THE UGANDA HIV PREVENTION RESEARCH COALITION NEWSLETTER

(Jan to June 2021)

UGANDA NETWORK OF AIDS SERVICE ORGANIZATIONS (UNASO)

GREETINGS!

Welcome to this issue of our newsletter.
This newsletter documents the HIV prevention work of various advocates (individuals and institutions) both in Uganda and in other countries.

In this issue, we bring you articles on the impact of COVID-19 on PLHIV and adolescents and young people. We also explore the challenges that scientific research sites are grappling with in the face of COVID-19, embracing technology as a strategy in the response and updates on the COVID-19 Vaccine among other articles.
We hope you will find the articles resourceful. ■

Please read on and enjoy!

ABOUT THE CS HIV PREVENTION RESEARCH COALITION

HIV PREVENTION RESEARCH COALITION

The coalition was started to advocate for accelerated development of new prevention options against HIV/AIDS and to promote access to an uptake of proven approaches. It started in 2010 with support from AVAC under an advocacy fellowship project hosted at HEPS-Uganda.

Between 2010-2013, the Coalition was hosted at HEPS-U and thereafter, from 2013 to date the Coalition has been hosted at UNASO. The coalition has over 30 CSOs as members. ■

The coalition is currently chaired by Bridget Jjukko ndagaano, the Executive Director of ACT101.

ABOUT UNASO

Uganda Network of AIDS Service Organisations (UNASO) is an Umbrella Organisation formed in 1996 to provide coordination, representation and networking among civil society organisations for enhanced HIV/AIDS service delivery in Uganda. UNASO has a membership of over 200 organisations and has decentralised and operational HIV networks in over 50 districts country wide.

Under a new Strategic Plan (2020 – 2024), UNASO intends to accelerate its efforts to effectively provide strategic support and coordination of AIDS Support Organizations to ensure its effective, efficient and quality contribution to the national response not only to the HIV and AIDS epidemic but improvement of health outcomes in the context of ensuring quality SRHR services and information in general.

OUR VISION: A Uganda Society living Disease free life

OUR MISSION: To provide strategic support to AIDS Service Organizations to implement integrated SRHR and HIV/AIDS programmes through effective representation, coordination, resource mobilization and enhanced capacities

HIV PREVENTION RESEARCH COALITION ADVOCATES FOR THE VAGINAL RING INTRODUCTION

By Sylvia Nakasi

The dapivirine vaginal ring is an intravaginal silicone ring, developed by the International Partnership for Microbicides (IPM) for HIV prevention. The ring delivers an antiretroviral drug called dapivirine. It's released slowly over the course of one month directly to vaginal tissue to help protect against HIV at the site of potential infection.

Over the last decade, a number of studies in different settings have tested the ring's safety, effectiveness and acceptability—these studies and the current research status of the ring are described below.

A portfolio of research has assessed that the dapivirine ring is safe, effective and that some women will want and be able to use it.
Safety studies were conducted first in Belgium and the United States, and then in Kenya, Malawi, South Africa and Tanzania. Extensive information on the safety of the ring for women was also collected in the large effectiveness studies described below. The initial research included women aged 18-45, with additional safety studies among post-menopausal women and adolescent girls aged 15-17 in the United States.
Young women aged 16-21 in South Africa, Uganda and Zimbabwe are currently participating in REACH, a study of the ring and oral PrEP that is designed to collect additional safety information among this age group, and to understand their HIV prevention needs and preferences related to these two products. In addition, there are studies ongoing or in development right now to explore the ring's safety among pregnant and breastfeeding women.
In 2016 two Phase 3 studies – The Ring Study and ASPIRE – showed that the monthly dapivirine ring reduced women's risk of HIV-1 infection by approximately 30 percent overall.
Two open-label extension (OLE) studies — DREAM and HOPE — offered the ring to former participants in the two effectiveness trials. OLE studies do not have a placebo group. DREAM and HOPE collected additional safety data and information about use when women know they are using a product proven to reduce their risk of acquiring HIV.

