



**A QUICK SCAN OF THE LAWS AND
POLICIES AFFECTING THE HIV
RESPONSE AMONG MSM
IN UGANDA**

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A QUICK SCAN OF THE LAWS AND POLICIES AFFECTING THE HIV RESPONSE AMONG MEN WHO HAVE SEX WITH MEN IN UGANDA

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PROJECT TEAM

Researcher

Linette du Toit

Contributors

Joaninne Nanyange

Edward Mwebaza

Editor

Adrian Jjuuko

KEY DEFINITIONS

Discrimination: Treating a person or group of people differently or worse because of characteristics like their race, sexual orientation, gender identity, ethnicity, age or beliefs.

Key Populations: Groups with a higher risk of contracting HIV than the rest of the population.

Men who have Sex with Men: Males who have sex with males, regardless of whether they also have sex with females or whether they identify as being gay, bisexual, or heterosexual.

Post Exposure Prophylaxis (PEP): Emergency treatment which reduces the likelihood of HIV infection for a person who has been exposed to the blood or other body fluids of someone who could potentially be infected with HIV.

Sexual and reproductive health: Being well in all matters related to sexuality and the reproductive system.

LIST OF ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
EOC	Equal Opportunities Commission
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
HRAPF	Human Rights Awareness and Promotion Forum
ICWEA	International Community of Women living with HIV/AIDS Eastern Africa
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MARPI	Most at Risk Populations Initiative
MARPs	Most At Risk Populations
NGO	Non-Governmental Organisation
NIRA	National Identification and Registration Authority
NSP	National HIV and AIDS Strategic Plan
PEP	Post-Exposure Prophylaxis
SMUG	Sexual Minorities Uganda
SRHR	Sexual and Reproductive Health and Rights
UAC	Uganda AIDS Commission
UGANET	Uganda Network on Law, Ethics and HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV
URSB	Uganda Registration Services Bureau
WHO	World Health Organization

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INTRODUCTION

As part of the HIV/AIDS response, it is very important for countries to focus their efforts on key populations and for the members of key populations themselves to take the lead in implementing campaigns and programmes aimed at preventing the spread of the disease.¹ Statistics show that about 30% of all new HIV infections in Uganda occur among members of key populations and their sexual partners.² The war against HIV/AIDS in Uganda cannot be won without cooperation with and support to these groups.

Men who have Sex with Men (MSM) are one of the recognised key populations that are most at risk of contracting HIV. Worldwide, 5 to 10 per cent of all new HIV infections occur through sex between men.³ HIV transmission is 18 times more likely through unprotected anal sex than it is through unprotected vaginal intercourse.⁴ This means that it is crucial for MSM to have information about HIV prevention and treatment as well as access to condoms and lubricants which would greatly reduce the risk of HIV transmission. Unfortunately, MSM face severe discrimination and are often alienated from essential sexual and reproductive health services and information.⁵

MSM in Uganda are particularly vulnerable to HIV infection due to the fact that same-sex sexual conduct is criminalised.⁶ The criminalisation of same-sex conduct feeds into and justifies homophobia. MSM in Uganda find themselves in a situation in which they are vulnerable to

arrest under a variety of legal provisions and are often the victims of violence and extortion at the hands of the police as well as community members.⁷ As a result, they find themselves on the margins of society and experience severe stigma and discrimination.⁸ This further prevents them from accessing healthcare services for the fear of ill-treatment at the hands of medical staff or worse, being outed and arrested in the process of receiving care. The homophobia and criminalisation of same-sex conduct also inhibits the will and the freedom of policy-makers to prioritise MSM in addressing the spread of HIV in the country, as well as creating self-censorship among service providers who take it that providing services to MSM is an offence or who refuse to provide services because of homophobia.

This booklet identifies and analyses the laws and policies that affect the Sexual and Reproductive Health and Rights (SRHR) and access to HIV prevention and care services of MSM in Uganda. It is intended to be a tool to use to advocate for a better legal and policy environment in which these rights will be realised. It is the third in a series of four Quicksan booklets intended to summarise how the law affects access to HIV prevention and care services for Most at Risk Populations. The first two booklets focused on Transgender persons and Injecting Drugs Users.

The booklet is written in easy-to-understand language with examples to illustrate the effects of the laws and policies. The booklet also identifies areas for advocacy under each of the laws and policies. It is hoped that this booklet will empower MSM with knowledge about the legal framework and put them in a position to take the lead in the fight against HIV. We hope that the target group will find the booklet useful in their efforts to advocate for their increased access to HIV prevention and care services.

1 UNAIDS 'Reaffirming the leadership of people living with HIV in the AIDS response' 18 July 2016 available at http://www.unaids.org/en/resources/presscentre/featurestories/2016/july/20160717_living2016 (accessed 10 January 2017).

2 World Health Organization (WHO) *Policy brief: Consolidated guidelines on HIV Prevention, Treatment and Care for Key Populations* (2014) 2.

3 UNAIDS *A hidden epidemic: HIV, men who have sex with men and transgender persons in Eastern Europe and Central Asia Regional Consultation Meeting Report* (2010) 7.

4 World Health Organization *A technical brief: HIV and young men who have sex with men* (2015) 7.

5 As above at 8.

6 Section 145 of the Penal Code Act criminalises having 'carnal knowledge against the order of nature' which is understood to mean sex between men.

7 Human Rights Awareness and Promotion Forum *Report on the Violations of Rights on the basis of Sexual Orientation and Gender Identity* (2016).

8 As above.

2

HOW DOES UGANDAN LAW AFFECT THE SRHR AND ACCESS TO HIV PREVENTION AND CARE SERVICES OF MEN WHO HAVE SEX WITH MEN IN UGANDA?

2.1 What are the sources of law in Uganda?

Uganda's laws are found in both written and unwritten sources and they have a hierarchy.

The 1995 Constitution of the Republic of Uganda is at the top of this hierarchy. It is the supreme law in Uganda and all other laws must be in line with it. Of second importance are the written laws, which are called statutes or Acts of Parliament. The Penal Code Act, for one, is an important and well-known statute which creates many of the criminal offences in Uganda. There is also subsidiary legislation which are laws that are not directly made by Parliament but by other authorities like ministers and technical bodies under the authority of Parliament. Subsidiary legislation include rules, guidelines and policies. Policies are not enforceable in court but they state the government's position on specific issues. Common law and equity, which is law made by judges is also recognised in Uganda as well as customs and traditions in as far as they are in line with the written law.

International law becomes law in the country only after it has been included in an Act of Parliament. The principles of international law still require the state to respect obligations laid down by the treaties that they have signed. Even when the treaty has not been included in an Act of Parliament, the state is expected to live up to its obligations in good faith.

