A REPORT ON A ONE DAY STAKEHOLDERS' NATIONAL DIALOGUE TO RAISE AWARENESS ON THE IMPACT OF THE HIV PREVENTION AND CONTROL ACT 2014 AMONG PEOPLE WHO USE DRUGS IN UGANDA

Date of Activity: Thursday **11th Dec 2014**
Venue of Activity: Grand Imperial Hotel, Kampala-Uganda
Organized by; Uganda Harm Reduction Network (UHRN) with support from **MARPs Network**

Introduction
The objective of the National stakeholders 'dialogue was to raise awareness on the impact of the HIV prevention and control act 2014 among people who use drugs and identify and priotize key interventions to reduce on its negative effects in Uganda.

The meeting was organized by Uganda Harm Reduction Network (**UHRN**) a youth led; drug user organization established in 2011 and registered as company limited by guarantee; ***Reg. No. 181733*** to respond to the drug use crisis in Uganda. The organization works to advocate for practical interventions aimed at supporting and addressing the health and socio-economic rights for people who use drugs and call for a supportive environment for the implementation and expansion of harm reduction services for drug users-(sex workers, young people and Injecting Drug Users (IDU)) in Uganda supported by Most at Risk Populations Network.

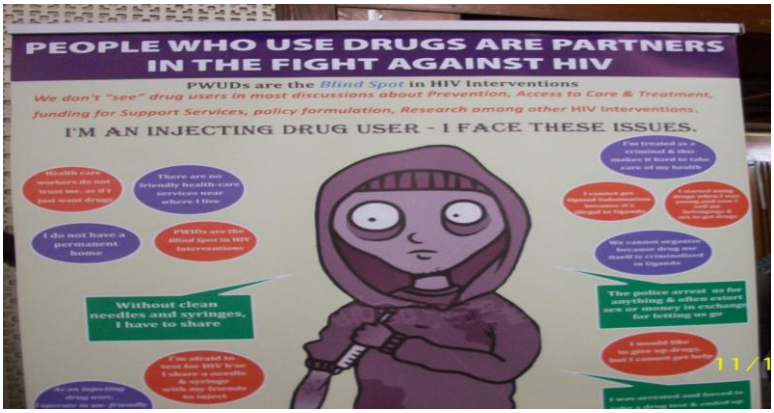
Macklean the UHRN's programs director facilitated the meeting and started by recognizing the presence of **Nakimuli Majorine** from MARPI Mulago, **Tumwesigye Robert** In charge community Liaison officer from Old Kampala Police Station, **Nsereko James** clinical psychologist from Butabika National Mental Referral Hospital, **Mawezo Yusuf** the Programs Cordinator of Uganda Fisheries and Fisheries Conservation Association, **Dr. Nakkazi Caro** from Uganda Aids commission, UGANET in absence, **Simon Ayebale** from MARPI Mulago and **Ndugu Omongo** the head of the secretariat of Uganda Long Distance Truck Drivers Association among other participants.

In Photos: ***Macklean the UHRN's programs director facilitating and reorganizing the presence of participants.***

Official opening of meeting by UHRN Executive director;

Wamala Twaibu the Executive Director of UHRN officially opened the meeting and thanked participants for turning up for the meeting. He informed participants that, UHRN works to advocate for practical interventions aimed at supporting and addressing the health and socio-economic rights for people who use drugs and call for a supportive environment for the implementation and expansion of harm reduction services for drug users in Uganda. He urged participants to effectively participate in identifying and prioritizing key interventions to reduce on the negative effects of the HIV prevention and control act 2014 in Uganda.

In Photos: ***UHRN's ED making the official opening of the meeting and the Banner with info on drug use***



