7TH High-Level National Dialogue on HIV, TB, Malaria, Human Rights and the Law

Theme: *"Building Bridges for health, Human Rights and Justice"*

Participants attending the 7th National Dialogue on HIV, TB, Malaria, Human Rights and the Law

MEETING REPORT

Protea Skyz Hotel, Kampala Uganda
10th December 2025

UGANET
SOCIAL JUSTICE FOR HEALTH HIV AND GENDER

THE AIDS SUPPORT ORGANISATION
TASO
LIVING POSITIVELY WITH HIV

Equal Opportunities Commission

UGANDA AIDS COMMISSION

The 7th High-Level Dialogue on HIV, TB, Malaria, Human Rights and the Law

10th December 2025 | Protea Skyz Hotel, Kampala, Uganda

Convener: Uganda Network on Law Ethics and HIV/AIDS (UGANET) with funding support from TASO GF in collaboration with the Uganda AIDS Commission (co-conveners) and Equity Plan Steering Committee aimed to bring together Government Officials, Civil Society Organizations, Healthcare Providers, Legal Experts, and representatives from Community Structures and all Development Partners supporting UGANET to achieve its vision.

Report prepared by:

UGANET

Contents

Acknowledgement

The Board, Management and staff of UGANET extend sincere appreciations to all stakeholders for a great partnership through out 2025 that saw sustained UGANET's efforts in the fight against HIV, TB and Malaria. A special thank you to:

- The project funders – Global Fund
- Led project partner – TASO Uganda
- Other project partners - CEHURD and HRAPF

Government stakeholders – Uganda AIDS Commission, Equal Opportunities Commission, Ministry of Finance Planning and Economic Development, Ministry of Health, Ministry of Justice and Constitutional Affairs, KCCA, Office of the Prime Minister and Ministry of Gender, Labour and Community Development.

The project participants – whose voices and resilience we celebrate through this national dialogue.

The participants of this 7th national high-level dialogue on HIV, TB, Malaria, Human rights and the Law for your candid contributions that shaped our advocacy agenda for the coming year 2026.

It is our sincere hope that the legacy of the National Dialogue will continue to provide a platform for accountability and reflection on progress and actions needed to accelerate the fight against HIV, TB, Malaria, Human rights and the Law in Uganda.

Thank you!

Executive Summary

The 7th National High-Level Dialogue marked a critical juncture in Uganda's fight against HIV, TB, and Malaria. With a focus on integration, sustainable domestic financing, and human rights, the dialogue brought together key government ministries, development partners, academic institutions, civil society, and community representatives. The consensus was clear: while Uganda has made commendable progress against the triple epidemic, the final push towards the 2030 targets demands a strategic, inclusive, and accountable approach that champions dignity and justice for all. Key themes included the operationalization of integration frameworks, innovative domestic resource mobilization, and addressing the persistent challenges of stigma and discrimination, particularly for young people and key populations.

About the event

On 10th December 2025, UGANET held the 7th High-level Dialogue on HIV and Comorbidities, Human Rights and the Law. This is a flagship event that brings together key stakeholders in the sector to reflect on achievements, lessons and way forward in advancing the HIV, Tuberculosis, Malaria and other comorbidities response as well as upholding human rights and the law.

Under the theme: *Building bridges for health, human rights and justice*, the dialogue featured high-level remarks and a panel discussion all of which re-affirmed the need to strengthen community mobilization and engagement, meaningful participation of most-at-risk groups, mobilize adequate and sustained financing of interventions, holistic integration of health services, meaningful collaborations and accountability across the tripartite – HIV TB and Malaria response.

The dialogue was attended by 59 stakeholders representing government institutions, civil society, the media, academia, and communities of people living with HIV/AIDS. The event served as a moment of reflection on three decades of UGANET's dedicated work in legal aid and human rights advocacy within the HIV, TB, and malaria response—a milestone that will culminate in a 30-year celebration on January 30, 2026.

Opening Highlights

The dialogue opened with a celebratory tone for what was achieved in terms of the tripartite response in 2025 amidst reductions in donor support that severely affected community-led HIV programming, service delivery and legal aid.