2.2 What does Ugandan law say about MSM and how does it affect their SRHR and access to HIV prevention and treatment?

Under Ugandan law, sexual conduct between males is taken to be criminalised.⁹ Due to this

criminalisation, MSM face enormous stigma and discrimination in the country. In this environment, it is crucial to advocate for the SRHR of MSM as well as for their access to HIV prevention and treatment services. Below is an analysis of the key laws and how they affect MSM in Uganda:

a) The Constitution

The Constitution is the supreme law in the country.¹⁰ It provides that all persons are equal and should not suffer discrimination.¹¹ The Constitution lists particular grounds upon which people should not be discriminated. This list does not include 'sexual orientation' or 'sexual behaviour', but it is an open-ended list and the drafters of the Constitution intended it to be flexible.¹² It can be extended to other grounds which describe a person's characteristics and behaviour.¹³ The list of grounds does include 'sex', which could be interpreted to extend to sexual orientation.¹⁴ The Constitution thus does protect the right to equality of MSM.

Indeed, the Constitutional Court which interprets the Constitution has declared a provision that prevented the Equal Opportunities Commission from investigating cases on issues concerning immoral or socially unacceptable behaviour – which could be interpreted to include same-sex sexual behaviour – to be unconstitutional.¹⁵ In three cases involving LGBTI persons, the High

the order of nature' which has traditionally been regarded as criminalising same sex intercourse. For more details, see Civil Society Coalition on Human Rights and Constitutional Law (CSHRCL) and Human Rights Awareness and Promotion Forum (HRAPF) *Protecting Morals by dehumanizing suspected LGBTI persons? A critique of the enforcement of the laws criminalizing same sex conduct in Uganda*, (2013) 28-34.

10 Article 2.

11 Article 21.

12 Article 21(2).

13 Human Rights Awareness and Promotion Forum *A guide to the normative legal framework on the human rights of LGBTI persons in Uganda* (2015) 16-17.

14 As above.

15 *Adrian Jjuuko v Attorney General* Constitutional Petition No. 1 of 2009.

9 This is because the law does not directly criminalise such conduct but rather uses the undefined term 'carnal knowledge against

Court made it clear that all the rights in chapter four of the Constitution apply to everyone.¹⁶

The only provision in the Constitution that limits the rights of MSM is the article that prohibits marriages between persons of the same sex.¹⁷ This means that MSM do not have the right to enter a legally recognised marriage with a partner of the same sex.

The Ugandan Constitution does not explicitly protect the right to health. The right to access health services is recognised in Objective XIV of the National Objectives and Directive Principles of State Policy. The Constitution provides that the country shall be governed on the basis of these objectives and principles and the state has a responsibility to realise the right to access health services.¹⁸ Article 45 of the Constitution also makes it clear that other rights which are not specifically recognised in chapter four should be considered to be included. In a recent case, the High Court regarded the right to health as protected under Uganda's legal framework citing the National Objectives and Directive Principles of State Policy and international law and imposed obligations on the state to realise this right.¹⁹

This means that since all persons are equal before and under the law, and can enjoy all rights apart from getting married to persons of the same sex, MSM should not be prevented from exercising their SRHR and should have access to HIV

prevention and treatment services.

Areas for advocacy

Even though the Constitution is the supreme law of the country, it can still be amended by a Bill of Parliament passed by a two thirds majority of all members of parliament. Advocacy efforts could be aimed at explicitly including the right to health as a chapter four right, and inclusion of sexual orientation and gender identity as explicit grounds for non-discrimination, as well as removing the discriminatory prohibition on the right to marriage for same sex partners.

Human rights activists could also approach the Constitutional Court to seek the Court's interpretation of the different provisions of the Constitution affecting MSM, such as the right to equality.

b) Laws made by Parliament (statutes)

Statutes are second to the Constitution in terms of hierarchy. The ones that affect MSM the most are:

i) The Penal Code Act, Cap 120

The Penal Code Act is Uganda's main criminal law and creates most of the offences recognised in Uganda. A number of its provisions have a severe impact on the SRHR as well as access to HIV prevention and care services of MSM in Uganda:

Provisions criminalising same sex relations

The Penal Code Act criminalises the act of 'having carnal knowledge against the order of nature',²⁰ which is understood to refer to same-sex sexual activities. This means that it is a crime for men to have sex with men in Uganda. This criminalisation is one of the main sources of stigmatisation and isolation of MSM from essential healthcare services.²¹ This provision has the effect of driving MSM underground out of fear that if they approach healthcare service providers, they will

¹⁶ This was in the cases of: *Victor Mukasa & Yvonne Oyoo v Attorney General* (2008) AHRLR 248 which involved the police forcefully entering a house of a transgender activist and fondling and denying toilet facilities to a transgender person; *Kasha Jacqueline, David Kato Kisuule & Pepe Julian Onziema v The Rollingstone Newspaper* Miscellaneous Cause No. 163 of 2010 which concerned publication of pictures of LGBTI persons in a magazine and calling upon them to be 'hanged' and *Kasha Nabagesera & 3 Others v The Attorney General and Hon. Rev. Fr Simon Lokodo*, High Court Miscellaneous Cause No. 33 of 2012 where a minister stopped an LGBTI skills training workshop and although the court found the action to be a legitimate limitation to the right to freedom of assembly and association, it declared that the rights existed for everyone.

¹⁷ Article 31 (2a).

¹⁸ Section 8A of the Constitution, see CEHURD *Advocating for the right to reproductive healthcare in Uganda: The import of Constitutional Petition No. 16 of 2011* (2011) 20; The Republic of Uganda Ministry of Health *The Second National Health Policy: Promoting Peoples' Health to Enhance Socio-Economic Development* (2010) 1.

¹⁹ *The Centre for health, Human Rights and Development (CEHURD) & 2 Others v The Executive Director, Mulago National Referral Hospital and Attorney General*, Civil Suit No. 212 of 2013.

²⁰ Section 145.

²¹ See WHO n4 above at 8.

be exposed and arrested.

The criminalisation of same-sex conduct also places healthcare workers in a difficult position as they may feel conflicted or believe that they may be breaking a law by offering services to MSM. The High Court of Uganda has held before that the Minister of Ethics and Integrity was justified in stopping a workshop organised for LGBTI persons to discuss among others health rights issues on the basis that such a workshop amounted to 'the incitement to commit a crime' and 'conspiracy'.²² On the basis of this judgment, healthcare workers may be accused of encouraging and supporting MSM to commit the offence of 'having carnal knowledge against the order of nature' by providing them with sexual and reproductive healthcare services. This fear discourages even health workers whose personal beliefs may not have prevented them from offering services to MSM.

