

# HARM REDUCTION INFORMATION NOTE - UGANDA



# This information note has been compiled by Harm Reduction International (HRI) in collaboration with the Ugandan Harm Reduction Network (UHRN), to support Global Fund Grant Cycle 7 processes.

1. UNAIDS (2020) AIDS data  
[https://www.unaids.org/sites/default/files/media\\_asset/2020\\_aids-data-book\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf)
2. Degenhardt L, Webb P, Colledge-Frisby S, Ireland J, Wheeler A, Ottaviano S, et al. (under review), 'A global systematic review of the epidemiology of people who inject drugs: Prevalence, sociodemographic characteristics, risk environments and injecting-related harm', *Lancet Glob Health*
3. UNAIDS Country Factsheet Uganda 2021  
<https://www.unaids.org/en/regionscountries/countries/uganda>
4. UNAIDS (2020) AIDS data  
[https://www.unaids.org/sites/default/files/media\\_asset/2020\\_aids-data-book\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf)
5. UNAIDS Country Factsheet Uganda 2021  
<https://www.unaids.org/en/regionscountries/countries/uganda>
6. Makerere University Crane Survey (2017), Bio-Behavioural Surveys Among Groups at Increased Risk for HIV in Kampala, Uganda Results Brief on Drug Users (DUS).
7. Platt L, Stengel CM, Nkurunziza M, Muhangi D, Byansi P, Wandiembe P, et al. (2019), 'Assessing risk of HIV and hepatitis C among people who inject drugs in East Africa: Findings from a rapid assessment', *J Viral Hepat*, 26(7):926–9.
8. UNAIDS Country Factsheet Uganda 2021  
<https://www.unaids.org/en/regionscountries/countries/uganda>

## 1. Epidemiological data

### 1.1 People who use drugs and HIV

- Between 2010 and 2019, new HIV infections in Uganda have reduced by 43% and related mortality has reduced by 61%. Overall, more than 60% of the new HIV infections are among adolescent girls and young women (AGYW) and key and priority populations.<sup>1</sup>
- There are an estimated 9,500 people who inject drugs in Uganda.<sup>2</sup>
- Available national information, through a combination of UNAIDS and UNODC data, provide estimates that HIV prevalence among people who inject drugs in Uganda is 17%.<sup>3</sup>
- A small-scale study among 67 sex workers who use drugs found a HIV prevalence rate of 31.3%<sup>4</sup>
- HIV prevalence among prisoners: 4%<sup>5</sup>

### 1.2 People who use drugs, viral-hepatitis and co-infection

- Prevalence of HBV and HCV among people who inject drugs are 8.4%<sup>6</sup> and 2%<sup>7</sup> respectively.
- HCV prevalence among prisoners: 7%<sup>8</sup>

***Key highlight - A growing body of epidemiological evidence in Uganda shows that some population groups continue to bear a disproportionately high burden of HIV infection in Uganda - there is an epidemiological case for increased HIV prevention programming for people who inject drugs in Uganda.***

9. Harm Reduction International (2022) Global State of Harm Reduction 2022. London: Harm Reduction International. <https://hri.global/flagship-research/the-global-state-of-harm-reduction-2022/>
10. Country Factsheet Uganda 2021 <https://www.unaids.org/en/regionscountries/countries/uganda>
11. Country Factsheet Uganda 2021 <https://www.unaids.org/en/regionscountries/countries/uganda>
12. Country Factsheet Uganda 2021 <https://www.unaids.org/en/regionscountries/countries/uganda>
13. Country Factsheet Uganda 2021 <https://www.unaids.org/en/regionscountries/countries/uganda>
14. Country Factsheet Uganda 2021 <https://www.unaids.org/en/regionscountries/countries/uganda>
15. Country Factsheet Uganda 2021 <https://www.unaids.org/en/regionscountries/countries/uganda>

### 1.3 HIV prevention and harm reduction coverage

- At the regional level, The East African Community Regional Policy on Alcohol, Drugs and Substance Abuse aims to scale up harm reduction programmes in the seven east African states including Uganda.<sup>9</sup>
- People who inject drugs are included as a key population within the National HIV Strategic Plan 2020/21 – 2024/25. Guidelines for access to HIV services for people who use drugs and a draft standard operating procedure for police on interacting with people who use drugs have also been developed.<sup>10</sup>
- Availability of needle and syringe programmes (NSPs) in the community and in prisons: There is at least one NSP operational in the community. NSP was introduced in Uganda in 2018. The programme was closed in 2019, then resumed in 2021. There are no NSP programmes in prison.<sup>11</sup>
- Availability of opioid agonist therapy (OAT) in the community and in prisons: There is at least one OAT programme operational in the community (methadone and buprenorphine). Uganda opened its first OAT programme in 2020 and introduced take-home doses during the COVID-19 pandemic. There are no OAT programmes within prisons.
- There are no formal harm reduction programmes for stimulants or new psychoactive substances in the country. Stimulant use such as cocaine and methamphetamine, has increased in Eastern and Southern Africa with Uganda being one of the major methamphetamine markets in the region. There is a need for harm reduction programmes for people who use stimulants.
- HIV testing and HIV status awareness among people who inject drugs: 45%<sup>12</sup>
- ART coverage among people who inject drugs living with HIV: 78%<sup>13</sup>
- Condom use among people who inject drugs: 4%<sup>14</sup>
- Coverage of HIV prevention among people who inject drugs: 8% (figure from 2017 prior to the introduction of NSP and OAT)<sup>15</sup>
- Access to peer-distribution of naloxone: no data

