

STORY OF CHANGE: UGANDA

Access to Medication Assisted Treatment (MAT) for People who Use Drugs in Uganda

The problem

In Uganda, drug use is criminalized by the Narcotic Drugs and Psychotropic Substances Act. People who use drugs face a great deal of discrimination and stigmatization, which reinforces their vulnerability to HIV arising from the use of shared needles and injection equipment. A strong taboo exists on the issue of drug use and, until a few years back, government officials claimed it was not an issue of concern in Uganda. At the same time, arrests of people who use drugs by the police are common. People who use drugs are often perceived as mentally ill and taken against their will to Butabika National Mental Health Hospital in Kampala as an alternative to detention. The treatment that was being used at the hospital was poor, medicines were often not available, and not at all adapted to the situation and specific needs of people who use drugs. Essential harm reduction services were likewise lacking in the country and knowledge about harm reduction was low.

“There was no medicine in Butabika. You find that the treatment given did not have any connection with the problem being experienced by the person. This meant that someone would have been taken to Butabika hospital (not to get better) to further worsen his/her situation.” (Participant of a FGD with people who use drugs community member)

The change process

With the funding and other support from PITCH, the Global Fund, and others,¹ Uganda Harm Reduction Network (UHRN) actively engaged in advocacy for Medication Assisted Treatment (MAT²) for people who use drugs in Uganda. The advocacy for MAT took place with advocacy for Needle and Syringe Programmes (NSP), starting in 2017. As part of the campaign, UHRN developed a host of advocacy materials for policy makers and other duty bearers, including MAT and NSP fact sheets, posters, study reports, and presentations. A report³ on size estimation of people who use drugs for Mbale and Kampala, produced by UHRN and Community Health Alliance Uganda (CHAU) in 2017, with support of the Global Fund, was used as important evidence to counter the discourse of officials claiming that drug use is not a big issue in Uganda.

A key component of UHRN’s advocacy strategy was the sensitization of community members on reducing the stigma towards people who use drugs, including MAT and NSP. In January and February

¹ In the advocacy for MAT, UHRN also received support from various other parties besides PITCH and the Global Fund, such as CDC Uganda and the Open Society Initiative for Eastern Africa (OSEA).

² Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders (<https://www.samhsa.gov/medication-assisted-treatment>)

³ [http://fileserv.idpc.net/library/UHRN%20Annual%20Report%202017%20\(3\).pdf](http://fileserv.idpc.net/library/UHRN%20Annual%20Report%202017%20(3).pdf)

2019, a core team of grassroots PITCH harm reduction community activists—men and women who use drugs—was subsequently mentored and supported by UHRN to champion community-led advocacy. Until recently, access to official meetings and opportunities to articulate their issues was very limited for key populations in Uganda. UHRN facilitated the participation of community activists in the meetings of the district AIDS Committee, Ministry of Health Key Populations Technical Working Group (TWG), and Uganda AIDS Commission’s HIV Prevention Committee, enabling them to lobby for the consideration and adoption of harm reduction interventions and supportive policy frameworks. In addition, through other PITCH supported campaigns such as “Harm Reduction Works⁴” and “Support Don’t Punish⁵”, and the generation and dissemination of evidence using photovoice, UHRN was able to amplify key messages being made by community activists representing people who use drugs when targeting policy makers and law enforcement officials.



In support of the advocacy campaign, UHRN also facilitated the anti-narcotics police commissioner to attend the harm reduction academy, and for Ministry of Health and Uganda AIDS Commission staff to attend a harm reduction conference in Kenya. During these learning visits, policy makers, law enforcement, and other government officials from Uganda were exposed to harm reduction best practices and examples of successful implementation of harm reduction programmes in Kenya, Tanzania, China, and Portugal. Delegates from the Ugandan government were also supported by PITCH to attend regional and international conferences and trainings, including the International Harm Reduction Conference 2019 in Portugal and the International AIDS Conference 2018 in the Netherlands. Back in Uganda, these same law enforcement and government stakeholders effectively

⁴ Harm Reduction Works campaign aims of changing attitude amongst policy makers and other duty bearers to embrace & promote harm reduction interventions (NSP & MAT) and efforts to address PWID’s stigma and discrimination in Uganda.

⁵ Support Don’t Punish campaign is a global advocacy campaign that raises awareness of the harms being caused by the war on drugs (<https://supportdontpunish.org/event/harm-reduction-now-more-than-ever-support-dont-punish/>)

engaged in the campaign for MAT as participants in radio and TV talk shows, for instance by drawing attention to the need for a human-centred harm reduction programme in the media.