OUR ASKS:

Government, MoH and legislators:

- Government to start regulatory approvals for the Dapivirine Ring (DVR) roll out by developing
  program models and establishing training needs for Health workers
- Develop and amend policies to support ring promotion and distribution

within a comprehensive SRHR framework
- Ministry of Health leaders to learn about the ring and its importance to achieving HIV prevention goals so as to champion its rapid introduction and adoption

CSOS (CBOs/NGOs) and Advocates:
- Lead on the communication and program designs for the DVR rollout.
- Regional stakeholder engagements to sensitize CBOs and local NGOs about the ring such that they can influence policies that support Ring introduction.
- Monitor the progress made to the commitments by Policy makers and funders
- Adopt DVR programs like developing of Factsheets/ and communiques in easy to understand formats for the different groups of people and information sharing sessions.

Donors:
- Increase budget allocations to implement ring promotion and distribution activities
- Request involvement in the ongoing advocacy for the DVR introduction in country.

"With the ever-increasing numbers of HIV infections among adolescent girls and young women in the country that are escalating due to the COVID19 pandemic lockdown, this is an opportune time for our government through the Ministry of Health to expedite the roll out of the Dapivirine Ring for PrEP for women to curb HIV infections as we strive to end AIDS as a public health threat by 2030 in Uganda"

Sylvia Nakasi is the acting Executive Director at the Uganda Network of AIDS Service Organisations (UNASO).

WORRISOME COVID-19 IN UGANDA: PLHIV'S IMPACT, RESPONSE AND LESSONS

By Winifred Ikilai

With the COVID-19 pandemic ravaging all over again, it doesn't get any easier especially for people living with HIV in Uganda. The second total lockdown that was announced on the 18th of June by His Excellency the President of Uganda, was surely not anticipated, despite the inter district movement ban that had already been declared by him a week earlier. COVID-19 has collided with the HIV response.

A lot of service delivery interruptions have occurred because of the measures put in place to curtail the spread of COVID-19. As part of HIV service delivery monitoring amidst COVID-19, the National Forum of People living with HIV, an umbrella of networks in Uganda, solicited feedback from 32 districts to assess the situation and get a broader picture of what was happening as a result of the lockdown.

IMPACT AND RESPONSES

Generally, access to treatment has been a challenge for people living with HIV due to the ban on both private and public transport that was instituted as a measure to limit movement and human contact. Lack of means to travel combined with the long distances to the health facilities has negatively impacted uptake of services. Some clients have had to literally walk from one district to another to access HIV services. For example, some clients have had to walk from Kagumba near River Nile, Buyende and Luuka district to Kamuli Hospital for ART. That's a distance of to miles traveled on foot to access these lifesaving drugs.

The situation is even tougher in Kalangala district, an island surrounded by Lake Victoria in central Uganda. Because of the lockdown, boats are prohibited to move from one island to another. People cannot entrust boda bodas to deliver HIV medication due to fears of privacy breaches and the possibility of widespread community stigma. Only a small number of linkage facilitators and health workers voluntarily help with the home deliveries of ARVs at the moment. So, what happens to those with elusive locations and identities?

It's become even more difficult to access a travel permits from the local authorities due to the bureaucracy and exploitation of high demand in most districts. Some local council chairpersons are illegally charging up to UGX 20,000 for authorization to travel, yet the President mandated these services be free for those who are medically eligible. Paying such fees is a hurdle for those without a source of livelihood. Furthermore, seeking authorization to travel from the LC has ignited fear of stigma and breach of confidentiality and privacy as such requests

are accompanied with a hospital HIV care card or medical appointment as proof. As a result, PLHIV are dropping out of HIV care. Many cases of drug defaulting and loss to follow-up have been observed and documented. In Mityana district, a number of adolescents are missing in action. During one week in July, 21 out of 48 adolescents missed their appointments. This is worrisome. Such attrition threatens to undo years of HIV programming.

