

# **Report**

## **Consultative Meeting on the Elimination of Mother to Child Transmission**

### **KARAMOJA REGION**

**State Lodge Morulinga**

**16<sup>th</sup> September 2013**

## Table of Contents

Acronyms.....	3
1.0 Background .....	4
1.1 Objectives of the Consultative Meeting .....	4
1.2 Participants Profile.....	5
1.3 Outcomes of the Consultative Meeting .....	5
Deliberations of the Consultative Meeting.....	6
2.0 Presentation on the Situation of EMTCT in Karamoja.....	6
3.0 Presentation on the Discussions on the Situation of EMTCT and the HIV Response in the Karamoja Region.....	7
4.0 Remarks by the Executive Director OAFLA .....	8
4.0 Remarks by the Executive Director UNAIDS .....	9
4.0 Remarks by the First Lady and Champion EMTCT .....	10
6.0 Conclusion.....	11

## Acronyms

ADPs	AIDS Development Partners
ARV	Anti Retroviral
CAO	Chief Administrative Officer
DHO	District Health Officer
EMTCT	Elimination of Mother To Child Transmission
MOH	Ministry of Health
MTCT	Mother To Child Transmission
OAFLA	Organisation of African First Ladies Against HIV/AIDS
RHU	Reproductive Health Uganda
SMS	Safe Male Circumcision
TBA	Traditional Birth Attendants
UAC	Uganda AIDS Commission
VHTs	Village Health Teams

## 1.0 Background

The Organisation of African First Ladies Against AIDS (OAFLA) is an organisation committed to contribute to efforts towards an AIDS free Africa.

OAFLA Uganda has developed a four year strategy to achieve the virtual EMTCT by 2015, under the following vision and mission:

*Vision:* The virtual EMTCT by 2015, towards an HIV Free Generation.

*Mission:* To advocate for effective strategies, shared responsibility and accountability for community mobilisation and efficient EMTCT service delivery.

In fulfillment of this Mission, OAFLA in partnership with the Uganda AIDS Commission (UAC), the Ministry of Health (MOH), the Development Partners, Implementing Partners and other Stakeholders has been launching EMTCT Campaigns nationwide.

The Karamoja Region launch is the fourth in a series of EMTCT Campaigns to create awareness about the need for Male Involvement in the Reproductive Health of their spouses. The Campaigns have been a great success in: engaging key stakeholders in consultations around EMTCT, creating awareness about the Option B plus and stepping up the availability of commodities in the regions' reached.

This is a report of the Consultative Meeting held at the State Lodge in Morulinga, Napak District on 16<sup>th</sup> September 2013.

### 1.1 Objectives of the Consultative Meeting

The objectives of the Consultative Meeting were to:

- Provide a Forum for key stakeholders in the EMTCT Response, to share information regarding EMTCT and HIV/AIDS in general;
- To create awareness about the need to re-engage the District Leadership in the Karamoja region, in the EMTCT response and HIV/AIDS Awareness Campaigns in general.

## **1.2 Participants Profile**

The Meeting was attended by Cabinet Ministers, Members of Parliament, the US and Irish Ambassadors to Uganda, several UN agencies, Development Partners and officials from the UAC and the MOH. Also in attendance were key stakeholders from the 7 Districts of the Karamoja Region including: political leaders, key national and regional actors in the health sector, the district leadership, Civil Society, as well as cultural and religious leaders.

## **1.3 Outcomes of the Consultative Meeting**

The Campaign provided space for stakeholders at the national and regional level to discuss the situation of the HIV response in the Region, with a focus on EMTCT and leadership engagement. The Meeting acknowledged the need for an accelerated advocacy by a broad spectrum of leaders from the community to the district level, with a special emphasis on the Karamajong elders and opinion leaders, who command popular respect in their communities.

The Meeting was also addressed by the Executive Director UNAIDS Mr. Michael Sidibe who appreciated Champion's efforts in promoting EMTCT and expressed optimism that Uganda would meet her MDG goal on reducing Mother to Child Transmission by 2015. The First Lady and EMTCT Champion appealed to the Karamajong to address the issues that led to the rise of the HIV prevalence in the region from 3% five years ago to 5.3% in the recent past. She noted that the Karamajong were once regarded as a low-risk HIV population because regional instability and strong adherence to their culture had kept them relatively isolated. However with remarkable improvement in security the region was opened up and the increase in developmental activities had come with an increased risk to HIV/AIDS.

## 2.0 Presentation on the Situation of EMTCT in Karamoja

The District Health Officer Napak, made a presentation on the situation of HIV/AIDS in the region, pointing out the unique cultural factors that affect the response. Health seeking behavior is very low, because of low literacy levels especially amongst the Karamajong women. There is poor accessibility to medical services because of the mountainous terrain and long distances to health centers. Home deliveries are preferred to health facilities because the Traditional Birth Attendants live in close proximity and women have more confidence in their services.

