UGANET
JUSTICE FOR HEALTH HIV AND GENDER

THE AIDS SUPPORT ORGANISATION
TASO
LIVING POSITIVELY WITH HIV

UGANDA NETWORK ON LAW ETHICS AND HIV/AIDS (UGANET)

POLICY BRIEF

Review of integral gaps in implementation of National HIV TB and Malaria policies and recommendations to improve response,

Introduction

Uganda Network on Law Ethics and HIV/AIDS (UGANET) is a social justice National Non-Governmental organization that was established to bring together organizations and individuals who are interested in advocating for the development and strengthening of an appropriate policy, legal, human rights and ethical response to Health and HIV/AIDS in Uganda. The Organizations mandate lies on the foundation that the law, legal policies and human rights are critical enablers in influencing the success of Health and HIV interventions intended to prevent the further spread and mitigate the adverse social impact and suffering caused by HIV and other health conditions.

In 2007, Uganda established Subnational Health Governance Structures following the decentralization of the Public Health Care System to improve management, quality of health services, community engagement and equity of service delivery.

The major roles of the District Health Governance Teams (DHGT) are;

Provide oversight for Health policy planning, planning and budget/resources allocation, coordination between service providers and consumers/communities, monitoring and evaluation, health promotion and education, community engagement and capacity building to ensure quality health service delivery, and adherence to the national laws.

Promote good governance by DHGT, technical guidance from health care administrators, key health workforce, political wing and community participation. This is critical for the success of implementation of national policies and plans for universal health coverage and quality services.

Health Systems Governance Structure:

This structure is a comprehensive framework that consists of various levels at:

- National Level composed of the Cabinet, Parliamentary Committee on Health and Ministry of Health program managers.
- District level consisting of the District Executive Committee (Political Wing) and District Social Services Committee (technocrats).
- Subcounty level consisting of Local Council One executives, district technocrats and community representatives.
- Facility level composed of the Hospital Management Board.

Governance and Human Rights in Health

Good governance and human rights are essential for implementation of health policies. The right to Health requires that infected/affected communities participate in all government

decisions affecting their health including agenda setting, accountability and decision making. The Right to the Highest Attainable Standard of Health, UN Doc. E/C.12/2000/4. para. 54. Human Rights-Based Approach are essential for health service provision according to the 2030 Agenda for Sustainable Development and Universal Health Coverage. (WHO)

The Uganda Health Sector

This sector is well established with fair coverage and distribution country wide. Uganda has a total of 6,929 health facilities from all 127 districts and Kampala City Council Authority (KCCA). These include 2 (0.03%) National Referral Hospitals, 3 (0.04%) Referral Hospitals, 13 (0.19%) Regional Referral Hospitals, 163 (2.35%) General Hospitals, 23 (0.33%) Special Clinics, 221 (3.19%) Health Centre IVs, 1,572 (22.69%) Health Centre IIIs, 3,364 (48.49%) Health Centre IIs, and 1,575 (22.73%) Clinics.[1] Despite the existence of the aforementioned structures, Uganda still has challenges in HIV, TB and malaria response. With an estimated 1.4 million people living with HIV and about 1,000 new cases of HIV infection every week, the country's HIV Prevalence is at 5.5 %. Additionally, about 17,000 people die of HIV-related deaths despite the existing services.[2]

Furthermore, TB is a major problem with close to 240 people falling ill and approximately 30 persons losing their lives. More than half of TB-related deaths are among people living with HIV yet it is preventable and curable.[3] Lastly, Uganda has a high burden of Malaria with 478 cases per 1,000 population annually according to the Ministry of Health, and reports of increasing cases putting a toll on the health sector.

Uganda has acclaimed HIV, TB and Malaria policies for establishing programs and providing services at national and decentralized levels in an equitable, gender-sensitive and human rights-promoting manner. These are derived from the National HIV and AIDS Strategic Plan 2020/21-2024-2025, National Strategic Plan for TB and Leprosy Control-2021-2024/5, National Malaria Reduction and Elimination Plan-2021. Additionally, Uganda has a National Plan for Achieving equity in access to HIV, TB and Malaria Response (2020-20-24) to promote an HIV, TB, and Malaria-free Uganda through human rights protection, achieving gender equality, and improving health equity for all persons in their diversity.

