

# 347 new HIV infections every day is perfect reason to rethink our health funding



The International Community of Women Living with HIV&AIDS Eastern Africa (ICWEA)

According to Alexander Hamilton the first U.S. Treasury secretary, “A budget is a more than numbers. It is a reflection of a country’s priorities, needs of the vulnerable and its promise to them.” This is what Ugandans hope will be reflected in the Financial Year 2015/2016. Unfortunately, it doesn’t seem like it will be the case.

HIV&AIDS continues to make families vulnerable and therefore need a lot of support from the government in order to access quality HIV care and treatment.

At 56 per cent, according to the 2013 HIV and Aids Uganda Country Progress Report, women make up the majority of people living with HIV&AIDS in Uganda. It is no wonder the International Community of Women Living with HIV Eastern Africa (ICWEA) is happy about the news from Uganda Aids Commission indicating that over 600,000 more HIV positive patients are expected to get antiretroviral (ARVs) drugs in the Financial Year 2015/2016.

If implemented, this will bring the total number of people getting free ARVs to 1.4m. But it still leaves about 700,000 others without ARVs and probably a lot more without comprehensive care.

The Ministry of Health revealed that in 2014, cases of HIV infection reduced to 127,000 from 170,000 as recorded in 2011. Each reduction is good news because it is a step closer to having an HIV free generation. After 30 years of battling the HIV epidemic and at a time the country should



be realising the MDGs, 347 new infections every day is too overwhelming to be ignored. And of these new infections, 5,000 are among babies which translates to 13 babies being infected with HIV daily. But it doesn’t have to be like this. With improved access to Elimination of Mother to Child Transmission (eMTCT) services, this can be avoided.

What these numbers tell us is that for an HIV free generation, women living with HIV as well as their priority programmes and needs must be given priority when allocating resources both at national and local levels and for HIV care and treatment. This will reduce the risk of infecting new born babies with HIV by 5 per cent. This is a huge difference compared to the 15 to 25 per cent risk involved when HIV positive mothers do not take ARVs when pregnant. In addition to this, the fact that taking ARVs suppresses the HIV virus and stops the progression of HIV disease is important for the well-being of women living with HIV.

In the financial year 2015/2016, government plans to spend Shs24.9 trillion up from Shs15 trillion in 2014/2015. Even though there is more

money going to be spent, the health sector budget allocation has been reduced from Shs1.281 trillion to Shs1.220 trillion.

Keep in mind that a country’s budget should reflect the needs of the vulnerable people by ensuring that their basic needs and programmes are prioritised. The health sector has plans of upgrading a number of Health Centre IIs to become Health Centre IIIs so that they can be able to provide better health services to the population including antiretroviral care and treatment. The Health Centre IIIs that have not been providing these are to be accredited so that they can start providing these services.

Women living with HIV need comprehensive and quality service delivery of programmes like sexual reproductive health rights, maternal new born child health and family planning which require a higher budget.

Recruitment and retention of the staff at health centres cannot improve either if the health sector is not adequately funded. Furthermore, the Shs1.2 trillion allocated to the health sector implies the sector gets a 5 per cent share of the national Budget which is not enough to cater for the health needs of the vulnerable Ugandans. Besides, it is far below the recommended allocation of 15 per cent according to the Abuja Declaration.

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