Expectations of participants who attended UHRN dialogue;

i. **Tumwesigye Robert** the police officer in charge of community Liaison officer old Kampala police station shared his expectations and said he want to see reduction in crime prevention or a common crime prevention strategy as partners as far as cases of drug use management is concerned in relation to HIV in Uganda.
ii. Strength team work and effective communication our selves
iii. To see how our issues can be included into Uganda's National Health Strategic plan
iv. To make use of the recommendations.
v. To here other member's views on the HIV ACT 2014 and future prospects.
vi. See barriers of PWIDS that prevent them from seeking HIV prevention and treatment services.
vii. To see the information that i can use to inspire others
viii. To come up with strategies that we can use to reduce HIV spread among PWIDs.
ix. To share, views, values and aspiration in as far as our organization are concerned towards addressing HIV concerns.
x. Have a common prevention strategy as far as HIV/ AIDS case management is concerned for PWUDs
xi. Understand the specific clauses of the HIV Act 2014 that negatively impact PWUDs access to health services.
xii. To see PWUDs taken up as agents of change in the fight of HIV/AIDS in Uganda.
xiii. Expect to learn from each other.
xiv. To network and make linkages
xv. To share harm reduction strategies and drug use in Uganda
xvi. The content of HIV Act 2014
xvii. To build up synergy to respond to the HIV Act 2014

Presentations

The invited panelist made the following presentations;

The presentation from UGANET on the HIV/AIDS Prevention and Control Act 2014; In her presentation she acknowledged the strength of the HIV Control and Prevention Act such as the positive elements of including establishment of the HIV Trust Fund. However that it also has some contentious provisions in the Act such as the Mandatory Testing, Disclosure to third parties, Partner Notification, Attempted Transmission, Intentional and Transmission of HIV transmission (AIDS

Act 2014 clause 13, 14,18(e) and 41), which places the burden of HIV infected drug user and may discourage testing, disclosure, uptake of care and treatment services, and could it fuel stigma and discrimination against PWUDs in Uganda. For instance;

i. **Mandatory testing: clause 13;** Subjecting convicts drug abuse/use and prostitution to testing meant to determine the punishment with no fair hearing should otherwise be targeted for services and not prosecution.
ii. **Attempted Transmission: section 39,** Just an attempt but no transmission takes place one is subjected to five years punishment though this may be hard or even impossible to prove. Therefore, PWUDs will suffer more.
iii. **Intentional Transmission:** section 41, A person with knowledge transmitting is subject to10 years punishment. This will lead to PWUDs to go underground and will increase stigma.
iv. **Disclosure to third parties: section 21(e);** Allowing Medical practitioner to disclose to a person who is in close or continuous contact including but not limited to a sexual partner, if the nature of the contact in the opinion of the doctor causes a clear danger of HIV transmission. This is a window for abuse as a matter of law, may destroy the safety nets of protection for PLHIV esp. among the drug user community and breaks down confidentiality.
v. **Partner Notification** warrants criminalization since it allows a medical practitioner to notify a sexual partner of a person who tests HIV positive where he/she believes that such a person poses a risk to transmit.

Another presentation was by made Dr. Carol Nakkazi from Uganda AIDS commission and her presentation was on Combination HIV Prevention and she said why combinations HIV Preventions? that Several HIV interventions have a proven, but partial efficacy.

i. In combination a synergy effect can occur between different interventions, which increases the effectiveness of all the interventions when delivered together.
ii. Currently no single HIV prevention intervention or "magic bullet" sufficient to prevent all HIV transmissions in all population groups in Uganda.
iii. Epidemic is driven by multiple behavioral, biomedical and structural drivers.
iv. Combination approaches to comprise priority and effective behavioral, biomedical and structural interventions.

In Photos: ***Dr. Nakazzi Carol from Uganda AIDS commission presenting on Combination HIV Prevention.***



She went ahead and shared the HIV Prevention priorities for Uganda and these included the following:

i. Align HIV prevention interventions with the drivers of the epidemic.
ii. Key driver of a mature generalized HIV epidemic is unsafe sex
iii. 80% HIV infections arise from sexual transmission, 20% MTCT, and less than 1% blood borne infections.

Priority target audiences

i. Youth prior to sexual debut
ii. Youth engaged in cross-generational sex relationships and their partners
iii. Adults and youth involved in multiple sexual partnerships
iv. Adults working way from home e.g. transport & migrant workers, uniformed services
v. Residents of high prevalence areas & epidemic hotspots e.g. urban slums, northern Uganda, transportation corridors, border crossing points and fishing landing sites.