Welcome Remarks: In her remarks, **Ms. Rhonah Babweteera**, UGANET's Head of Gender Department, who was also the master of ceremony acknowledged UGANET's growth and its standing as a prominent service provider despite evolving community challenges. She emphasized the urgent need for integration, equity, and accountability within Uganda's HIV, TB, and malaria responses. Ms. Babwetera highlighted a critical turning point - the decline in donor support, which is already significantly impacting community-led programming and legal aid services for the most vulnerable. She called for a "joint struggle to recovery, honouring those lost due to gaps in access to care and sustained action to protect the rights and dignity of people living with and affected by HIV and its co-morbidities.

Ms. Jacqueline Katesi the Project Coordinator at Grant Management Unit, TASO in attendance.

Prayer and reflection: From triple love poverty to triple love power

Rev. Canon Byamugisha and the Tehila Band delivered a reflection on the intersection of love, human rights, and the law, grounded in the parable of the Good Samaritan. He challenged participants to move from a "love of power" to the **"power of love"** to achieve healing and justice in the national HIV, TB, and Malaria response.

He argued that the "triple epidemic" (HIV, TB, and Malaria) persists not just due to medical challenges, but due to a lack of **"Love Depth"** in policies and programs. He noted the following:

- Integrated Healing - Science and spirituality must work in tandem; "an individual should take medicine as if prayer doesn't work and pray as if medicine doesn't work."
- Relational Advocacy - Effective integration of health services is only possible when populations are socially integrated—free from stigma, shame, and prejudice.
- Love-Bust Partnerships - Alliances should be horizontal rather than top-down, sharing power directly with the most at-risk and vulnerable populations.
- Audit of Love - Programs must be audited by how they treat those at the margins. Just as a guest judges a host's love by the "meat in the bowl," Key Populations and vulnerable groups judge global and national policies by the actual resources and dignity allocated to them.

Canon Byamugisha introduced three conceptual acronyms to guide UGANET and its partners in bridging the gap between policy and impact.

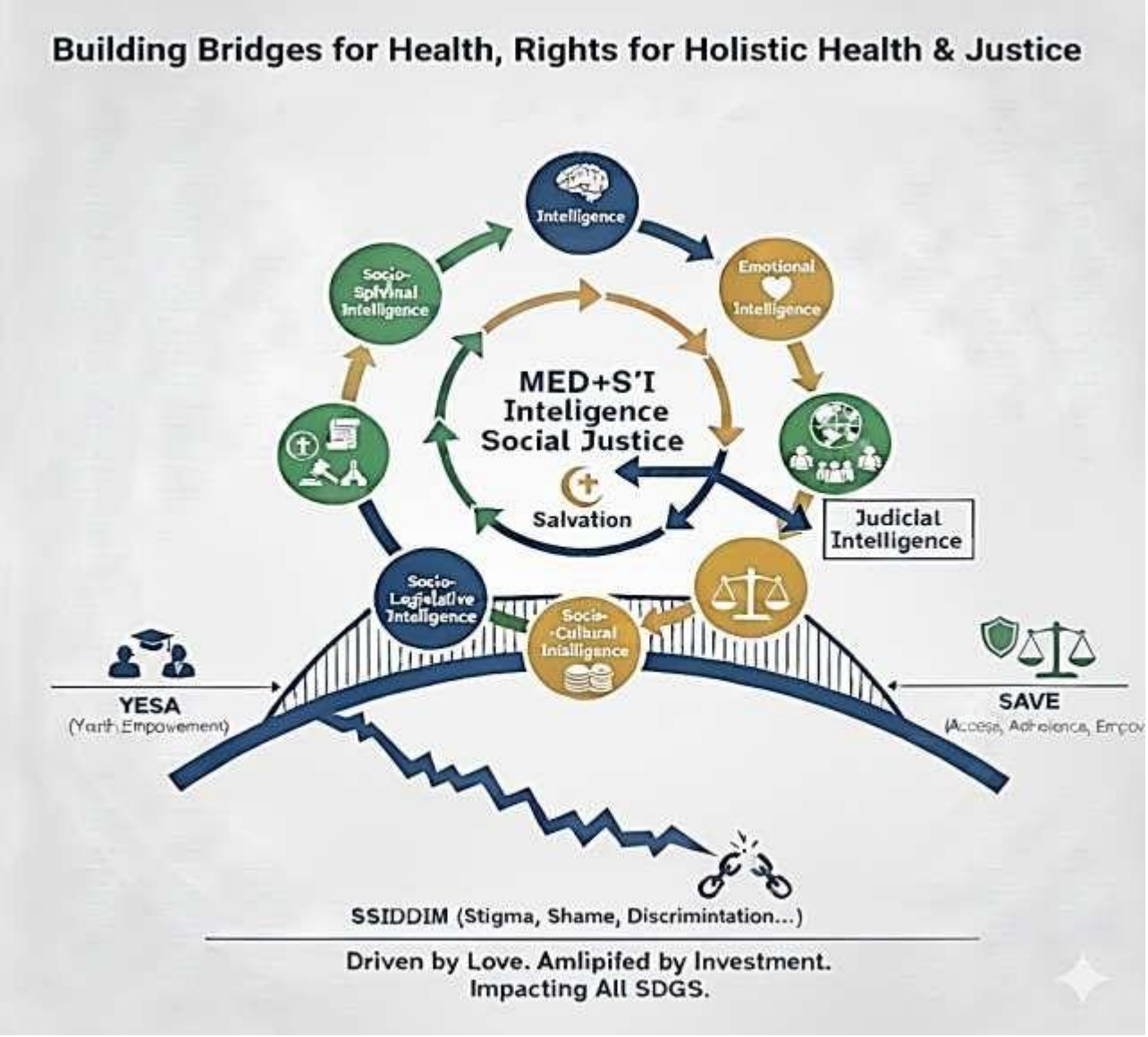
1. **YESA** (Youth Empowerment, Skilling, and Accompaniment) – interventions should move from blaming youth to meaningfully empowering them for participation.
2. **SAVE** (Safe practices, Access, VCT/Adherence, and Empowerment) – interventions should multiply community-led health outcomes and treatment adherence.
3. **SSIDDIM** (Stigma, Shame, Inaction, Denial, Discrimination, Inaction, Mis-action. The "downward" forces that must be reduced through YESA and SAVE interventions.