People living with HIV who had been working in the informal sector were greatly hit by the lockdown measures as most live on hand-to-mouth incomes. Loss of work leads to lack of food and, in turn, results in poor ARV adherence—often the drugs are too strong and cannot be taken on an empty stomach. Particularly, children and the elderly lack food as their caretakers no longer have income sources. There are no gardens to cultivate anymore as some people worked in the farms to get some money to buy food for their families. "Even those who used to go to the town centers to look for alternative sources of living cannot do so because they cannot travel any more,"said a PLHIV coordinator from Ngora district.

Many PLHIV clients have missed their HIV service appointments for fear of COVID-19 acquisition. In Rubare Health center IV, based in Ntungamo district, for example, about 110 cases of loss to follow-up were noted in one week compared to the time before COVID-19 hit. Some facilities are outright avoided since they started diagnosing COVID-19 cases. In Rubare health center still, for example, a community linkage facilitator and an essential health worker tested positive for the new virus, understandably scaring some people from visiting the health facility.

Another challenge is the reduced number of health workers at the facilities due to restrictions on transport and the curfew time. In Arua district, health facilities like Vurra and Ajir have been forced to operate their ART clinics between 9:00 and 11:00 am and yet some PLHIV live far and cannot arrive in time. Some have been denied services for arriving past the stipulated time after traveling many kilometers to reach these health centers. This limitation compromises the quality of HIV services.

Mental health is another silent and unattended to challenge of the lockdown. Along with ARVs, PLHIV cannot access counseling and psychosocial support services because they cannot easily reach the health facilities. Related fears, daily reports of friends and relatives getting sick and dying of COVID-19 have created panic and anxiety.

"People are living in fear and have no clue of what the future holds. PLHIV are already dealing with the fact that they are HIV positive, which alone is stressful and can lead to depression. People are suffering in silence due to stigma and few can ably open up or share how hurting they are," said a PLHIV coordinator from Busoga region.

WHAT LESSONS DO WE LEARN FROM THIS PANDEMIC?

Health facility and community linkages need to be strengthened and this is only possible through the differentiated HIV service delivery models—both at the facility and community levels; community drug distribution points and over-the-counter multi-month ART refills; and commodity security.

The role of community structures cannot be underscored enough. At the moment it is the volunteers in all categories, including peer educators, mothers, counsellors, linkage facilitators and PLHIV networks moving around to deliver these drugs with or without facilitation. Ministry of Health, AIDs development partners and HIV implementing partners must invest in community health systems strengthening. At the moment referrals and mechanisms to promote retention in care at community level have been compromised due to this pandemic. The broken bridge is mended by community health personnel who are resource constrained. Young people walking, and others on their own accord ride many kilometers to deliver drugs to their colleagues.

The integration of HIV, SRHR and livelihood programs for people living with HIV is essential to combat the twin crises of HIV and COVID-19. What happens to the women in need of family planning services? What happens to babies in need of nutrition services? How do we deal with the increasing gender-based and intimate partner violence?

Had we empowered these vulnerable communities to boost their existing sources of income, we would not have people crying to be bailed out. We do not have to wait for the pandemic to hit hard for the government to start identifying vulnerable communities to benefit from "Nabbanja's" vulnerable poor UGX 100,000 and other Government livelihood projects.

Provision of counselling services is more pertinent now than ever. Online and mobile phone counselling can be helpful. Many partners and organizations have toll-free lines and counsellors that can be tapped to help. For those who cannot access these services, peer counsellors must be equipped with protective gear to help reach out to those in despair. Post-pandemic, we must ensure a robust workforce of both community and facility counsellors. Psychosocial support and sharing groups including the buddy system must also be revived.

Lastly, networks of people living with HIV should be recognized and supported for their involvement in the COVID-19 response at National and district level. They should be recognized as essential workers.
And while all this happens, government and all stakeholders must do everything they can to secure more vaccines for the people. Lockdowns are helping to slow the pandemic, but they are not sustainable longterm. Science delivered several effective vaccines at unprecedented pace. It is unacceptable that less than 2 percent of the population has been vaccinated.