Behavioral drivers; Multiple partnerships, Cross- generation sex, Sex work, Early sex, Transactional sex and Alcohol and substance abuse

Biomedical drivers

i. HIV discordance
ii. Inconsistent condom use
iii. Infection with STIs
iv. MTCT
v. Lack of male circumcision

Social/structural drivers

i. **Harmful cultural beliefs/practices e.g.** polygamy, widow inheritance, courtship rape, rites of passage.
ii. **Gender Norms**; SGBV, multiple partnerships, harmful socio-cultural gender norms which promote masculinity and femininity

i. **Socio-Economic**: Poverty/wealth, dependency , mobility
ii. **Human rights violations especially for women/girls**, Access to justice, weak enforcement of existing laws
iii. **Inequities in access to health services.**
iv. **Stigma and Discrimination**

HIV Prevention Interventions: **Behavioural interventions:** delay sexual debut, eliminate unsafe sex, reduce multiple sexual partners, discourage cross-generation and transactional sex, and alcohol consumption

i. **Biomedical interventions:** promote correct and consistent condom use, scale up safe male circumcision, PMTCT and use of ART
ii. **Structural interventions:** Prevent harmful socio-cultural practices, sexual and gender-based Violence (SGBV), multiple partnerships, stigma and discrimination

Progress so far in terms of roll out

i. Baseline study was conducted in six districts
ii. Findings - Levels of access and utilization were variable for the core interventions (HCT, PMTCT, ART &SMC)
iii. Sub optimal (<80%) coverage for all interventions
iv. Lack of reliable district specific data to guide planning;
v. Inadequate information on MARPs populations in terms of numbers and distribution.
vi. Limited services integration, concerns related to services quality, and weakness in data management.
vii. More focus on biomedical interventions and very limited focus on structural and behavioural interventions like IEC/BCC.
viii. Inadequate coordination of implementing partners by district (non functional structures)
ix. Challenges with data quality, completeness, & timeliness.
x. Data use was very limited.

Challenges / issues in implementation

i. Less focus on non biomedical interventions
ii. Low advocacy for behavioral interventions
iii. Slow roll out due to limited funding
iv. Lack of data to inform evidence based programming
v. Coordination of decentralized response
vi. Poor or confusing messaging and

a. **Plans / priorities for the future**

vii. Roll out CHP strategy to all districts, to achieve universal access and impact epidemic.
viii. Promote social marketing strategies to complement existing approaches.
ix. Strengthen IEC & BCC, and promote ABC , SMC and eMTCT strategy
x. Disseminate and implement the HIV Prevention Leadership Advocacy strategy.
xi. Conduct a comprehensive nation-wide mapping of MARPS and define a national MARPs programming framework.
xii. Enrol 240,000 eligible individuals on ART.
xiii. Revise ART guidelines to improve access to treatment and prevention.
xiv. Scale up coverage of Option B+ to 95% of pregnant mothers.
xv. Develop and disseminate policy on stigma reduction
xvi. Establish and make functional Zonal Coordination Units.
xvii. Develop/Finalize the national M&E database for the national HIV/AIDS response at UAC.
xviii. Fast track the process for establishing the National HIV/AIDS Trust Fund.

Note: When Dr, Carol was asked about the issue of integrating people who use drug in the National Health Strategic Plan she said this was left out just because there is no data showing the existence of people who use drugs. However she said that now that there are some interventions, it will be included under the MARPS Umbrella in the future programs.

The Executive Director of UHRN made a presentation on the overview of harm reduction, HIV and drug use in Uganda. In his presentation he defined harm reduction as policies, programmes and projects aimed at reducing the health, social and economic harms associated with the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. It requires politicians, policymakers, communities, researchers and frontline workers ask two questions: What specifically are the harms associated with different psychoactive drugs? and *What can be done to reduce the risk of those harms occurring*?. **It** promotes safer use and options that helps to minimise the risks from drug use e.g by reducing crimes and without causing harm to themselves or others or without requiring the cessation of use.

In Photos: UHRN's ED Wamala Twaibu making a presentation on Harm Reduction

He also went ahead and made some recommendations of what need to be done for people who use drugs in Uganda in relation HIV/AIDS prevention and treatment for drug users. Among the recommendation made include the following:

i. Treat drug use as a public health issue, rather than as a criminal justice matter.
ii. Conduct size estimates/situational analysis and research to come up with data and evidence to inform our health programming in Uganda.
iii. Spread harm reduction services such as needle syringe exchanges, drop in centers and methadone services across the country, to start with all major cities
iv. Create an enabling environment for drug users to develop health seeking behavior; eg by adopting a drug policy plan, inclusive of health standards.