The section has also been used by the Uganda Registration Services Bureau to deny incorporation of Sexual Minorities Uganda²³ as a company limited by guarantee, under the pretext that the organisation sought to work with, among others, MSM. The URSB stated that by allowing incorporation, they would be aiding an illegality. The organisation was intended to scale up service provision among LGBTI persons, especially HIV service provision. This interpretation and enforcement of the section further discourages service provision.

The most damaging effect of the criminalisation of same-sex conduct is that it makes it acceptable for society at large to discriminate against MSM and to violate their rights. It seems reasonable to deny MSM as 'dangerous criminals' access to HIV prevention and care services. Such beliefs are strengthened by the High Court decision in the Lokodo case that although LGBT people have rights, the enjoyment of these rights can be limited by section 145. It also means that even when MSM face violations, they will have difficulty in accessing justice because such violations are

considered justified. In addition, they would fear reporting such violations as this would increase the risk of disclosure of their sexual behaviours, which would make them vulnerable to arrest. This section needs to be repealed.

Provisions criminalising sex work

The Penal Code Act criminalises different aspects of sex work in Uganda.²⁴ This criminalisation is troubling for MSM since many MSM engage in sex work due to the limited employment options that they have. Like the criminalisation of same-sex conduct, criminalisation of sex work also discourages MSM who are sex workers from seeking healthcare services and also places healthcare workers in a difficult position in respect of providing such services. The double stigma of being both a sex worker and a man who has sex with men makes it very difficult to be honest about sexual behaviour. Healthcare workers may not have all the needed information to make good decisions when prescribing prevention and treatment packages. The criminalisation of same-sex sexual conduct and sex work also reduces MSM's bargaining power when they engage in sex work. MSM are often sexually abused or are forced to engage in unprotected intercourse which makes them more vulnerable to new and multiple HIV infections. Sex work should be decriminalised.

Provisions criminalising Idle and disorderly conduct

The Penal Code Act creates the two offences of 'being an idle and disorderly person' and 'being a rogue and vagabond'.²⁵ These are broad and vague provisions which criminalise a very wide range of actions such as 'being found wandering' in a public place at such a time and under such circumstances which would 'lead to the conclusion that such person is there for an illegal and disorderly purpose'. These provisions have a severe impact on unpopular and 'undesirable' minorities in Uganda. MSM in Uganda are arrested under these provisions where police officers suspect that they engage in 'unnatural offences', but do not have the necessary evidence to arrest

22 *Nabagesera and 3 Others v Attorney General and Another* Miscellaneous Cause 33 of 2012. Incitement to commit a crime and conspiracy are criminalised under sections 21, 390 and 391 of the Penal Code Act.

23 The case of *Frank Mugisha & Others v URSB*, Misc Cause 96/2016.

24 In sections 136 to 139

25 Sections 167 and 168.

them and investigate a case under section 145 of the Penal Code Act.²⁶

The World Health Organization has suggested that, in the fight against HIV/AIDS, laws which are used to unfairly target and arrest key populations should be reviewed.²⁷ This is because such laws have the effect of further marginalising and isolating them from healthcare services. Being vulnerable to arrest under the idle and disorderly laws whenever a person is out on the streets makes them feel insecure. MSM are also humiliated when they are arrested under these provisions. The effect of the implementation of these provisions is to disempower MSM and to make it more difficult for them to fight for the realisation of their own sexual and reproductive health rights.

Areas for advocacy

It is important to challenge the Penal Code provisions in the courts of law and to engage in advocacy to have them amended by Parliament. The provisions criminalising same sex relations as well as those on 'being idle and disorderly' are not consistent with the Constitution. Advocacy is also necessary to ensure that law enforcers understand that there cannot be a successful prosecution without evidence that the suspected crimes had been committed: a person cannot be arrested simply because they appear to be gay.

MSM activists and civil society organisations working on MSM issues also need to engage relevant stakeholders and decision-makers like the Uganda Police Force, the Ministry of Health, health service providers among others on the meaning of section 145 of the Penal Code Act and how it has been interpreted by courts. This is to guard against the dangers of interpreting and enforcing the section beyond what is criminalised. The engagements should also be aimed at emphasising the need for a holistic and inclusive approach to the fight against HIV, if the country's goals are to be achieved.

26 Human Rights Awareness and Promotion Forum *The Narcotic Drugs and Psychotropic Substances (Control) Act, 2015 and the Legal Regulation of Drug Use in Uganda: Analysing the tension between criminal law, public health and human rights* (2016) 51-52.

27 WHO, n2 above at 2.

ii) **The HIV Prevention and Control Act, 2014**

The purpose of this Act is to provide for the 'protection, counselling, testing and care of persons living with and affected by HIV and AIDS' in order to prevent the spread of HIV and AIDS. The Act has a number of aspects which impact on MSM's access to SRHR and access to HIV services. These are:

Positive provisions

The Act has a number of provisions that make it easier for MSM to access HIV prevention and care services. These positive aspects include the provision of counselling before and after someone is tested for HIV²⁸ and prohibition of discrimination on the basis of HIV status in spaces such as the workplace, schools and healthcare settings.²⁹ The Act also requires of the State to provide 'universal HIV treatment to all persons on a non-discriminatory basis,'³⁰ to make available free of charge Post Exposure Prophylaxis (PEP) to persons who have been exposed to HIV,³¹ to promote the awareness of rights of persons living with HIV and to ensure their participation in government programmes.³² These provisions are positive steps which address the stigma that people living with HIV face and it is important for all key population groups to know about these provisions and to advocate for their enforcement where they can.

The Act requires of the state to 'give priority to most at risk populations' which it defines as 'fishing communities, prisons, migrant populations or other areas as may be determined by the Minister from time to time'.³³ The Act listed only the most at risk population groups that are not controversial in Uganda, and left it to the Minister to define the other groups. No mention is made of MSM or any of the other contentious key population groups. Even though MSM have not been explicitly mentioned, the Act can still

28 Sections 3(1), 5 & 6.

29 Sections 32(1) & 33.

30 Section 24(1)(b).

31 Section 32(3)(b).

32 Section 24(1)(e) & (f).

33 Section 24(1)(k) & 24(2).

be used to support advocacy for MSM as a key population, since they have been prioritised as such by the UNAIDS and, on occasion, also recognised by the Government of Uganda.³⁴

Problematic provisions

The Act does however have other problematic provisions that could negatively impact on the access to HIV prevention and care services by MSM. These include provisions on forced HIV testing for persons charged with sexual offences,³⁵ criminalisation of actual and attempted transmission of HIV,³⁶ and disclosure of patient information.³⁷ Forced HIV testing for persons charged with sexual offences is likely to be used to target sexual minorities, including MSM, which will lead to their further marginalisation and stigmatisation; criminalisation of transmission of HIV will discourage testing as having knowledge about one's own HIV status would be evidence that they are guilty since they knew that they could transmit HIV; criminalisation of attempted transmission is very broad as 'attempt' is not defined and the provision can be used to 'witch-hunt' unpopular groups such as MSM; and the disclosure of HIV test results, especially without consent, will discourage testing. All these aspects get in the way of access of MSM to HIV prevention and care services and their enjoyment of their SRHR.

