



# **GLOBAL REVIEW PANEL REPORT ON MINI-CONSULTATIONS IN KAMPALA, UGANDA**

**21 – 23 FEBRUARY 2017**





# SUMMARY

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The Uganda consultations took place in Kampala, 21–23 February 2017, and were held in response to a call from members of the Global Review Panel for a country perspective to supplement the panel's work. Uganda, a Fast-Track country that has, in many respects, been a model for an effective AIDS response, is now experiencing the possibility of a resurgent epidemic with new HIV infections increasing amongst young people, particularly young women and girls. The following key messages emerged from mini consultations with government, civil society organizations (CSOs), development partners and UN Country Team (UNCT) representatives:

- The risk of a resurgence of the AIDS epidemic is a major concern, particularly in the context of increasing complacency in relation to both the AIDS response and support for the Joint United Nations Programme on HIV/AIDS (UNAIDS).
- The Joint Programme is valued as a critical partner in the country response and is viewed as playing a particularly important role in supporting the government and a range of partners, particularly The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), as well as by coordinating development partners and in ensuring space for civil society in policy dialogue and accountability mechanisms.
- Generally speaking, partners—particularly CSOs receiving neither technical nor financial support from the United Nations—perceive the Secretariat as the United Nations main actor on AIDS rather than the Cosponsors or the Joint Programme per se. This means we must improve both our performance and how we tell our story.
- A lack of clarity in the county implementation and adaptation of the UNAIDS Division of Labour (DoL) in relation to the roles and responsibilities of the Secretariat with Cosponsors and among Cosponsors leads to unrealistic expectations and inefficiencies. A number of key Cosponsors seem to be inadequately engaged. In

this context, the Secretariat is playing a more prominent role, undertaking functions that the DoL has assigned to Cosponsors in addition to those assigned to the Secretariat itself; these include political and social mobilization, resource mobilization and provision and dissemination of strategic information to guide the AIDS response.

- High demands and expectations on UNAIDS, coupled with dwindling financial support and lack of engagement and underperformance by some parts of the Joint Programme, is placing the Joint UN Programme of Support on AIDS (JUPSA) in a challenging situation. As a Fast-Track country, it is imperative for Uganda to devise new ways of working—beyond aligning JUPSA to the National HIV and AIDS Strategic Plan—to include joint workplanning and reporting processes with the Uganda AIDS Commission, as well as to broader national processes addressing health and the wider Sustainable Development Goals (SDGs).

The following key recommendations emerged from the mini consultations to enhance the work of UNAIDS:

1. Reinvigorate commitment among Cosponsors, including at the level of their boards, to ensure greater prioritization, engagement and coherence in terms of messaging so that Cosponsor staff in Fast-Track countries are aware that AIDS remains a priority and that they need to be fully engaged.
2. Review the structure, functions and overall DoL of the Joint Programme to ensure that it is equipped to address the priorities of Fast-Track countries and can deliver in areas where it has demonstrated added value—for the Secretariat, this includes supporting country authorities with coordination, strategic information and accountability as well as in community engagement and human rights; for Cosponsors it includes a range of technical support areas.
3. Ensure that the workplanning, operationalization and reporting of JUPSA is more closely integrated into national efforts for workplanning, coordination and reporting modalities of the Uganda AIDS Commission and ultimately

greater harmonization of these processes for those governing health in the context of, and in full support of, the SDGs.

4. Renew efforts to contextualize and adapt UNAIDS response at country level by tailoring the composition of the Joint Programme to the nature of the epidemic, priorities of the country and capacities of Cosponsors. This may require selective engagement of Cosponsors and other partners around the most critical issues that need to be addressed to reduce the HIV burden, rather than seeking to engage all Cosponsors.
5. Strengthen the leadership, oversight and accountability of resident coordinators for all United Nations support to the national AIDS response and ensure HIV-related inputs and objectives—including the full range of Joint Programme work—are included in resident coordinator and UNCT performance frameworks.
6. Step up efforts by the Joint Programme to leverage and use its political channels, expertise and strategic information—including macroeconomic analysis—to encourage resource mobilization outside purely HIV-related channels, which no longer exist as they once did in Uganda, to strengthen the national AIDS response, while ensuring that the Unified Budget, Results and Accountability Framework (UBRAF) fulfils its catalytic role in mobilizing other AIDS resources in the United Nations system.
7. Engage more consistently and systematically with CSOs to increase understanding of the roles and functions of Cosponsors, enhance coordination of the national AIDS response and support greater collaboration.
8. At global level, establish an institutional Fast-Track mechanism that would enable UNAIDS to be nimble in responding to country needs by rapidly shifting resources, including among Cosponsors, to respond to specific needs of countries.