There are a number of lessons to learn from the HIV movement. Today, we are battling two viruses—COVID-19 and HIV. Let us not forget the role played by communities in activism, advocacy, outreach, information sharing and, most importantly, linkages, follow up and referrals. Functionality, greater involvement of civil society organizations and networks of people living with HIV is critical. They will bring knowledge to communities; they will deliver those drugs to the last mile and also ensure that they are taken as prescribed. And then His Excellency can declare victory. ■

Winifred is a 2020 AVAC Advocacy Fellow, implementing the Test, Treat and Retain Advocacy Project hosted by the National Forum of PLHIV Networks in Uganda (NAFOPHANU).

COVID-19: BUSINESS UNUSUAL AT RESEARCH SITES

By Esther Nakkazi

Governments and research regulators have issued new guidance for ongoing clinical trials in response to the COVID-19 pandemic.

The guidelines cover actions that sponsors, researchers and research sites have to institute to help ensure the integrity of the studies, interpretation of study results while safeguarding the safety of trial participants as a first priority.
For most research sites where studies have just opened, screening and enrollment have been paused, some research sites with laboratories have been shifted to maintenance phase and in countries with lockdowns clinics closed with interactions between site staff and participants done via mobile phone and messaging. (this may include safety checks, adherence counselling and reminders and in-depth interviews.)

If visits must be done sites are giving staggering appointments to limit the number of people at the site at any given time, allowing adequate space in waiting areas for social distancing, and ensuring hand washing and sanitization stations are available throughout the clinics.

Research staff are also required to conduct screening for signs and symptoms of COVID-19 infection and facilitating access to testing if warranted.

The actions are set against a backdrop of direction by the local regulatory body or institution also considering the specific national legislation and guidance.

For instance, the UK government issued a directive that all ongoing clinical trials should undergo a risk assessment in relation to COVID-19, including analysis of any potential risk to trial participants, in line with current government advice on social distancing and measures to reduce the spread of COVID-19. (The actions are however not applicable to ongoing or proposed clinical trials related to COVID-19.)

While Uganda has suspended recruitment of research participants until further notice. Although the regulator, Uganda National Council for Science and Technology (UNCST) has continued with the regulatory processes in the background, getting documents submitted for review and receiving permit applications only be done online. https://www.uncst.go.ug/new-research-registration-procedures/

The Food and Drug Administration (FDA) has what it calls 'guidance on the conduct of clinical trials of medical products for industry, investigators and Institutional Review Boards (IRBs)' https://www.fda.gov/media/136238/download.
The European Medicines Agency (EMA) has 'guidance on the management of clinical trials during COVID-19 pandemic'

https://ec.europa.eu/health/sites/health/files/files/eudralex/vol-10/guidanceclinicaltrials_covid19_en.pdf

In all these efforts sponsors, investigators, IRBS/IECs are required to document all these efforts.

"We are trying hard to maintain business "as usual" in very unusual circumstances. Communication will be sent to protocol teams regarding specific strategies for managing these changes on a study-by-study and site-by-site basis," said Sharon L. Hillier, Principal Investigator, Microbicides Trials Network (MTN).

"We are maintaining our core activities, and working hard on COVID-19, though many doing so at home. Nonetheless, laboratories remain open and functioning," said Marc-Alain Widdowson, the director at the Institute of Tropical Medicine (ITM) in Antwerp.

Challenges are however arising where investigational products have to be sent to trial participants and sites have to come up with innovative ways not to interrupt supply chains of the products.

For instance, at the University of Alabama Birmingham (UAB) MTN site, the research clinic is closed because all staff are in self-quarantine.

"The pharmacy is based at the hospital. Over the weekend, the study pharmacist comes in to assemble individual packets and instructions for each of the participants who receive these curbside in front of their homes," said Lisa Rossi the director communications and external relations. Other sites, including Pittsburgh, Thailand and South Africa, will be sending participants whatever products they need to complete the study by overnight mail, said Rossi.

In all this researchers worry that COVID-19 will without doubt affect the outcomes of the studies.