Areas for Advocacy

A case was filed in Uganda's Constitutional Court challenging the constitutionality of these provisions, and it needs to be supported by key population groups to ensure that the law is amended and the provisions removed.³⁸ There is also need for advocacy and awareness-raising to ensure that the progressive provisions are implemented.

³⁴ UNAIDS *UNAIDS Terminology Guidelines (2015)* 8; Republic of Uganda Ministry of Health *Addendum to the National Antiretroviral Treatment Guidelines (2013)* 18.

³⁵ Section 12.

³⁶ Sections 41 & 43.

³⁷ Section 18.

³⁸ Constitutional Petition No. 24 of 2016 instituted on 14 July 2016 by UGANET, ICWEA and Prof. Ben Twinomugisha, with the support of over 60 civil society organisations.

iii) The Non-governmental Organisations Act, 2016

A new Non-Governmental Organisations Act came into force in March 2016 in order to regulate the NGO sector in Uganda. The Act contains two provisions that pose a serious threat to the future existence and work of organisations that provide services to MSM. These are:

Provisions placing 'special obligations' on organisations

These provisions prohibit organisations from engaging in activities that are prejudicial to the 'security and laws of Uganda', and to the 'interests of Uganda and to dignity of Ugandans'.³⁹ The Act however does not define what these provisions prohibit exactly. For example, there is no definition of what amounts to the dignity of Ugandans, which make the provision broad and prone to abuse. The provisions could easily be used to target organisations working on unpopular issues like service provision and advocacy for MSM.

Provision for refusal to register organisations whose objectives contravene the law

The NGO Bureau is also empowered to refuse to register an organisation whose objectives are regarded as being in contravention of the laws of Uganda.⁴⁰ The provision of services to a group that is considered to engage in criminal conduct by supposedly committing 'unnatural offences' can be interpreted as being contrary to the laws of Uganda and the interests of Ugandans. This means that the NGO Act could have the effect of ending the operation of organisations which provide sexual and reproductive health services and HIV prevention and care to MSM as well as organisations which advocate for the rights of this group and empowers its members, by refusing their registration. As already noted, the Uganda Registration Services Bureau has already made a decision that an organisation seeking incorporation to work with LGBTI persons would be engaging in criminal activity.

Areas for advocacy

³⁹ Section 44(d) & (f).

⁴⁰ Section 30(1)(a).

Advocacy is needed for the amendment of the law. These provisions should be removed or challenged in the Constitutional Court. There is also need for advocacy and engagement with the NGO Bureau, the Ministry of Health and the Uganda AIDS Commission (UAC) to ensure that the provisions are not used to target key populations and their organisations.

iv) **The Companies Act, 2012**

This is the law that governs incorporation and management of companies in Uganda, including companies limited by guarantee. Many organisations working with MSM and seeking incorporation apply under this Act to be incorporated as companies limited by guarantee. The first stage in incorporating a company is reservation of name. Section 36 of the Act gives the Registrar of companies powers to refuse reservation of a name that in the opinion of the Registrar is undesirable. The Act does not define what is meant by undesirable and this gives the Registrar very wide discretion in refusing to reserve a name.

The Registrar of companies relied on this section in deciding not to reserve the name Sexual Minorities Uganda (SMUG) as in his opinion, the name was undesirable. The reason given for finding the name undesirable was because it referred to sexual minorities, whose sexual behaviour is criminalised under section 145 of the Penal Code Act. The refusal to reserve the name for the above reasons was in consequence a refusal to incorporate the organisation, whose main aim was service provision and advocacy for, among others, MSM. The powers of the Registrar need to be more clearly defined in order to avoid unreasonable limitation as it was in this case.

Areas for advocacy

There is need for MSM activists and organisations to support the SMUG case that was filed in the High Court challenging the Registrar's use of section 36. Advocacy also needs to be made to make sure that Regulations are passed that give clear limitations of the section, so that it is not abused.

v) **The Equal Opportunities**

Commission Act, 2007

As part of the fight against the spread of HIV/AIDS, the World Health Organization encourages countries to implement laws that prohibit discrimination against key population groups.⁴¹ Uganda has enacted the Equal Opportunities Commission Act, 2007 (EOC Act), which aims at eliminating discrimination and inequalities against any group of persons on grounds such as sex, age, tribe or health status and to take affirmative action in favour of such groups. The EOC has the power to investigate complaints of plans, policies or actions which allegedly amount to discrimination and to examine laws and policies which are likely to have the effect of preventing equal opportunities;⁴² to investigate complaints brought before it concerning discrimination and marginalisation;⁴³ and to monitor state entities to ensure that they all conform to non-discrimination principles and equal opportunities.

Initially, sexual minorities like MSM could not access the Commission because of section 15(6) (d) which prohibited handling of issues that were considered immoral and socially unacceptable. However, the Constitutional Court held that that provision was unconstitutional in the case of *Jjuuko Adrian v Attorney General*.⁴⁴ The Court expressed that all persons should have access to the Commission. Since the pathway to access has been opened to all people, MSM should engage in advocacy to ensure that this law is implemented to their advantage, and should be active in approaching the Commission in order to reduce the inequalities they face in the health sector.

Areas for Advocacy

There is need for MSM and organisations working on LGBTI issues to use the Equal Opportunities Commission to enforce the rights of MSM.

⁴¹ WHO, n2 above at 10.

⁴² Section 14(2).

⁴³ Section 15.

