

UGANDA

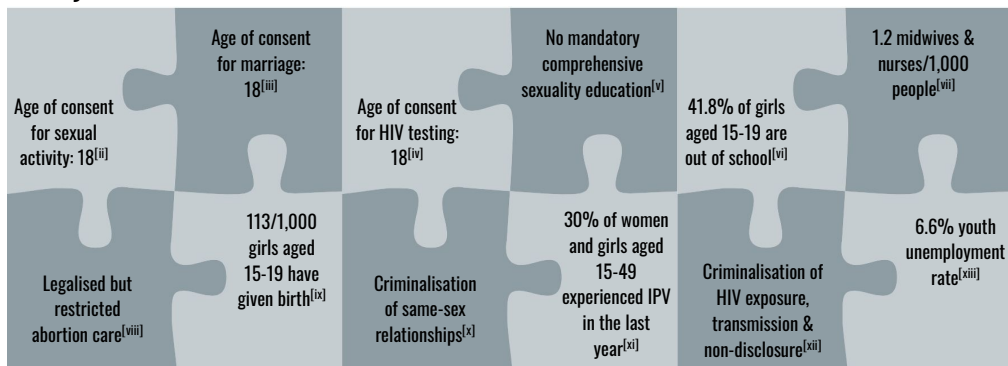
Parliamentarians, People and Policy: Focusing on the Demographic Dynamics

At the Nairobi Summit, policy affiliated commitments issued by the Republic of Uganda linked to the four zeros^[1] involved harnessing the demographic dividend through focusing on human capital development, promoting universal access to all methods of family planning, allocating resources to adolescent friendly health services, using education to improve gender parity and reduce early pregnancy & child marriage and implementing sexuality education policies. While progress has been made since the summit, such as approval of the new Population and National Health Insurance policies, champions within parliament in support of the ICPD25 agenda must contend with dissenting voices. Additionally, new relationships must be forged as some advocates were lost in the transition from the 10th to 11th parliament. Notably, 60% of the new parliament is below 35 years of age, offering a unique opportunity for revised policies which address the desires and realities of Ugandan youth. Capacity building of parliamentary advocates is necessary for ensuring that policies in support of the four zeros are not only passed, but implemented with oversight.

At the historic “Nairobi Summit on ICPD25: Accelerating the Promise”, Uganda made the following commitments:

1. Promote universal access to all methods of family planning and reduce the unmet need for family planning from 28% to 10% by 2022. Re-affirm the commitments that were made at the Family Planning Summit in London (July 2017) to increase financial support towards reproductive health and family planning supplies and commodities to the last mile.
2. Allocate annually at least 10% of maternal and child health resources to adolescent-friendly reproductive health services.
3. Eliminate obstacles that stand in the way of girls’ empowerment including teenage pregnancy and child marriage, as well as all forms of gender-based violence. Embark on educational reforms aimed at ensuring that girls enroll and stay in school, as well as scale-up investments in technical and vocational education to create employable skills and competencies relevant to the labour market.
4. Operationalize the National Sexuality Education Policy Framework that was launched in 2018 to provide a formal national direction for sexuality education within Uganda’s schools; while upholding the positive cultural and religious values of the country.
5. Ensure that different dimensions of the demographic dynamics and diversity are integrated into planning and budgeting frameworks at all levels.

Policy Puzzle



^[1] 1) Zero Unmet Need for Family Planning 2) Zero Preventable Maternal Deaths 3) Zero Gender-Based Violence and Harmful Practices 4) Zero New HIV Infections