"The quality of data collected is going to be affected because some study visits on which data gathering was to be conducted will be missed, some scheduled samples that were supposed to be picked from participants during certain pre-set visits and other protocol-defined procedures will also be missed," said Freddie Mukasa Kibengo, the project leader under the Epidemiology and Prevention Programme at the Uganda Medical Research Council (MRC)

Kibengo says researchers will need to re-negotiate with sponsors when the COVID-19 pandemic is over because certain pre-defined timelines will most likely be missed. For instance, grants may expire before the studies have been completed which will affect staff contracts, contracts to their partners and services suppliers.

Plus fears of what will happen to the research staff and study trial participants who may not be spared by the pandemic. "Life will not remain the same after this pandemic." ■

Esther is the Founder & President of The Health Journalism Network Uganda (HEJNU)

THE IMPACT OF COVID-19 ON ADOLESCENTS AND YOUNG PEOPLE

By Joshua Thembo

Meeting the health needs of young is critical, especially at such a time as this when life as we know it has been turned upside down by the COVID-19 pandemic. Help Initiatives for Development Uganda (HIDE-Ug) has created awareness on and provided psychosocial support including counseling to young people to address the gaps in service provision as a result of COVID-19.

Counseling support is being provided through telephones. HIDE-Ug has also engaged in advocacy initiatives and provided peer support through its peer programing to support the young people remain healthy and make the right decisions and choices even during the COVID-19 lockdown.

THE DISRUPTION CAUSED BY COVID-19

The second wave of COVID-19 has not only disarrayed the day-to-day operations in the lives of individuals but also brought to light the inequities within the healthcare delivery systems, especially in prioritizing essential health information and services including the sexual and reproductive health needs of young people. Likewise, COVID-19 has also interfered with the education sector, keeping all learners in homes exposing them to sexual abuse and other forms of gender-based violence.

One of the most affected population categories has been the adolescent girls and young people who are currently out of school and have had little or no access to sexual and reproductive health services as a result of the pandemic containment measures – closure of schools, ban on public, private transportation, and curfew among others.

Adolescent mothers receiving support during current COVID-19 lockdown in Kasese district to support in improving their livelihood

The halting of public transport has left many Ugandans who are seeking health services unable to reach health facilities, with ambulances in short supply. The economic wellbeing of the adolescents and young mothers has also been grossly affected as many were surviving through hand to mouth business ventures.

Escalating cases of teenage pregnancy from 2,372 as per July 2020 to 70,319 March 2021 district health information system (DHIS) and 128 child marriages in districts like Kasese are very worrying. These numbers are shooting up due to the failure to access health facilities, especially family planning services and subsequent restriction on movement of public transport (Boda Boda) which is more affordable by the majority of young people in Kasese district

The government should focus on strengthening the health system by ensuring increased budgetary allocations for health especially for SRHR to address issues of poor access and availability of sexual and reproductive health services. This should be done by fully equipping public health facilities and youth friendly corners with the required medical supplies and services. The health sector should also have a well facilitated and robust emergency response plan/strategy to ensure timely response even during crisis times like COVID-19.

FOCUS ON THE FUTURE

COVID-19 has reminded us of the need for a strong community health system – the village health team model should be strengthened further and VHTs trained on addressing SRHR needs of young people. Peer educators should be integrated in the Village Health Team service delivery model. This shall lead to continuity of services even during crisis such as the ongoing pandemic. There is also urgent need to expedite the process of upgrading Health Center IIs to Health Center IIIs to address the challenges of long distance. Government should establish formative programs to support the girl child to have access to sanitary pads due to high levels of poverty in Uganda.

Together we can ensure continuity of Sexual and Reproductive Health and Rights services and close all service delivery gaps that have been caused by COVID-19

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Joshua is the Team Leader at Help initiatives for Development Uganda (HIDE-Ug), a non-for-profit indigenous organization focusing on sexual and reproductive health and economic empowerment for adolescent girls and young people.

VACCINATING THE WORLD: WHAT WILL IT TAKE?