# BACKGROUND

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The Global Review Panel on the future of the Joint Programme model is tasked with making recommendations for a sustainable and fit for purpose Joint United Nations Programme on HIV/AIDS (UNAIDS), with a particular focus on three fundamental pillars of the Joint Programme: financing and accountability, joint working and governance. The panel, requested by the Programme Coordinating Board (PCB), is co-convened by Helen Clark, Administrator, United Nations Development Programme and Chair of the United Nations Development Group and Michel Sidibé, Executive Director, UNAIDS. The panel Co-Chairs are Awa Marie Coll-Seck, Minister of Health, Republic of Senegal and Lennarth Hjelmåker, Special Ambassador for Global Health, Sweden.<sup>1</sup>

The aim of refining and reinforcing the UNAIDS model is to ensure its ability to fulfil its unique role in the AIDS response ecosystem

and ultimately improve people's lives in countries. This is why the panel, at its first meeting, called to elicit perspectives of country stakeholders in the panel process. The Uganda consultation was held in response to this call for a reality check.

The Uganda consultation team was led by Global Review Panel Co-Chair, Lennarth Hjelmåker, supported by UNAIDS Country Director, Amakobe Sande, the Global Review Panel secretariat and Dr Anders Nordström, World Health Organization (WHO), as a special advisor. An evening reception on 21 February, hosted by Susan Eckey, Ambassador of Norway to the Republic of Uganda, allowed for stakeholders to become familiar with the panel's aims and processes prior to the consultation.

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<sup>1</sup> The terms of reference of the Global Review Panel are available at <https://drive.google.com/file/d/0B4knHNAdgtxZeEE0N0gxOGRrY2M/view>

# THE CONSULTATION

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In advance of the mini consultations, the team met with the Rt. Hon. Ruhakana Rugunda, Prime Minister of the Republic of Uganda who set the tone for the deliberations with the statement, “Uganda cannot afford to relax on AIDS.” While noting great progress in addressing mother-to child-transmission, he called for a renewed and urgent focus on prevention, particularly among the younger generation which has not been exposed to the devastation caused by AIDS. Today, Uganda is witnessing a rise in new infections among young people, particularly among young women and girls. Prime Minister Rugunda warned of the risk of a resurgence of the AIDS epidemic, while commending UNAIDS for its role in supporting the national HIV response and calling for a revitalized partnership.

Overall, the history of the AIDS epidemic in Uganda, and the wealth of experience and lessons learned over the past twenty years, shaped the discussions throughout the consultation. From the outset of the epidemic, the government’s response was cross-sectoral and wide ranging with the establishment of the Uganda AIDS Commission in 1992 as the coordinating and leading body. Civil society was engaged early on and has maintained efforts over time with extensive energy and force. The United Nations system was also involved from the beginning with WHO, the United Nations Children’s Fund (UNICEF) and the World Bank being the three main partners to the government in the early

1990s. Following the launch of UNAIDS in 1996, it took time to operationalize new ways of working. With PEPFAR and the Global Fund entering the scene, the type of support provided by different stakeholders evolved further. Today, the Secretariat spends about 70% of its time supporting Global Fund processes, playing a unique facilitating role. In short, Uganda provided a rich context for the mini consultations, illustrating how the landscape on AIDS has changed dramatically in a number of countries over the years and, as a consequence, the role of UNAIDS in supporting the national response.

The consultations were structured around four round tables, each involving a specific set of stakeholders: the Government of Uganda, CSOs, development partners/UNCT and JUPSA.<sup>2</sup>

Each round table was co-chaired by Ambassador Hjelmåker and a representative of the constituency and opened with an overview of the mandate and process of the panel, a series of questions to guide the discussion and an encouragement to participants to engage in frank dialogue with an assurance that the meeting report would not attribute specific statements to individual participants. The discussion for each round table is summarized below and is clustered around achievements and value added by UNAIDS, challenges encountered and recommendations for the panel to consider.

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<sup>2</sup> See Annex A: Meeting agenda and Annex B: Participant list

## 1. ROUND TABLE WITH GOVERNMENT MINISTRIES



Representatives from government ministries and agencies, including the Uganda AIDS Commission, the Ministry of Health, Inspector General of Police, the Ministry of Education and Sports, Office of the First Lady, the Ministry of Gender, Labour and Social Development and its national police force, attended this round table. They explored questions relating to how UNAIDS is delivering against country priorities and how well JUPSA is functioning and coordinating with other relevant stakeholders, such as the Global Fund and CSOs. Opportunities for synergies with the broader health arena and the 2030 Agenda on Sustainable Development were also considered.