To drive these frameworks, he called for a multi-dimensional "Intelligence" approach (the MED+S'I model).

- Socio-Legislative Intelligence: Ensuring laws match the necessity of the epidemic rather than driving it underground.

- Judicial Intelligence: Ensuring the arbitration and dispensing of social justice impacts health outcomes positively.
- Socio-Spiritual Intelligence: Moving away from self-centeredness toward holistic salvation and support for the poor.

In conclusion, **Rev. Prof. Canon Gideon Byamugisha** noted that Love plus financial investment equals greater impact across the Strategic Development Goals (SDGs)." When love is applied to resource allocation and global policy, the dividends spill over into justice, equity, and the ultimate eradication of HIV, TB and Malaria.



Introductory Remarks

Ms. Grace Nayiga, Executive Director, UGANET added her voice in welcoming participants to the dialogue, framing the event as a critical platform to interrogate how laws, policies, and institutional practices shape the national response to HIV, TB, and Malaria. She highlighted that while progress in treatment and viral suppression has been made, the current environment presents unprecedented challenges, namely:

- A visible "push back" on the rights of People Living with HIV and young people – where young people are visibly discriminated against on social media due to their HIV status and other social orientations.
- A digital shift to technology where young people's lives are inside their phones," necessitating a shift in how advocacy meets the youth where they are.
- A funding crisis, where the sector is grappling with donor freezes and the potential sunsetting of critical organizations like UNAIDS. This has tested the resilience of advocates, leading to difficult internal decisions such as staff releases.

Ms. Nayiga noted that recent government decisions to integrate health services have had significant impacts that require honest reflection. She emphasized that the civic space is shrinking while the workload for human rights defenders is increasing daily yet donor support continues to dwindle, requiring Africa to take ownership of its destiny, *"As Africans, we are on our own and we must save ourselves."*

Despite the "winds" of change, Ms. Nayiga expressed deep gratitude to partners who have sustained UGANET's work:

- TASO Uganda for sustaining legal work.
- Save the Children and International Rescue Committee for supporting access to justice and gender equality initiatives.
- Equal Opportunities Commission for their strategic partnership.

In closing, Ms. Nayiga noted that ending AIDS as a public health threat requires sustained attention to the law, gender equality, and holistic human rights anchored on the power of love.

Ms. Sarah Babirye Lubega, Chairperson, UGANET Board of Directors, in her remarks, defined the dialogue as a "national accountability space" essential for identifying who is being left behind in the HIV and co-morbidities response and why. Acknowledging the partnership of the Equal Opportunities Commission (EOC) and AIDS Information Centre, Ms. Lubega called for a shared commitment to justice.

