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**Political will, coordination and local HIV/AIDS interventions in
Uganda: lessons for South African municipalities**

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LIST OF ABBREVIATIONS

| | |
|------|--------------------------------------|
| ACP | AIDS Control Programme |
| AIDS | Acquired Immune Deficiency Syndrome |
| CBO | Community-Based Organisation |
| CHE | Community-based Health Educators |
| HIV | Human Immunodeficiency Virus |
| HNU | Health Need Uganda |
| MACA | Multi-sectoral AIDS Control Approach |
| NGO | Non-Governmental Organisation |
| NRM | National Resistance Movement |
| NSF | National Strategic Framework |
| PEAP | Poverty Eradication Action Plan |
| UAC | Uganda AIDS Commission |
| WHO | World Health Organisation |

INTRODUCTION

Many poor countries in sub-Saharan Africa have endured the devastating impact of HIV/AIDS for years, and they continue to do so because of a number of key factors. The most important of these factors is the general failure of political leaders to exercise effective leadership in the fight against the pandemic. Also important are fiscal resources, institutional capacity for effectively managing coordinated responses to HIV/AIDS and the need to involve communities affected by HIV/AIDS and a wide range of civic organizations in planning processes and the designing of intervention strategies.

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Despite the generally poor responses to HIV/AIDS in sub-Saharan Africa, Uganda has become a model for effectively and successfully responding to the devastation caused by the pandemic. Uganda's world-acclaimed success in the fight against HIV/AIDS presents potentially instructive lessons for South Africa's municipalities. In particular, the role of the national leadership in Uganda has been critical, especially in setting the right tone for the local leadership at local government level, providing guidance through comprehensive policy frameworks and transferring fiscal resources to municipalities which are an integral part of the nation-wide fight against AIDS.

UGANDA—BACKGROUND CONTEXT FOR HIV/AIDS INTERVENTIONS

Uganda experienced the first confirmed case of AIDS as far back as 1986¹, and has since introduced a range of policy and strategic responses both at national and local government level to fight the effects of the pandemic. For instance, the country introduced the AIDS Control Programme (ACP) in 1986 through the ministry of Health, with assistance from the World Health Organization (WHO).² Other initiatives were to follow later, including the Uganda AIDS Commission (UAC) in 1992. In 1993 the UAC compiled and documented HIV/AIDS policy guidelines, which were subsequently revised in 1996. These have served as a reference point for HIV/AIDS policy proposals. Also, the Ugandan government's Poverty Eradication Action Plan (PEAP) has become a critical strategic tool in that it takes AIDS as a developmental issue and highlights the need to place it within the broader context of national policies on poverty eradication.

Uganda also has one of the most decentralized systems of government on the continent, which plays a critical role in the fight against AIDS. The decentralization process was initiated in 1993, and culminated in the Local Government Act of 1997. In terms of this Act, together with the Constitution, a range of functional responsibilities was transferred to 56 newly created district administrations and local communities. These functions included HIV/AIDS-related responsibilities such as prevention, control, care and support. Together

with the transfer of functional responsibilities came fiscal resources for municipalities. One of the benefits of decentralization of functions to the local level is that it provides easy and direct access for local communities and locally-based civic organizations to local government structures, thus improving prospects for them to influence decision-making on a wide range of issues that concern them, including strategies to deal with HIV/AIDS. This is essential not only for improving the efficacy of local intervention strategies in meeting the needs of affected communities, but also for enhancing good governance at local government level in the form of greater popular participation in designing response strategies at community level, thus contributing to greater accountability and transparency in the use of public resources by municipalities.

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What makes Uganda's successful fight against HIV/AIDS so remarkable is that it had to do all this amidst conditions of mass poverty and efforts to rebuild the country's shattered economy as a result of the civil war. Uganda has faced the devastation caused by the AIDS epidemic within the context of an attempt to rebuild the society after civil strife, the devastation of the country's economy, dilapidated health institutions and poor health services. According to 2002 census figures, with a per capita income of \$330 (R2 280) and a population of 24.6 million, Uganda is one of the poorest countries in the world.³ About 87% of its population lives in rural areas, suggesting that a great proportion of the impact of HIV/AIDS is felt in the poor rural parts of the country.