UGANET[4] reviewed National health policies in relation to the three diseases in Semi-Annual Dialogue Meetings held with District Health Governance Teams (DHGT's) to assess the integral gaps in implementation and enforcement. The 56 project intervention districts were activities were implemented included:

- Central 1: Nakasongola, Luwero, Nakaseke, Kyakwanzi, Kalangala Buvuma, Kyankwanzi, and Kiboga.
- Busoga region-Jinja, Iganga, Mayuge, Kaliro, Luuka, Bugiri, Buyende & Namutumba.
- Eastern region-Tororo, Busia,Mbale and Bukwo.
- Karamoja region-Amudat, Kaabong, Napak, Nakapiripirit, Abim, Moroto & Kotido.
- North- Acholi region -Gulu, Amuru, Pader, Kitgum and Lamwo.
- North -Lango Region- Lira, Alebtong, Dokolo, Kole, Apac, Amolatar & Otuke.
- West Nile Region-Arua and Yumbe.
- South West -Kabarole Ntoroko, Rubirizi, and Mbarara.
- West-Masindi, Bulisa, Kagadi and Kabarole

1 The National Health Facility Master list 2018
2 UPHIA report 2022
3 (WHO, Midterm Review of Uganda's Response to TB, June, 2023)

4 **About UGANET**
Uganda Network on Law Ethics and HIV/AIDS (UGANET) is a National Non- Governmental organization that was established to bring together organizations and individuals who are interested in advocating for the development and strengthening of an appropriate policy, legal, human rights and ethical response to Health and HIV/AIDS in Uganda.The organizations mandate is in Human Rights Promotion in health and gender justice.

Reviews on improving HIV/TB and Malaria Response at National Level

HIV policies	Reviews on gaps in policy implementation of HIV TB and Malaria response.
National HIV Testing Services Policy and Implementation Guidelines Uganda (2016).	• HIV/AIDS prevention services at health facilities and communities has been sustained /scaled up to reach the general population and vulnerable communities.
Test and treat Policy	• Roll out of new policy guideline and changes in HIV treatment regimens is often conducted without adequate sensitization and preparation of health workers who are the implementers. • The test and treat- approach is compromised because there is inadequate counselling and preparation of clients to be initiated on ART. The initiative has been characterized by loss to follow- up and poor adherence. • ART clinics should be accredited from HC 11 for accessibility and affordability for the most vulnerable populations. • The policy lacks professional HIV counselor recruitment, relying more on expert clients and VHTs to provide psychosocial support to HIV clients. • HIV pediatric care and treatment is not comprehensively implemented, affecting adherence and viral suppression in children/young persons. • Supply Chain Barriers i.e. stock outs of HIV Testing Reagents & ARVs.
	• APN (Assisted Partner Notification) breaches client's confidentiality, exposes them and health workers to violence and harassment. It is characterized by client's refusal to cooperate and provide accurate contact information as well as logistical barriers. • The Differentiated Service Delivery Model (DSDM), despite its provider-intensive nature, lacks adequate health worker training. It is also not patient-centred, leading to poor adherence and HIV client's laxity to attend clinical reviews. • Barriers to Viral Load (VL) testing include limited access to facilities, machine breakdowns and lack of information. In addition, HIV clients are required to wait for prolonged periods (6 months).
Elimination of Mother-To Child HIV Transmission (EMTCT) policy	• EMTCT programs focus on mitigating Mother to child transmission with minimal male engagement. • Inadequate psychosocial support and monitoring of expectant Mothers during Ante-and Post-natal support.
The National **Policy** Guidelines on **Post-Exposure Prophylaxis in Uganda (2007)**	• Lack of PEP in the lower level facilities (HC11) despite risk of health workers occupational exposure and need to provide PEP to persons reporting cases of Sexual Gender-based Violence.
National Policy Guidelines on Ending HIV Stigma and Discrimination (2020)	• The Anti-Stigma policy has not been popularized to Health Workers/PLHIV to promote awareness on stigma reduction.
HIV and the World of Work Place Policy (2007)	• Limited sensitization and poor enforcement of HIV and the Workplace policy. • Gaps in knowledge on procedures for compensation in cases of occupational exposure and transmission of HIV, TB and any other infectious diseases.
TB Infection prevention and Control guidelines.	• The guidelines for TB Infection prevention and Control have not gained widespread popularity outside the health care sector, yet response should start from the community.
'TB Test and Treat policy'	• Inadequate budgets for health literacy for TB to promote community understanding of risk factors and where to access services. • Many patients and care givers are ill informed about TB drug combinations/the 'Pill burden, side effects, nutrition and treatment Options leading to poor adherence. • Integration of HIV and TB prevention-ART and ionized preventive therapy for patients who test positive for HIV is recommended which requires close monitoring challenged by human resource issues. • Limited government support for catastrophic expenditure incurred by the families, leading to poor adherence and Multi drug resistant TB.