(Originally published in the AVAC weekly newsletter on April 2, 2021)

Nature looks at what it will take to "vaccinate the world," reporting "Some 413 million COVID-19 vaccine doses had been produced by the beginning of March, according to Airfinity data. The company projects that this will rise to 9.5 billion doses by the end of 2021. A larger figure was published last week in an analysis from the Global Health Innovation Center at Duke University in Durham, North Carolina. The Center's researchers aggregated publicly announced forecasts from vaccine makers, which add up to around 12 billion doses by the end of the year." Nature looks at several issues that may be slowing vaccine capacity, including intellectual property:

"Proponents argue that the waiver will enable governments and manufacturers to jointly organize a ramping up of vaccine supply. Without such a waiver, they say, poorer countries will remain dependent on the charity of richer countries and their pharmaceutical industries....
' We cannot repeat the painful lessons from the early years of the AIDS response, when people in wealthier countries got back to health, while millions of people in developing countries were left behind,' Winnie Byanyima, executive director of UNAIDS, said earlier this month." But "Jerome Kim, director-general of the International Vaccine Institute in Seoul, says: 'The thing about vaccines is that, unlike a drug, you can't just [follow instructions] and assume that you've got a vaccine. This is a complex biological process that has multiple quality-control steps.' For RNA technology, he says, 'it's really not that robust yet'." ■

Embracing Technology, E-Health in HIV/ AIDS and SRHR Programming

By Aidah Babirye

E-health interventions are already being used within the global HIV response, and are increasingly being viewed as an essential factor to ending AIDS as a public health threat. For example, mobile technology is helping people access information about HIV prevention or adhere to treatment.

Information and communication technology (ICT) represents an important new resource for enhancing the reach and effectiveness of HIV programming.

Reproductive Health Uganda (RHU) through the Ask RHU website platform on Facebook Messenger is accelerating information dissemination on HIV/AIDS and SRHR to young people and the youth.

Social media has become an integral part of how people communicate, stay in touch, keep on top of new developments, and connect with the world around them. The youth make up the majority of the population in Uganda right now, and they are more interested in using social media. Therefore, one of the fastest ways to reach the youth and young people in Uganda is through social media. The internet is a useful source of HIV/AIDS and SRHR information. In a study of internet use and coping, Reeves 2001 (How individuals coping with HIV/AIDS use the Internet.) finds that people living with HIV/AIDS who use the internet for health information seem better informed about HIV/AIDS and report more use of active coping strategies, including information seeking, and greater social support.

HIV/AIDS information is an important resource for people whether living with HIV/AIDS or not. It is one of the most important tools in HIV/AIDS management. Information about HIV/AIDS is a critical resource to prevent transmission of HIV and manage the complications that accompany it. In bid to increase the information dissemination of HIV/AIDS and SRHR to the youth, RHU created the Ask RHU platform.

Ask RHU is a health and wellness website that enables people to ask questions or make inquiries on anything about HIV/AIDS and other SRHR information that they need. This platform is programmed to instantly answer different questions about Sexual Reproductive Health Rights.

According to the internet world statistics, Uganda has 3,328,000 Facebook subscribers out of 23 million who are on the internet as of December 2020. Ask RHU is specifically on Facebook messenger because many youths in Uganda access Facebook regularly. According to the Social Media statistics for the month of March 2021, Facebook is the most used platform in Uganda accounting for **59.58%** usage.

Ask RHU platform easily and readily avails information on HIV/AIDS and SRHR issues. It also gives room for confidentiality to the user. Many young people shy away from accessing various information on SRHR and HIV/AIDS in fear of public perception. The information shared by this website can be retained by the user and so one can always make reference and also share it. This platform also generates data to RHU basing on the most asked questions, the information searched and so identifies the gaps in HIV/AIDS and SRHR programming. This platform is also able to cover a wide range of areas with information on HIV/AIDS and SRHR because internet/social media platforms can easily be accessed in different parts of the country.
Information and communication technology (ICT) represents an important new resource for enhancing the reach and effectiveness of HIV programming.