Like many developing countries on the continent, Uganda is characterized as a low resource economy with a level of economic growth that cannot keep pace with high population growth rates, poor health systems and high rates of mortality resulting from HIV/AIDS.⁴ Also, life expectancy has dropped to about 42 years, mainly due to the effects of AIDS. For instance, it is reported that one out of every six children in Uganda is an orphan from the civil war and AIDS. In spite of this, it appears that the country is succeeding in turning the situation around through effective management and control of the spread of the HIV virus. Moreover, the literature reports Uganda as the only country in sub-Saharan Africa to show a significant decline in HIV/AIDS prevalence, from 30% to 9%, particularly among young adults.

IMPORTANCE OF EFFECTIVE POLITICAL LEADERSHIP

After years of civil turmoil leading to virtual economic collapse, the National Resistance Movement, (NRM) under Yoweri Museveni, took power in 1986. Since then the country has enjoyed increasing, though still considerably fragile, political stability and economic growth. It would appear that one of the most critical elements in the fight against AIDS in Uganda has been the proactive stance not only from the government, but also from president Museveni in the early stages of the pandemic. This proactive stance placed HIV/AIDS at the very

highest levels of the political agenda of the country. For instance, the UAC is placed within the President's Office. This has also set the tone for political leaders in the lower spheres of government in the fight against AIDS.⁵ Also, everyone occupying high office in government is expected to demonstrate commitment to the fight against the virus.⁶

Museveni has also been critical in confronting and dispelling widespread myths and the stigma around HIV/AIDS and emphasizing the importance of modern medical technology and facilities in approaches to HIV/AIDS.⁷ The political leadership in Uganda has also been critical in building alliances within the international community, especially with donor agencies and foreign donor governments, in the fight against the HIV/AIDS pandemic. Most important, though, has been the ability to create coalitions of diverse social groups and community-based organizational networks around HIV/AIDS.

The government's decentralization programme was an act of political courage by the leadership as it transferred not only functional responsibilities, but also political authority, to local authorities for delivering social services to local communities.

Some commentators have argued that perceptions among Uganda's political leadership of the potential political threats posed by the pandemic to their support base acted as a powerful driving force behind the effective HIV/AIDS intervention programmes that the country has adopted. For instance, Alex de Waal⁸ believes that Museveni saw AIDS as a threat to his political power base in that considerable numbers of his military officers were becoming infected and this prompted high level political responses to the pandemic.

As indicated already, the government's decentralization programme, with the prompting of international institutions such as the World Bank, was an act of political courage by the leadership as it transferred not only functional responsibilities, but also political authority, to local authorities for delivering social services to local communities. Politically, many countries in sub-Saharan Africa are centralized in order to maintain political power and authority in the hands of the national political leadership. Therefore, the willingness of the Ugandan political leadership to divest itself of some of this authority in favour of the local sphere has helped create a climate that promoted greater public involvement in decision-making processes at local level.

Within this decentralized system however, a strong and central role of the ruling NRM is still being maintained to ensure that the national leadership continues to play a coordinating role in the implementation of nation-wide policy programmes and intervention strategies to fight AIDS. The NRM also fulfils an important function in disseminating messages about HIV/AIDS to every village in the country, thus promoting not only public awareness about the pandemic, but also general knowledge about local interventions driven through government institutions.⁹ This nexus between government institutions and the political leadership through the party has therefore played a critical role in integrating and coordinating national and local intervention measures in Uganda.

HIV/AIDS INTERVENTIONS IN UGANDA - THE ROLE OF LOCAL GOVERNMENT

As indicated already, the decentralization of authority and function to local government ensured that local governments exercise authority in a range of responsibilities such as planning, budgeting and service provision.¹⁰ The decentralization process also ensured that the necessary fiscal resources are placed at the disposal of the local governments to carry out these functions. Local governments in Uganda have therefore begun mainstreaming HIV/AIDS activities by integrating such interventions into their routine activities including their budgeting processes.¹¹