⁴⁴ Constitutional petition No. 1 of 2009.

c) **Subsidiary legislation, common law and equity**

i) **The Companies (Powers of the Registrar) Regulations, 2016⁴⁵**

In 2016, the Ministry of Justice released these Regulations under the Companies Act to provide for the powers of Registrars of companies. The Regulations have provisions that could have a negative effect on the incorporation and operation of organisations working on MSM issues. These are:

Power to refuse registration of documents

The Regulations give the Registrar powers to refuse registration of documents that contain matters that are contrary to law or public policy.⁴⁶ The Regulations do not define what amounts to public policy, neither is it defined in the parent Act. Considering that same-sex sexual behaviour is generally considered immoral and unacceptable in Uganda, it is quite likely that the Registrar can invoke this provision to claim that having organisational objectives that include working with MSM is contrary to public policy. The Regulations also mentions matters that are contrary to law. Section 145 of the Penal Code has been variously interpreted and understood, including by the Registrar of companies, to criminalise even service provision and advocacy for persons assumed to be engaged in same-sex sexual behaviour. This further re-inforces the decision taken in the SMUG case, and negatively affects organising for working on issues of MSM.

Areas for advocacy

There is need for engagement of the Ministry of Justice to pass new Regulations that restrict themselves to the powers granted under the Act, instead of introducing new wide-sweeping powers such as these, that could easily be abused. If such powers are to be retained, then they should be curbed by clear parameters within

45 Statutory Instrument No 71 of 2016.

46 Regulation 17(e).

which they are to be exercised, for example by defining what amounts to public policy.

ii) **The Non-Governmental Organisations Registration Regulations, 2009⁴⁷**

The NGO Regulations, 2009 were made under the repealed NGO Act, but they are still in force by virtue of section 56(2) of the NGO Act 2016, until new Regulations are made under the new Act. Most of the provisions in these Regulations are the provisions in the new Act including the provisions on special obligations,⁴⁸ which are discussed above. There is a process underway under the auspices of the Ministry of Justice to pass new Regulations replacing these ones. The process is not yet complete. The provisions in these Regulations remain a threat to effective organising for service provision and advocacy for MSM.

Areas for advocacy

The process for the development of new Regulations is still on-going and efforts have been made to ensure that the views and opinions of MSM are included. Hopefully this will be done. MSM activists and organisations can, however, continue this engagement until the process is complete. There is need for the new Regulations to set parameters for broad and vague provisions like the provisions on special obligations and refusal to register.

d) **Customary law**

Customary law is derived from the customs and practices of the communities in Uganda. Such customs are recognised as long as they are not contrary to the written law. Most customs in Uganda recognise difference and there are local names that could be said to be used for people who identify as being gay or lesbian, for example 'kyakulassajja' or 'kyakulakkazi' in Luganda which refer to a woman who does what is typically done by men and a man who does what is typically done by women respectively.⁴⁹

47 Statutory Instrument No 19 of 2009.

48 Regulation 13.

49 S Tamale 'Homosexuality is not un-African' Al-Jazeera America

In traditional communities, these people did not suffer punishment or exclusion and were regarded as normal members of the community. This customary law approach is more progressive than the current laws and can actually facilitate the realisation of the SRHR of MSM and their access to HIV care and services. It must be borne in mind that where customary practices are discriminatory, or contrary to the Constitution or the law, they can be found to be unconstitutional.

2.3 Which policies affect the SRHR as well access to HIV prevention and care of Men who have Sex with Men?

A number of policies affect the SRHR of MSM as well as their access to HIV prevention and care services and these are:

a. The Second National Health Policy: Promoting Peoples' Health to Enhance Socio-Economic Development (2010)

The National Health Policy has as its goal 'a good standard of health for all people in Uganda in order to promote healthy and productive lives'. The policy has the objectives of strengthening the organisation and management of health systems and improving the quality of access to health services. The policy states that Uganda is focusing on 'reducing health inequities through action on the social determinants of health' in order to reach the government's targets on combatting AIDS.⁵⁰

One of the major 'determinants of health' that the policy recognises is 'social behaviours'.⁵¹ The policy however does not go as far as making the connection between social behaviors and the marginalisation of groups, such as MSM. The

26 April 2015 available at <http://america.aljazeera.com/opinions/2014/4/homosexuality-africamuseveniugandanigeriaethiopia.html> (accessed 27 January 2017); see generally S Nannyonga-Tamusuza 'Female-men, male-women, and others: constructing and negotiating gender among the Baganda of Uganda' 3(2) *Journal of Eastern African Studies* (2009) 367-380.

50 As above at 10.

51 As above.

policy does not make any recommendations on how this exclusion from the healthcare system can be addressed. Only the particular difficulties of women and People With Disabilities (PWD) in accessing health facilities are recognised in the policy. The policy encourages further research in order to base interventions on identified gaps and evidence in respect of vulnerable groups.⁵² The policy makes no mention of MSM and does not indicate that they are a vulnerable group in need of targeted health interventions.

Areas for advocacy

MSM can advocate for a more inclusive national health policy that covers their needs and concerns. In the meantime, since the policy does not expressly exclude them and mentions inclusiveness, engagements can be had with health service providers and other stakeholders to ensure that MSM access HIV services under the broad theme of the policy.

b. The National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights (2012)

This policy provides direction to actors involved in planning, promoting and providing services in respect of sexual and reproductive rights. The standards and guidelines reflect the objectives and priorities of the National HIV/AIDS Strategic Plan and the Health Sector Investment Plan. Even though MSM are not specifically named or targeted for these services, the fact that a policy is in place which serves to generally increase access to SRHR and HIV prevention and care is a step in the right direction. However, considering that MSM are a key population group with needs in respect of their sexual and reproductive health that ought to be prioritised, their recognition within the national scheme would be necessary.

A positive aspect of the policy is that it recognises that sexual and reproductive health as well as HIV/AIDS prevention can best be achieved if these services are offered in an integrated manner.⁵³ What this would mean in practical terms is that

52 As above at 20.

53 As above at 64.

someone who visits a health centre with an issue such as erectile dysfunction would also be offered an HIV test; or if someone visits a health centre to get anti-retroviral treatment (ART) the healthcare provider would also determine if the sexual and reproductive health needs of the patient are met.

Areas for advocacy

MSM can advocate for a more inclusive policy that covers their needs and concerns.

c. **National HIV and AIDS Strategic Plan 2015/2016 – 2019/2020 (2015)⁵⁴ and the National HIV and AIDS Priority Action Plan 2015/2016 – 2017/2018**

The purpose of the National HIV and AIDS Strategic Plan (NSP) is to guide the implementation of the national response to HIV and 'to align key HIV and AIDS interventions to the key drivers of the epidemic'.⁵⁵ The National HIV and AIDS Priority Action Plan is part of the NSP and sets out the priority activities for the first three years of its implementation. The NSP sets targets in terms of ART and HCT coverage and the accessibility of condoms in line with the Uganda Investment Case 2015-2025.⁵⁶

The NSP recognises that HIV prevalence is particularly high among key populations, which are specifically mentioned to include MSM, along with sex workers and boda boda drivers.⁵⁷ This specific mention of MSM is a welcome step toward an inclusive approach targeting key populations. It indicates that government would not exclude MSM from HIV programming simply because they engage in conduct which is considered criminalised in Uganda.