Government participants expressed overall appreciation for UNAIDS and considered its role in setting the vision and global agenda for the AIDS response to be instrumental. A number of achievements were cited, these included the convening role and power of UNAIDS, along with its high level political leadership and advocacy among religious and cultural leaders, which was considered to have been crucial to effectively addressing HIV and AIDS in the country. Additionally, UNAIDS supported the development of the National HIV and AIDS Strategic Plan 2015/2016–2019/2020 and, along with the Uganda HIV/AIDS Partnership, has facilitated national level coordination by helping



to establish the Three Ones<sup>3</sup>, an innovative and systematic coordination mechanism. In the area of strategic information, UNAIDS has been monitoring the epidemic and response systematically through modelling, demonstrating modes of transmission and finding other ways to help guide resource allocation.

In the area of resource mobilization, UNAIDS plays an important role and its support in rebuilding confidence with the Global Fund after it suspended its grant to Uganda was recalled with gratitude. Ongoing support from the Joint Programme now centres around provision of technical support to Global Fund processes, but also engagement with the private sector as well as new sustainable funding mechanisms such as the HIV Trust Fund. Importantly, it was noted that UBRAF funds cannot be considered a source of funding, but rather play a catalytic role where needs are identified.

In relation to addressing contentious issues, UNAIDS was thanked for its support, including through its quiet diplomacy. The anti-homosexuality bill was given as an example which, if passed, would have negatively impacted the ability of sexual minorities to access HIV services.

Nevertheless, many challenges were noted. Among these was the varying degree of capacity and engagement among Cosponsors in terms of supporting the AIDS response in the country and hence a perceived lack of capacity among some Cosponsors to meet the country's needs in responding to AIDS; examples were given of the United Nations Development Programme (UNDP) and the World Bank. It was also noted that mechanisms to maintain and sustain initiatives are sometimes lacking; the Secretariat and other Cosponsor engagements with the Organisation of African First Ladies Against HIV/AIDS were mentioned in this context. A further criticism concerned bureaucracy within the United Nations family by requesting multiple reporting on HIV to different Cosponsors, placing a burden on national authorities and with requests for financial support taking too long to materialize.

The following recommendations were put forward to enhance the work of UNAIDS:

- Ensure greater harmony between the JUPSA workplan—beyond aligning it to the National HIV and AIDS Strategic Plan—and the Uganda AIDS Commission workplan to further enhance coordination and streamline work. In this context, develop a single workplan, placing emphasis on a common workplan and budget and on undertaking joint reviews and, beyond the HIV sector, linking to the overall health sector coordination mechanism and the Health Sector Strategic Plan.
- Engage the full range of relevant Cosponsors better so as to step up technical support to the Uganda AIDS Commission to enable it to provide leadership and oversight, as well as to monitor and streamline reporting to enhance overall accountability of the wide range of stakeholders engaged in the AIDS response by implementing a leadership accountability framework.
- Improve communications on the roles and responsibilities of the Secretariat and Cosponsors and simplify the process to access technical support from the Joint Programme through a stronger coordination function/mechanism played by the Secretariat.
- Ensure that the UBRAF plays a catalytic role, enabling an increase in total core resources for the AIDS response across the work of Cosponsors in countries.
- Ensure more support from UNAIDS to help partners mobilize domestic resources, including through better analysis of the macroeconomic situation in relation to HIV and by supporting greater outreach to treasury and parliamentarians.
- Reinstate the CSO and partnership funds, two sources of financial support, which ended in 2015 due to mismanagement of funds and an alleged corruption scandal.

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<sup>3</sup>One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners. One National AIDS Coordinating Authority, with a broad based multi-sector mandate. One agreed country level Monitoring and Evaluation System [http://data.unaids.org/UNA-docs/Three-Ones\\_KeyPrinciples\\_en.pdf](http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf)

## 2. ROUND TABLE WITH CSOs



This round table invited CSOs to critically review the role of the Joint Programme in terms of its support for, and engagement with them, including in challenging areas such as the protection of human rights of women as well as key populations.

Many CSOs expressed appreciation for support provided by UNAIDS for, inter alia, bringing CSOs into decision-making processes and aligning country plans to meet international targets and in addressing human rights violations through advocacy and diplomatic negotiations.

Several challenges were noted, including a lack of clarity of the roles and mandates of respective Cosponsors, thereby

generating unreasonable expectations from CSOs and resulting disappointments in failure to deliver on particular issues. A related challenge concerns the lack of understanding of the role of UNAIDS, with many incorrectly believing UNAIDS to be an implementing agency, subjecting the Joint Programme to criticism of being rhetorical and not sufficiently action oriented. Related to this is a perception that it does not adequately report back to, or communicate with, CSOs on relevant deliverables.

In other areas where the Joint Programme's work was appreciated, it was felt that more could be done. This was the case with work on human rights where it was felt that the designated Cosponsor was not sufficiently engaged or accountable for results in this area.

Similarly, concern was expressed in relation to the disjuncture between the capacity available at global level versus country level on a range of important issues, such as intellectual property rights. Concerns were raised that the Joint Programme does not pay sufficient attention to the structural drivers of the AIDS epidemic, such as alcohol abuse, and to population groups beyond those generally considered key populations, such as migrants and refugees.