The other last presentation was made by Mr. Opiyo Joseph Otiiti a public administrator from Gulu on the impact of the HIV & AIDS prevention and control act, 2014 among people who use drugs in Uganda. He said that in reference to the UHRN concept for this National Stakeholders Dialogue, President Museveni assented to the HIV/AIDS Prevention and Control Act 2014 despite calls from HIV/AIDS care organizations and human rights activists to drop off the law. The law was signed on the 31July, 2014, and that gravely breach the Social Contract Agreement.

Relating human rights & human development in regards to Drug Use in Uganda are close enough in motivation aimed at promoting people's well-being and their concerns are interdependently linked toward sustainable development to give quality life to the community by the government. Failure to respect those rights and freedoms, its results are;

i. Homelessness
ii. Unstable family lives
iii. Socio-economic exploitation
iv. Disrupted education

v. Lack of confidence and self esteem

Relating Human Rights & Good Governance: In regards to Service Delivery (Health) in Uganda, Good governance and human rights are mutually reinforcing, both being based on core principles of participation, accountability, transparency, and State responsibility. Good governance emerged in the late 1980s to address failures in development policies due to governance concerns, including failure to respect human rights.

Impact of : HIV & AIDs Prevention & Control Act, 2014 on People who use Drugs in Uganda

i. High new HIV infection rate to the general population
ii. High HIV related deaths among people who use drugs
iii. High discrimination leading to total isolation among drug users
iv. Misleading information or statements
v. Breach of safe practices on HIV
vi. People who use drugs turn to be fugitive and can't access health facilities

Weaknesses of the Government for Passing: HIV & AIDs Prevention & Control Act, 2014

i. Root and Stem responses to the situation was taken up by the policy-makers
ii. Instead of Transforming and Resolution, the government tends to Manage the situation
iii. Charging Behavior on the side of Police Force harassing drug users

In his conclusion he said that the government of Uganda should work on; Administrative Development and Development Administration**,** Impersonality of the Interpersonal Relationship**,** Public Offices need to serve as an Agent but not as Master and Serve the Bureaucratic Principle Interest of the Public not the government.

Objective:
The objective of the national dialogue was to enhance public debates that will lead to the recognition, adoption and reintegration of harm reduction services into the National Health strategic plan for Uganda

The impact of UHRN national dialogue on raising awareness on the impact of the HIV control Act 2014 among drug users in Uganda included the following:

i. It was the first ever national dialogue held with other key stakeholder bringing together health services provider, police, partners from civil society organizations, drug user community and government agencies eg Ministry of Health and Uganda AIDS Commission (UAC) to discuss the impact of HIV Act 2014 in relation to PWUDs in Uganda.
ii. Stakeholders were able to understand how the HIV Act 2014 deter access to health services for PWUDs.
iii. After the presentation from UAC, PWUDs were able to learn that the current National HIV Prevention Strategy does not include the provision of harm reduction services for people who use drugs – rather it merely states: 'It is globally acknowledged that IDUs and MSM play a major

role in HIV transmission. Nevertheless, the Strategy does commit to 'ongoing surveillance of risk behaviors among IDUs'.

iv. The dialogue served as a learning space to different stakeholders especially the for the health service provider who acknowledged that drug use issues need to be treated as a public health issue, rather than as a criminal justice matter and the adoption of harm reduction interventions such as needle syringe exchanges programs and opioid substitution therapy among others could be effective approach in reducing HIV prevalence among PWUDs in Uganda.

v. The community liaison officer from Old Kampala police station said that; "*I thank harm reduction for your commendable work and your continuous engagement with us police office, you have done a great job in fact this year we have had reduced cases of arrest of drug users and now i see it's because of the harm reduction approach, please keep up your agenda of sensitizing us. we all need to learn from you*".

vi. The national dialogue happened at the right time because UHRN's agenda was to trigger the minds of different stake holders as far as harm reduction services are concerned. The current situation of the general key populations, where people who use drugs is part of the variable in Uganda is just worsening every day and little or less is being done. For example the current review process of the National Health Strategic Plan and the four laws that are devastating public health for key population in Uganda***;*** *Anti-Pornography Act, HIV Prevention and Management Act (HIV Law), Anti-Homosexuality Act (AHA) and Anti-Narcotics Law***;** All these laws target individuals who are already marginalized by society and most in need of health services and support: people who sell sex to make ends meet for their families; LGBTI people living in fear of community violence; people hiding their HIV medication from their own families; and people struggling to manage drug dependence and other illnesses. Perhaps most harmful of all, parts of Ugandan society are interpreting these laws to justify violence and exclusion. Taken together, these four laws amount to a full-fledged assault on public health and, if implemented, will result in rampant misuse of imprisonment.