She highlighted the following core perspectives and critical questions to guide reflection:

Perspectives

- HIV, TB, and Malaria responses cannot be sustained by medicine alone. Disease rates only decline where human rights are respected and justice is equitable.
- The law is a powerful determinant of health. While poor implementation undermines public health goals, the law should ideally serve as an instrument of protection and empowerment.
- Amidst shifting donor priorities and reduced funding, the current push for service integration risks "invisibilizing" key populations if not handled with care.

Reflection questions

1. How do we protect human rights in an era of constrained resources?
2. How do we ensure that service integration does not result in the exclusion of the most vulnerable?
3. How do we deepen accountability across all levels of the response?

Remarks from Uganda AIDS Commission

Mr. Tom Etii, *the Director of Partnerships at the Uganda AIDS Commission (UAC),* delivered a powerful message of both celebration and caution. He emphasized that while Uganda is "winning the war" against HIV/AIDS, the final mile toward the 2030 goal requires dismantling deep-seated structural barriers and preparing for a shifting global financial landscape. He commended UGANET for sustaining this dialogue, modeling it as an essential space for accountability and reflection on the collective actions needed to end HIV, TB, malaria, and their associated co-morbidities.

Mr. Etii highlighted the following:

- Commendable Progress on the 95-95-95 Targets: Uganda has made significant strides, currently standing at 94-90-96. Most notably, the country has seen a 64% decline in AIDS-related deaths (from 56,000 in 2010 to 20,000 in 2024) and a sharp reduction in new infections from 96,000 to 37,000 in the same period.
- The "Triple Zero" Vision: To reach the goal of zero new infections and zero deaths, the UAC called for a specific focus on men—who are currently dying at higher rates—and the elimination of stigma, which remains a primary barrier to testing and treatment.
- A Multi-Sectoral Approach for Vulnerable Groups: Legal and social barriers continue to drive vulnerability among adolescent girls, young women, and marginalized groups. The UAC advocated for integrating HIV prevention with existing government programs like UPE, USE, and economic empowerment initiatives.
- Sustainability and National Ownership: In light of dwindling global funding, the UAC announced that the National HIV Sustainability Roadmap is nearing completion and will soon be presented to the Cabinet. This roadmap is designed to deepen country ownership and mainstream HIV into the broader national development agenda.

"Uganda is winning the war, but the path to 2030 demands that we address the legal and social barriers that still leave many behind. We must move beyond the existence of laws to the consistent enforcement of protections, ensuring dignity, equity, and national ownership define our final push toward ending AIDS."

Key recommendations for stakeholders

- Move from Policy to Enforcement: Uganda has strong policies, but weak implementation undermines them. Institutions—particularly workplaces and health facilities—must apply legal protections consistently and without discrimination.
- Invest in Community and Legal Empowerment: Communities are the foundation of the response. Strengthening community-led interventions and legal referral pathways is essential to bridging the gap between national policy and lived experience.
- End Fragmented Interventions: Addressing violence against adolescent girls requires a unified approach that integrates HIV prevention, Gender-Based Violence (GBV) response, and economic empowerment.

Keynote speech: Bridging the gap through equity and inclusion

Hon. Safia Nalule Jjuuko, Chairperson – Equal Opportunities Commission (EOC), delivered a powerful keynote at the 7th National Dialogue, positioning the fight against HIV, TB, and Malaria not merely as a medical challenge, but as a fundamental struggle for social justice and human rights. Drawing on her 15-year legacy of advocacy—specifically her role in championing the Gender and Equity Compliance Certificate—she emphasized that inclusion must be hardwired into the nation's planning and budgeting.

Hon. Nalule highlighted the following:

1. Equity by Law: Under Article 32 of the Constitution and the EOC Act, the Commission is mandated to eliminate discrimination. The Public Finance and Management Act (Art. 9) is a critical tool in this fight, as it requires every government agency to demonstrate how their budget optimizes opportunities for marginalized groups.

2. Aligning with NDP-IV: Stakeholders should move beyond broad goals and look at the "details" within the Fourth National Development Plan (NDP-IV), where HIV/AIDS intersects with four major programs, namely: Human Capital Development (Health and Education), Mindset Change, Governance and Security (Law and Justice) and Private Sector Development. She challenged partners to identify specific "vote functions" in the budget and advocate for key interventions needed to empower the marginalized.