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It is important to note that Uganda’s local government HIV/AIDS interventions occur within clear national policy interventions as already discussed above. The launching in 1986 of the ACP was important, as it placed a strong focus on mobilizing the public behind messages such as abstinence from sex, faithfulness to one partner and widespread use of condoms.¹² Also, the UAC plays a critical role in co-ordinating a national Multi-sectoral AIDS Control Approach (MACA). Through MACA the country developed policies and implementation guidelines which integrated the support and monitoring of all AIDS control programmes and activities throughout the country.¹³

Also, the introduction of a comprehensive National Strategic Framework (NSF) (2000/1-2005/6) which encompasses all efforts to intensify a nationwide fight against HIV/AIDS was an important step. It laid the framework for other important elements in the nation-wide fight against HIV/AIDS. These included strong coordinating mechanisms at national and local levels, and the establishment of the National Partnership Committee at national level - comprising key stakeholders in the area of HIV/AIDS - to carry out monitoring and evaluation, conduct networking activities, sharing information and overseeing the implementation of HIV/AIDS programmes throughout the country.¹⁴ A strong focus on promoting openness about the epidemic and sensitizing communities to HIV/AIDS has also marked HIV/AIDS interventions in Uganda. For instance, it is reported that “over 90% of Ugandans know how HIV/AIDS is transmitted and how it can be avoided, which has led to major behavioural changes, including limiting partners, extensive use of condoms and delay in first time sexual encounters from 14 to 16 years”.¹⁵ What this discussion demonstrates is that the national government has been able to provide policy frameworks and a context of institutional mechanisms and strategies within which local governments have been able to initiate and implement their own local strategies.

Municipalities in Uganda have borne the brunt of the HIV/AIDS pandemic. For instance, they have had to deal with increasing numbers of orphans and

vulnerable street children as a result of the pandemic; increasing costs of HIV/AIDS on private sector businesses in their areas, as employees fall ill and die, often leading to the collapse of these businesses and negative consequences for their local economic prospects; increasing pressures on public social welfare programmes as more and more people fall ill; increasing rural-to-urban migrations as rural populations migrate to the cities and towns to access services and employment as the rural areas are devastated by AIDS; and an increasingly shrinking tax base due to economically active people succumbing to the pandemic.¹⁶

The declaration by Uganda's mayors and urban leaders showed a strong acknowledgement of the need to uphold good governance principles in the fight against HIV/AIDS.

Therefore, the assistance by the Ugandan government, together with multilateral and unilateral donor agencies¹⁷, to local governments in terms of capacity building to manage responses to the HIV/AIDS pandemic has been critical. As a result of this, local governments are also playing a critical role in the fight against HIV/AIDS. For instance, on 28th November 2000, the mayors and leaders of urban governments in Uganda acknowledged the important role that municipalities can play in responding to the HIV/AIDS pandemic. They therefore made an important declaration on sexually transmitted diseases, including AIDS; stating their common agreement to reduce the socio-economic impact of AIDS; to promote and coordinate local multi-sectoral approaches to HIV/AIDS; to participate in efforts to mobilize the human and financial resources necessary to implement local strategies; and to ensure active involvement of people infected and affected by the HIV epidemic in designing and implementing local strategies.¹⁸

Critically, the declaration by Uganda's mayors and urban leaders showed a strong acknowledgement of the need to uphold good governance principles in the fight against HIV/AIDS. In other words, there is an acknowledgement that HIV/AIDS is a governance issue as it affects the quantity and quality of public services delivered to citizens. A further commitment was therefore made with respect to involving citizens in designing action plans, defining local strategies and implementing activities; guaranteeing transparency and accountability in programme management; and providing the necessary institutional support to cities and communities to strengthen their capacity to intervene.¹⁹

One example of a local municipality that has put in place local responses and strategies to deal with the challenges of HIV/AIDS is the Jinja municipality. Situated East of Kampala, the capital of Uganda, Jinja has a population of about 100 000 and a high rate of poverty.²⁰ In facing up to the challenges of HIV/AIDS, the municipality responded by holding meetings and planning sessions that involved community participation in identifying the priorities to be tackled. These priorities included supporting the growing numbers of orphans and vulnerable children; increasing awareness and understanding of HIV/AIDS as well

as expanding prevention activities; and providing greater access to care, support and treatment for people living with AIDS.²¹