HIV policies	Reviews on gaps in policy implementation of HIV TB and Malaria response.
	• Appropriate infrastructural design is essential to implement Administrative and Environmental Controls in infection prevention and control. Implementation of Isolation to prevent transmission of TB infection to other inmates may be challenging because of restricted of space. • TB services are not available at all levels. HC111, IV and Hospitals provide services, but access is challenged for persons in hard-to-reach communities. • Access challenges to diagnostic test kits and limited human resources may inhibit early detection, resulting into increased transmission and poor health outcomes. • Logistical challenges noted in contact tracing and screening of contacts, making application of the policy not so effective.
OPD screening of TB	• There is dehumanization and degrading treatment of TB susceptible persons. • OPD sections do not offer privacy and confidentiality. This is aggravated by small space in OPDs.
TB and the workplace policies	• TB diagnosis may lead to loss of work/ employment or inability to get employed. Employees are challenged in balancing treatment and maintaining their jobs. • TB infection control measures are being implemented with minimal focus on the wellbeing of the health workers.

Malaria reduction and elimination Policy	Observations of Gaps in the interventions
'Test Treat and Track policy'	• Effective operationalization in some areas requires engagement of the DHGT to ensure community influencers for buy in. • Missed Opportunities for effective treatment in situations where persons presenting all the signs of Malaria tests negative.

	• Vector control interventions are recommended and have been prioritized;
	  • indoor residual spraying effective but there is limited community awareness on side effects of the drugs used.
	  • Use of Insecticide treated mosquito nets (ITNS). Concerns emerging related to the following;
	• Quality-shape, texture, size do not meet the needs of the community.
	• Unfair distribution of nets per households. I net to be shared by 2 people per household.
	• Net use in congregate settings in Prisons and Detention Centre's are not permitted and hence other Malaria Prevention strategies should be applied.
	• The Policy of repurposing old nets – has not been disseminated.
	• The low capacity of some VHTs and their low performance still continues to lead to low reporting rates.
	• Unprofessional persons/ unlicensed drug stores prescribing and selling drugs. Cases of public/private sector administering anti-malarial treatment without diagnosis.
	• Challenges of stock out in almost 70% of the facilities and facilities depend on only RDTs which are very difficult to rule out that malaria is positive.

HIV TB and Malaria policies and Human Rights

- Health workers regard HIV and TB patients from a public health perspective, neglecting their human rights. The lack of intersectionality in HIV policy and TB Infection prevention and control guidelines. undermines dignity and promotes stigma and discrimination in the community and health care environment.
- Despite HIV TB policy directives emphasizing `Privacy and Confidentiality i.e. HIV testing or TB Screening is challenging to implement in Congregate settings -schools, Prisons and Detention Centers because they favor TB transmission and reactivation.
- Implementing HIV testing and screening in prisons and detention centers is challenging due to the environment favoring TB transmission and reactivation, despite policy directives emphasizing privacy and confidentiality.
- The HIV/TB and Malaria policies do not articulate Human rights concerns in relation to Prevention, Care and Treatment. Any form of discrimination or stigmatization against any patient on the account of presumed HIV status shall be strictly prohibited in health care facilities.
- The right to health should be upheld. For every HIV infected person, their partners have a right to Public Health Assistance and antiretroviral medicines.

Supply Chain Management in Health Service Delivery

- The pull system has been characterized by irregular supplies of drugs cycle distribution whereas in the push system, health facilities are given drugs but not according to demands and needs of the community.

Actions for Government /MOH for improved HIV response.

- Build the leadership and management capacity of health workers and structures, including DHGTs, in implementing the national and decentralized HIV/ AIDS, TB and Malaria policies and guidelines, with community input and participation.
- Health care budgets should factor in resource allocation for capacity strengthening initiatives for health workers and renumeration for Community Health Volunteers providing HIV/ TB and Malaria service delivery.
- GOU/MOU should recognize HIV /AIDS as a workplace issue and all employees in the public and private sector should receive basic training on this policy to guide attitude /behavior towards employees infected or affected by HIV & AIDS.
- Engagement and consultation with PLHIV during development of New HIV treatment guidelines and policies. In addition, they should be comprehensively disseminated at all levels prior to roll out.
- Integration of Human Rights Based Approaches in HIV TB and Malaria Policies. MOH should translate and popularize the Patients Charter and promote dissemination of the Occupational Safety and Health Policy for Health Workers.
- Continued collaboration between MOH/DHO with Health implementing partners to provide HIV services in the community.
- Limited integration of Sexual Reproductive Health and Rights into HIV Prevention, Care and Treatment Programs.
- PEP should be availed in all health facilities. Additional measures need to be taken to ensure that Health Worker are trained on Universal Precautions and to provide services to clients needing PEP for Sexual Gender-Based Violence Cases.
- Integration of HIV testing services with TB, Sexual Reproductive Health and Rights, Maternal Neonatal and Child Health. This was considered important given the fact that this will increase access to HIV as well as specialized services while using a 'One Stop Shop Approach'.
- Resources should be allocated to integrate nutrition assessment, counseling and support in HIV care and treatment services, including linkages to increase food security.

