While family planning services in rural areas are advisable but one must be very careful in the choice of planning methods because many women are infected by sexually transmitted diseases and other infections.

Cecilia Mjata (43), a Community Nursing Officer at Kabuku, Handeni district, during an interview with AIDS NEWS, at the village, warned that insertion of loops, particularly, as family planning methods of choice on women in local communities must always start by testing the woman on sexually infections. She said there are many cases of women complaining of serious pains a few days after loops are inserted, when they are re-examined “they are diagnosed having STIs which have caused ulcers in the uterus or on the cervix.”

In such cases, she explains, the women must be treated the STIs and become completely healed before applying the loop family planning method. SOURCE: AIDS NEWS, recently at Kabuku village.
Increase of HIV/AIDS infections rate in Mara unacceptable!!

Mara Regional Medical Officer, Dr Steven Kebwe, has urged all district councils in the region to effectively collaborate with non-government organisations in grappling with the alarming rate of HIV and AIDS spread.

His call came as the prevalence of the HIV and AIDS pandemic in the region rose from 3.5 per cent in 2003/04 to 5.3 per cent last year, which he observed that it threatened the region’s socio-economic welfare.

At the same time, he commended the Women and HIV and AIDS project being implemented by African Medical Research Foundation (AMREF) for extending its services across the region.

The AMREF services include educating, conducting voluntary HIV and AIDS tests and counselling for the residents of the districts to change behaviours which had been blamed for fuelling the spread of the pandemic.

Chronic sexually transmitted infections, particularly syphilis can make the infected test positive on the HIV test, warns Cecilia Mjata, a health care provider at the Care and Treatment Centre (CTC), Kabuku village in Handeni district.

She told the AIDS NEWS which visited the village that in her experience she had come across with several cases of clients who were initially diagnosed HIV positive but when they were retested in other centres they were proved HIV negative.

She advised, therefore, that when one comes for HIV testing the health care providers must start with interviewing the client as thoroughly as possible on their health or medical history so as to determine if they need to be tested for STIs before they are tested for HIV, to avoid getting false results on them.

She mentioned of a case she knows better whereby a couple who visited two private health care services and where they were tested for HIV and they were declared positive, but the husband went for another test at a government owned health service, Magunga Hospital, Korogwe where the results indicated he was negative.

“It confused the man and he approached me for advice. I decided to test him for syphilis, he tested strongly positive and the same results were found on his wife. It was then we proved that they were living with the sexually transmitted infection all this while since they were married. Further investigations revealed that it was the wife who infected her husband,” explained Cecilia.

Cecilia said the team at the health centre decided to ask the wife to bring her mother to the health centre for testing, and "she also proved positive on testing for syphilis. Her mother is also in treatment for the same infection."

Stigma and discrimination is still rampant! There are stories of people committing suicide by throwing themselves onto the road to be run over by trucks, to escape stigma; of pregnant women or those with babies abandoned by their partners on learning that the women were diagnosed HIV positive; or not having any significant and sustained HIV public awareness campaigns including posters or other IEC materials which could remind the population of the disease which preys on them, and how to protect themselves and their loved ones.

The gaps regarding services and programmes on HIV/AIDS and other STIs are endless but the few we have highlighted only help to remind our readers that if indeed we want to make serious change to people’s lives we must consider engaging the neglected and marginalized sections of the populations most of which live in rural areas. We must strengthen awareness and public education especially on stigma and discriminations, and what more, rural areas need to be rid of myths and misconceptions on HIV/AIDS and to be constantly reminded of ways and means of getting infected. We may think that they know, they do not know yet, most of them, youth and adults!

*SOURCE: AIDS WEEK, Kabuku, Handeni
A warning has been expressed that unless more people volunteered HIV tests, the war against the disease might not be won, and men have particularly been cited, urging them to drop their fear of testing for HIV.