The plan acknowledges that HIV infection is fueled by socio-economic and structural factors such as

gender norms and gender-based violence.⁵⁸ The NSP also acknowledges the harmful effects of the HIV Prevention and Control Act on the HIV response in that some of its provisions create a barrier to access HIV treatment and care and enforces HIV-related discrimination and stigma.

The NSP targets both existing and emerging key populations in HIV prevention interventions, which is commendable.⁵⁹ The NSP also contains the encouraging strategic action of scaling up comprehensive interventions targeting Most At Risk Populations (MARPs).⁶⁰ The Plan has the strategic objectives of implementing a comprehensive package of social support and protection interventions for people living with HIV/AIDS and other vulnerable groups and key populations as well as eliminating stigma and discrimination of these groups and mainstreaming their needs into other development programs.⁶¹ These objectives and action points can be used in advocating for targeted interventions for Men who have Sex with Men.

Areas for advocacy

Engaging the Ministry of Health to ensure that MSM benefit from the implementation of this Plan.

d. **Uganda HIV Testing and Counselling Policy, 3rd edition (2010)⁶²**

The goal of the HIV Testing and Counselling (HCT) Policy is to help reduce HIV transmission by enabling people to know their HIV status and to improve their quality of life by linking them to prevention, care, and treatment and support services.⁶³ The elements of the policy are service delivery, health systems and 'ethico-legal' issues which refers to questions of human rights, stigma and special groups.⁶⁴ The policy is

54 Uganda AIDS Commission *An AIDS Free Uganda: My responsibility!* National HIV and AIDS Strategic Plan 2015/2016 – 2019/2020 (2015).

55 As above at 1.

56 Uganda AIDS Commission *A Case for more Strategic and Increased Investment in HIV/AIDS Programmes for Uganda: 2015-2025* (2014).

57 As above at 5.

58 As above at 9.

59 As above at 21.

60 As above at 22.

61 As above at

62 The Republic of Uganda Ministry of Health *Uganda HIV Testing and Counselling Policy* 3rd edition (2010).

63 As above at 7.

64 As above at 8.

aimed at ensuring that HCT follows a human rights-based approach and is aimed at reducing stigma and discrimination during HCT service delivery.⁶⁵ HCT is informed by a number of policy statements' among which is that all persons shall have the right to access quality HCT services.

The policy provides that HCT services are to be designed to address the needs of 'special groups' and Most At Risk Populations (MARPs) in general are mentioned as such a group.⁶⁶ However, even though the introduction to the section on 'Special groups' is expansive in including MARPs among a number of other groups, the specific provisions of the section only extend to other groups namely children, couples, health workers and the mentally impaired. The fact that MARPs are mentioned at all gives MSM a foot in the door in order to advocate for the improvement of this policy to ensure that it addresses the particular needs of this group in terms of HCT.

Overall, the HCT policy is a good policy set to assist marginalised groups like Men who have Sex with Men in accessing HIV testing and treatment, as well as reducing HIV-related stigma.⁶⁷ The policy links testing to treatment; requires both pre- and post test counselling as well as referral and follow-up and makes room for the incorporation of best practices which will be identified through research.

Areas for advocacy

There is need to advocate for HCT guidelines which address the needs of each MARP or key population group in detail. Even though the policy generally complies with international standards, there is room for improvement in that HCT could be linked to mental health service provision; especially for members of key population groups who would often benefit from psychosocial support due to the discrimination and violence they suffer on the basis of their sexual orientation and other characteristics. It is also necessary for key population groups to take action to ensure the implementation of this policy.

65 As above.

66 As above at 10.

67 UNAIDS 90-90-90 An ambitious treatment target to help end the HIV epidemic (2015) 16.

e. The National Policy Guidelines for Post Exposure Prophylaxis for HIV, Hepatitis B and Hepatitis C (2007)⁶⁸

HIV Post Exposure Prophylaxis (PEP) is emergency treatment which reduces the likelihood of HIV infection for a person who has been exposed to the blood or other body fluids of someone who could have potentially been infected with HIV. The National Policy Guidelines on PEP have the goal of preventing infection with HIV and Hepatitis B and C after such exposure.⁶⁹ These guidelines are helpful in serving the general population and allowing access to PEP to the target audience of the policy, which includes healthcare workers, barbershop attendants, victims of sexual offences and police officers.⁷⁰ The policy does not recognise key populations as groups which would be in particular need of PEP and therefore does not suggest particular programming and considerations to serve these groups.

Areas for advocacy

There is need to advocate for inclusion of MSM and other key population groups in this policy as they would be in particular need of PEP services due to their vulnerability.

f. Policy on HIV treatment

Uganda has integrated its guidelines on ART⁷¹ with policies on child feeding and prevention of mother-to-child HIV transmission in a single document.⁷² This policy offers guidance to health workers on providing comprehensive treatment to HIV patients. In 2013, an addendum was added to this document in order to scale up Uganda's response to the HIV epidemic.⁷³ The addendum

68 The Republic of Uganda Ministry of Health *The National Policy Guidelines for Post Exposure Prophylaxis for HIV, Hepatitis B and Hepatitis C* (2007).

69 As above at 4.

70 As above at 4-5.

71 Republic of Uganda Ministry of Health *National Antiretroviral Treatment Guidelines for Adults, Children and Adolescents* (2009).

72 Republic of Uganda Ministry of Health *The Integrated National Guidelines on Antiretroviral Therapy, Prevention of Mother to Child Transmission of HIV and Infant & Young Child Feeding* (2011).

73 N 30 above.

created a new requirement of initiating ART to MARPs, which is explicitly stated to include MSM.⁷⁴

In commemoration of World AIDS Day in 2016, President Museveni launched a new set of test and treat guidelines which would ensure that those who test positive for HIV would start treatment immediately and that all individuals who are HIV positive will be eligible for treatment.⁷⁵ The guidelines entitled Consolidated Guidelines for Prevention and Treatment of HIV/AIDS in Uganda introduce a positive step toward ensuring that MSM are also included in the provision of HIV testing and treatment.

Areas for advocacy

MSM activists and organisations working on their issues should raise awareness to ensure that in practice, MSM are not excluded from accessing treatment immediately after diagnosis and that they benefit from the inclusive policies.

g. National MARPs Priority Action Plan 2015 – 2017⁷⁶

This policy was developed by the Ministry of Health in collaboration with the UAC in order to accelerate the implementation of HIV interventions aimed at MARPs in line with the National HIV and AIDS Strategic Plan. The Action Plan was developed in line with the UAC National MARPs Programming Framework (2014) which provided a mechanism within which gaps in the HIV response in respect of MARPs could be identified and programme priorities developed. The framework also provided guidelines for measuring impact and engaging the community.

