

## Webinar Notes: The Global Partnership to Eliminate all forms of HIV-related Stigma and Discrimination and how it supports women's rights in Uganda

10 November, 2021

### 1. Introduction

On 10 November 2021, 74 participants joined a Women4GlobalFund (W4GF) webinar to learn more about how the [Global Partnership to end all forms of HIV-related Stigma and Discrimination](#) (the Global Partnership) is addressing the rights of women and girls – in all their diversity – in Uganda.

The Global Partnership recognises that the key to ending stigma is the work of communities and civil society leading interventions in six different settings and areas of people's lives, namely: households, workplaces, education, justice systems, health settings, and emergency and humanitarian settings. Countries conduct this work over a period of five years, they commit to three settings in the first year. Uganda committed to the Global Partnership in 2018 through the commitment made by the Ministry of Health.

This webinar was designed to enable participants to understand the extent to which HIV-related programmes focus on women in Uganda and to reflect on how things may need to change so that the Global Partnership better responds to women. Gaps in HIV response in Uganda include the discriminatory HIV Prevention and Control Act of 2014 which encourages mandatory testing for pregnant women and their partners and allows medical providers to disclose a patient's HIV status without consent, furthermore the Act criminalizes HIV transmission. It is through efforts such as those implemented by the Uganda Network of Law Ethics on HIV and AIDS and its partners that the discriminatory nature of such laws are being challenged.

Speakers included:

- Sarah Nakku, Country Community Mobilisation and Networking Adviser, UNAIDS
- Dorothy Namutamba, International Community of Women living with HIV Eastern Africa (ICWEA)
- Salome Atim, Representative on the Uganda Country Coordinating Mechanism (CCM)
- Other partners from Uganda Network of Young People living with HIV/AIDS (UNYPA), Alliance of Women Advocating for Change (AWAC), Positive Women with Disabilities Uganda (POWUDU), and the National Forum of People living with HIV/AIDS Networks Uganda (NAFOPHANU).

These notes present key points addressed during the webinar. Listen to the full webinar recording [here](#). Results from the polling taken during the webinar are available [here](#).

### 2. Key points from speakers

#### [Sarah Nakku, UNAIDS \(slides\)](#)

- Global Partnership commitments made by Uganda include human rights obligations to end HIV-related stigma and discrimination, building partnerships, sharing responsibility for measurement and accountability, and promoting access to non-discriminatory healthcare, employment, education, and social services.
- Addressing human rights-related barriers is critical in a context like that of Uganda, where some policies are and laws are punitive, such as controls related to individuals' HIV positive status.
- Successes have been uneven despite achievements made between 2010 and 2020 to control new infections and AIDS-related deaths and the increase in antiretroviral treatment (7.7 million in 2010 and 25.4 million in 2020).
- Much still needs to be achieved. If human rights abuses, inequalities, financial shortfalls, punitive laws and gender inequalities are not addressed, global targets will not be attained.

- In 2018, the former Ministry of Health (MoH) focal point identified four priority areas for Uganda to tackle HIV-related stigma: healthcare, education and communities/households.
- With support from ICWEA and UN Women, a national stakeholder meeting was held in 2020 to introduce the settings that Uganda would focus on. At the meeting stakeholders recommended that Uganda focus on all the Global Partnership's six areas of priority. No commitments had been made to focus on judiciary and humanitarian settings. It was further recommended that a national technical working group be formed to facilitate greater engagement amongst stakeholders. Additional recommendations included the need for increased funding for activities, particularly from donors already supporting HIV activities.
- To date, achievements include the introduction of the Global Partnership to civil society and some government stakeholders, a more active national technical working group which has also contributed to the review of national policy guidelines on stigma and discrimination.
- These guidelines have since been launched and successful mobilisation of government sectors, such as the Uganda AIDS Council (UAC) and MoH which committed to "ending stigma in the workplace" as the theme for 2021. The national technical working group is active, several civil society associations are engaged in helping realize the Global Partnership goals.
- Great work has been achieved in the commitment to end HIV-related stigma and discrimination in schools, in healthcare settings, judicial settings, community, workplace and in household settings. Current expectations require that the settings are reviewed to ensure they respond to the needs of women and girls, ensure dialogue and work as a team and ensure necessary funds are secured to achieve the goals set. An extensive list of current partners was identified.

#### **Dorothy Namutamba, ICWEA (slides)**

- The Global Partnership provides a unique opportunity to harness the efforts of government, civil society, bilateral organisations, multilateral donors, academia, the UN, to end HIV-related stigma and discrimination. Actions require resources which are not readily available.
- The ICWEA and UN Women, co-lead a committee that works to address stigma in household settings, family and communities. ICWEA is also participating in many global meetings and engagements to ensure all forms of stigma and discrimination ends. ICWEA also chairs the AIDS Gender National Technical Working Group, which is a critical platform to engage on issues that affect women. This technical working group has ensured the inclusion of strategies to address stigma and discrimination experienced by key, vulnerable and marginalised populations in the Uganda National Strategic Plan (NSP).
- Efforts to engage women in the Global Partnership include informing women leaders from other East African countries on the Partnership. The Task force, composed of civil society organisations were set up to ensure the inclusion of women across all levels of engagement. Additionally, ICWEA facilitated the participation of women and girls in the PEPFAR Country Operational Plan (COP) process and regional meetings. Treatment literacy was prioritised by partner organisations and will be rolled out by the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU). ICWEA has also encouraged the participation of women and girls in funding requests to the Global Fund and ensures that this addresses stigma and discrimination. ICWEA award individuals who contribute towards addressing stigma and discrimination (stigma champions).
- ICWEA acknowledged UN Women and the MoH for their support.