CSOs expressed concern over the lack of regular and institutionalized engagement between CSOs—other than those who are members of the JUPSA Joint Steering Committee—and the Joint Programme. While CSO participation was supported in the context of the planning processes of UNAIDS, only select CSOs were involved in implementation and accounting for deliverables. In this respect, CSOs lamented a lack of transparency in how CSOs were selected, including in relation to engagement in governance structures such as the PCB and the JUPSA Joint Steering Committee.

The following recommendations were put forward to enhance the work of UNAIDS:

- Communicate more clearly on plans ahead, including the roles and responsibilities of different Cosponsors, and to be more frank on what cannot be done, while being more systematic in reporting back on what has been achieved.
- Engage more consistently with CSOs to improve understanding of the roles of the various Cosponsors and the DoL, as well as enhancing communication and coordination and the timely provision of technical and financial support.
- Explain the framework for engagement with CSOs in governance structures, such as the PCB and the JUPSA Joint Steering Committee.
- Draw on expertise available among national AIDS champions to support technical work, rather than bringing in external ones and, where capacity gaps exist, help close these with requisite training and support.
- Reverse top-down accountability in favour of mutual accountability where the Joint Programme also reports to CSOs, not just the other way around.
- Ensure value for money by investing funds where it will yield the greatest impact by using population location approaches to bringing down new infections.
- Exercise high level advocacy with the government to implement greater leadership and take ownership of the HIV response.

### 3. ROUND TABLE WITH DEVELOPMENT PARTNERS



Development partners discussed the role of UNAIDS in the context of efforts to deliver against country priorities, contrasting the roles of the United Nations and the World Bank in supporting Uganda's AIDS response and considering coordination between different initiatives.

From the perspective of development partners, UNAIDS remains relevant and necessary, particularly in ensuring targeted and coherent efforts among stakeholders in the AIDS response. Its work in the area of strategic information is well respected and clearly serves to guide programming and priority setting by national partners.

UNAIDS has been at the forefront of advocating evidence-based positions which have been acted upon, such as the call from UNAIDS to scale up domestic financing. Its coordination role was also appreciated and its support in signalling issues that arise and that may hamper progress, such as the proposed adoption of so-called unfriendly laws. Examples were given of how development partners had been approached by UNAIDS, and how the implications of such legislation had been explained to them, as well as the importance of standing together and speaking with one voice.

Several challenges were noted, particularly the overall reduction of investment in the health system, compounded by HIV no longer being considered a priority for many donors, and the unlikelihood of a funding increase from major partners. Given the nature of the epidemic, the Joint Programme needs to adapt to this difficult environment and adopt a model that enables effective coordination among the relevant agencies. This may require matching and selecting Cosponsors against the key issues that need to be addressed to reduce the HIV burden, rather than seeking to engage all Cosponsors.

The Global Review Panel took note of the fact that development partner missions in Uganda also needed to receive clear instructions from their governments emphasizing that AIDS is not over and that engagement should continue in Fast-Track countries such as Uganda. Presently, only Ireland and the United States of America are actively engaged at country level, yet many more governments provide substantial resources to multilateral institutions and programmes, such as the Global Fund and UNAIDS, but are not engaged in Uganda. The Global Review Panel took note of efforts being made in Uganda to catalyse this engagement.

The Global Review Panel also took note of the fact that development partner missions in Uganda also needed to receive clear instructions from their Governments about the fact that AIDS is not over and that engagement should continue in Fast-Track countries like Uganda. Presently, only the Irish and the Americans are actively engaged at country level yet many more governments provide substantial resources to multilateral institutions and programmes, such as the Global Fund and UNAIDS but are not engaged in Uganda. The Global Review Panel took note of efforts being made in Uganda to catalyze this engagement.

The following recommendations were put forward to enhance the work of UNAIDS:

- Ensure development partners understand that AIDS is not over in Uganda and that front-loading investments now, including through UNAIDS, will enable this Fast-Track country to work towards ending the epidemic.
- Focus on the three to five issues considered as make or break in addressing the AIDS epidemic and consider which agencies and bodies within the Joint Programme or wider United Nations family can most strategically make a difference in relation to these priority issues, not just programmatically, but also politically.
- Cosponsor boards need to send a clearer signal that AIDS remains a priority in Fast-Track countries and that they need to engage more fully.
- Act as a catalyst for the AIDS response by drawing on the expertise of different Cosponsors to support Fast-Track countries; for example, the World Bank in providing financial analysis to guide the national HIV response, allowing coordinated messaging among Cosponsors to ensure greater coherence and resulting impact.
- Support efforts to translate global commitments into national priorities and to mobilize diverse government sectors to increase overall engagement with the HIV response with a view to enhancing efficiency in use of resources.
- Prioritize action in, and support to, countries where it will make the greatest impact. Uganda, a Fast-Track country, requires commensurate support from UNAIDS to reach the ambitious targets set.
- Engage in the broader development agenda with a view to strategically positioning HIV across SDG targets to craft a roadmap ahead for greater integration and for using the HIV response as a pathfinder for the wider work on SDG implementation.

