



International Community of Women Living with HIV Eastern Africa

Guaranteeing the Right to health means improving health financing, human resources for health and the legal environment

December 1, 2017 The International Community of Women Living with HIV Eastern Africa today joins the rest of the World in commemorating the World Aids Day under the theme “My Health, My Right”. A theme that we feel is spot on in getting the attention to focus on the challenges that we women living with HIV face on daily basis when accessing health services.

As we focus on the right to health, ICWEA notes that the right to health is much more than access to quality health services and medicines. It is about exploring the challenges we face in exercising our rights.

We are encouraged that at the launch of the WAD 2017, the Executive Director of UNAIDS. Michel Sidibé, noted that: “All people, regardless of their age, gender, where they live or who they love have the right to health,” adding that no matter what the health needs are, everyone requires health solutions that are available and accessible, free from discrimination and of good quality.”

The theme is a reminder to all of us that a compromised right to health disempowers women from effectively preventing disease and makes it extremely hard for them to access treatment and care. Respecting the right to health for women living with HIV is key in ensuring that we attain the 90-90-90 target that has been set by UNAIDS by 2020.

Some of the challenges that we would like the governments in the region to look into as a way of promoting access to health include:

1. **Harmful legal and discriminatory policy environment:** States in the region continue to have policies that discriminate Women living with HIV in our diversities. Such policies undermine the steps the region has made in addressing HIV prevention and care.
2. The health systems in the East African member states continue to face critical human resources for health demands, such as severe shortages of essential cadres, persistent inability to attract and retain health workers, poor and uneven remuneration among cadres, poor working conditions, inadequate or lack of essential tools and medical and non-medical supplies, the unequal distribution of staff, diminishing productivity among

the health workforce, and poor leadership and governance etc. This can be seen in the recent doctors strikes in Kenya and Uganda

3. **Diminishing health Budgets:** Reduction of donor support and financing for HIV in the region calls for more efforts in raising domestic funding to respond to the epidemic. It is about time governments in the region looked into their domestic resource envelop so they can fast track the establishment of AIDs Trust Funds as a means to finance the HIV response in the region. Only then shall women living with HIV in the region be assured of their health rights.
4. **Violence against women living with HIV including the vulnerable groups at high risk of HIV infection:** Women living with HIV in all our diversities including the vulnerable groups at high risk of HIV infection continue to face all forms of violence at community level as well as in the health care setting. Unfortunately, such violence is sometimes perpetrated by the very people charged with protecting the rights of such women. Violence makes it difficult for women to attain the right to health as it exposes the women to injury, disease and death.
5. **Stock outs of essential medicines such as ART.** People living with HIV continue to live anxiously with the fear of stock outs or impeding stock outs. This uncertainty continues to put very many lives of those on treatment at high risk of poor health. Stock outs negatively impact retention which fuels treatment failure and subsequently increasing patients on 3rd line. The ever present stock out situation in some of the countries also impacts on implementation of some policies that would go a long way in easing the congestion at health facilities and bringing services closer to the communities such as the Differentiated Service Delivery Model.

Call to action

- Governments need to Increase national investment in HIV particularly in consistent provision of HIV prevention and care services including ART as the very basic step in ensuring that all women living with HIV are guaranteed access to continuous treatment and thus their right to health.
- Improve the Legal and policy environment: Laws that incriminate and marginalize women living with HIV and the vulnerable groups need to be addressed for them to fully realize their right to health. We encourage states to de-criminalize HIV and put in place environments that support access to health and justice. Decriminalization will ensure protection of our human rights subsequently translates into their improved health status. Decriminalization is a key strategy to reduce new HIV incidences and improve health outcomes for those living with HIV.
- Address the Human resources challenges: Improving the numbers and skills of the health workforce will transform the response to HIV and save millions of lives. A strong health system that is backed by an adequate human resource translates into high coverage of HIV services.