#### **Salome Atim, Uganda Country Coordinating Mechanism (CCM) (slides)**

- Background information reveals that among older adolescents and young people, prevalence of HIV is almost four times higher in females than males.

- . In Uganda, initiatives funded by the Global Fund include free prevention, care and treatment of HIV, TB and malaria, management of sexually transmitted infections (STIs), screening for cancer, mental health care, and psychosocial support.
- . Services for women and young girls are guided by the national age-appropriate service package in the Adolescent Girls and Young Women Strategy 2020-2025. These initiatives are supported by the Global Fund, PEPFAR, UNICEF and other UN agencies. Activities supported by the Global Fund have increased from 31 to 39 districts, reaching 64% of the 61 districts that have the highest HIV burden. These supplement the PEPFAR Dreams initiatives that covers 19 districts. The efforts include access to condoms, HIV test kits, Antiretroviral therapy, and challenging harmful cultural practices such as forced and early child marriage, and female genital cutting.
- . To facilitate greater engagement of adolescent girls and young women, dialogues are organised on issues related to stigma and discrimination, violence and improved uptake of services and retention in care. Anti-stigma clubs for in and out of school AGYW and livelihood empowerment programmes are also facilitated. For legal support services, paralegals and peer supporters for key populations are trained at community level. To improve uptake of services, linkages and referral to care, providers of youth friendly services are trained on PrEP.
- . Current concerns related to services for AGYW indicate there is a greater focus on prevention and not enough on adolescent girls and young women living with HIV. There is a need to increase investments in services to ensure additional districts are reached and a need to assess which services are specifically targeting AGYW.
- . A series of objectives to ensure social protection, training sessions, increased awareness, economic empowerment and support of leadership modules were presented.

#### Input and discussion by participants

##### **Betty Kwagala**, Positive Women with Disabilities (POWUDU)

- . Efforts and support of implementers to alleviate poverty and the inclusion of people living with disabilities are commendable. The greatest challenge remains poor systems and methods for proper recording of data, particularly data around how many women living with HIV are also living with disabilities.
- . There are many challenges in some healthcare facilities. For example, women and girls with disabilities living with HIV are judged for being sexually active. Those who are deaf avoid going because providers do not understand them, and they cannot communicate. The blind community gets only second-hand information and data because of their limitations. All of this hinders access to services and increases stigma and discrimination
- . There is a research gap – we need to have more data around all of this. We need evidence based information.

##### **Kyomya Macklean**, the Alliance of Women Advocating for Change (AWAC)

- . The biggest challenges with regard to key populations are the laws and policies criminalise and restrict sex work. This attracts raids, unlawful arrests and stigma from the community. It is worse for women living with HIV as they cannot access their medication on time and often face treatment interruptions when arrested.
- . Stigma towards sex workers at health facilities pushes sex workers to travel longer distances to avoid being identified within their communities and to access services without stigma. Stronger Standard Operating Procedures (SOPs) are needed to engage healthcare workers on attitude change.
- . We still lack comprehensive services within the health services that sex workers access. Cultural norms still represent a huge barrier to youth friendly services and require more attention

- . Adolescent girls and young women are still being restricted from accessing information on contraceptives. We are seeing many cases of teenage pregnancies and giving birth too young.

**Stella Kentutsi**, NAFOPHANU/ Stigma is still not given the attention it requires and remains a barrier. As we move forward we need to know what works to address stigma and implement this more systematically. There is a need for more dialogue with young women and girls. We have always needed a stigma reduction fund. Stigma reduction is not adequately implemented and funded across Uganda and there needs to be clear strategies and funding to this as we move forward.

**Robert**, AWAC

- . Mental health programming has not been adapted in Uganda and there is minimal if any programmes on mental health across many communities. The Mental Health Act was passed 2.5 years ago and yet this has not been operationalised. Indicators have not been integrated into data monitoring systems. Most data capture systems focus on quantitative and not qualitative data.
- . We need more research on the impact of criminalizing sex work has. A case in point is the issue of child custody when it comes to sex workers. Often, officials remove children of sex workers from the care of their mothers and this has a huge impact.

Another speaker also spoke out around incarcerated women who struggle to access sanitary products.

### 3. Summary of reflections

This webinar helped unpack the gaps and key challenges facing women and girls and addressing stigma and discrimination in Uganda. Preparations for the next Global Fund grant should be informed by the current gaps and challenges. There is a need to recognise and address challenges faced by marginalised groups of women across all communities. Conversations on stigma and discrimination should also reach elderly women living with HIV as most of them experience similar challenges. For evidence-based advocacy and tracking of progress and best practices, data reporting and recording need to be improved. Dialogues on ending stigma and discrimination should also reach healthcare providers, particularly in rural communities where young women and girls have reported fears to consult local facilities when pregnant. Lastly, more service providers and community workers need to be trained in door-to-door services, as they have proven successful in engaging of women and girls on matters related to their sexual and reproductive lives.

*Comments from the chat:*

- . *We need to create awareness on the important of girls and women being able to see a counsellor in addressing stigma and discrimination.*
- . *The investment is there but we need to improve on our programming for example invest at scale but also track results and report on it well, identify best practices and keep using lessons learnt to strengthen the programmes*
- . *Re door to door service - we still need more effort to make it and to be trained where some women and young girl fail to raise the voice on a certain issues that affect them. When this door to door is done we can get a good number of issues that affect our people in communities*
- . *We need to roll out the Dapivirine ring, so that it can be accessed by adolescent girls and young women at all levels, We also need to sensitize parents/guardians on how to sensitise their daughters/boys with sexual reproductive health and rights information.*
- . *We need to talk about the violence where young girls and women in rural areas don't know their rights especially people living with HIV*
- . *organisations should endeavour to reach out to women and young girls in very deep rural communities. These communities lack a lot of information on sexual reproductive health and rights.*