

Uganda's Anti-Homosexuality Law: is this a sign of the times?

Dear subscribers

When Museveni came to power in 1986, he was soon hailed by the West as one of a new breed of progressive African leaders. Readers may remember that Uganda was one of the first countries to publicly acknowledge HIV and develop an AIDS policy, multi-sectoral HIV response and M&E framework (the Three Ones). This was at a time when there was widespread denial of the disease. Museveni insisted that any of his ministers who had to make a speech also used the opportunity to refer to HIV: and Uganda was a frequently-cited example of how a country should tackle its HIV epidemic. Falling infection rates in Uganda doubtless had a lot to do with Museveni in those early days.

It is therefore appalling to see that, the day after Uganda submitted its HIV funding application to the Global Fund under Window 1 on 20 March, on 21 March the Ugandan parliament passed an Anti-Homosexuality Bill. This Bill, if enacted into law, will have extremely damaging consequences for public health by curtailing the human rights of people living with HIV and some of the most vulnerable people of Uganda to access life-saving services. This is some of the most sweeping anti- LGBTQI+ legislation in the world and the seriousness of the signal it sends cannot and should not be under-estimated.

The Bill criminalizes the existence of LGBTQI+ people in Uganda as well as same-sex acts and marriage. Even a minor convicted of the act of homosexuality can be sentenced to up to three years imprisonment. The law could impose a penalty of life imprisonment for homosexual acts and what the Bill terms "Aggravated Homosexuality" can be punished with the death penalty. The Bill bans the provision of services and accommodation for LGBTQI+ Ugandans, and any legal entity that "promotes homosexuality". It even includes a duty to report acts of homosexuality, with failure to do so punishable by up to six

months imprisonment.

According to a press release issued by <u>UNAIDS</u>, "If enacted, this law will undermine Uganda's efforts to end AIDS by 2030, by violating fundamental human rights including the right to health and the very right to life. It will drive communities away from life-saving services, and obstruct health workers, including civil society groups, from providing HIV prevention, testing and treatment. The evidence is crystal clear: the institutionalization of discrimination and stigma will further push vulnerable communities away from life-saving health services. Research in sub-Saharan Africa shows that in countries which criminalize homosexuality HIV prevalence is five times higher among men who have sex with men than it is in countries without such laws."

How therefore can the Global Fund reconcile this strong message from the country with a funding proposal that includes HIV prevention activities aimed at men who have sex with men? And how can these services be delivered when this key population has been driven underground by this punitive law and organizations trying to reach them face tough legal consequences?

The worrying thing is that Uganda is not the only country in the region that discriminates against certain key populations. In neighboring Tanzania lesbian, gay, bisexual, and transgender persons face legal challenges not experienced by non-LGBTQI+ residents. Homosexuality is a socially taboo topic and same-sex sexual acts (even in private and consensual) are criminal offences, punishable with life imprisonment. In recent years, Tanzania has become particularly hostile to LGBTQI+ people. In October 2017, it deported several HIV/AIDS groups on the basis of "promoting homosexuality" and things have not improved since then.

For anyone who wishes to support efforts to assist LGBTQI+ in Uganda, the organization Global Black Gay Men Connect has set up an emergency fund. Click on the link to go to their website to donate. We hope to bring you more news and article about this topic in future GFO issues.

Meanwhile, this edition of the GFO kicks off with a piece on Aidspan's new six-year Strategy (<u>Adapting to change</u>), developed on the basis of an independent evaluation of our previous Strategy (thanks to L'Initiative for supporting this). Based on the changes in global health architecture over the past few years, we have an expanded mandate, aimed at performing the same governance and watchdog role for other global health institutions.

We then move on to bring you a sneak preview of the tentative agenda for the May Global Fund Board meetings (Board meeting indicative agenda: first look). Article 4, The involvement of civil society organizations and communities in the fight against HIV, tuberculosis and malaria is undermined, discusses the importance of bringing fresh blood into community representation to galvanize and revitalize the engagement of communities in Global Fund processes, including funding request development, implementation and beyond.

Article 5 covers the depressing news of the imminent end of the MENA multi-country grant (The promise of ending AIDS in the MENA region is under threat), a move that will almost certainly guarantee that this region has no hope of coming near to meeting the 2030 HIV targets.

In articles 6 and 7, we cover two reports from the Office of the Inspector General, one on <u>grants to Zambia</u> and the second an investigation of <u>grants in Kenya</u>.

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source; and we shall be happy to publish a correction or amendment.

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Don't forget: if you are aware of an interesting development relevant to disease programmes or health systems and that you feel is worthy of global discussion, do let me know together with the name of a person prepared to write about this. Suggestions and comments can be sent to us, Ida Hakizinka or Arlette Campbell White in English, French or Spanish at ida.hakizinka@aidspan.org or acampbell.white@aidspan.org.

The Aidspan Editorial Team

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