The Jinja municipality has also engaged in activities such as speaking out to encourage cooperation across all sectors of society in the fight against HIV/AIDS; encouraging citizens to know their status and take responsibility for themselves; collaborating with the local media and other groups to sensitize the public to HIV/AIDS and to address the fear, stigma and the widespread social exclusion suffered by people living with AIDS; advocating improved health infrastructure and support for people infected and affected by HIV/AIDS; and participating in city-to-city cooperative efforts to identify technical and financial resources for more effective responses to the needs of citizens.²²

There is a process currently underway to improve coordination and collaboration between Non-Governmental Organizations, (NGOs), Community-Based Organizations, (CBOs) and the local government.

Another example is the Soroti District of Uganda.²³ The district's approach to HIV/AIDS puts emphasis on the participation of all sectors of society at local level in the control of the epidemic.²⁴ There is a process currently underway to improve coordination and collaboration between Non-Governmental Organizations, (NGOs), Community-Based Organizations, (CBOs) and the local government. This has been made possible by the decentralization of government planning and services to the districts and sub-counties. Health Need Uganda (HNU)²⁵ was established in 1998 as a local NGO to implement an integrated health programme with HIV/AIDS prevention and care activities in three districts covering 20 sub-counties. The other stated aim is the provision of the knowledge and skills to reduce HIV transmission to the general population with HIV/AIDS. It also seeks to improve the quality of care/support and counselling to people living with HIV/AIDS at home and in health facilities. This support is also extended to families affected by HIV/AIDS. Community-based Health Educators (CHE) carries out the programme's activities in the communities.²⁶ Therefore, communities are made aware of the services provided and other activities covered through local planning processes. During implementation, the political leaders at sub-county level also play a role of mobilizing support for public-private partnerships in the sub-county HIV/AIDS programmes.

Despite the critical role that local governments in Uganda are increasingly playing in the fight against HIV/AIDS, there are still serious difficulties hampering progress. For instance, due to the entrenched stigma surrounding HIV/AIDS, many people living with AIDS are reluctant to reveal their status and thus do not seek assistance; many local authorities have not yet fully internalized the challenges of HIV/AIDS and adopted appropriate responses; many municipalities are badly affected by a continuous loss of local government staff which affects administrative capacity to deal with the challenges of HIV/AIDS.²⁷ Also, constant change in political leadership at local level has had a negative impact on adopted intervention strategies as it requires ongoing efforts to renew commitment and understanding among new leaders. The efforts

expended to forge political commitment at local government level, as well as introducing the necessary administrative changes required for integration and coordination, take considerable time and resources to achieve.²⁸ Therefore the constant haemorrhaging of political leadership at local government level, with the subsequent loss this entails in the form of institutional memory, knowledge, expertise and experience, is considerable.

CONCLUSION AND LESSONS FROM UGANDA

Thirdly, the recognition that HIV/AIDS is also a governance issue, as it affects public service institutions as well as the quantity and quality of public services, is one of the critical steps towards dealing with the pandemic.

Uganda's success in its approach to dealing with HIV/AIDS, and the role of local government in this process, throws up some important key lessons for South Africa's municipalities. Firstly, the proactive role of the national and local political leadership in committing to the fight against HIV/AIDS is important. This is critical not only in ensuring that a focus on AIDS is driven from the highest levels of government, nationally and also locally. It is also critical in mobilizing public support behind local strategies, as well as conveying public messages such as abstinence from sex, use of condoms and getting people to know their HIV status and to seek assistance.

Secondly, the mainstreaming of HIV/AIDS by local governments through their budgetary and planning activities is important. It helps to ensure that the fight against HIV/AIDS at local level is not relegated to the realm of a mere special project that is not at the core of the activities of municipalities.

Thirdly, the recognition that HIV/AIDS is also a governance issue, as it affects public service institutions as well as the quantity and quality of public services, is one of the critical steps towards dealing with the pandemic. Closely related to this step is an understanding of the important role that municipalities can play in the fight against HIV/AIDS.