3. Strategic Achievements of the EOC: four pillars of the EOC's impact:

- Accountability: Documenting discrimination and service gaps to influence policy.
- Empowerment: Training district leaders and health workers while empowering rights-holders to demand fair treatment.
- Regional Reach: Facilitating engagements in over 20 districts to identify and dismantle structural barriers.
- Access to Justice: Using the EOC Tribunal and alternative dispute resolution to address grievances related to exclusion in health services.

4. Lingering Barriers to Progress: Despite successes, there remains recurring challenges that disproportionately affect marginalized populations. They are:

- Legal ambiguities - fear and hindered access caused by legislation related to homosexuality and HIV.
- Low literacy - limited ability of rural and illiterate populations to claim their rights.
- Geographic exclusion - infrastructural barriers for mountainous and remote communities.

Hon. Nalule concluded with a "steadfast commitment" and a five-point call to action for all partners:

1. Strengthen Partnerships: Extend the EOC's reach across all regions of Uganda.
2. Meaningful Inclusion: Ensure PWDs, ethnic minorities, and vulnerable groups are involved in *planning* and *monitoring*, not just as beneficiaries.
3. Human Rights-Compliant Laws: Advocate for policies that protect rather than punish those seeking health services.
4. Community Investment: Support the community systems that form the core of the health response.
5. Enhanced Accountability**:** Ensure every shilling spent contributes to equitable outcomes.
6. Focus on the youth: Prioritize digital engagements and mobile-first strategies to effectively reach Uganda's youth (who comprise over half the population) — to transform their significant "screen time" into opportunities for HIV prevention and health education.

"The human face of HIV, TB, and Malaria is that of a mother, a youth, a fisherfolk, or a person with a disability. These are the lives we must not leave behind, because health is a right, not a privilege and that development is not complete until all Ugandans are included and supported to live dignified and healthy lives." *— Hon. Safia Nalule Jjuuko*

Video: Impact of the Global Fund GC7 Human Rights Component

https://drive.google.com/file/d/1nKc48JbfO0vFh0H-SOKsg8W86ABPXnU0/view?usp=drivesdk

Mr. Boaz Ongodia, *Legal Aid Officer at UGANET*, presented a video that showcased the progress and impact of the Global Fund GC7 (Global Community Control 7) a catalytic matching grant, which was designed to bridge the gender and equity gaps identified in a 2017 baseline assessment. The project serves as a cornerstone for accountability, specifically targeting the removal of human rights-related barriers to HIV, TB, and malaria services. the video featured work and lessons learned across the partnership that comprised Uganda AIDS Commission (UAC), Uganda Network on Law Ethics and HIV/AIDS (UGANET), Centre for Health CEHURD, and HRAPF. The partners highlighted the following key achievements of the project:

- Removal of Service Barriers: Successfully implemented the National Plan for Equity (2019–2024), focusing on breaking legal, social, and structural barriers to prevention and treatment.
- Decentralized Legal Support:
    - Reached over 10,000 people through 32 legal aid camps across 14 districts.
    - Registered 800 cases, with 300 successfully mediated and concluded to date.
- Community-Led Interventions:
    - Trained paralegals and peer leaders in six high-burden fishing communities.
    - Empowered local leaders to conduct mobilization, sensitization, and condom distribution.
- Systems Strengthening:
    - Established and supported District Human Rights Committees to hold quarterly meetings.
    - Developed formal systems for documenting and tracking human rights violations, ensuring survivors are referred to appropriate service providers.

- Policy Advocacy: Conducted strategic advocacy to reform laws and policies that act as bottlenecks to healthcare access for vulnerable and key populations.

Panel Discussion: The Future of HIV, TB, and Malaria Services in Uganda

Moderator: Ms. Allen Kuteesa (CCM Board TB Representative)

Panelists:

Dr. Bamuloba Muzamir, Community Systems Technical Advisor, Ministry of Health Tuberculosis Programme
Mr. John Robert Ekapu, Senior Advocacy Officer, Ministry of Health
Ms. Ruth Akulu, Young People's Representative, Global Fund Country Coordinating Mechanism
Mr. Okwii David, Senior Economist, Ministry of Finance Planning and Economic Development

This panel addressed the urgent need for service integration and sustainable domestic financing as Uganda navigates shrinking global donor support and the goal of ending the triple epidemic by 2030.