Nurses at the Aga Khan Hospital in Dar es Salaam made the call recently amid experts’ reports that couples were infecting each other largely because they did not check their health more regularly for fear of psychological effects of establishing the infections.

The acting chief nurse at the Aga Khan hospital, Lucy Hwai noted that women were suffering under silence as they perpetually could not discuss their personal and family reproductive health with their husbands.

“It is time for men to check their health more often because the scourge is not exclusive for women, so both partners have to take responsibility” said the expert.

She said men were too afraid that the routine HIV test might reveal that they were HIV-positive.

HIV testing is routine in programmes for the prevention of mother-to-child transmission (PMTCT) of HIV, and most hospitals offer it as part of antenatal care, which couples should take advantage of, she said.

Adding, “We have heard information that some fear tests because they fear frictions with their wives after testing positive to HIV.” They thus stay oblivious of their status, she said.

The expert said the low number of people who tested for HIV calls for innovative approaches.

People who know their HIV status early tend to become sexually responsible, according to experts.

She said some studies had indicated that a significant number of people also regarded themselves to be low risk to HIV infection, adding that families should embrace home-based counselling and testing.

Ms Lucy also called on expectant mothers to follow prescribed instructions of starting antenatal visits every three months so as to avoid mother to child infections.

She stressed that children be notified of their HIV status after nine years so that they would understand themselves well and live positively long thereafter.

“Most families are not telling the truth to their children infected at birth and this renders them to suffer all their lives because they cannot protect themselves,” she said.

She paid tribute to media as one of the most powerful tools for influencing behaviour change.

“"To erase some kind of indifferences, media needs to design and implement public awareness campaigns as one of way of influencing behavioural change," she noted.

SOURCE: Kibwabo Oronu, AIDS WEEK

Come on men!!......why can’t you come for HIV test?

Fataki! In Kiswahili, it means “explosive.” In Tanzania, an evil character called Fataki in a mass-media campaign slaps a new ugly name on sugar daddies, older men who prey on girls and young women for sex. The aim is to empower community members so that they can avoid the Fatakis, who by definition have multiple sex partners and are a high risk of transmitting HIV.

“We created a bad character – this Fataki – and the meaning of explosion also means he damages or kills. It’s the current behavior of older men chasing after young girls which may promote transmission of the HIV,” said Deo Ng’wananasabi of the Johns Hopkins University Center for Communications Programs. “We also wanted use some humor along with the radio spots because that helps people remember the message.”

The Tanzanian campaign placed a script on 15 radio stations, including four nationwide stations, which has run the spot 28,000 times since November. It has also hung 1000 banners in 10 regions. The cost: $545,000.

Has it worked?
Ng’wananasabi said he has some early monitoring results. His group conducted a small survey showing 73 percent had been exposed to the campaign in the first three months; 37 percent, unprompted, named a lecherous man as a Fataki; and 50 percent reporting intervening in some way against a sugar daddy.

In addition, newspapers have started using Fataki in headlines to talk about such bad men – which is reinforcing the campaign’s message.

Marelize Gorgens of the World Bank said that one of the greatest challenges in reducing concurrent partnerships is to monitor and evaluate the effectiveness of the programs. She also said it wasn’t enough to simply get the message out about the risks of being in more than one sexual relationship at the same time.

“We cannot focus only on the behavior — we must measure and understand the underlying drivers of those behaviors,” Gorgens said. “We also need to measure which social norms need to be strengthened and reinforced.” One of the conference delegates cautioned against trying to change the behavior of those in polygamous societies.

“We’re not attacking polygamy at all,” Joseph said, but added there was a major difference between closed and open polygamous marriages. “In a closed traditional polygamous house, they do not have additional partners outside. What makes this message so difficult is we don’t want to preach fidelity and monogamy in a culture where polygamy is also prevalent.”

Fataki! How to stop the Fatakis!

“In a closed traditional polygamous house, they do not have additional partners outside. What makes this message so difficult is we don’t want to preach fidelity and monogamy in a culture where polygamy is also prevalent.”

