



**Remarks at the United Nations -Private Sector Partnership
Consultative Meeting on the One Dollar HIV & AIDS Initiative
(ODI)**

**By H.E. Ms. Rosa Malango
UN Resident Coordinator
Skyz Hotel Naguru, Kampala**

Thursday 25 April 2019

10.00 am-12.00 Noon

The Patron, One Dollar Initiative, Mr. Patrick Bitature,
The Chairperson, One Dollar Initiative, Prof Vinand Nantulya,
The Vice Chairperson, One Dollar Initiative, Mrs. Rosemary Ssenabulya,
Members of the Board of the One Dollar Initiative,
The Director General, Uganda AIDS Commission, Dr. Nelson Musoba,
The UNAIDS Country Director, Dr. Karusa Kiragu,
UN Colleagues
Ladies and Gentlemen

I am delighted to be part of this consultative meeting between the United Nations and the Private Sector on the One Dollar HIV & AIDS Initiative (ODI).

The One Dollar Initiative is a private sector led effort to mobilize financial resource to support the national response on HIV and AIDS. This is the first of its kind in Africa. The One Dollar Initiative is important to Uganda as it contributes to the financial sustainability of the National HIV and AIDS Response in Uganda. Currently, external resources account for about 94% of the total funding for HIV. This is a significant threat to the sustainability of the gains registered so far in the fight against HIV in Uganda given vulnerability of external resources to global economic shocks.

There are an estimated 1.3 million people living with HIV in Uganda. Out of this figure 1.2 million (750, 000 women and 450,000 men) are aged at least 15 years old. Latest statistics indicate that 88% of all people living with HIV are on treatment. Despite the high enrollment on treatment new HIV infections and deaths remain high in Uganda due to moderate viral suppression rate. It is estimated that 65% of all people living with HIV are virally suppressed. The main issue affecting viral suppression is retention in care.

Ladies and Gentlemen

We find ourselves in a situation that although Uganda reduced the number of new infections per year by 50% from 100,000 in 2010 to 50,000 in 2017, the current figure is still high. In the Eastern and Southern African region, with a contribution of 6% towards new infections in the region, Uganda is in 4th position after Ethiopia (2%), Angola (3%), Zimbabwe and Malawi (5%). We must take note of the fact that South Africa is the worst affected in the region with a contribution of 33% to new

infections, and Mozambique, second worst affected at 16%. In 2017, more women than men contracted HIV: 24,000 women compared to 19,000 men. In urban areas, with a high concentration of key and most at-risk populations continue to be a hotspot of new infections. This means that there is more that needs to be done in Uganda especially in the areas of prevention and improving retention in care.

Ladies and Gentlemen

HIV related mortality in Uganda stands at 26,000 annually. More deaths occur among men than women – in 2017, 13,900 men died compared to 8,500 women. It is estimated that 7% of the HIV related deaths that occurred in Eastern and Southern Africa in 2017 were in Uganda. The statistics show that in the same year, 29% of the deaths occurred in South Africa; 18% in Mozambique; and 8% in Tanzania. The lowest proportion was registered in Angola at 3%. There is need to address mortality and new infections if Uganda is to achieve epidemic control.

Ladies and Gentlemen, the bulk of resources for intervention under the HIV/AIDS response. According to the 2018 National AIDS Spending Assessment, care and treatment takes up 40% of the total resources for HIV and AIDS, followed by systems strengthening (21%) and human resources at 17%. Prevention gets 14% of all the resources for HIV. This partly indicates a loss in allocative efficiency hence the resulting high number of new infections registered annually.

According to the current National Strategic Plan, between 2015 and 2020, the national HIV and AIDS response requires on average US\$ 757 Million annually. Inflows over the same period are projected at an average of US\$ 574 Million annually. This leaves a funding gap of about US\$ 184 Million every year. In reality,

the funding gap is bigger than projected given that some of the projected inflow did not materialize or were less than the projections.

The financial sustainability of the National HIV and AIDS Response in Uganda require a whole of society approach in which the role of the private sector remains critical. In this context the One Dollar HIV & AIDS Initiative (ODI) provides private sector leaders in Uganda with an opportunity to join the fight against HIV, in particular the work on the fact that it will contribute to ensure financial sustainability for the HIV response, which is Point No.4 of the Presidential Fast Track Initiative to end AIDS as a Public Health Threat in Uganda by 2030.

Ladies and Gentlemen,

On behalf of the United Nations system in Uganda, I conclude by reiterate our commitment to continue to work with the Government and people of Uganda as well as with other development partners and the private sector to implement the Presidential Fast Track Initiative against HIV/AIDS. Our interventions are guided by the Delivering as One principles and implemented through the United Nations Joint Support Programme on HIV/AIDS (JUPSA).

I look forward our continued collaboration as we help Uganda end HIV-AIDS as a public health threat.

Thank you.