Cultural practices promote HIV infection, for example female genital mutilation, widow inheritance, courtship abductions, rape and defilement. The high rate of poverty in families leads to young girls seeking employment in the town centers where they are lured into prostitution. Other drivers in the region are alcoholism and substance abuse that came in the wake of development. There is poor male health seeking behavior because of the nomadic life style of the Karamajong and awareness creation about HIV/AIDS is complicated by a culture in which discussions about sex are unheard of and those infected with the virus face high levels of stigma.

There are challenges in service delivery resulting from: occasional ARV stock outs, ill equipped laboratories for CD4 testing, limited numbers of Health Centers with small numbers of staff; since very few health workers are willing to work in Karamoja as well as poor data caption and management. Service delivery is hindered by the fact that people in the region attach HIV services to the distribution of food, with the absence of provisions compounding an already complex situation.

With regard to the current interventions in place in the region the meeting was told of the following:

- The Health Center IIIs have accreditation to provide HCT/PMTCT services to improve access. Currently the number of ANC sites are 37 while the EMTCT sites are 34.
- ART services are provided at 4 Health Center IVs and 5 hospitals in the region.
- Availability of HIV diagnostic supplies
- Capacity building of health workers on EMTCT

The DHO thanked the Village Health Teams for the work they are doing engaging communities and appreciated the People Living with HIV/AIDS for their efforts in dispelling stigma and promoting male involvement in the region. He recognized the Government's support to the region and in particular the Minister for Karamoja Affairs Hon. Janet Museveni for her contribution to bringing security, peace and development to Karamoja.

The presentation was followed by a highly engaging discourse in which the participants proposed strategies to address the issues of concern raised.

### 3.0 Presentation on the Discussions on the Situation of EMTCT and the HIV Response in the Karamoja Region

Dr. John Anguzu, DHO Nakapiripit, made a presentation on the just concluded deliberations of the Consultative Meeting on the Situation of EMTCT and the HIV Response in the Karamoja Region. He highlighted strategies to address the challenges faced by the Region in promoting EMTCT and interventions on combating HIV/AIDS as stated below:

a) **Leadership Re- engagement:** It was noted that there is a high level of denial amongst communities regarding the presence of HIV/AIDS. The people undermine health workers who try to share information and messages on HIV and AIDS. It was therefore recommended that:

- Cultural leaders should be engaged to share messages on HIV/AIDS and have their capacity in the area of advocacy and information sharing built.
- Leaders should advocate for increased resources to support maternal health and to improve on antenatal services.
- There is need for the leadership to address the high rate of alcohol consumption through regulations, by laws and ordinances.

b) **Strategies to enhance EMTCT in Karamoja**

The following strategies were proposed to enhance EMTCT in Karamoja:

- **Supporting outreach services:** It was noted that the limited number of Health Centers should be enhanced by supporting the existing private health clinics to carry on EMTCT services and improve their Maternal Health Services.

- **Develop Karamoja Specific Interventions:** It was observed that the dynamics of HIV/AIDS in the Karamoja region are unique and cannot be addressed by adopting interventions from other regions. It is important for research to be conducted to ensure the development of interventions that address the unique socio- cultural issues in the region.
- **Promote prevention strategies:** Unlike the other regions of Uganda, the current trends of the epidemic in Karamoja call for a higher focus on preventive strategies to address the rapid spread of the disease, as opposed to more emphasis on treatment and care.
- **Enhance data collection to inform stocking of commodities:** Data collection in Karamoja is still wanting. It is therefore important that data is gathered and shared to inform the stocking of commodities and other interventions
- **Sensitise women in order to promote Male Involvement:** Awareness creation on male involvement should include the mobilization and sensitization of women. This is because women consider reproductive health a reserve for females only.
- **Adopt culturally relevant IEC messages:** There should be an aggressive and sustained advocacy on EMTCT in the local language, with the use of cultural entertainment to share messages.

The Consultative Meeting also received information about the work UNFPA is doing in the region with regard to Sexual and Gender Based Violence. Research has been conducted and awareness created about courtship abduction as well as rape and defilement.

#### 4.0 Remarks by the Executive Director OAFLA

The Executive Director OAFLA, Mrs. Beat Bisangwa, welcomed the Executive Director UNAIDS to Uganda. She gave a brief background to the EMTCT Regional Campaigns and the successes registered as a result of the support from Development Partners and all the Stakeholders from the communities, regional and the national level leadership.

The Campaigns began in the South Western Region of Uganda where the Consultative Meeting in Ntungamo District focused on *Enhanced Networking and Collaboration of Stakeholders*. In the Northern Region the Meeting was held in Lira District with a focus on *The Role of VHTs, Cultural and Religious Leaders in promoting EMTCT*. A month later the Eastern Region's Campaign was held in



Tororo District with the Consultative Meeting deliberating on the *Role of the Youth and Fathers in promoting EMTCT*. Mrs. Bisangwa pointed out that OAFLA found it pertinent to include the Youth who comprise 78% of the population, in the EMTCT Campaign; Uganda being a nation with the youngest populations in the world.