## 4. ROUND TABLE WITH UNCT/JUPSA



The UNCT/JPS round table was opened with an invitation to explore how the Joint Programme could work better, including relations between the Secretariat and Cosponsors and among its Cosponsors, JUPSA within the Resident Coordinator System, and with the Global Fund, including areas such as financing, reporting, monitoring and accountability.

In terms of achievements, the UNCT and JUPSA noted the UNAIDS 2016–2021 Strategy: On the Fast–Track to end AIDS which guides the delivery of activities, adopting a multi-sectoral

approach grounded in the SDGs. ( ) In Uganda, existing coordination structures were considered helpful in allowing Cosponsors to contribute to JUPSA and enabled specific issues to be addressed effectively; a recent example given was of UNAIDS making a successful case for a focus on gender equality in the context of the Country Coordinating Mechanism of the Global Fund.

Additionally, some Cosponsors explained how financial constraints limit their ability to deliver on their HIV mandates.

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<sup>3</sup>[http://www.unaids.org/en/resources/documents/2015/UNAIDS\\_PCB37\\_15-18](http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18)

Another challenge reported was a lack of clarity regarding the identity of UNAIDS generating confusion between the notion of a Joint Programme and joint programming.

In the era of SDGs, HIV can no longer be addressed as a single disease. It needs to be integrated across health challenges and other thematic issues addressed by Cosponsors. While the ethos of the Joint Programme is about working together, Cosponsors rarely brand themselves as part of UNAIDS as a joint programme. When active on HIV issues and in United Nations Development Assistance Framework reporting, synergies among Cosponsors are not highlighted; this does not encourage collaboration as each agency wants to demonstrate that it has produced attributable results. One idea put forward was to ensure that Cosponsors allocate a percentage of their budgets to HIV. Another idea was to insert a performance indicator for staff in countries where HIV is deemed a priority—even where no UBRAF funds are available—so that they are accountable for integrating HIV into their overall programmes. The example of gender-specific indicators relating to gender mainstreaming was mentioned as a model in this regard.

The following recommendations were put forward to enhance the work of UNAIDS:

- Strengthen the leadership, oversight and accountability of the resident coordinator for all United Nations support to the national AIDS response and ensure HIV-related inputs and objectives, including the full range of Joint Programme work, are included in resident coordinator and UNCT performance frameworks.
- Enhance synergy between the UNCT and JUPSA on health issues and engagement with UNAIDS as a Joint Programme—rather than just the Secretariat—and raise resources together towards delivering effectively on the JUPSA.
- Improve communication across national, regional and global UNCT members in relation to the Joint Programme so that Cosponsor staff working in high-burden countries understand their roles in UNAIDS and address HIV issues effectively.
- Review the structure of the Joint Programme to ensure that its DoL remains relevant, not only in technical areas but also in functions such as advocacy and financial support.
- Ensure that UBRAF resources are aligned to support high-burden countries and populations most affected, allocating funds accordingly among Cosponsors.
- Contextualize UNAIDS at country level, resulting in the Joint Programme consisting of those Cosponsors most relevant to the tackling the national epidemic.
- Establish an institutional Fast-Track mechanism at the global level that would enable UNAIDS to be nimble in responding to country needs by rapidly shifting resources, including among Cosponsors, to respond to specific needs of countries.

# CONCLUSION

A key message, resonating across all four round tables, was that the Joint Programme remains relevant and necessary to support the national AIDS response. UNAIDS is playing a critical role in providing strategic information; supporting the formulation of the national strategy; engaging in evidence-informed advocacy with key stakeholders; delivering and helping to adapt global normative guidance, including through technical support; providing independent monitoring of the epidemic and response; and promoting human rights and meaningful engagement of civil society.

Nevertheless, a number of challenges were raised, including the lack of clarity surrounding the identity of UNAIDS, roles and functions between the Secretariat and Cosponsors and between Cosponsors and missed opportunities to leverage its synergies in responding to HIV and AIDS through a multisectoral approach. These challenges are compounded by an overall environment characterized by complacency towards, and dwindling resources for, HIV and AIDS.

The mini consultations generated a number of findings to feed into the Global Review Panel's recommendations aimed at refining and reinforcing UNAIDS; they also served as a useful forum to improve ways of working among country stakeholders, with a view to effectively executing the JUPSA. Among the findings is the importance of harvesting experiences from the AIDS response to pave the way forward for the wider SDG agenda on health and development at large; in particular, using a multisectoral approach to improve well-being and healthy lives.

