

Who are Community Health Advocates?

Community Health Advocates (CHAs) are people that undertake community and district-level advocacy for health and human rights in their respective communities. They help mobilize individuals, families and the community and guide them through the health care system - with free information, advice.

They advocate and engage duty bearers at the grassroots and local government levels on their communities' emerging health issues , including violations of health rights.

Introduction

This information sheet has been prepared to guide Community Health Advocates, grassroots paralegals and community-based groups and organizations during community awareness sessions on the topic of **HIV and Human Rights**. It is part of a broader campaign by CEHURD and partners to mobilize, engage and work with communities and community-level actors to demand a human rights-based approach to health care delivery and programming in Uganda. It covers the key messages and facts about HIV and AIDS including myths and realities; the key drivers of the HIV epidemic, risk factors and its connections with opportunistic infections (TB), the law and human rights.

KEY FACTS AND MESSAGES ON HIV/AIDS

- Almost all adult people in Uganda know about HIV and AIDS, and how it is transmitted.
- HIV is transmitted through:
 - Unprotected sex with an HIV-positive person.
 - From an HIV-positive mother to a baby during pregnancy, birth or breastfeeding.
 - Sharing sharp instruments, e.g. razor blades, toothbrushes, earrings, needles, etc.
 - Infusion with contaminated blood (unsafe blood transfusion).
- The risk of HIV infection is higher if:
 - ▶ You have sexually transmitted infections (STIs)
 - ▶ For men, if you are uncircumcised
 - ▶ You have unprotected sex through the anus
- HIV can be transmitted through oral sex
- HIV is **NOT** transmitted through:
 - Sharing plates, spoons, clothes, etc.
 - Mosquito bites.

- Six in every 100 adult people (between 15-49 years old) in Uganda have HIV – that is about 1 in every 20 adult people.
- About 350 people in Uganda become infected every day.
- The number of people getting newly infected with HIV has been reducing in recent years.
- New HIV infections have been reducing because of:
 - HIV awareness, testing, counselling and change of sexual behavior.
 - Improvements in HIV programs: male circumcision, prevention of mother-child transmission, and HIV treatment services.
 - Increased focus on population groups at high risk of infection and transmission: sex workers, men who have sex with men, and fishing communities.
- Among adults, HIV is more prevalent among women (7.5%) than in men (4.3%).

- Among adolescents and young people (15-24 years),
- prevalence is almost 4 times higher among females than among males.
- Among boys and men, HIV prevalence is highest in the 45-49 year age group (14%).
- Among women, HIV prevalence is highest in the age-group of 35-39 years (12.9%).
- In geographical terms, HIV prevalence is relatively higher in urban areas (7.5%) compared to rural areas (5.8%).
- And among adults aged 15 to 64, HIV prevalence is lowest in West Nile (3.1%) and highest central region.
- Population at high risk go HIV include:
 - ▶ Sex workers
 - ▶ Men who have sex with men (MSM)
 - ▶ Fishing communities
 - ▶ Long distance truck drivers
 - ▶ Boda-boda cyclists
 - ▶ People in discordant relationships.

False beliefs and truths about HIV

False belief	Truth
HIV is contracted by persons who have sex with many people	Anyone can get HIV, even if they have only one sexual partner or one sexual encounter
HIV positive people are dying soon and have no future	With HIV treatment and care, HIV-positive people are living long, healthy and productive lives
HIV/AIDS in marriage is always brought by women	Any of the partners can expose the other to infection
HIV positive persons don't want to die alone and are trying to infect other people	HIV-positive people have contributed to control of HIV/AIDS through positive living, disclosure and advocacy
You can tell when someone is HIV-positive	An HIV-positive person may have no symptoms at all and may feel perfectly well. The only way to know is to get tested

False belief	Truth
Being diagnosed with HIV means you will soon die	With HIV treatment, people are able to manage their viral load and live with HIV for many years
If you are both HIV-positive, you don't need a condom	A couple of HIV-positive partners need to use a condom because to avoid re-infection and infection with other sexually transmitted diseases
You cannot have an HIV-negative baby if you are HIV-positive	Prevention of mother-to-child transmission services available at health centers makes it possible for an HIV-positive mother to have an HIV-negative baby

The key drivers of HIV infections in Uganda are:

- ▶ High risk sexual behaviors
- ▶ Low knowledge of one's HIV status
- ▶ Early sexual activity
- ▶ Having many sexual partners
- ▶ Inconsistent and incorrect condom use
- ▶ Sex work
- ▶ Under-estimating level of individual risk
- ▶ Stigmatizing people living with HIV (PLHIV)
- ▶ High prevalence of other sexually transmitted infections
- ▶ Low utilization of antenatal care (ANC) and delivery services
- ▶ Low prevalence of medical circumcision
- ▶ Sexual and gender based violence (GBV)
- ▶ Excessive alcohol consumption
- ▶ Poverty (pushing many women into sex work).