She drew attention to the current Karamoja Region Campaign and the opportunity accorded by the Consultative Meeting for conversations on the unique aspects of the Response. She appreciated the Consultative Meeting for proposing interventions to re-engage leaders and address cultural issues that are drivers of HIV.

She concluded her remarks by acknowledging the proposal for an accelerated advocacy with a special emphasis on the Karamajong elders and opinion leaders, who command popular respect in their communities. She also thanked the First Lady for her leadership and tireless efforts in advancing the development of Karamoja.

#### 4.0 Remarks by the Executive Director UNAIDS

“Uganda brought hope to millions of people. It showed the world that AIDS can be overcome and Africans can have access to treatment. This hope was built on courage, strong leadership and partnership”.

The UN Executive Director, Mr. Michel Sidibe recognized the political leadership that characterized the initial HIV/AIDS awareness campaigns in the last decade. He acknowledged the role and commitment of the First Lady in creating awareness about HIV/AIDS in Uganda and more especially in championing the EMTCT campaign nationwide. These efforts brought HIV treatment and care services to women in poor and marginalized communities. He observed that: “Uganda needs to bring back the courage and commitment of its early days, to finish the job and have a generation born free from HIV”.

HIV is about people and transforming lives. It is about democracy, community conversations and for the Karamoja region; the dynamics of culture that impact the epidemic. He called on leaders to get involved in addressing these issues and to ensure access to treatment for women to promote the Option B plus. “Stakeholders should put mechanisms in place to follow up and monitor those on treatment and when they give birth, ensure that they will keep on their treatment” he counseled.

Uganda is on the right track with all indicators showing that she will meet global commitments to reduce the rate of new pediatric HIV infections to 5% by 2015.

“I’m sure without any doubt that by 2015, Uganda could be free of babies born with HIV,” he concluded.

#### 4.0 Remarks by the First Lady and Champion EMTCT

The First Lady and Champion EMTCT, Hon. Janet Kataha Museveni welcomed Mr. Sidibe and thanked him for choosing to visit Uganda. She expressed her appreciation of his work at the international and regional level.

She appreciated all the Stakeholders for their participation in the EMTCT Campaigns. “This Campaign has been declared a measure to halt the runaway rise of HIV infection in Uganda, particularly among the new born babies. Sadly, 65 babies are born with HIV every day in Uganda. We must give appropriate, life-saving messages if we are going to reverse this trend.” she said.

Uganda was recognized as a leader in Africa's HIV response and was one of the first four developing countries in the world, to provide people living with HIV with access to life-saving treatment. In recent years the country's HIV prevalence rate has increased from 6.4 to 7.4 percent.

She observed that the reason Uganda lost ground in its fight against the HIV infection was that the Abstinence, Be faithful and Condom use strategy, was gradually watered down and compromised. “Uganda must go back to the ABC Strategy and form a united front in communicating to the people, especially the young people, who are the majority in our population, that HIV/AIDS is still a killer for which there is no known cure” she said.

While referring to the Karamoja region she pointed out that the infection rate which used to be 3% had currently shot up to 5.3%, because the previously secluded region had been opened up by development. She noted that male involvement is absent in the region due to the cultural attitudes that remove men from the reproductive process and yet men control the family resources. She urged the leaders in the region to reverse this trend by sharing appropriate life saving messages.

She concluded her remarks by appreciating support from the Development Partners and urging all the Implementing Partners to ensure that there are mechanisms for monitoring the progress and impact of the National EMTCT Campaigns to promote Male Involvement.

*“Uganda must go back to the ABC Strategy and form a united front in communicating to the people, especially the young people, who are the majority in our population, that HIV/AIDS is still a killer for which there is no known cure”.*

*National Champion EMTCT*

The National Champion crowned the event by presenting Awards of Recognition to the Executive Director UNAIDS Mr. Michel Sidibe and the UNAIDS Country Director Mr. Musa Bungudu, for their outstanding work in promoting an HIV Free Generation.

## **6.0 Conclusion**

The Consultative Meeting was well attended. With the presence of the Executive Director UNAIDS, the region experienced a time of international recognition. The event provided space for stakeholders at the national and regional level, to discuss the situation of the HIV response in the Region. The main focus lay on the cultural issues that impact EMTCT and the need for the leadership to take on the challenge of responding to these issues.

The Executive Director UNAIDS Mr. Michael Sidibe who expressed hope that Uganda would meet her MDG goal on reducing Mother to Child Transmission by 2015, generated an unprecedented optimism to the Campaigns. The First Lady and EMTCT Champion appealed to the Karamajong to address the issues leading to the rise in HIV prevalence in the region, in the recent past.

At the end of the deliberations the participants acknowledged the need for an accelerated advocacy by a broad spectrum of leaders from the community to the district level, with a special emphasis on the Karamajong elders and opinion leaders, who command popular respect in their communities.