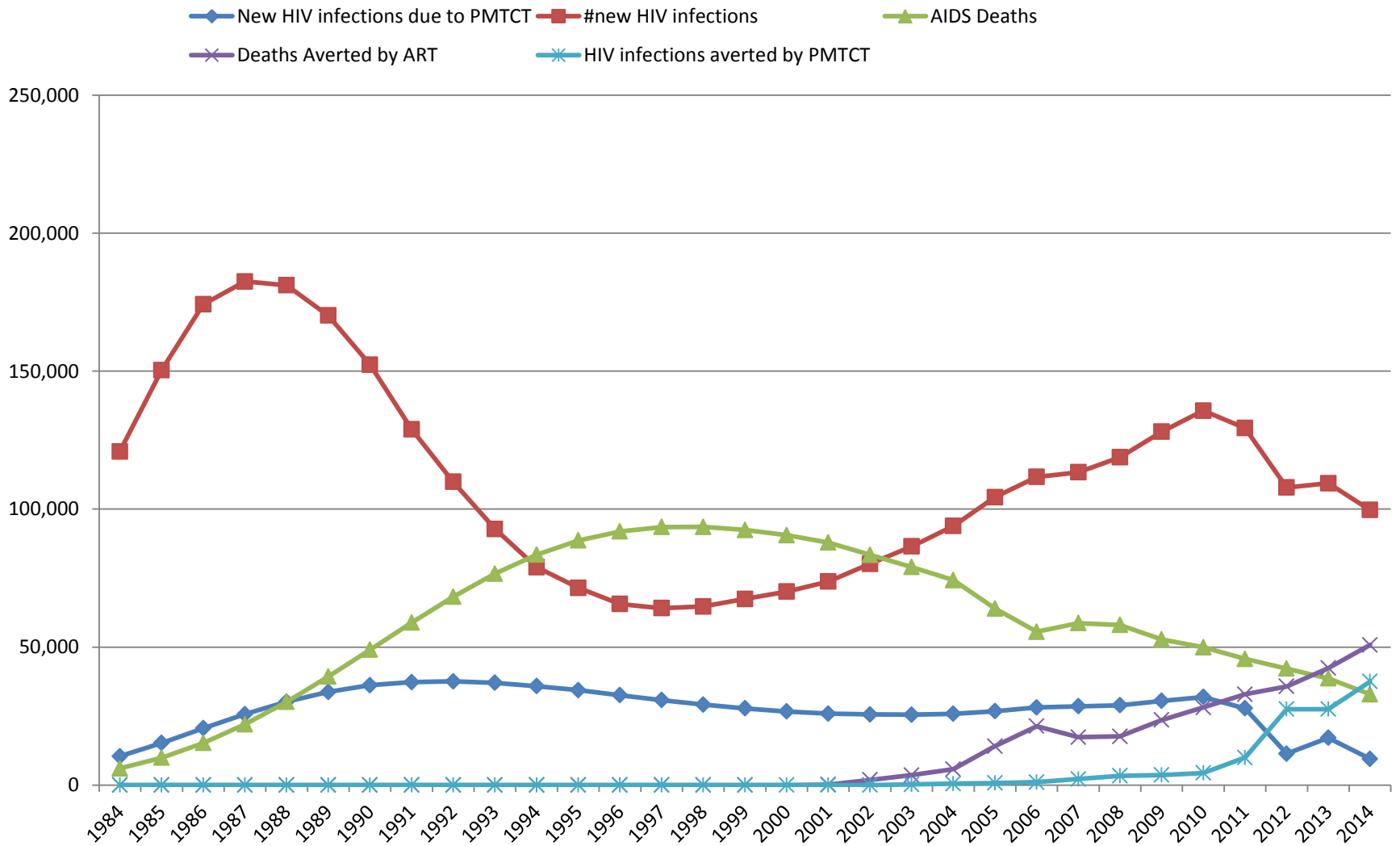
2004-05 Ugar

HIV Prevalence by Region 2011

Uganda
7.3%



Uganda HIV trends 1984 to 2014 (Quote source)



Focus for the National Response

- Combination HIV Prevention comprising
 - ✓ Structural Interventions- remove barriers and promote uptake of services- implemented by our partners
 - ✓ Behavioral Interventions- based on ABC
 - ✓ Biomedical Interventions- Condoms, HCT, STI management, SMC, EMTCT, ART
- Intensified, high quality at a scale- at least 80 percent to achieve a public Health impact

Scale up of core PH Interventions in Investment Case

- In the Maximum Feasible scenario of the Investment Case priority interventions will be scaled up to 2018 and there after maintained through to 2025. These priorities are;
 - BCC coverage- reduce sexual partners by 25%.
 - Condoms coverage to 80%,
 - HCT coverage to 50%annually, to reach 90% by 2018
 - SMC coverage to 80%
 - eMTCT coverage to 95%
 - ART coverage to 80%
 - Primary Prevention Interventions for general population and for MARPS
- Other Critical enablers like Community Ownership

Key policy & Administrative issues in Implementing the HIV Decentralized Response

The Local governments will ensure the following:

- Oversee **and ensure functionality of** the DACs and lower level local government AIDS committees
- Ensure NSP priorities are mainstreamed in plans and budget of all departments,
- Ensure that all implementing partners including NGOs, PLHIV networks, CSOs, and FBOs align with the NSP and with district plans,
- **Formulate and enforce ordinances on HIV/AIDS**
- Appraise performance of officers against targets
- Ensure that disbursement of funds is tied to progress in meeting targets.