Equally important was the finding that the planning, operationalization and reporting of the JUPSA should be more closely integrated into national efforts for planning on health in the context of the SDGs. Another finding was to increase the clarity in the DoL and different roles and functions of Cosponsors. Finally, the issue of financing permeated the consultation and ideas for closing the financing gap were put forward, these included tapping into new funding streams at country level and adopting a more flexible and responsive model of the Joint Programme tailored to address the needs of Fast-Track countries as a priority.





# ANNEX A: MEETING AGENDA

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**22 FEBRUARY 2017, 08:00 - 17:45**

## **PROGRAMME FOR ROUND TABLE WITH THE GOVERNMENT OF THE REPUBLIC OF UGANDA**

**CHAIRPERSON:** MR VINAND NANTULYA, CHAIRMAN, UGANDA AIDS COMMISSION

**GLOBAL REVIEW PANEL CO-CHAIR:** H.E. LENNARTH HJELMÅKER, SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN

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**08:00 - 08:30**                      **ARRIVAL & REGISTRATION**

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**08:30 - 08:35**                      **PRAYER**

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**08:45 - 09:00**                      **CO-CHAIRPERSON REMARKS**

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**09:00 - 09:15**                      **OPENING BY HON. HEALTH MINISTER**

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**09:15 - 09:30**                      **JUPSA PRESENTATION**

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**09:30 - 10:15**                      **GOVERNMENT ENGAGEMENT**

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**10:15 - 10:30**                      **HEALTH BREAK**

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**10:00 - 12:30**                      **QUESTIONS AND DISCUSSION**

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**12:30 - 13:30**                      **LUNCH AND DEPARTURE**

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## **PROGRAMME FOR ROUND TABLE WITH CIVIL SOCIETY ORGANIZATIONS**

**CHAIRPERSON:** MR JOSHUA WAMBOGA, EXECUTIVE DIRECTOR, UGANDA NETWORK OF AIDS SERVICE ORGANISATIONS

**GLOBAL REVIEW PANEL CO-CHAIR:** H.E. LENNARTH HJELMÅKER, SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN

<b>14:00 - 14:30</b>	<b>ARRIVAL AND REGISTRATION</b>
<b>14:30 - 14:35</b>	<b>PRAYER</b>
<b>14:35 - 14:45</b>	<b>GLOBAL CO-CHAIRPERSON REMARKS</b>
<b>14:45 - 15:00</b>	<b>JUPSA PRESENTATION</b>
<b>15:00 - 15:30</b>	<b>CSO'S INTERFACE WITH JUPSA</b>
<b>15:30 - 15:45</b>	<b>HEALTH BREAK</b>
<b>15:45 - 17:45</b>	<b>QUESTIONS AND DISCUSSION</b>
<b>17:45</b>	<b>DEPARTURE</b>

**23 FEBRUARY 2017, 07:30 - 12:00**

**PROGRAMME FOR ROUND TABLE WITH DEVELOPMENT PARTNERS**

**CHAIRPERSON:** H.E. DONAL CRONIN, AMBASSADOR OF IRELAND TO UGANDA

**GLOBAL REVIEW PANEL CO-CHAIR:** H.E. LENNARTH HJELMÅKER, SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN

<b>07:30 - 08:00</b>	<b>ARRIVAL AND REGISTRATION</b>
<b>08:00 - 08:10</b>	<b>GLOBAL CO-CHAIR REMARKS</b>
<b>08:10 - 08:20</b>	<b>UN RESIDENT COORDINATOR AND AMBASSADOR OF IRELAND REMARKS</b>
<b>08:25 - 08:25</b>	<b>QUESTIONS</b>
<b>08:25 - 08:45</b>	<b>AMBASSADORS' ENGAGEMENT</b>
<b>08:45 - 09:00</b>	<b>CLOSING REMARKS &amp; CLOSURE</b>

**PROGRAMME FOR MEETING WITH UN COUNTRY TEAM AND JUPSA**

**CHAIRPERSON:** MS ROSA MALANGO, UN RESIDENT COORDINATOR, UGANDA

**GLOBAL REVIEW PANEL CO-CHAIR:** H.E. LENNARTH HJELMÅKER, SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN

<b>09:00 - 09:30</b>	<b>ARRIVAL AND REGISTRATION</b>
<b>09:30 - 09:45</b>	<b>UN RESIDENT COORDINATOR'S REMARKS</b>
<b>09:45 - 10:00</b>	<b>GLOBAL CHAIRPERSON</b>
<b>10:00 TO 10:30</b>	<b>COMMENTS AGENCY HEADS</b>
<b>10:30 TO 11:30</b>	<b>QUESTIONS AND DISCUSSION</b>
<b>11:30 TO 12:00</b>	<b>CLOSING</b>
<b>12:00</b>	<b>DEPARTURE</b>

