



International Community of Women Living with HIV Eastern Africa

Post Annual Joint AIDS Review Meeting Press statement

Date: September 02, 2020

Theme: Meaningful involvement and engagement of communities to achieve An AIDS Free World by 2030.

Preamble: Uganda prioritized control of HIV/AIDS within the 2nd and 3rd National Development Plan (NDP) (2020/21- 2024/25) and other national and international commitments such as the Sustainable Development Goals (SDGs). The country has been implementing NSP (2015/16 – 2019/20) accelerated by the Presidential Fast Track Initiative (PFTI) to end the HIV epidemic by 2030. As we get to the end of the NSP 2015/16 – 2019/20 tremendous progress has been made to increase access and utilization of quality and comprehensive HIV care, prevention and treatment services. Despite the mentioned progress, women continue to bear a huge HIV burden. UNAIDS statistical estimates (2019) put HIV prevalence at 5.7% (7.1% for women and 4.4% for men; 2.8% among young women and 1.1% among young men) also show that 53,000 people were newly infected with HIV (45,000 adults aged 15 and over; 26,000 women aged 15 and over; 19,000 men aged 15 and over; 7,500 children aged 0 – 14). Amongst older adolescents and young people, prevalence is almost four times higher among females than males. On the other hand, and to continue the momentum, UAC launched¹ a new National Strategic Plan for HIV and AIDS (NSP) (2020/2021-2024/2025). One of the key objectives is ‘Strengthen social and economic protection to reduce vulnerability to HIV and AIDS and mitigation of its impact’.

Highlights of the JAR 2020: The International Community of Women Living with HIV Eastern Africa (ICWEA) commends the government of Uganda, development partners and other stakeholders for a tremendous job done in the fight against HIV/AIDS as demonstrated during the recently concluded 11th JAAR conference. We recognize the gains made in making available lifesaving HIV ART treatment to people living with HIV especially women and girls such as ART Coverage increased to 89%². The 11th Joint Annual Review Virtual conference was held for two days (26 -27th August 2020) under the theme, ‘*Leave no one behind*’. The theme inspires all stakeholders to play their respective roles to end the HIV epidemic by 2030 – which again is in line with key strategic objectives of the new

¹ <https://opm.go.ug/2020/08/28/prime-minister-rugunda-launches-the-national-hiv-and-aids-strategic-plan-2020-21-2024-25/>

² ANNUAL JOINT AIDS REVIEW 2019/2020 - Dr. Nelson Musoba Director General Uganda AIDS Commission

NSP. The JAR conference highlighted major gaps that still exist in the response such as limited functionality of the decentralized coordination structures, human rights violations (including GBV), teenager pregnancies, inadequate integration of HIV/AIDS in district plans, understaffing/missing HIV Clinic staff like counsellors, poor mechanisms for HR retention, heavy reliance on donor funding HIV/AIDS response (GOU contribution to HIV/AIDS response budget is low), limited private sector engagement and inadequate evidence based programming. Leaders at the JAR noted that addressing such gaps calls for involvement of PLHIV in HIV control mechanisms, HIV information dissemination, ensuring adherence to treatment and providing individual counselling to reach 95-95-95. They also recognized the role Civil Society Organizations have over the years played that enable the country to sustain HIV response, while tackling stigma and discrimination against PLHIV.

COVI-19 lessons for Uganda in the HIV response: The recent COVID-19 is a litmus test to Uganda in the current response the epidemic. Current evidence shows that women and girls have been more impacted by COVID 19 than any other mankind. According to recent studies³, human rights violations among women living with HIV during the COVID 19 era has escalated. Access to justice, SRHR, TB and HIV services have been disrupted. Despite this, affected communities have not been put at the center in the response as stakeholders, rather as beneficiaries. This will erode all the hard-earned wins made in the HIV response over 30 years.

Evidence from the community scorecard: Respondents (including people living with HIV) of the community scorecard that was conducted in 56 districts by ICWEA with support from TASO, reported the following challenges that hinder access to HIV, TB, Malaria, and RMNCAH services i.e. interrupted supply of medical supplies (continued stock outs of HIV medicines), increase in human rights violations especially against women and girls, increase in GBV cases at community level, limited human resources for health, limited access to female condoms, rising cases of stigma and discrimination affecting people living with HIV especially among the vulnerable populations, limited spaces thus affecting confidentiality, lack of gender sensitive IEC materials, low interventions that promote male involvement, limited interventions to address GBV and SGBV at community and health facility setting, low malnutritional support for affected

³ Additional information from UAC indicated that between April – June 2020 quarter; the following was observed i.e. *Reduced HTS in community and facility; Reduced ART initiation by 31%; Reduced ART coverage from 89% Dec 2019 to 85%; Over 5026 clients lost (0.4%) on ART; VL coverage reduced from 96% Dec 2019 to 85% in June 2020; CD4 access reduced from 31% to 22%; Reduced TB screening from 95% Dec 2019 to 88% and TPT completion decline 90% to 88%*

clients, KP interventions are lacking at some facilities and fewer health facilities providing PrEP services .

A participant during the scorecard said *“I haven’t seen female condoms the many times I’ve come here and I have never been told that they exist; am not even sensitized where to get them from and how to use the commodities;”* - *MAJANJA HC III, Busia.*

Ambulance services are not working well at most health facilities and where they exist there is insufficient maintenance fees

Our perspectives over the years: From our own perspective (as women/girls living with HIV), we note that little is being done to own and sustain the HIV response. HIV/AIDS response in Uganda is heavily externally funded where IPs are still in charge of HIV, TB and malaria services which make it difficult to hold them accountable; we don’t see a deliberate effort to sustain plans for ending human rights violations, we don’t see robust effort from government to promote female controlled HIV prevention tools, and we don’t see sufficient budget allocation to the HIV response. PLHIV lack sufficient information on new drugs such as DTG to make informed choices before switching; the government still does not invest in community structures to own and sustain the response such as women groups and HIV networks. Government continues to focus on health systems leaving community systems yet this is where the *“rubber hits the road”* town and sustain the epidemic. Government has not sufficiently supported and invested in DSDM at the community level where they have been proved to work. There is still limited space for Network of people living with or affected by HIV to engage with duty bearers on delivery of comprehensive and quality HIV, TB and malaria services. For this to happen, external donors must invest resources which in our own view is not correct. In this 21st century, we still see women and girls living with HIV not being fronted to occupy spaces that are glaring meant for them.

What we would like to see: Based on the above, our plea stands:

- We call upon government, policy/decision makers and other duty bearers to meaningfully implement the *‘Leaving No One Behind’* principle in the fight against all epidemics/pandemics through strengthening greater accountability for quality services
- We re-echo the need for concrete actions to fast track completion and implementation of pending bills/policies that could be game changers in the HIV response such as HIV decriminalization bill, HIV trust Fund, National Social Insurance Bills among others.

- We call upon development partners to increase and devote resources for supporting community structures/systems to own and sustain the response.
- We call for urgent action from all stakeholders to put back communities at the center of the epidemic (including COVID-19 pandemic) as it was from the beginning of the HIV epidemic.
- We call for a transformative change that seeks to build resilient women movements so that women and girl take leadership of the response.
- We also call upon govern and other stakeholders to promote women and girls centered approaches. It is time to reconsider women and girls living with HIV as key stakeholders in the response and not simply beneficiaries.

I thank you for your time – as we struggle to end the HIV epidemic

Signed

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Executive Director