

Achieving the HIV Zero Discrimination Status

The United Nations Joint Program on HIV and AIDs (UNAIDS) earmarked March 1st as the day to mark zero discrimination. The day, which has been celebrated since 2014, is this week being celebrated under the theme “Stand Out!” It recognizes the fact that, there are inequalities catalyzed by laws and policies that are making it difficult for some persons living with HIV and AIDS (PLHIV) to access care. The day also encourages everyone to stand up for a fair and just society thereby promoting the key populations’ rights to health and to be free from discrimination.

The national projections based on Uganda’s HIV and AIDS Country progress report of 2014, indicate that there is an increasing number of people living with HIV, that is; from 1.4 million in 2011 to 1.5 million in 2013, and 1.6 million in 2014, with over 1 million orphans due to AIDS.

Research today indicates that stigma and discrimination are one of the forces that cause escalation of HIV and AIDS. The Uganda AIDS Survey of 2011 for instance, stated that 21.6 % of men and 16.8 % of women felt People Living with HIV (PLHIV) should be ashamed of themselves, while 22 % of men and 18.3 % of women agreed that those with HIV, should be blamed for introducing the disease into the community.

The fear of stigma and discrimination affects the uptake of HIV services. Multiple studies in Sub-Saharan Africa provide evidence that people who have experienced stigma and discrimination, as a result of testing HIV positive, shun away from accessing the services that would have enabled them to manage the virus and its opportunistic infections.

It should be noted that laws and policies play a significant part in either promoting stigma or reducing it. In 2014 parliament passed the HIV and AIDS management and Control Act. This Act, even though good and for all intents and purposes promotes care and treatment of PLHIV, however, it undermines the confidentiality of patients living with HIV and AIDS in certain aspects. Section 18 (e) of the law provides for release of a person’s HIV results based on the medical practitioners’ opinion.

“any other person with whom an HIV infected person is in close or continuous contact including a sexual partner, if the nature of contact, in the opinion of the medical practitioner or other qualified officer, poses a clear and present danger of HIV transmission to that person..”

This clause is a breach of fundamental medical code of practice and could contribute to increasing stigma and discrimination. The right to privacy and confidentiality when accessing medical services would in essence be traded away with, and in cases where the rights of PLHIV are promoted, no regulations have to this date been passed to operationalise the positive aspects.

The government in its National Development Plan II has made targets to eliminate HIV and in the Health Sector Development Plan (2015/16 -2019/20) the Ministry of Health also takes steps to address the epidemic. These two plans are in line with the 2030 Agenda for Sustainable Development which puts respect for equality and non-discrimination at the centre of its goals that aim to ensure healthy lives for all, to be able to build inclusive societies.

Civil society groups working with the Uganda AIDS Commission have been very keen in advocating for an anti-Stigma policy, however government needs to increase support towards this process to ensure that counseling and civic education on rights of PLHIVA are provided for, in a systemic manner.

Further, key to the issue of fighting stigma and discrimination is the aspect of financing of HIV drugs and programs. Parliament has noted that for the past four consecutive years, in spite of the increase in HIV and AIDS infections, there has been no increments in government funds towards the purchase of ARVs at the National Medical Stores (NMS). In FY2015/16 Parliamentary Committee on Health reported that the NMS budget for Antiretroviral therapies (ARVs), ACTs and TB medicines remained stagnant at 100 billion for the projected year 2016/17. This is in spite of the fluctuations in dollar currency rates, which led NMS to incur losses of up to 17billion shillings. Government needs to increase funding for ARVs in the next financial year.

We thus call on government to;

1. Increase finances for HIV,TB and Malaria in FY 2016/17 from the allotted 100bn to at least 180bn
2. Fast track the process of putting in place an Anti-stigma policy
3. Fast track the passing of regulations for implementation of positive aspects of the HIV Prevention and Management ACT of 2014
4. Prioritize the process of putting in place an AIDS Trust Fund

This statement is supported by the Advocacy for Better Health in Uganda.

Advocacy for Better Health is a five-year project funded by USAID and implemented by PATH, in collaboration with Initiatives Inc.; working with 21 national and district based NGOs/CSOs in 35 districts. The project seeks to improve the quality, accessibility, and availability of health and social services.

The project objectives include:

- To increase citizen participation in planning and monitoring of health and social services at the district- and/or sub-district-levels.
- To increase civil society organization (CSO) advocacy engagement on key policies and issues in the health and social sectors.
- To enhance the advocacy and organizational capacity of CSOs to obtain, manage, and implement advocacy projects, including USAID-funded projects.