The Action Plan pays special attention to fisher folk, sex workers, the partners of sex workers, uniformed services, truckers and MSM. It states that MSM are vulnerable to HIV infection when engaging in unprotected receptive anal sex and

also because they often have multiple sexual partners (their female spouses as well as male partners).⁷⁷ The policy also acknowledges that the criminalisation of same sex conduct constrains HIV prevention services from effectively reaching MSM.⁷⁸

The Action Plan has five outcomes: 1) increased adoption of safer sexual behaviors and a reduction in risky behaviors; 2) increased coverage, quality and utilization of HIV prevention services; 3) strengthened sustainable enabling environment that mitigates underlying factors driving the HIV epidemic; 4) achieving a more coordinated MARPs HIV prevention response at all levels; and 5) strengthened information systems, tracking and reporting on MARPs national response.

The Plan provides targets and indicators as well as detailed strategies for the achievement of the five outcomes. These strategies target each MARPs sub-category (based on the known behavior traits of each sub-category) and are designed to also address the structural context underpinning the behaviors of these subgroups. The strategies include measures to reduce the vulnerability of MARPs through livelihood and psychosocial support and improved leadership and coordination of the national response to MARPs.

Areas for advocacy

The National MARPs Priority Action Plan is an encouraging stride forward for the realisation of the SRHR of MSM and the improvement of their access to HIV prevention and treatment services. The Action Plan presents crucial advocacy areas for key populations who have to take on the responsibility of ensuring that the listed individual steps are taken, which make up the detailed strategies developed to achieve the desired outcomes. The Plan itself states that there is need for an integrated approach and specific roles for the different implementing partners. For example, NGOs are tasked with supporting community-led interventions and reaching out to hotspots.

⁷⁴ As above at 18.

⁷⁵ H Lutaaya 'Uganda rolls out free HIV testing and treatment for all' The Sunrise 1 December 2016 available at <http://www.sunrise.ug/news/201612/uganda-rolls-out-free-hiv-testing-and-treatment-for-all.html> (accessed 27 January 2017).

⁷⁶ Uganda AIDS Commission and Republic of Uganda Ministry of Health *National MARPs Priority Action Plan 2015 – 2017*.

⁷⁷ As above at 9.

⁷⁸ As above.

It is important for MSM to work as part of or in collaboration with NGOs. The active participation of every sub-category of MARPS, including MSM, is crucial if this Plan is to be successfully implemented.

h. Medical and Dental Practitioners: Code of Professional Ethics (2013) (Derived from the Medical and Dental Practitioners Act of 1998)

The Code of Professional Ethics exists to promote and maintain the highest standard of ethical behavior among medical practitioners. According to the Code, medical practitioners are required to respect the constitutional rights of their patients.⁷⁹ Medical practitioners are specifically required to refrain from discriminating against patients on the basis of gender, race, religion, disability HIV status or any other vulnerability.⁸⁰ This provision ought to be an encouragement to MSM to approach healthcare centres. However, there is also a provision which is equally discouraging to the access of healthcare services to MSM. This is the provision which requires of medical practitioners to ensure patient confidentiality and privacy and to ensure that information about

the patient is not disclosed without the patient's consent except where such disclosure would 'protect the public or advance greater good of the community'. A medical practitioner may feel compelled to report the fact that her client is a man who has sex with men to the police since such a person would be viewed to transgress the criminal laws in Uganda. The medical practitioner may view such an action as necessary in order to 'protect the public'. This means that MSM are not guaranteed that they will be treated with patient confidentiality and it is understandable that it would be difficult to seek healthcare for as long as same-sex sexual conduct remains illegal in Uganda.

Areas for advocacy

There is a need for the engagement of medical practitioners to ensure that this provision is not interpreted and applied out of context.

79 Section 4.

80 Section 5.

3

WHAT DOES INTERNATIONAL LAW SAY ABOUT MEN WHO HAVE SEX WITH MEN AND HOW DOES IT AFFECT THEIR SRHR AND ACCESS TO HIV PREVENTION AND CARE?

International human rights law makes it clear that all human beings are equal and have the same rights. The Universal Declaration of Human Rights provides that 'all human beings are born free and equal in dignity and rights'⁸¹, that all are equal before the law⁸² and that everyone is entitled to all the rights and freedoms guaranteed in the declaration.⁸³ These same rights are repeated in the International Covenant on Civil and Political Rights⁸⁴, the International Covenant on Economic, Social and Cultural Rights⁸⁵, the Convention on the Elimination of all forms of Discrimination Against Women⁸⁶ and the African Charter on Human and Peoples' Rights.⁸⁷

Although none of these instruments mentions MSM, the provisions on non-discrimination have been interpreted to include non-discrimination on the grounds of either sexual orientation or gender identity. This means that under international law, MSM are equal to all other persons, they are not criminalised and should enjoy their rights like other persons. They can therefore access all healthcare services without discrimination.

Sexual and Reproductive Health and Rights are part of the right to health.⁸⁸ The right to health is protected in the Universal Declaration of Human Rights,⁸⁹ the African Charter on Human and Peoples' Rights⁹⁰ and the International Covenant on Social, Economic and Cultural Rights which recognises 'the highest attainable standard of physical and mental health'.⁹¹ Therefore under international law, the SRHR of MSM are protected in the rights to health and they are entitled to their enjoyment.

81 Article 1.

82 Article 7.

83 Article 2.

84 Article 26.

85 Article 2(2).

86 Article 1.

87 Article 2.

88 Principle 17 of the Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity.

89 Article 25.1.

90 Article 12.

91 As above.

4

ILLUSTRATIONS OF THE EFFECTS OF LAWS AND POLICIES AFFECTING THE SRHR AND ACCESS TO HIV PREVENTION AND TREATMENT OF MEN WHO HAVE SEX WITH MEN

This section illustrates the impact of the current legal and policy framework and how it affects the SRHR and access to HIV prevention and treatment of MSM using practical examples.