HIV & AIDS and poverty

- Poor individuals, families, communities and countries are more susceptible to HIV infection than those that are rich.
- Poor people have less means and power to access prevention and care services.
- HIV & AIDS undermines livelihoods and ability to work. Family income is affected when household bread winners become sick or die.
- Poverty creates social and legal environments that increase the risk of infection, sickness, and death.
- Even if drugs are free, poor families struggle to buy food, transport themselves to the health center, etc

Women and HIV & AIDS

- More women and girls are living with HIV than men and boys.
- Women and girls have a higher risk of infection because they experience violence (rape, defilement and exploitation), including early marriages.
- Women and girls have less access to HIV prevention and care services, have lower income security, and have less control in relationships.
- Early and forced marriages expose adolescent girls and young women to HIV infection.
- Improve women's access to information and services
- End violence against women, including sexual violence
- Ensure that redress mechanisms and service delivery are women- and girls-friendly
- Educate communities and other stakeholders on the rights of women

HIV and the law

- **The HIV and AIDS Prevention and Control Act (2014)** requires individuals to take care and not to infect themselves and other people.
- The Act criminalizes intentional HIV transmission.
- The Act requires health units which test to do pre-test and post-test counseling.
- The Act provides non-disclosure of the identity of those tested.
- The Act provides for confidentiality of test results, i.e. test result is only disclosed to the individual or with the individual's consent.
- The Act prohibits discrimination of PLHIV at work, in schools, in travel, in access to credit, in health facilities.

- The HIV Prevention and Control Act (2014) guarantees the following human rights:
 - Right to counseling
 - Right to confidentiality
 - Voluntary testing and consent
 - Right of pregnant women to treatment
 - Universal HIV treatment
 - Consent to research
 - Non-discrimination

The links between HIV & AIDS and human rights

- Violation of human rights fuels the spread, and worsens the impact, of HIV & AIDS.
- Populations that usually face human rights violations are more vulnerable to HIV – women, children, adolescent girls and young women, sex workers, people who use drugs, men who have sex with men (MSM), transgendered persons, prisoners, etc.
- Adolescent girls and young women experience a high prevalence of sexual and gender based violence (GBV) and lack access to sexual and reproductive information and services.

- The unequal status of women in society means that they are often unable to negotiate safe sex.
- HIV & AIDS leads to human rights violations. People living with HIV experience stigmatization and discrimination in communities, at places of work, and in health facilities – leading to violence and limited access to information, services and opportunities.
- Harmful attitudes and practices are brought about by a lack of understanding of HIV, misconceptions about how HIV is transmitted, and the perception that HIV is related to immoral behaviors, such as sex outside marriage, sex between men, etc.
- Human rights abuses, such as discriminatory, coercive (forced), and punitive approaches to HIV (e.g. criminalizing transmission) increase vulnerability to infection and worsen the impact of the epidemic on individuals, families.
- Criminalization of groups at high risk of infection, such as men who have sex with men, persons who inject drugs, and sex workers affects access to information and services, leading to more vulnerability.

- Criminalization of high risk groups makes it difficult for these people to come out and seek information and services, and for service providers and organizations to reach them

Populations most affected by HIV

- **Sex workers:** They have multiple sexual partners, do not use condoms consistently, experience discrimination and stigma, their work is criminalized, lack information, and access to services is limited. They face violence from clients which prevents them from insisting on condom use.
- **Fishing communities:** Most people involved in fishing activities do not live with their families and are targeted by sex workers because they often have a daily income.
Long distance truck drivers: These spend long periods of time without their families and seek sexual satisfaction on the move.
- **Boda-boda cyclists:** These are usually young men in their prime years, with high sexual desire and daily income, but with limited access to information and little experience in making responsible decisions.

- **People in discordant relationships:** whereas it is possible for one to have a sexual partner who is HIV-positive while they are negative, if they continue having unprotected sex with them they will eventually get infected in the long run.
- **Prisoners:** Although many prisoners living with HIV got infected before imprisonment, the risk of infection while in prison is high due to high-risk sexual behaviors, e.g. same-sex acts, unprotected sex, and sexual violence.

HIV & AIDS services available at health centers

- HIV counseling and testing (HCT): No person should be tested for HIV without his or her free and informed consent. Pre-test counselling should occur before an HIV test is undertaken. It should take the form of a confidential dialogue between the client and a suitable, qualified person where relevant information is given and consent obtained. Post-test HIV counselling should take place as part of the process of informing an individual of an HIV test result.
- Prevention of mother-to-child transmission (PMTCT) services.
- Male condoms and female condoms
- Condom lubricants (oils)
- Voluntary male circumcision
- Pre-exposure prophylaxis (PrEP): Taking ARVs before one is exposed to a risk of infection by people at high risk of infection, e.g. sex workers.
Post-exposure prophylaxis (PEP): Taking ARVs after one is exposed to a risk of infection, usually for four

- weeks, e.g. by a woman who has been raped.
- Testing and treatment of sexually transmitted infections (STIs)
- Treatment of opportunistic infections, e.g. TB.
- **HIV anti-retroviral therapy (ART):** Life-long daily treatment with ARVs. People who adhere to treatment over time suppress their viral load, live longer, healthier lives, and are less infectious than people who are not on treatment or not adherent.

Connection between HIV/AIDS and TB

- Tuberculosis (TB) is a bacterial disease that attacks the lungs.
- TB is the leading cause of death for people with HIV.
- HIV undermines the immune system and increases the likelihood of TB infection, progression, and re-occurrence.
- People living with HIV have a very high risk of developing TB.
- Unlike HIV & AIDS, TB can be cured.
- Offering TB tests and treatment to people with HIV – and vice versa – increases the management of both diseases.
- Non-adherence to treatment leads to drug-resistant TB, which is more difficult and costly to treat and is more deadly.