



Independent observer
of the Global Fund

Anti-gay bill in Uganda could have disastrous public health implications

Public health program managers and activists, many of whom receive support from the Global Fund, have warned of potentially catastrophic consequences for reducing Uganda's HIV infection rate should President Yoweri Museveni follow through on a plan announced on 14 February to sign into law a repressive bill effectively banning homosexuality.

The Anti Homosexuality Bill was passed by parliament in December. Earlier versions of the bill would have imposed the death penalty on individuals found guilty of 'aggravated homosexuality'; that penalty, in the version before Museveni, was changed to life in prison.

Most worrisome to those who are implementing the more than \$130 million in activities funded by Global Fund grants are the terms of the bill that threaten harsh penalties for those who would promote or aid and abet homosexuality: a category that could include government- and externally funded programs providing essential services for men who have sex with men and other key populations.

Dozens of Ugandan and international clinicians, researchers and academics signed a letter dated 6 February encouraging that Museveni veto the bill, arguing that not only did it violate the national constitution to protect the freedoms of all Ugandans but also contradicted scientific evidence.

Further, the [letter](#), which bore among others the signature of the UN Special Envoy on AIDS in Africa, who is also the former vice president of Uganda, Dr Sepciosa Wandira Kazibwe, argued that the bill would "further exacerbate the marginalization, discrimination and exclusion of people known to be, or suspected of being homosexual," meaning they would be less able to access health services and thus more at risk of infection or of infecting other people with HIV and other sexually transmitted diseases.

HIV prevalence among men who have sex with men is estimated at 13%: more than three times the

average prevalence among men who have sex exclusively with women (4.1%) and nearly twice the national generalized prevalence of 7.3%.

Uganda has also experienced a steady rise in HIV incidence since 2005, despite widely acclaimed early success in anti-retroviral treatment and prevention of mother-to-child transmission.

The bill will also provide cover – based on a presupposed fear or institutionalized stigma – for health workers to discriminate in the provision of medical services to members of the LGBT community.

The bill's passage into law is likely to have significant direct implications for both outreach activities and service delivery supported by the Global Fund.

It is also likely to eviscerate any progress made in implementing a Key Affected Populations pilot program in Uganda. This pilot, funded by the Global Fund Secretariat, is designed to strengthen engagement of men who have sex with men, sex workers, fishing communities and other key populations in shaping the 2014 HIV concept note under the new funding model. The pilot is also designed to strengthen representation of, and accountability to, key affected populations on Uganda's country coordination mechanism.

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