Aidah is the Communications Officer at Reproductive Health Uganda (RHU)

UN LAUNCHES NEW CAMPAIGN TO SUPPORT GLOBAL VACCINE EQUITY

By Haruna Gimba

(Originally published in Health Reporters, on March 15, 2021)

The United Nations has launched a new global campaign, Only Together, to support its call for fair and equitable access to COVID-19 vaccines around the world.

The campaign stresses the need for coordinated global action to ensure vaccines are accessible in all countries, starting with health-care workers and the most vulnerable.

"Over the past year, we've all missed out on doing the things we love to do with others; eating, hugging, and going to school and work," said UN Deputy Secretary-General Amina J. Mohammed.

"Millions of us have lost someone we love or had our livelihoods taken away. An unprecedented global scientific effort for vaccines has given us hope to defeat the virus, but only if we work together to ensure everyone, everywhere has access to COVID-19 vaccines. Only together can we end the pandemic and transform a new era of hope."

According to the World Health Organisation (WHO), more than 2.5 million people around the world have died from COVID-19. The COVID-19 vaccines will stop people from dying, prevent new variants from emerging, reignite economies and offer the best hope to end the pandemic.

The biggest vaccine roll out in history is now underway with millions of doses being delivered around the world, including to some of the world's poorest countries, through the efforts of COVAX, the global vaccine equity mechanism. Health Reporters gathered that these doses will initially only cover a small segment of the populations, healthcare workers and the most vulnerable.

"By the end of 2021, COVAX aims to offer vaccines to nearly 30 per cent of each participating country's population. But that progress pales compared to ten rich countries that possess nearly 80 percent of all COVID-19 vaccines, with some planning to vaccinate their entire population within the next few months."

COVAX, which is led by the WHO, GAVI and the Coalition for Epidemic Preparedness Innovations (CEPI), and in partnership with UNICEF, has 190 participating countries. It needs more than $2 billion to fully meet its goal to vaccinate those most in need by the end of the year.

Pledging new funding for COVAX is critical, but more can be done to scale up vaccine access by sharing excess vaccines, transferring technology, offering voluntary licensing or even waiving intellectual property rights.

"If the world's scientists were able to develop safe and effective vaccines in just seven months, the aims of world's leaders must be equally record-breaking, to provide enough funding and to ramp up manufacturing to enable everyone on earth to be vaccinated," said UN Under-Secretary-General for Global Communications Melissa Fleming. ■

UNASO PARTICIPATES IN THE UAC EDUCATION SESSION ON COVID-19

At the onset of the COVID-19 Vaccination program in Uganda, the Uganda AIDS Commission (UAC) organized an education session in April 2021 to provide CSOs and other stakeholders in the HIV response with relevant information about the situation of the COVID-19 19 response in the country and the vaccination program. Participants had a chance to be vaccinated among other activities.

The DG, Uganda AIDS Commission, Dr. Nelson Musoba together with CS representatives at the COVID-19 education session at UAC

OUR STAR ADVOCATE

In this issue, we bring you the story and journey of one of the key advocates in the Uganda health sector, Mr. Charles Brown, the Executive Director at Prevention Care International (PCI)

1. What is your full name?
Charles Brown

2. Did you have a nick-name while growing up?
CB

3. Where were you born?
I was born in Fort Portal

4. Which schools did you go to?
I went to Kinyamasika Primary School, St. Leos College Kyegobe, East High School Ntinda, UCU Mukono and Makerere University

5. What field of study are you qualified in?
Social work and Public Administration

6. When did you first get involved in advocacy work and what motivated/inspired you?
I first got involved in advocacy in 2007 at the STD clinic in Mulago. We were conducting the HSV 2 studies and I was involving in recruiting participants and following them up. My interaction with the community exposed me to challenges people face in accessing health care services, the knowledge gap on where the services are and their rights. The challenges being faced by the community and the procrastination of some duty bearers in delivering services motivated me to engage in advocacy.

7. What was your first area of advocacy?
It was supporting study participants and their relatives to access HIV prevention and treatment services. During community follow ups, many people would open up to me about their challenges like where to go for an HIV test, where to access condoms, STIs treatment and counseling.