Actions for MOH for improved Malaria Response

- Community health volunteers /VHTS should be empowered to identify malaria cases and make referrals to health facilities. These structures have a key role to play in Malaria Surveillance in the community to inform program planning.
- Scale up of Malaria Prevention and Treatment awareness to reduce cases of undiagnosed

Malaria, Self-Medication or delays in treatment causing Malaria Mortality.

- Timely replacement of ITNS and measures to mitigate misuse of insecticide treated mosquito nets provided by the GOU was recommended in all the districts as a risk reduction strategy for Malaria control.
- Intermittent Preventive Treatment in Most Vulnerable Groups-Pregnant Women, infants and the poor. Male engagement to be scaled up to remove equity barriers.
- Right to health services abused due to unethical practice by some Health Practitioners or 'Quacks' operating clinics and Pharmacies prescribing treatment for undiagnosed Malaria creating resistance to malaria drugs. Both the public and private sector should be equipped to confirm diagnosis before administering anti-malarial treatment to reduce drug abuse.
- The District Health Management teams advocated that National Drug Authority should be District based in addition that licensing of Pharmacies should be localized to enable monitoring of drug dispensation.

Actions for MOH for improved TB response

- A National TB Policy/ guideline that contextualizes the Ugandan situation developed and disseminated to with consultation of TB actors, including policy makers, health workers, CSOs and community. In addition, the guidelines should establish monitoring indicators for TB Infection Control measures to be implemented with concerted effort of persons infected/affected with TB with stakeholders.
- Community based approaches like the Differentiated service delivery model to be adapted. Planning and budgeting for Human resources, establishment and strengthening of TB Infection Control committees was advocated.
- Adequate financing of TB awareness and behavior change communication strategy is important to operationalize TB literacy for infection prevention and control. Integration of TB awareness into other Government Programs given resource constraints for TB programming should be a considered option.
- Community-led monitoring for evidenced-based advocacy and actions to improve TB response should be adapted using learnings from COVID 19 management.
- MOH needs a supplementary budget and plan for allocation of resources to mitigate financial hardships in TB treatment adherence. Programming for nutritional needs of TB-infected persons and survivors in recovery, including linkages to increase food security.
- DSDM to be adapted to promote TB Treatment literacy and adherence counselling for persons infected with TB affected by the Pill Burden in the community.

General Recommendations

- Promote multi-sectoral planning at all levels with emphasis on target setting based on disease burden and continuum of response by geographical locations, facilities/institutions and key populations and that all plans are responsive and aligned to respective local government and/or sectoral plans.
- Orientation of Health Workers on Occupational Safety and Health Policy (OSH), Public Health Act and Infection Prevention and Control guidelines.
- Strengthen the harmonization of procurement and supply chain management, and adapt innovative practices (Digital ordering and Reporting System) to improve efficiency in delivery of drugs and commodities to the health sector.
- Build the capacity of CSOs and communities in procurement and supply chain management of both health and non-health goods and services that enhance uptake of HIV and AIDS services.

Logistic and Infrastructural development

- Scale-up rehabilitation and building of new health and non-health infrastructure as well as improving management and maintenance of infrastructure for enhancing better service delivery to different categories of service users.
- Expand availability and capacity of laboratories and equipment at different levels for delivery of HIV TB and Malaria services.

Conclusion

The Civil Society Organizations acknowledges the crucial role of District Health Governance Teams (DHGT) in providing oversight, planning, budgeting, coordination, implementation and monitoring of National Health Policies. In most districts it was noted that the capacity of District

Health Governance Teams to deliver their mandate is partially impacted on by their limited knowledge and understanding of National Health Policies and guidelines. The engagements with the DHGTs emphasized the need for a multisectoral approach for effective implementation of HIV/TB and Malaria policies. We appeal to the Government of Uganda (GOU) to adapt the recommendations made above for National-level impact.

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Semi-annual Dialogue meeting with the DHGT of Kampala District

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