

# Why we should not celebrate HIV decrease yet

On Thursday, the Ministry of Health released preliminary findings regarding Uganda's HIV prevalence, the percentage of Ugandans living with HIV. These were initial findings of the Uganda HIV Impact Assessment (HIA), a national HIV survey that is critical to help the country understand if its strategies, targets, and ambition are on track to end AIDS by 2030. This was a pledge President Yoweri Museveni recently made to the country as part of the "Fast Track Initiative."

The initial results, reported in a three-page press statement, showed an estimated national prevalence of 6% among adults (15-49 years old), an overall decrease from 7.3% reported national prevalence in 2011.

However, it is premature to celebrate this preliminary finding of a prevalence reduction, and here is why.

First, there is the science. It is difficult to compare the survey findings from 2011 with these because the 2011 survey used tests that had relatively high rates of false positive results (a false positive is when a person receives a positive test result, but they are actually HIV-negative). Furthermore, it is difficult to interpret this prevalence reduction without an incidence analysis. This is an analysis of the rate of new HIV infections. The rates of new infection, along with data about Ugandans' HIV knowledge and practices (everything from rates of condom use, to number of sex partners, to knowledge about how HIV is and is not transmitted, and feelings towards people with HIV) will not be available until around November 2017.

Importantly, among HIV-positive

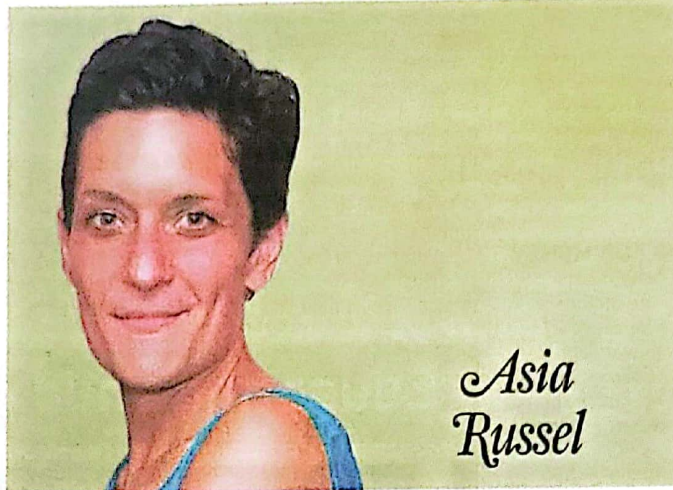
people surveyed, 57.4% had undetectable levels of HIV in their blood. This is a critical benchmark of whether or not HIV treatment is working by saving lives and preventing onward transmission of HIV. This is the first national estimate of virologic suppression — and 57.4% is not high enough. For young men and women living with HIV, viral load suppression was even lower: less than half of HIV positive women aged 15-24 and men younger than 35 had 'undetectable' viral loads.

Data shows much more needs to be done on support for people with HIV in treatment programmes, through community-level follow up, led by people with HIV. This is a critical part of achieving high rates of retention in care and viral load suppression. Without further progress in viral load suppression, reductions in prevalence are little more than half-victories.

One bright spot was an increase in safe male circumcision, an important HIV prevention tool to reduce the risk of HIV infection among men. In the prior two national HIV surveys, conducted in 2005 and 2011, only about 26% of men surveyed were circumcised — because the Government equivocated over national roll-out of safe male circumcision for years.

The preliminary findings released on Thursday showed an increase: 43% of men aged between 15 and 49 were circumcised. This is an important step in the right direction, but progress must continue. But in reality, Uganda should be much further ahead.

Second, there is the politics. There



are many concerning indications that the country is still not on the right track. A number of barriers are undermining the response to HIV. And these issues must be tackled in order to achieve epidemic control in Uganda.

Rates of stigma and discrimination are persistently high for people living with HIV in Uganda, along with the most vulnerable groups who are at greater risk of HIV infection because of criminalisation. They include men who have sex with men, sex workers, and people who use drugs. There are regular reports of people with HIV being fired from their jobs, in flagrant violation of Uganda's HIV Prevention and Control Act, without a peep from duty bearers.

The Government leadership needs to combat stigma urgently in order to strengthen the AIDS response, so that more people come forward for testing and access to treatment. The Constitution of Uganda

guarantees all Ugandans freedom from discrimination.

Despite a national prevalence decline, there are persistently high rates of new HIV infections among vulnerable populations. These include young Ugandan women, who require an array of interventions they are clearly not getting, for example, from HIV prevention information, commodities such as condoms and Pre-Exposure Prophylaxis (PrEP).

The prevention needs of men who have sex with men, sex workers, drug users, fishing communities, adolescent girls, uniformed services, transport workers and other criminalised and marginalised populations must be prioritised so that key groups receive quality, stigma-free services. HIV criminalisation has further exacerbated stigma.

The Government has also

delayed the roll-out of high impact interventions such as PrEP when, ironically, evidence of PrEP's impact were generated in part through Ugandan research. And Uganda's funding levels are too low, as highlighted by a stalled effort to implement the National AIDS Trust Fund.

The chronic health worker crisis, which is an essential factor holding back epidemic control of HIV, has been made worse by the Government's resistance to increasing the production and motivation of health workers. There is also a plan, endorsed by the labour ministry, to send desperately needed medics to Libya. These are all stark indicators of the fact that HIV is still not receiving the political focus it warrants.

In 2012, when the Ministry of Health reported an increase in HIV incidence and a significant drop in condom use, the civil society demanded an urgent acceleration in HIV treatment initiation, the promotion of human rights and scale up of evidence-based HIV prevention interventions. By 2013, the number of people who were able to start HIV treatment tripled. Could these new HIA findings indicate that Uganda's course correction is finally starting to take hold? We do not yet know, but we do know the country still has a long way to go before a celebration is in order.

**The writer is the Uganda-based executive director of Health at Global Access Project, an international policy and advocacy organisation to end HIV and to overcome barriers to access to medicines for all**