# ANNEX B: PARTICIPANTS LIST

## 22 FEBRUARY, ROUND TABLE 1 - GOVERNMENT CONSULTATION

CO-CHAIRS	
H.E. LENNARTH HJELMÅKER	SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN
PROFESSOR VINAND NANTULYA	CHAIRMAN OF THE UGANDA AIDS COMMISSION
PARTICIPANTS	
DR MOSES BYARUHANGA	DIRECTORATE OF POLICE HEALTH SERVICES
BEATRICE WERE	UGANDA NETWORK ON LAW ETHICS AND HIV/AIDS
BEAT BISANGWAI	ORGANISATION OF AFRICAN FIRST LADIES AGAINST HIV/AIDS
DR. NELSON MUSOBA	UGANDA AIDS COMMISSION
TWONOMUJUNI EDGAR	WORLD FOOD PROGRAMME
KASULE MUHAMMAD	MINISTRY OF EDUCATION AND SPORTS
MAGGIE M KYOMUKAMA	MINISTRY OF GENDER LABOUR AND SOCIAL DEVELOPMENT
ENID WAMANI	UGANDA AIDS COMMISSION
AMA SANDE	UNAIDS
GEN. KALE KAIHIRA	INSPECTOR GENERAL OF POLICE
ANDERS EINAR NORDSTROEM	WORLD HEALTH ORGANIZATION
SUSAN ECKEY	AMBASSADOR OF NORWAY TO THE REPUBLIC OF UGANDA
KENT BUSE	CHIEF, STRATEGIC POLICY DIRECTIONS,UNAIDS
LUJJA AMOREKI	CHILDREN AT RISK ACTION NETWORK

## 22 FEBRUARY, ROUND TABLE 2 - CIVIL SOCIETY ORGANISATION CONSULTATION

CO-CHAIRS	
H.E. LENNARTH HJELMÅKER	SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN
JOSHUA WAMBOGA	EXECUTIVE DIRECTOR, UGANDA NETWORK OF AIDS SERVICE ORGANISATIONS
PARTICIPANTS	
CHARLES SWEWANJA	INTER-RELIGIOUS COUNCIL OF UGANDA
JACQUELINE ALESI	UGANDA NETWORK FOR YOUNG PEOPLE LIVING WITH HIV & AIDS
MUSAH LUMBUMBA	UGANDA YOUTH COALITION ON ADOLESCENT SRHR AND HIV
KENT BUSE	CHIEF, STRATEGIC POLICY DIRECTIONS,UNAIDS
REV. CANON GIDEON BYAMUGISHA	FRIENDS OF CANON GIDEON FOUNDATION
FLORENCE BULUBA	NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/ AIDS IN UGANDA
RHODA WANYENZE	MAKERERE UNIVERSITY, UGANDA
MICHAEL B. ETUKOIT	THE AIDS SUPPORT ORGANISATION
PATRICIA KIMA	HUMAN RIGHTS AWARENESS AND PROMOTION FORUM UGANDA
JACKSON CHEKWEKU	REPRODUCTIVE HEALTH UGANDA
NANYANZI PROSSY	NATIONAL FORUM OF PEOPLE LIVING WITH HIV/AIDS NETWORKS IN UGANDA
MOSES MUHAMBA	CENTRE FOR HEALTH, HUMAN RIGHTS & DEVELOPMENT
HANNINGTONE M	INTERNATIONAL COMMUNITY OF WOMEN LIVING WITH HIV EASTERN AFRICA
MARIAM NAMATA	UGANDA MUSLIM SUPREME COUNCIL
IRENE NAMYOLO	UGANDA NETWORK ON LAW ETHICS AND HIV/AIDS

SUSAN AJOK	STRAIGHT TALK FOUNDATION, UGANDA
SR. MARY GORETTI KISAKYE	INTER-RELIGIOUS AND INTERCULTURAL DIALOGUE PROGRAMME
LYDIA MUNGHERERA	MAMA'S CLUB, UGANDA
MOHAMAD ALI ALUMA	UGANDA MUSLIM SUPREME COUNCIL
GEOFFREY MUJISHA	MOST AT-RISK POPULATIONS NETWORK
SYRUS AJUMA	UGANDA HARM REDUCTION NETWORK
TITUS JAMES TWESIGE	ALLIANCE OF MAYORS AND MUNICIPAL LEADERS' INITIATIVE FOR COMMUNITY ACTION ON AIDS AT THE LOCAL LEVEL
JONAH TUMUSHABE	WOMEN'S ORGANISATION NETWORK FOR HUMAN RIGHTS ADVOCACY
SUSAN ECKEY	AMBASSADOR OF NORWAY TO THE REPUBLIC OF UGANDA
BEATRICE WERE	UGANDA NETWORK ON LAW ETHICS AND HIV/AIDS
SHANITTAH NAMAKULA	REACH, UGANDA
SULAIMAN ASIIMWE	UGANDA MUSLIM SUPREME COUNCIL
BHARAM NAMANYA	COMMUNITY HEALTH ALLIANCE, UGANDA
KYOMUKAMA FLAVIA	WOMEN'S ORGANISATION NETWORK FOR HUMAN RIGHTS ADVOCACY
KAFEERA BUSINGYE	WOMEN'S ORGANISATION NETWORK FOR HUMAN RIGHTS ADVOCACY
NAKIWU TOPSTA	WOMEN'S ORGANISATION NETWORK FOR HUMAN RIGHTS ADVOCACY