PITCH partner HRAPF (Human Rights Awareness and Promotion Forum) made their lawyers available to support people who use drugs in their fight. In 2016, HRAPF and UHRN had already joined forces to make an analysis of the Narcotics Act to showcase its gaps, which was also used as evidence in the advocacy for harm reduction services. In 2018, the PITCH Country Focal Point (CFP), together with a group of PITCH partners (UHRN, Sexual Minorities Uganda/SMUG, and Coalition for Health Promotion and Social Development/HEPS Uganda), met and negotiated with the Minister of Health and Permanent Secretary of the Ministry of Health prior to the PEPFAR Regional Retreat Meeting in Johannesburg to support the establishment of a MAT clinic in Uganda. During the Regional Retreat Meeting in Johannesburg, a representative of SMUG, a PITCH partner from the LGBTIQ community, represented the issues of harm reduction and a proposal for a MAT clinic.

The sum of all these efforts led to a breakthrough in MAT at the onset of 2019, when the Ministry of Health's Key Populations Technical Working Group installed a multi-sectoral National Taskforce for MAT. Through its participation in the taskforce, in March and October 2019, UHRN was able to contribute to the development of Uganda's first ever guidelines for harm reduction and standard operating procedures for MAT. In support for this initiative, also in 2019, PEPFAR (through CDC Uganda under CoP 2019) committed funds to supporting the establishment of the first MAT site at Butabika National Mental Referral Hospital. The opening of the clinic took place on the 15th of September 2020 and the formal launch is scheduled to be held at the start of October 2020. The constructive working relationship between PEPFAR and the Ugandan Ministry of Health helped support this process.

Significance

With the establishment of the first MAT site in the country, people who use drugs in Uganda have their own dedicated clinic where they can receive tailored treatment by trained professionals. Community members perceive drug addiction withdrawal more positively with MAT available and perceive the rehabilitation process with less fear. MAT also gives people who use drugs ownership over their decisions as to when and how they begin to withdraw from their treatment, as it supports voluntary rehabilitation. It is expected that the availability of MAT will also contribute to strengthening adherence to treatment.

“One now feels that it's not a struggle to leave drugs. So now one only needs determination to leave drugs. Otherwise we are no longer afraid to leave drugs; thanks to MAT.”

(Participant of a FGD with people who use drugs community member)

People who use drugs had long been excluded from the Ugandan government's consultations on the country's HIV response while the prospect of introducing harm reduction interventions was highly contested in Uganda. In light of this, the Ministry of Health has taken a bold step with the rollout of roadmaps for the development of harm reduction guidelines and the startup of the first MAT site at the Butabika National Mental Health Hospital. This is a big win for PITCH partner UHRN and all harm reduction advocates, allies, and communities of people who use drugs. It has laid a strong foundation for further harm reduction programming in Uganda. Additionally, the increased access to advocacy meetings and spaces for community activists is an achievement on its own.

Lessons learned

A number of important lessons can be learned from the successful advocacy for MAT in Uganda. Looking back, UHRN feels that winning peer trust was crucial to the success of the campaign. The trust from fellow people who use drugs in allowing them to serve as representatives in strategic places and their consensus as a community on their advocacy requests greatly strengthened the advocacy's effectiveness. The involvement of community members as paralegals, speaking for themselves in advocacy meetings and fora, has likewise been very effective. Knowledge about their rights as people who use drugs, resulting from capacity strengthening and networking, enabled them to be bold while advocating more strategically. Also, the sensitization of key stakeholders through exchange visits and the subsequent engagement of these stakeholders as allies was very effective in the advocacy for MAT. The visits helped to transform the attitudes of policymakers, who subsequently started to accept the existence of key populations in Uganda. Policymakers could then understand that the specific needs of these populations must be responded to in order to achieve HIV/AIDS related goals. Lastly, the coalition that was built among PITCH implementing organizations was an important asset in the advocacy campaign. This is for instance illustrated by the concerted advocacy efforts of PITCH partners before and during the PEPFAR Regional Retreat Meeting in Johannesburg.

The story was prepared as part of the End Term Evaluation of the PITCH Programme in 2020, conducted by ResultsinHealth team: Aryanti Radyowijati, Conny Hoitink, Zaire van Arkel, Maurizia Mezza, Lingga Tri Utama, and Patrick Sando (national consultant).