Zero Unmet Need for Family Planning

31% of girls aged 15-19 have an unmet need for family planning, correspondingly Ugandan commitments at the Nairobi Summit linked to the national family planning (FP) agenda involved budgetary allocation of maternal and child health funds earmarked for adolescent friendly reproductive health services, educational reforms aimed at keeping girls in school to eliminate teen pregnancy and child marriage, as well as the operationalisation of the National Sexuality Education Policy Framework.^[xiv, xv] In March of 2021, the National Health Insurance Bill passed through parliament and is currently waiting on presidential assent. This universal health coverage bill incorporates FP as an essential service. Additionally, the National Family Planning Costed Implementation Plan (2015-2020) articulates the importance of high impact interventions and funding required, which can be utilised to maintain progress and accountability.^[xvi] While universal coverage of FP is a step in the right direction, Ugandan minors are still unable to access FP on their own, due to existing health care consent laws and policies, indicating a gap in service delivery.^[xvii] Further illustrating the issue is the high rate of teenage pregnancy in Uganda. Officials aim to lower the current rate from 25% to 15% by 2025 through awareness campaigns and by engaging development partners. In April 2021, an important motion on the prevention of teen pregnancy, which urged the government to develop and enforce policies and strategies regarding escalating teen pregnancies, notably impacted by the COVID-19 pandemic, was passed by parliament.^[xviii] The impact of lockdown and school closures in particular has led to a reported increase in unintended teenage pregnancies- the consequences of which include termination of education, reduced job and career prospects and increased vulnerability to poverty.^[xix, xx] Additional proactive policy creation and oversight is necessary to ensure this goal is met. While the Ugandan government established a National Policy Strategy to address upstream factors of gender inequity and teenage pregnancy through a formal agenda on in-school sexuality education, implementation of this framework has been lacking since its creation in 2018. Parliamentary oversight is needed to ensure the promise issued in Nairobi, and the structural game changers identified in the demographic dividend roadmap, including keeping girls in school, are fulfilled.^[xxi]

Zero Preventable Maternal Deaths

ICPD25 commitments made by the Republic of Uganda did not directly address preventable maternal deaths, however tangentially related policies concentrating on universal health care, reproductive health services and investing in youth will undoubtedly have an impact on the maternal mortality rate (MMR), as 13% of maternal deaths occur in mothers between the ages of 15 and 19 and the overall MMR is 375/100,000^[xxii, xxiii] Dedicated parliamentary action is needed to further reduce preventable maternal deaths as post-partum hemorrhage (PPH) remains the leading cause of MMR. Barriers to reducing this occurrence include a lack of skilled birth attendants, accessibility of services, as well as lack of availability of newer technologies and drugs, especially in rural areas. As of February 2021, a new framework specifically addressing PPH was established, however it neglects additional causes of maternal mortality, including eclampsia and unsafe abortion. Restrictive abortion regulations, in addition to societal stigma, result in many women seeking unsafe abortion services. Complications from unsafe abortion are also a contributing factor to the high maternal mortality rate in Uganda.^[xxiv] Post-abortion care is required for many women regardless of the legality of their abortion care. The aforementioned NHI bill would offer coverage for post-abortion care however, lacking accessibility and skilled providers continue to be of concern, particularly among rural populations. Enhanced parliamentary commitment to the use of data generation and utilisation to inform policy and programmes - including the Maternal Perinatal Death Surveillance and Response report - as well as monitoring and evaluation, and budget allocation are key to progress in this issue.^[xxv]

Zero Gender-Based Violence and Harmful Practices

30% of women and girls aged 15-49 have experienced intimate partner violence (IPV) in the last year. At the Nairobi Summit, Uganda affirmed its desire to eliminate all forms of gender-based violence (GBV) through focusing on girls' empowerment. Educational reforms designed to ensure girls enroll and stay in school are intended to decrease rates of child marriage. While the legal age for consent to marriage is 18, between 17% and 58% of Ugandan girls are married before they reach the age of majority, depending on the region.^[xxvii] Parliamentarians must confront existing legal structures as well as traditional customs which enable parents to consent to marriage on behalf of their children before they reach adulthood. Early marriage and disengagement from educational opportunities assures that women will be economically dependent upon their husbands, particularly in rural areas. In cases of women experiencing IPV, this economic dependence decreases the likelihood of extrication. The 2019 updated National Policy on Elimination of Gender-Based Violence in Uganda highlights the importance of prevention focused policies as a priority action item.^[xxviii] Further tension arises in the implementation of female genital mutilation (FGM) policies. Approximately 1% of women and girls aged 15-49 have experience some form of FGM.^[xxvii] The Ugandan government banned FGM in 2010 which was effective in reducing the amount of reported FGM procedures performed annually, however, the practice continues in some communities. Advocates of FGM cite tradition, social, and cultural reasons. Educational reforms put forth by policymakers must include curricular development which inform Ugandan youth about harmful gender-based practices. Additionally, parliamentary focus on increasing engagement of and creating opportunities for girls and young women must concentrate on rural communities where issues are most prescient. Policy creation must acknowledge downstream barriers to implementation and offer local counties and municipalities support in their endeavors to enact and uphold national policies, via financial backing and rollout oversight.