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JUMA B

UGANDA MUSLIM SUPREME COUNCIL

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DR. BEYEZA TITO

TOORO KINGDOM

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LUJJA AMOREKI

CHILDREN AT RISK ACTION NETWORK

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**23 FEBRUARY, ROUND TABLE 3: UGANDA DEVELOPMENT PARTNERS (AIDS DEVELOPMENT PARTNERS GROUP, COSPONSORS, HEALTH DEVELOPMENT PARTNERS) CONSULTATION**

CO-CHAIRS	
H.E. LENNARTH HJELMÅKER	SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN
H.E. DONAL CRONIN	AMBASSADOR OF IRELAND TO UGANDA
PARTICIPANTS	
DENIS BUSOBOZI	EMBASSY OF IRELAND, UGANDA
AINE DOODY	EMBASSY OF IRELAND, UGANDA
DEBORAH MALAC	U.S. EMBASSY IN UGANDA
AMA SANDE	UNAIDS
ELIZABETH ONGOM	DELEGATION OF THE EUROPEAN UNION TO UGANDA
DONAL CRONIN	EMBASSY OF IRELAND, UGANDA
ROSA MALANGO	UN RESIDENT COORDINATOR, UGANDA
EDSON MUHWEZI	HEALTH DEVELOPMENT PARTNERS CHAIR
SUSANNE PETS	SWEDEN
SUSAN ECKEY	AMBASSADOR OF NORWAY TO THE REPUBLIC OF UGANDA
BEATRICE WERE	UGANDA NETWORK ON LAW ETHICS AND HIV/AIDS (UGANET)
SENNESAL FARGOIS	EMBASSY OF BELGIUM IN UGANDA
DAVIDE BONECWI	EMBASSY OF ITALY IN UGANDA
BIRGITTA GROSSKINSKY	EMBASSY OF THE FEDERAL REPUBLIC OF GERMANY
DR. TARANDE MANZILA	WHO
ANDREW MUSOKE	CLINTON HEALTH ACCESS INITIATIVE
THEO OLTHETEN	EMBASSY OF THE NETHERLANDS IN UGANDA EMBASSY



## 23 FEBRUARY, ROUND TABLE 4 -UN COUNTRY TEAM/JUPSA UGANDA CONSULTATION

CO-CHAIRS	
MS ROSA MALANGO	UN RESIDENT COORDINATOR, UGANDA
H.E. LENNARTH HJELMÅKER	SPECIAL AMBASSADOR FOR GLOBAL HEALTH, SWEDEN
PARTICIPANTS	
BIRIYCU THEOPHILUS	OFFICE OF THE UNITED NATIONS HIGH COMMISSIONER FOR HUMAN RIGHTS
ALMAZ GEBRU	UNDP
ALHAJI JALLOW	FOOD AND AGRICULTURAL ORGANIZATION OF THE UNITED NATIONS (FAO)
MARTIN AMEU	FAO
MONICAH ATURINDA	UNDP RESIDENT COORDINATOR
OLIVIA NAKAYIGA	UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)
ELIZABETH MUSHABE	UN WOMEN
JULIUS KASOZI	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
HODAN ADDOU	UN WOMEN
STEVE OKOKWU	UNICEF
MIRANDA TABIFOR	UNITED NATIONS POPULATION FUNDA
RITA NALWADDA	WHO
KAGGWA MUGAGGE	WHO
CHARLES DRAECABO	UNESCO
SANAZ SEDIGH	UNAIDS
ALICE KABAHEWEZE	UNAIDS
SARAH NAKKU	UNAIDS
JOTHAM MUBANGIZI	UNAIDS
FAITH NABWIRE	UNAIDS

# UNAIDS

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at [unaids.org](https://unaids.org) and connect with us on Facebook, Twitter, Instagram and YouTube.

# REFERENCES

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1. UNAIDS. UNAIDS Strategy 2016-2021: On the Fast-Track to end AIDS. Geneva. August 2015. [http://www.unaids.org/en/resources/documents/2015/UNAIDS\\_PCB37\\_15-18](http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18)

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