Integration as a Life-Saving Necessity

Dr. Bamuloba Muzamir presented the case for integration of health services, a strategy championed by Ministry of Health to leverage available resources to provide related services in the face of dwindling donor support for health services. He argued that:

- Parallel programs miss the "human being in totality." Integration addresses health, social, and psychological needs simultaneously, leading to a treatment retention rate of over 90%.
- Integration aides case detection – out of 86,000 notified Tuberculosis cases, 35% are HIV co-infected. Without integrated identification and care, these patients face significantly higher mortality risks.

- Integration reduces "catastrophic costs" for patients by eliminating multiple hospital visits, while simultaneously maximizing available facility resources.

Frameworks for efficiency and resilience

Mr. John Robert Ekapu, explained that integration is the Ministry of Health's primary strategy to combat shrinking donor funding, system fragmentation, and the duplication of efforts. He noted that the Ministry established a Technical Working Group and issued a ministerial circular (February 2025) mandating all government ministries, departments and agencies to prioritize integration. For this to work, there is need for quality and efficient electronic medical records systems and client feedback loops as essential tools for equitable and efficient service delivery as they help track service utilization across services.

Mr. Ekapu noted that the Ministry of Health is operationalizing integration through four core strategic pillars:

- The Ministry is developing a formal Integration Framework and Guide to standardize implementation across all health institutions. This ensures that integration is not just a concept but a managed agenda with clear leadership accountability.
- Operationalization of specialized training, ensuring that frontline health workers have the technical skills required to deliver multi-disease services (HIV, TB, Malaria, and NCDs) at a single point of care.
- Integration is being extended beyond the facility walls through formal guidelines that require stakeholders to support health service synergy at the community level.
- The Ministry has committed to a "living agenda" that includes tracking progress in real-time, enforcing supportive laws and policies, and strengthening Public-Private Partnerships (PPPs) to ensure equitable reach.

Mental health and the process of disclosure

Ms. Ruth Akullu, shared a personal narrative that disclosure is not a "one-off" event but a life-long process of empowerment. She criticized religious and social settings that pressure youth into disclosure without support. Ms. Akullu called for HIV programs to

move beyond "pill-taking advice" to address the heavy emotional burden and mental health needs of young people living with HIV. This could include the creation of "safe spaces" within families and romantic relationships, supported by mentorship and leadership training to help young people navigate stigma.

Sustainable Financing and Economic Growth

Mr. Okwii David, *Senior Economist, Ministry of Finance Planning and Economic Development o*utlined the goal to grow Uganda's economy from $68B to $500B by 2030, which is expected to increase the "sufficiency of domestic resources" for health.

- He critiqued the current wastage where medicines are destroyed due to poor inventory management. He called for strict procurement controls to stop the cycle of "stock-outs and stock-piles."
- He urged health advocates to move from "sector-silo" planning to "programme-wide" planning. He pointed to the Judiciary's budget growth (from 6Billion to 0.5Trillion) as a benchmark for what successful advocacy can achieve.
- He warned against "boardroom planning" using internet data, and insisted on active community engagement to capture emerging issues like migration patterns and shifting disease burdens in real-time to facilitate data-driven planning.

In the face of dwindling donor support, Mr. Okwii called for a shift from concessional funding to innovative domestic financing (like the National Insurance Scheme) and a "virtuous cycle" of accountability between the government and the Global Fund to ensure the available resources are put to greater use.

Comments, Questions and Answers

Comment: Geofrey Ogwaro, *Uganda Key Populations Consortium* urged stakeholders to move away from "sweeping statements" that claim stigma has been eradicated, yet many people face multi-layered - double or triple stigma (e.g., being HIV+ and belonging to a key population). He called upon government and civil society to be honest about where the system has failed, warning that that presenting an overly sanitized picture of "universal access" can alienate the very populations the programs are meant to serve.

Q: What concrete steps is the government taking to ensure domestic financing for HIV, TB, and Malaria?

A: **Mr. Tom Etii**, *Uganda AIDS Commission,* clarified that the government has operationalized Budget Code 000013, requiring all MDAs and local governments to allocate 0.1% of their budgets toward HIV mainstreaming. While the initial analysis shows a modest contribution of 40 million UGX, the Ministry of Finance has authorized the integration of TB, Malaria, and non-communicable diseases into this same budget line to bridge critical funding gaps.

Q: How can religious institutions improve their approach to mandatory HIV testing and disclosure for couples?