Zero New HIV Infections

HIV incidence among adults aged 15-49 is 2.61/1,000 and Uganda has made significant progress towards the 90-90-90 goal, indicating successful implementation of policy and programmatic action.^[xxix] As of 2019, 89% of people in Uganda living with HIV know their status.^[xxx] The current National Strategic Plan is focused on engaging men in HIV prevention, accelerating test and treat protocols especially among young people, progressive elimination of mother-to-child-transmission, ensuring financial stability of the national response and bolstering a multi-sectoral institutional response.^[xxxi] Additional prevention tools include voluntary medical male circumcision (VMMC) and expanding access to pre-exposure prophylaxis (PrEP). The plan also addresses discriminatory provisions set by The HIV and AIDS Prevention and Control Act of 2014 which authorised mandatory testing for certain populations, forced disclosure and criminalised transmission.^[xxxii] This harmful policy disavows the right to privacy as well as the right to bodily autonomy. Furthermore, criminalisation of transmission, exposure and non-disclosure increasingly marginalises key populations whom already experienced legal discrimination through the criminalisation of same-sex relationships and/or sex work. Although the judicial system may not prosecute many cases, the fear of unfair judiciary processes is likely to hinder access to services and thereby fail in its attempts to reduce the number of new HIV infections. Antithetical to this approach, the age of consent to HIV testing in Uganda is 12 years old, enabling a new generation of sexually active youth to be proactive regarding their health including embracing the importance of U = U as part of the evolving prevention paradigm.^[xxxiii] Stigma –real or perceived- continues to be a policy impediment and increased attention should be given to address it through strengthened community mobilisation, data and showcasing best practice.

Ten recommendations on the pathway to meeting the commitments:

Based on interviews with key stakeholders and a review of core policy documents related to the achievement of the four zeros, the following ten prioritised actions are recommended to ensure that milestones along the pathway to meeting the ICPD25 commitments are met. With the inauguration of a new parliament and building on the framework of both the Population and National Health Insurance Policies, parliamentarians in Uganda should consider the following 10 policy focused actions:

01. Through focused thematic briefings, external consultations, exchanges and mentoring approaches on a number of key policy issues, utilise the momentum of a new parliament which consists of a record-breaking number of young parliamentarians to ensure that the ICPD policy environment is further enabled by **training and investing in an even stronger and more robust number of ICPD competent policy champions.**
02. **Sharpen the oversight and accountability responsibilities** to address a number of implementation challenges, including through increased investments a) the alignment of ordinances at the district level, b) National Sexuality Education Policy Framework and c) teen pregnancy prevention programmes.
03. Ensure increased **policy alignment** for accessing services including for family planning with the age at which minors can access these services.
04. Accelerate the **integration of SRHR and HIV services into universal health coverage** while strengthening global solidarity around future pandemic response and preparedness through **increased investments in community-oriented systems.**
05. Track both **donor and year on year increased domestic finance allocation** to strengthen 1) FP supplies and commodities, 2) adolescent friendly service provision including a focus on increasing the skills and numbers of the health workforce and c) HIV prevention services.
06. Increase the generation and **use of data to inform strategic policy decision-making** notably around: a) estimates of GBV including among key and vulnerable populations, b) post-abortion care, c) FGM, d) teen pregnancy and e) child marriage.
07. Develop **innovative incentive approaches** to attract and retain a robust and expanded cadre of skilled health personnel especially in rural areas.
08. Expand and nurture a **range of multi-sectoral and inter-disciplinary parliamentary partnerships** –to address SRHR and HIV linkages notably around issues related to education and culture.
09. **Remove core structural barriers**, including parental requirements for SRH services, HIV prevention services, laws that criminalise HIV transmission, exposure and non-disclosure and stigma reduction.
10. Review and strengthen Uganda's action in light of the soon to be agreed **2021 Political Declaration on HIV and AIDS** (from the 10 June 2021) which emphasizes that sexual and gender-based violence, the unequal socioeconomic status of women, structural barriers to women's economic empowerment and insufficient protection of the SRHR of women and girls compromises their ability to protect themselves from HIV infection.

Process & Methodology

The legal and policy review was conducted in April and May 2021 through a detailed perusal of various laws and policies which constitute the framework and development of sexual and reproductive health and rights in Uganda. Semi-structured interviews were conducted with representatives from the UNFPA Uganda office as well as other stakeholders in Uganda to further inform and contextualise the policy review.

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