Challenges:

i. The time to plan for the meeting was not enough and this hindered some of the key stake holders from participating e.g the policy makers and Dr. Shillah Ndyanabanji the principle Medical Officer in Charge of Mental Health and Control of Substance Abuse -MoH.

ii. The other challenge was on the budget constraint which hindered other stakeholders from upcountry from participating in the national dialogue and leave out other activities.

iii. Due to the limited time of engagement with the participants a single day event could not enable the participants to effectively participate and conceptualize the issue of people who use drug and harm reduction interventions. Some had limited information of issues of drug users and how they could integrated into our national policies.

Way forward

As UHRN's way forward, we acknowledge that there is need to continue raising awareness through organizing the national or regional community dialogues on people who use drugs, harm reduction and HIV in Uganda to be able to make appositive impact.

Questions:

Muliro Govinda an Injecting drug user from Kalerwe said that according to him and his colleagues, they know that circumcision reduces HIV transmission and other STI/STDs for men in the event of unprotected sex. Is it true? He asked;

No! **Dr. Caro Nakazi** from Uganda Aids commission answered. She added that, Circumcision simply complements the use of condoms. But does not stop HIV transmission

Musawo Nakimuli Majjo from MARPI Mulago reacted that some clauses in this HIV prevention and control Act 2014 are hard to administer for instance, how can you prove Intentional transmission? She asked

Tumwesigye Robert from Uganda Police asked; What do you mean by drug use? **Tumwesigye Robert** said that, the problem of drug abuse was becoming so severe that the country could lose an entire generation of productive youth to the vice if deterrent steps were not taken immediately.

Nsereko James from Butabika national referral hospital said that, the facility is registering increasing numbers of mental illnesses among the youth, due to the growing use of drugs in the urban centers of Uganda. He added that, "Butabika records at least 30 cases of mental illness every month and most of these are youth. In fact, the figures would be higher if the hospital did not turn away minor cases of mental illness due to space constraints,"

He added that most drugs are addictive and also cited the additional of more drugs such as alcohol, etc.
He adds that the bill is good because it helps society.
He shared that one lady visited his office claiming that the man infected her. But after testing them, the man was HIV negative.
He also shared that the man married a young lady when the man was HIV positive.
The older son of the man was HIV positive and the lady was concerned and when to his office. He advised them to go for testing.

She produced three kids but the lady was still HIV Negative, She opted to also go for protected sex but the man started applying domestic violence. Now the officer was asking the man was forced the wife for unprotected sex. Now would you arrest the man on charges of intentional transmission?

Nakimuli Majjorine from MARPI mulago Supplemented on the clause of Intentional transmission;

- Members of the Community don't want to test, She gave examples that community may also say Mr. A had sex with Mr. B now he is infected You may meet in a workshop and just agree all over a sudden to have sex. Is that Intentional transmission if one of the partner is positive?. I think such scenarios are very had to investigate.

Closing remarks

Tumwesigye Robert the community liaisons officer old Kampala police station thanked Uganda Harm Reduction Network the organizers for the great work of organizing the drug user community in Uganda. He added that, Peace and Security is always part of us and requested UHRN to continue organizing Dialogues of sort and continuously engage the police in these learning spaces. He acknowledged that, " ***It's through Uganda Harm Reduction Network that most of us have got the privilege to understand more on issues of people who use drugs in the country and for this matter I must say this year round we have had reduced cases of arrests of PWUDs especially in Kampala. However, we have had few instances of Sexworkers robbing their clients***."

In the Above Photos*: Tumwesigye Robert the police officer giving the closing remarks*

Below are Group Photos for participants at the National Dialogue to raise awareness on the impact of the HIV prevention and control act 2014 among people who use drugs in Uganda


PEOPLE WHO USE DRUGS ARE PARTNERS
IN THE FIGHT AGAINST HIV
11/12/2014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