Fourthly, once it is fully acknowledged that dealing with HIV/AIDS is an important matter of governance, then the importance of participation by local communities and other relevant stakeholders in identifying local priorities, designing and planning of local strategies and implementation becomes self-evident. The importance of stakeholder participation, particularly the affected individuals and communities, in local strategies to fight AIDS, helps to foster a sense of 'ownership', thus encouraging communities to take responsibility for the success or even failure of such strategies. This is an important aspect of promoting good governance at local government level.

Fifthly, the approach to dealing with the pandemic in a concerted way across several municipalities, rather than one municipality dealing with it in a silo, causing a flood of HIV-positive individuals to these silos, has also ensured that there is more widespread impact. Cooperation and common programming, the

sharing of resources and personnel dedicated to the fighting of HIV/Aids, not only in municipalities but in the NGO sector, are also important.

Finally, a multi-sectoral approach, entailing effective management and coordination in local government HIV/AIDS interventions, is another important lesson emerging from Uganda. This is even more critical when guided by clear national policy frameworks and support through capacity building and provision of adequate resources to municipalities.

ENDNOTES

- ¹ <http://www.myuganda.co.ug/categories/news/archive11.htm>
- ² James Putzel, *The Politics of Action on Aids: A Case Study of Uganda*, Public Admin. Dev. 24, 19 -30 (2004).
- ³ <http://www.unaids.org/nationalresponses/result>
- ⁴ <http://www.unaids.org/en/geographica...>
- ⁵ Government of Uganda, *Local Governance For Poverty Reduction: Uganda's Experience, 1993-2002* (Country paper for the fifth Africa Governance Forum_ AGF-V, Maputo, Mozambique), 22-25 May 2002, p. 7.
- ⁶ James Putzel, op cit.
- ⁷ Ibid.
- ⁸ Alex de Waal, *OSI Continental Strategy for HIV/AIDS In Africa*, Justice Africa & GAIN, 29/10/03.
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- ¹⁰ USAID, www.usaid.gov/pubs/cbj2003/afr/ug
- ¹¹ Government of Uganda, *Local Governance For Poverty Reduction: Uganda's Experience, 1993-2002* (Country paper for the fifth Africa Governance Forum: AGF - V, Maputo, Mozambique), May 22-25, 2002.
- ¹² <http://www.un.org/ecosocdev/>
- ¹³ N Asingwire and S. Kyomuhend, *Development of National overarching Policy for Uganda*, Makerere University, January 2003.
- ¹⁴ Government of Uganda, *Local Governance For Poverty Reduction: Uganda's Experience, 1993-2002* (Country paper for the fifth Africa Governance Forum: AGF - V, Maputo, Mozambique), May 22-25, 2002, p. 8.

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- ¹⁵ Government of Uganda, *Local Governance For Poverty Reduction: Uganda's Experience, 1993-2002* (Country paper for the fifth Africa Governance Forum: AGF - V, Maputo, Mozambique), May 22-25, 2002, pp. 7-8.
- ¹⁶ AMICALL, *JINJA Municipality Profile*, (www.amicaall.org.)
- ¹⁷ A range of international agencies such as the UNDP, USAID, Medicins sans Fronteires, Catholic Relief Services and others have played a role in providing institutional support, capacity building and financial resources to the national and local governments and other local civil society organizations in Uganda's fight against HIV/AIDS.
- ¹⁸ Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa, *Declaration of Ugandan Mayors/Urban Leaders on STD/AIDS*, 28th November 2000 (www.amicaall.org/countries/Kampala.htm)
- ¹⁹ Ibid.
- ²⁰ AMICALL, *JINJA Municipality Profile*, (www.amicaall.org.)
- ²¹ Ibid.
- ²² Ibid.
- ²³ This is a District in Uganda where the opportunities and challenges of the decentralization of health system can be partly assessed.
- ²⁴ <http://www.kit.nl/health/assets/images>
- ²⁵ It was initially started by Medicins sans Frontieres (MSF-Holland) and was later taken over by the Dutch NGO - Health Net International, with a more developmental focus.
- ²⁶ <http://www.kit.nl/health/assets/images>
- ²⁷ AMICALL Newsletter - E-Bulletin, Issue #7, p.2, (www.amicaall.org/publications/enenwsletter/)
- ²⁸ <http://www.kit.nl/health/assets/images>