Example 1

Joseph is a 24-year old man from Arua who identifies as 'gay'. From the time Joseph was 17, he has had two committed relationships with men as well as a few casual encounters. Joseph was always very careful to use condoms even while in a committed relationship. One new years' eve, Joseph was raped and severely beaten by a male acquaintance who slipped a drug into his drink. While extremely traumatised by the experience and concerned that he may have contracted HIV or another STI in the process, Joseph simply did not have the courage to go to the police or a medical centre in the days after the incident. About three years after the incident, Joseph pursued another serious relationship with a younger man. Even though Joseph and his partner were faithful to one another, they still insisted on always using condoms. At one point, Joseph started struggling to find lubricants to use along with condoms. The NGO that used to purchase and supply lubricants to people like him was closed down for breaking the law, and even the local shops did not offer an appropriate product. Joseph and his partner felt that they had little choice but to rely on condoms only. Due to the lack of lubricants, Joseph's partner often suffered internal injuries during sex and on more than one occasion, the unlubricated condom broke.

Discussion

This example illustrates the extreme vulnerability of MSM to HIV infection due to the fact that their access to condoms and lubricants are not guaranteed, and the few people/entities that purchase and supply such goods do

so at the perennial risk of being targeted. MSM are also alienated from the healthcare system due to the criminalisation of same-sex conduct and will be hindered in accessing PEP and HIV testing and counselling, adding to the spread of HIV.

Example 2

Chris is a 34-year old man who hails from Mbarara. Even though Chris does occasionally have relationships with women, his preferred sexual partners are men. Chris has been living in Kampala by himself for over ten years. In order to make ends meet, Chris engages in sex work. His clients are almost exclusively male. Recently, however, he was involved in a conflict with a client who refused to pay him the agreed amount. The client threatened to out him to the police if he took the matter any further. This incident has caused great distress in Chris's life because he knows that once the public and police are aware that he is both a man who has sex with men and a sex worker, there would be a target on his back for arrest under the idle and disorderly laws, or worse, mob 'justice'. Due to this stress, Chris has also increasingly experienced difficulty in his own sexual performance. This has affected both his work and his personal relationships. Chris knows that appropriate medical interventions would help him to solve this problem, but he simply does not have the courage to go to a health centre because he knows that he will risk suffering ill-treatment, ridicule or even an outing if the health worker discovers that he has sex with men.

Discussion

This example illustrates the anguish and insecurity that MSM experience due to the fear of being outed to the police and the public at large. The laws of Uganda criminalising same-sex conduct and sex work make MSM extremely vulnerable. This vulnerability strengthens the barrier which MSM face in accessing sexual and reproductive health services.

5

CONCLUSION

This booklet shows that there are a number of laws which have provisions that limit the access of MSM to sexual and reproductive health services and HIV prevention and care services in Uganda. The most harmful provision to this group is the criminalisation of same sex sexual conduct. MSM are also impacted by the lack of recognition in mainstream laws, policies and programs addressing HIV and SRHR. MARPI-Mulago, the only programme which exists to specifically address the needs of key populations, is not equipped to serve all MSM across the country as it is an under-funded non-governmental initiative. MSM leaders and activists are encouraged to advocate for the decriminalisation of same-sex sexual conduct and sex work, and to advocate for the expansion of policies and programming which address the sexual and reproductive health as well as the HIV prevention and care needs of MSM in particular.

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ABOUT HRAPF

Background:

Human Rights Awareness and Promotion Forum (HRAPF) is an independent, nonpartisan, Non-Governmental human rights organisation that is duly registered under the laws of Uganda. HRAPF was founded in 2008. HRAPF prides itself in promoting access to justice, raising awareness on human rights among the most marginalised groups in Uganda and advocating for an enabling legal and policy framework for the promotion of rights of marginalised groups.

HRAPF's Vision:

A society where the human rights of all persons including marginalised groups are valued and respected.

HRAPF's Mission:

To promote respect and observance of human rights of marginalised groups through legal and legislative advocacy, research and documentation, legal and human rights awareness, capacity building and partnerships.

HRAPF's Slogan:

'Taking Human Rights to all'

HRAPF's Objectives:

1. To sensitise Ugandans on the international and national human rights regime in order to promote a culture of respect for human rights of marginalised groups.
2. To undertake research and document human
3. rights abuses suffered by marginalised groups for appropriate remedial action.
4. To influence legal and policy developments in Uganda to ensure compliance with human rights principles.
5. To offer legal assistance to marginalised groups in order to enhance access to justice.
6. To share information and best practices on the rights of marginalised groups in order to strengthen the human rights movement in Uganda.
7. To network and collaborate with key strategic partners, government, communities and individuals at a national, regional and international level.
8. To build a strong and vibrant human rights organisation.

HRAPF's Values:

- Non-discrimination
- Equal opportunity
- Justice
- Practical approach
- Team work

HRAPF'S PROGRAMMES

Under the strategic plan 2013-2017, HRAPF has three broad programmes:

ACCESS TO JUSTICE PROGRAMME

This programme aims at promoting sustainable access to justice for marginalised groups in Uganda. The programme mainly focuses on criminal justice, family justice and sexual and gender based violence. It targets sexual minorities, women and children living with HIV/AIDS, indigent men and women and the elderly with land problems.

LEGISLATIVE ADVOCACY AND NETWORKING PROGRAMME

The objective of this programme is to work with like-minded organisations and institutions to advocate and influence the adoption of policies and legislation that promotes equality and non-discrimination in order to prevent discrimination of marginalised groups.

ORGANISATIONAL DEVELOPMENT AND CAPACITY BUILDING PROGRAMME

The objective of this programme is to create the appropriate institutional structures and organisational framework for the efficient and effective implementation of the Programme activities and realisation of the Programme Goal.

HRAPF'S GOVERNANCE AND LEADERSHIP STRUCTURE

HRAPF's governance and leadership structure is

composed of four organs: The General Assembly, the Trustees, the Board of Directors and the Secretariat.

The General Assembly

This is the supreme policy-making body of the organisation. It is made up of all members. Currently HRAPF has 53 members. Membership is open to all persons interested in promotion, protection and creation of awareness of human rights to the most marginalised Ugandans.

The Trustees

The Trustees are the custodians of the organisation's Memorandum and Articles of Association. Currently there are three active trustees.

The Board of Directors

The BOD is responsible for guiding the Secretariat to perform day-to-day running of the organisation. The BOD is composed of seven members: the Chairperson, the Vice Chairperson, the Secretary General, the Treasurer, two other members, and the Executive Director as ex-officio. The BOD meets once every quarter.

The Secretariat

This is the implementing body of the Organisation. It is headed by the Executive Director and is currently made up of 27 staff members. HRAPF regularly hosts interns and volunteers.

Human Rights Awareness and Promotion Forum (HRAPF)

Plot 390 Prof. Apolo Nsibambi Road,

20 Metres off Balintuma Road,

Namirembe, Kampala.

P.O.Box 25603, Kampala

Tel: +256- 414- 530683 / +256- 312- 530683

Email: info@hrapf.org

Website: www.hrapf.org