***Key highlight - Harm reduction is very limited, with only one NSP and one OAT programme in the country. There is a need to increase coverage of HIV prevention for people who use drugs.***

16. Harm Reduction International (2022) Global State of Harm Reduction 2022. London: Harm Reduction International. <https://hri.global/flagship-research/the-global-state-of-harm-reduction-2022/>
17. Namanya B (pre-published) Increasing Domestic Financing for Harm Reduction - Landscape analysis on domestic financing for harm reduction in Uganda. Harm Reduction International, London

#### 1.4 Barriers and challenges to accessing harm reduction services

- Drug policy remains punitive and law enforcement-led
- Availability, accessibility and service coverage remains a significant challenge. In addition, stigma and discrimination against people who use drugs remain a considerable barrier to service provision and access.
- Limited funding for harm reduction provision and lack of gender-sensitive services limit access for women and key populations generally. Access to harm reduction for women, including pregnant and parenting women and other gender minorities are extremely limited.<sup>16</sup>

## 2. Harm Reduction Financing<sup>17</sup>

- Harm reduction funding in Uganda has come from international donors channelled through national civil society organisations. There has been no domestic financing for harm reduction.
- The Ugandan Ministry of Health's Harm Reduction Guidelines (2020) enabled the establishment of the first Medically Assisted Therapy (MAT) centre. The centre was launched in December 2020 and is based at Butabika National Mental Health Referral Hospital.
- The Global Fund NFM3 (2021-2023) grant has supported a harm reduction package for people who use drugs (including people who inject) through facility and community drop-in centres. In addition, the US government through the CDC supports the MAT clinic at Butabika Mental Referral Hospital.
- Harm reduction is not included in the minimum package of interventions for Universal Health Coverage in Uganda.

***Key highlight - Funding for harm reduction has been very low to date. There is a high need to increase harm reduction funding to prevent new HIV new infections amongst people who inject drugs. Advocacy for domestic investment in harm reduction should also be supported.***

18. These priorities were identified by the Ugandan Harm Reduction Network (UHRN).
19. These priorities were identified through community consultations.

### **3. Advocacy priorities for people who use drugs in Grant Cycle 7**

#### **3.1 Prime priorities<sup>18</sup>**

- Support and scale up NSP
- Capability building of harm reduction stakeholders
- People who use drugs annual community-led funding gaps landscape analysis/index
- Advocacy for establishment of a community and civil society basket fund for the HIV and AIDS response
- Addressing barriers to equitable access to healthcare for all people who use drugs in their diversity
- Operationalisation of a budget advocacy plan developed in 2022 for harm reduction investment in Uganda, including advocacy for domestic investment (under resilient and sustainable systems for health and community system strengthening)

#### **3.2 Priorities for programming for people who use and inject drugs<sup>19</sup>**

- Removing human rights-related barriers to prevention for people who use and inject drugs in all settings including health care settings
- HIV prevention communication, information, and demand creation for people who use and inject drugs
- Community-based HIV testing for people who use and inject drugs
- Removing obstacles relating to human rights that stand in the way of people who use and inject drugs prevention in all contexts, especially in healthcare settings
- Information sharing, demand generation, and HIV prevention
- HIV testing in the community for people who use and inject drugs
- Distribution of needles and syringes to unconventional businesses
- Developing and disseminating focused knowledge and communication about safer injecting techniques through local communities and the internet, or promoting NSP on social media and the online.
- By outreach and other peer-based tactics, demand is generated for needles and syringes.
- Increasing the number of people who inject drugs are referred to additional preventative and HIV testing programmes
- Building institutional capability for people who use and inject drugs-led enterprises
- Roundtables for peer assistance in safe spaces (drop-in centres) for the people who use and inject drugs community
- For people who use and inject drugs-led organisations and communities, legal support and legal literacy, including crisis response, mitigations, and response plans
- People who use and inject drugs and harm reduction activists' participation in technical working groups at the national and local levels as well as other decision-making forums

- Pre-exposure prophylaxis (PrEP) programming for people who use and inject drugs and their relationships
- Overdose prevention and management for people who use and inject drugs
- Integrated community/facility HIV testing services, sexual and reproductive health services, including STIs, hepatitis, and post-violence care for people who use and inject drugs and their partners