A: Ms. Ruth Akulu: Isolating HIV in pre-marital requirements is inherently stigmatizing. Religious institutions should transition to comprehensive health screenings (including health conditions like Sickle Cell) to normalize the process. There is a need for intensive training for religious counselors to help them move beyond moralizing and offer realistic, in-depth support for couples managing chronic health issues.

Q: How are marginalized groups, particularly young people and PWDs, being reintegrated into national health governance?

A: Mr. Tom Etii (UAC) announced that the Self-Coordinating Entity for HIV response partners is being revived specifically to include young people and people with disabilities who were previously excluded. Additionally, a new National Framework on Education, Health, and Life Skills will launch this year to replace the outdated PIASCY curriculum, providing modern, relevant guidance for both in-school and out-of-school youth.

Comment and recommendation: Reimagining Disclosure in Religious Settings

Harriet Tyobo Yake *(Youth with invisible Disabilities Representative)* and **Ruth Akulu** *(Representative of young people living with HIV),* highlighted that just like for people living with HIV, people with invisible disabilities equally face complex challenges as far as disclosure is concerned. Ms. Akullu recommended that religious institutions move away from mandatory, HIV-only testing. Instead, they should promote comprehensive general health checks (including Sickle Cell and Non-Communicable Diseases) to

avoid the specific stigmatization of HIV+ individuals. Both Akullu and Tyobo called for the training of religious counselors to move beyond moralizing and provide realistic, in-depth support for couples managing chronic health conditions.

Key reflections/advocacy priorities, 2025-2026

Based on the reflections from the dialogue, **Ms. Kyomukama Flavia,** *Executive Director, National Forum for People Living with HIV/AIDS in Uganda (NAFOPHANU)* presented the following key a summary of key reflections and advocacy priorities for the coming year, based on the discussions and input of the participants of the dialogue.

1. Operationalize Sustainability Roadmaps: Move beyond high-level dialogue to execute the National Health Sustainability Action Plan, ensuring that the transition to domestic financing does not compromise service continuity.
2. Leverage Technology for Equity Data: Prioritize digital migration to generate real-time, disaggregated data (by age, sex, and Key Population) that is presented in a user-friendly format for planning at all levels.
3. Strengthen Commensurate Community Infrastructure: Ensure that investments in physical infrastructure (roads and buildings) are matched by investments in community systems (shelters, legal referral pathways, and community health structures).
4. Scale legal literacy and representation: Secure policy and budget support for legal education and aid, ensuring that human rights violation cases are pursued to closure and survivors receive adequate support.
5. Integrate human rights into the service agenda: Shift the integration framework from a provider-only focus to one that deliberately includes human rights, gender, and the voices of care recipients to reduce service hesitancy.
6. Revamp Primary Health Care (PHC) and Mobilization: Redirect funding to PHC—the most underfunded yet critical component—to relaunch community engagement initiatives like drama, peer mobilization, and mindset-change programs.
7. Digital-First Youth Programming: Target adolescents and young people specifically within digital spaces (mobile phones and social media), recognizing these platforms as their primary environment for learning and engagement.

8. Institutionalize Mutual Accountability: Establish joint monitoring systems where duty-bearers (government) and rights-holders (community) are held equally responsible for commitments and service outcomes.
9. Move Beyond Tokenistic Representation: Reform committees and boards to ensure that community representatives are empowered, have term limits, and are required to provide structured feedback to their constituencies.
10. Finance Emergency and Disaster Preparedness: Challenge the donor preference for static programming by advocating for dedicated relief and emergency funding to help vulnerable populations manage and recover from shocks.
11. Redefine Evidence through Lived Experience: Use documented community voices and qualitative lived experiences—alongside traditional surveillance—as primary evidence to inform the Global Fund Round 8 proposal development and other resource mobilization efforts.
12. Prioritize Mental Health and Wellness: Integrate mental health support as a standard, non-negotiable component of HIV, TB, and Malaria programming to address the psychological burden of these diseases.
13. Mainstream Faith-Based Engagement: Leverage the 99.9% of Ugandans who are active believers by formalizing the role of spiritual and faith communities in the mobilization for equity and sustainability.