SOURCE: donnellyglobe.pepfar.gov
PRESIDENT Jakaya Kikwete and first lady Salma Kikwete have been commended for showing good leadership in the fight against HIV/AIDS by addressing ways of overcoming new infections in the country.

The remarks were made over the weekend by Country Director, International Centre for AIDS Care and Treatment Programs (ICAP), Amy Cunningham at the climax of the 2009 HIV/AIDS Implementers’ Meeting held in Windhoek, Namibia. The meeting’s theme was: “Optimizing the Response, Partnership or Sustainability”. The meeting was sponsored by U.S President’s Emergency Plan for AIDS Relief (PEPFAR), The Global Fund, UNAIDS, UNICEF, The World Bank, World Health Organization, Global Network of People Living with HIV/AIDS (GNP+), and The Republic of Namibia.

Cunningham said that President Kikwete was able to speak out on all levels against HIV/AIDS by initiating testing campaign so that those who are HIV positive could be in better position to know how to live with it.

Likewise she said that Kikwete’s target was effective in enabling people to reduce new infections after knowing their status.

Elaborating, Cunningham said that together with Kikwete’s effort it was important for the government to device new methods of combating the epidemic in the future by making strategic planning where people could be in position to adhere to ARV drugs.

Elaborating further, she said that the government should stem the tide of new infections by targeting new infections through educating those already infected to use condoms so that they could live positively.

However she challenged the government persistently inform the public on the importance of routine testing in order to obtain right and proper care on time and ensure a community that is healthy and able to execute nation’s developmental activities.

Cunningham said that the youth should also be given proper information to be aware of the dangers of practicing unsafe sexs and the importance of effectively managing their sexuality by abstaining.

She said that the government should take more prevention on pregnant women to ensure that they are screened and properly informed of Prevention of Mother to Child Transmit ion (PMTCT) so as to ensure a healthy future generation.

Regarding Tuberculosis (TB), Cunningham said that it was the co infection of HIV and therefore the government should screen both when one was suffering from HIV.

Adding that the government should create programmes especially in the village that would be in a position to train public on ways of controlling the infection and also to break stigma on TB patients so that those infected may be in a position of getting the proper care.

SOURCE: Rosemary Mirondo, Windhoek/AIDS WEEK

Fedha za UKIMWI ziokoe ndoa zenyeni migogoro nchini’

Halmashauri zote nhini zime-shauriwa kuangalia uwezekano wa kuelekeza katika utatuzi wa migogoroya ndoa ,schemu ya fedha zilizotengwa kugharamia mapambano dhidi ya UKIMWI.

Rai hiyo ilitolewa juzi na Mganga Mkua wa Wilaya ya Kiteto ,Dk Moses Halelwa, alipokuwa akiwasilisha mada, katika semina ya siku tano iliyojadili maambukizi ya virusi vya UKIMWI katika ndoa.

Dk Halelwa alisema hatua hiyo ,itasaidia kuokoa ndoa na hatimaye kupunguza kesi ya maambukizi ya virusi hiyo.

Alisema fedha hizo , lazima zielekezwe katika maeno yatakayosaidia kupunguza maambukizi na si kutumia katika mambo ambayo si ya msingi. Mganga mkuu hiyo alisema takwimu zinaonyesha idadi kubwa ya watu wa-

nazoathirika na UKIMWI ni wanandoa na kwamba hiyo inachangia migogoro inayosa-babisha ndoa kuwasiliana.

“Zaidi ya nusu ya watt walaioathirika kwa UKIMWI ni wanandoa , na hili linachangia mmo kuwa na idadi kubwa ya watoto yatima katika familia zetu,” alisema mganga mkuu huyo.

Pia alisema asilimia kubwa ya ndoa zenyeni UKIMWI, zinachangia kwa kiasi kikubwa kuwepo kwa umaskini , jambo linalowafanya watoto hao kukosa mwelekeo wa maisha , ikiwa ni pamoja na kukosa elimu bora.

