# International Community of Women Living with HIV Eastern Africa

## As the Joint AIDS Review (JAR) Starts, Civil Society Releases Statement Calling for Accelerated Action in HIV response

*Priority actions set at the last JAR (2016) include expanded investments in human resources for health, implementation of Differentiated Services Delivery Models that respond to the needs of people living with HIV and most vulnerable groups who are at greater risk of HIV, an end to stigma and discrimination against people living with HIV, Viral Load Suppression for all people living with HIV, improved quality of treatment programs and an end to harmful legal and policy environments among others.*

**August 30, 2017 Kampala** – Ugandan civil society organizations (at the front lines of the HIV response) have today released a statement calling for bolder government action in the HIV response. The statement was released on the opening day of the 10th Joint Annual Review (JAR) of the AIDS Response at Hotel Africana.

Whereas CSOs acknowledge important progress made by government and all partners in Uganda including increased enrolment of people living with HIV on ART from 570,373 (2013) to 898,197 (June 2016); treatment coverage of 60%[1]; adoption of Uganda consolidated HIV prevention, care and treatment guidelines (which also includes PrEP and Test and Treat guidelines), decline in MTCT of HIV from 28,000 (2001) to 3400 (2016), decline in HIV incidences from 140,000 (2013) to 83,000 (2015[2]) and a decline in the HIV prevalence from 7.3% (2012) to 6%[3] (2017); there are indications however that Uganda is still below our expectation in the HIV response as highlighted below:

**Inadequate human resources for health:** While the number of people living with HIV on treatment has increased, we are concerned about the shortage of qualified health workforce (1.68:1,000) in the whole health sector (which is a critical component in HIV response). During the JAR 2016, Uganda committed to institutionalize the positions of professional counselors in the health sector among other cadres. The progress has not been forthcoming as expected. The situation is made worse by the fact that some of the donors (particularly PEPFAR) supported cadres that are critical in the HIV response such as counselors and biomedical engineering technicians among others are not in the national health sector structure. The health care worker force crisis is at national, regional and district levels. The

[1] Uganda Country AIDS Progress report 2015-2016
[2] UNAIDS GAP report 2016
[3] The preliminary findings of Uganda Population HIV Impact Assessment 2017.

shortage of health workers in Uganda is going to be worsened by the plan to export health workers to Libya and the slow pace at which the PEPFAR Contract Staff (Health Care Workers) are being absorbed.

**Low investment in community structures to track loss to follow up, poor adherence and treatment failure cases:** While there was a strong commitment at the JAR 2016 to strengthen the community structures for follow up of lost and lost to follow-up pre-ART and ART clients, and while Uganda has adopted Differentiated Service Delivery Models that is anticipated to contribute to achieving UNAIDS ambitious 90-90-90 target, CSOs are concerned with limited investments in community systems for health; yet the Differentiated Service Delivery Models is one of the mechanisms for responding to loss to follow up, poor adherence and treatment retention.

**Increased violence against women living with HIV including the vulnerable groups at high risk of HIV infection:** Women living with HIV in all their diversity experience all forms of violence including Sexual Reproductive Health & Rights violations. Violence perpetrated by those who have authorities including intimate partners, police and healthcare providers must be investigated and prosecuted. The unequal power relation between women and men acerbates violence against women living with HIV because majority depend on their male-counterpart economically. All these have a lot of negative consequences on access to HIV care, retention and adherence.

**A non-conducive environment for adherence, retention and subsequently viral load suppression:** The viral load testing is a critical measure of whether HIV treatment programs are or are not causing the necessary impact among the PLHIV. The preliminary findings of the Uganda Population HIV Impact Assessment 2017 revealed that the viral load suppression was only at 57.4% for people aged 15-49 yrs, and at 35% among young men and women living with HIV aged 15-24 yrs. This is terribly worrying and need urgent attention. Poor adherence and retention in HIV care has a lot to do with the HIV care and treatment environment. There is need to address the root causes of poor adherence and retention in HIV care among the young men and women (who are categorized as the population with persistently high rates of new HIV infections). This will require an array of interventions including health care providers to addressing the specific needs of young men and women in HIV care and treatment setting.

**Presence of institutionalized and perceived stigma and discrimination:** HIV-related stigma and discrimination continue to affect PLHIV and MARPs at every turn. There are documented cases where employers subject their employees to mandatory HIV testing and terminate their services based on HIV status. This contravenes the provisions in the HIV prevention and Control Act 2014 and even the commitments made at the JAR 2016. Institutionalized and perceived stigma and discrimination are a results of a failed health care system and should be condemned with all possible efforts.

**Persistent stock outs and/or shortages of essential medicines including HIV treatment:** Cases of drug stock-outs and essential medicines continue to be reported in rural and hard to reach areas, seriously affects the vulnerable communities (women living with HIV and their

children – who are the majority of the service recipients). This undermines the impact of treatment expansion. Stock outs and shortages must not be tolerated, and people living with HIV should be at the heart of program design and implementation, including through the generation and dissemination of real time evidence of program weaknesses.

**Existence of harmful legal and discriminatory policy environment affecting the vulnerable groups:** Although, the government and other development partners made strong commitment at JAR 2016 to conduct targeted HTS for people living with HIV and the most vulnerable groups who are at high risk of HIV including Adolescent Girls and Young Women. CSOs however remain concerned about the harmful and discriminatory policy and legal environments in Uganda. This environment undermines the importance of accessing bio-medically proven HIV prevention tools and treatment as a prevention strategy.

## CIVIL SOCIETY GROUPS CALL ON THE GOVERNMENT OF UGANDA TO:

- **Protect the human rights of people living with HIV and those at high risk of HIV** as we roll out the implementation of Uganda consolidated prevention, care and treatment guidelines and Differentiated Services Delivery approaches and Models (DSDM). Laws that incriminate and marginalize people living with HIV including women living with HIV and the vulnerable groups that are at high risk of HIV must be urgently addressed. HIV must be de-criminalized and people living with HIV must be supported to have access to legal justice. Decriminalization of HIV is an important measure for protecting the human rights of people living with HIV and as an address to the violence that we face. Importantly, CSOs recognize that decriminalization is a key strategy to reduce new HIV incidences and improve health outcomes for those living with HIV.

- **Review the Ministry of Health structures (central and local governments):** The Ministry of Health in collaboration with the local governments should review the staffing structures to commensurate with the current population and disease pattern needs.

- **Improve the quality of HIV prevention, care and treatment services:** People living with HIV including the vulnerable groups must have access to stigma free highest attainable standard of healthcare, service provision, and comprehensive sexual and reproductive health services.

- **Increase national investment in HIV** including implementation of an accountable, transparent HIV and AIDS National AIDS Trust Fund to generate additional revenue for priority investments—particularly provision of HIV treatment.

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