Closing Remarks

The closing remarks emphasized the shift from high-level policy to institutional accountability and judicial compassion. Below is a summary of the key contributions:

Strengthening oversight

Dr. Ngobi Aggrey, *Health Expert in the Office of the Prime Minister (OPM)* provided assurance that the OPM is moving beyond policy talk to strict enforcement: he informed the dialogue that:

- Fiscal accountability: A new National Monitoring and Evaluation Framework being developed by the OPM, will include specific indicators to track the 0.1% HIV mainstreaming budget across government Ministries, Departments and

Agencies. This will ensure that ministries do not divert these funds to unrelated activities.

- Workplace Protection: OPM is collaborating with the Judiciary to develop a national framework that protects people living with HIV (PLHIV) from being denied capacity-building opportunities or facing discrimination at workplaces.
- Mandatory Mental Health: Workplace mental health mainstreaming is now considered a "must" to address social and psychological pressures.

Sustaining Progress through Resilience

Ms. Jacqueline Katesi, Manager, Grant Management Unit, TASO Uganda (the lead grants partner) reminded stakeholders that while the funding landscape is shifting, the commitment to human dignity must remain constant. She noted that Uganda has undergone a significant transformation, moving from a strictly "bio-medical" approach to one that recognizes human rights, gender equality, and social justice as essential components of health. She celebrated the "steady progress" made against the triple epidemic, despite the global disruptions caused by COVID-19, economic crises, and climate change.

She emphasized three non-negotiable pillars to guide the next phase of the national response:

- Inclusive Integration: Integration is the necessary path forward, but it must be rights-based. Specialized care and patient dignity should never be sacrificed for the sake of administrative efficiency.
- Vigilant sustainability: With the "sunsetting" of certain global funding streams (e.g. UNAIDS), sustainability requires bold innovation that requires both state and non-state actors to be transparent, efficient in management of available resources and aggressive in pushing for domestic resource mobilization.
- Lived experience as a foundation: Effective advocacy and programming cannot be designed in boardrooms; they must be rooted in the authentic community voices and the lived experiences of those the system serves.

On behalf of TASO and grant partners (UGANET, CEHURD, and HRAPF), Ms. Kaitesi issued a formal commitment to the dialogue participants:

"We commit to providing continued stewardship characterized by transparency and accountability. We will ensure that every resource entrusted to us by the Global Fund is used to advance the dignity, health, and rights of all Ugandans. Ending these epidemics by 2030 is within our grasp if we remain united in purpose."

Compassion and Constitutional Fidelity

In a powerful closing address, Justice Katamba reimagined the courtroom not just as a place of law, but as a space for healing and social restoration. Drawing on her own history of loss due to HIV-related stigma, Justice Katamba delivered a "call to conscience" for the legal and religious sectors.

1. **Constitutional Fidelity over Legal Activism:** protecting the rights of the marginalized is not a form of "activism" but a fundamental requirement of constitutional fidelity. Every judicial file represents a person with a soul, a future, and inherent rights that the law must safeguard.

2. **Dismantling stigma through sentencing reform:** While in court, judicial officers should treat an individual's HIV status:

    - As a mitigation not as an aggravating factor: a person's HIV status should never be used as a reason to increase a sentence. Instead, it should be viewed as a mitigating factor that triggers the court's responsibility to ensure the individual receives treatment and social support.
    - With utmost confidentiality - as a Right: Judges to be vigilant against the "public flagging" of a person's status in the courtroom, ensuring that the legal process does not become a tool for further stigmatization.

3. Religious and cultural institutions should shift away from mandatory, HIV-only pre-marital testing to a holistic health diagnostic model that treats HIV as one of many health conditions (like Sickle Cell or NCDs). This approach prevents the isolation of people living with HIV and encourages a culture where disclosure is based on love and transparency rather than fear and requirement.

4. In the face of diminishing resources, rights violations often increase because the vulnerable become "less visible." Scarcity must never justify discrimination. The judiciary should remain the last line of defense for those marginalized by funding cuts or societal neglect.

Justice Katamba issued a call to action for judicial officers to:

- Guard against the misuse of criminal law in cases of HIV exposure or non-disclosure.
- Promote health justice through multisectoral cooperation rather than judicial isolation.
- Uphold humanity by integrating social support into legal sentences.

"Faith does not operate in a vacuum, and love heals everything—not judgment. Let us commit to a justice that is anchored in dignity and animated by compassion. As we interpret the law, let us ensure we are dismantling stigma, not reinforcing it."
Lady Justice Victoria Katamba

List of participants

Refer back to Secretariat

https://uganet.org