SOURCE: MWANANCHI
Letters to the Editor

Day of the African child: the unending plight of African children

Africa observes the Day of the African Child in memory of thousands of black South African school children who were maimed and killed in the infamous 1976 Soweto uprising, when they took to the streets to protest the inferior quality of their education and to demand their right to be taught in their own languages.

To honour the memory of those killed and to meet the Millennium Development Goals relating to the welfare and safety of African children, the UN Millennium Campaign Calls on African states, Civil Society Organizations and the private sector to tackle child and maternal mortality, school dropouts, gender inequality in access to UPE and poor quality standards of the same.

As many as 50,000 African children under the age of 5 years will be losing their lives to preventable and curable diseases. And children as many as 38 million of primary school age in Africa will still remain out of school.

“Child survival, protection and development are not only universal aspirations enshrined in the MDGs, they are also human rights issues ratified in the International Convention on the Rights of Children and the African charter on the rights and welfare of the child” Says the UN Millennium Campaign Communications Coordinator and Acting Deputy Director for Africa, Ms. Sylvia Mwichuli.

“Investing in the health and education of African children and their mothers is a sound economic decision and one of the surest ways for a country to secure its future. Reducing child mortality and ensuring Universal Primary Education, requires strong political commitment.”

She quipped. From Sierra Leone to Ethiopia, Angola to Mozambique, an average of more than 1 in every 4 children die before the age of five. In Liberia, Mali, Chad, Equatorial Guinea, the Democratic Republic of Congo and Burkina Faso, the figure is more than one in every five children.

Even Africa’s biggest and most developed countries scores of children die before their fifth birthdays: in Nigeria 191 of every 1,000 children die by the age of five; in Botswana it is 124 and in Kenya it is 121.

To compound the situation further, while official reports indicate that Children are now better off than they were ten years ago and can look forward to living beyond the age of 5, their mothers still die while bearing them consequently denying them parental care.

Whether it’s the mother or her baby that dies-life should not be lost in avoidable circumstances: no mother wants to produce a child for death to grab nor any baby would wish to grow up as an orphan, or come to life at the expense of the mother’s life.

Thanks,

Hamimu Masudi and Sylvia Mwichuli
UNICEF, Nairobi

NOTE: The editors welcome any sort of contribution to the e-newsletter. This is for making the publication more informative and a real platform for exchange of experiences. -Editor-

Weekly quotable quotes!!

“The more positive things we talk about as people living with HIV/AIDS, the more the media can reflect this and people can see there is life after becoming positive”.

– The Treatment Action Campaign and the Simon Nkoli Memorial Committee

ANNOUNCEMENT

AJAAT has vast skills in producing newsletters for individual organizations. Those interested can feel free to contact us for service.

-Editor-
The involvement of faith leaders in HIV/AIDS campaign in Shinyanga region has shown a direct impact to couples as more have been coming out to test for HIV after being encouraged in religious leaders’ teachings for openness and faithfulness in marriages.

This has been revealed from the results of the Balm In Gilead’s start up campaign of ‘Our Church/ Mosque lights the Way’ conducted last year in Shinyanga, according to latest information availed to AIDS WEEK yesterday, quoting Dr Saidi Mpendu, the organization’s Director of Programs

The Tanzania Interfaith Partnership (TIP) partners who are the National Muslim Council of Tanzania (BAKWATA), Christian Council of Tanzania (CCT) and The Tanzania Episcopal Conference (TEC) led the campaign through their Churches and Mosques in six mobile and static testing centers in Shinyanga Rural and Urban areas to mobilize people to get tested for HIV.

According to Dr Mpendu, from August to November 30th 2008, 2,224(34.2%) of 6,500 people who went for testing were married couples both monogamous and polygamous.

Singles accounted for 45%, separated/ divorced were 4% while cohabiting and widow/widowed were running 1% each.