8. What health areas are you currently advocating for?
Currently I'm involved in advocating for HIV prevention, access to treatment for those who are infected, access to health care services for key and priority populations, PEPFAR processes and Global Fund processes. Am also involved in advocacy on GBV, SRH and integration of services. I also strongly advocate for new HIV prevention options under research, demonstration and roll out.

9. What is your vision for this health area?

To see everyone in the community accessing basic health care services regardless of financial status. Simply put, universal access to basic health care for all.

10. What are those moments in your life that have been fun/funny/made you laugh, smile, cry, etc

When we deliver services to the community and get testimonies of how people were able to avoid infection, to access treatment and the progress made by those we supported in vocational skills. It's also fun when I meet peers we serve and we casually talk about different issues. Sometimes it's so funny and makes me laugh when we freely chat as if I'm their peer.

11. Which players in the advocacy world have been most instrumental in your advocacy journey?

Dr. Edith Nakku Joloba, she's is the first person that ushered me into the HIV world to conduct clinical trials. It's during these clinical trials that I interacted with the community and saw the challenges people are facing. This motivated me to start advocating and supporting people to access services. She is also the one who first told me about AVAC.

AVAC team especially Emily, Manju and Angelo, these people influenced and supported my advocacy in 2014 when I was an AVAC fellow. They gave me a lot of useful information, links to several people and courage to approach any person. They are very supportive guys, passionate about advocacy and willing to support others.

Supercharger, I find him more real and driven by commitment to support the community especially people leaving with HIV. He goes an extra mile that most other local advocates wouldn't go without incentives.

Lilian Mworeko is another great advocate who can stand her ground and demand for what she wants. I find her motivating in the advocacy work.

Asia Russell is another inspiring advocate who can follow up multi-issues ranging from prevention, care/treatment, issues of AGYW, KPs, maternal health, policy formulation etc... The uniqueness and inspiring part is that in all these issues she's always well informed.

Frank Mugisha from SMUG is an inspiring and strong advocate. He stood up strong to advocate for the rights of KPs years back when most of us could not say anything. He endured do or die situations for the rights of KPs.

12. What message do you have for young advocates out there?

Its very important to first get your facts well before starting to advocate for something, Advocacy is also about numbers, there is need to work with other people and the best way is for you to make those that you want to support you understand and appreciate your work.
Lastly is to be bold and stand for what you want.

We hope you have enjoyed the few minutes into the life of Mr. Charles Brown, this issue's star advocate. Look out for our next issue to read about another advocate causing change in the Uganda health sector.

UPCOMING EVENTS

ICASA 2021

1. ICASA 2021

The 21st edition of the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) will be held in South Africa from 6th to 11th December 2021. The conference presents a tremendous opportunity to highlight the diverse nature of the African region's HIV epidemic and the unique response to it. For more information, visit http://icasa2021.saafrica.org/

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COALITION MEMBERS:

NUWOSO Advance Women & Children's Right

UNASO

AIDS INFORMATION CENTRE-UGANDA

AWAC Alliance of Women Advocating for Change

CEPARD

NAGURU TEENAGE INFORMATION AND HEALTH CENTRE

CEHURD social justice in health

HEPS FOR HEALTH RIGHTS

MAMA'S CLUB UGANDA

HEALTH HUMAN RIGHTS ACTION GROUP FOR HIV AIDS

The Positive Men's Union (POMU)

children's AIDS Fund

Mengo Youth Development Link — United for Development

peertopeer Uganda

IDI INFECTIOUS DISEASES INSTITUTE

RHU Reproductive Health Uganda

UGANET SOCIAL JUSTICE FOR HEALTH HIV AND GENDER

UNYPA UGANDA NETWORK OF YOUNG PEOPLE LIVING WITH HIV/AIDS

NACWOLA

HEJU

HEALTH Journalists NETWORK IN UGANDA

"Improving public awareness concerning health issues"

preventivecareinternational

Stigmaless Uganda

ACTS101 "For Positive Change"

International Community of Women Living with HIV Eastern Africa (ICWEA)

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