Overall 7.8% were HIV positive. 2,400 people were tested by mobile centers, among them 51 (6.3%) were HIV positive; 4,100 tested by static CT, 357 (8.7%) were HIV positive and 50% were from rural districts.

However majority of those who tested were young people aged 15-24, they were 42%, age 25-34 (31%), 35-49 (19%), Over 50 years (6%) and 2% of those who tested were below of equal to 14 years of age.

‘Our Church/Mosque Lights The Way’ campaign has contributed to the levels of awareness and the need to get tested following faith leaders mobilization to their congregations and believers to come forward for testing by making announcements in Churches, Mosques, placing posters and stickers on notice boards within church and Mosque compounds, public announcements and the use of Faith based Radio station- Radio Faraja in Shinyanga.

The campaign results has also shown that, there is more openness especially at the family level, while the evidence suggested a decrease in the level of stigma following Our Church/Mosque Lights The Way campaign and the campaign was regarded as a God sent especially in remote communities that have not been reached by other interventions.

On disclosure plan, 38% of those who tested were ready to share results with their family members, others accounted for 30% with other, 18% with spouse, 12% with sexual partner who is not a spouse and those who were ready to share with friends were 2%.

Balm In Gilead is a not for profit, non Governmental organization working on HIV/AIDS issues by building capacity of Faith Institutions in Tanzania to address HIV/AIDS issues. In Tanzania, it works with two Islamic (BAKWATA & Zanzibar’s Mufti’s Office) and Christian partners (TEC & CCT) through Churches and Mosques at the community levels. The Balm In Gilead Tanzania adapted the Balm In Gilead’s U.S domestic program ‘Our Church Lights The Way’ to create demand for HIV counseling and testing within faith communities in Tanzania and to increase interest, acceptability and utilization of HIV testing facilities within these communities to complement HIV prevention efforts in the country and in response to the President’s call for Counseling and Testing.

The campaign will be scaled up to two more districts of Shinyanga region. (Caption: A client being counseled during HIV testing).

• SOURCE: AIDS WEEK/BALM IN GILEAD

USAID/HPI partners trained on reporting

The facilitators imparted skills and knowledge to participants on PEPFAR and HPI reporting requirements.

The workshop discussed strategies for ensuring data quality, data analysis and use. Luchemba said the workshop ended it planned for the programme evaluation and discussed different ways of using data for decision making. He said the workshop also prepared an implementation plan for M&E for the Implementation Partners.

Source: AIDS WEEK
T-MARC Company launches new website to tackle HIV/AIDS

T-MARC, one of the country’s most reputable social marketing companies, last week officially launched its website at www.tmarc.or.tz in a colourful occasion that was held at the company’s Mikocheni offices.

During the launch, representatives from the government of Tanzania, USAID, members of the T-MAR Company Board of Directors, local partners, and the press corps were in attendance.

According to the company’s Chief Executive Office, Diana Monica Kisaka, the website serves to both inform the public about T-MARC Company activities and products as well as act as a resource centre for various government, domestic, and international stakeholders.

Some features of the website include: Informative descriptions, research and study results related to company initiatives, updated press releases and new stories detailing company activities, activation photos from the company projects and events as well as the communications and social marketing information of the current projects.

T-MARC is registered as a not for profit business company limited by guarantee. It is the primary owned and run organization registered in Tanzania, which is managed by AED and funded through the United States Agency for International Development (USAID).

The company works with domestic and international businesses to develop or expand markets for health products for HIV/AIDS prevention and care, family planning, child survival, and infectious diseases that will achieve demonstrable and sustainable health impact in Tanzania. It also implements behaviour change campaigns such as Sikia Kengele (listen to the bell), Vaa Kondom (Use condom), and Mama Ushauri while managing the marketing and distribution of Dume brand male condoms, lady Pepeta female condoms, and Flexi P oral contraceptives.

According to Kisaka, T-MARC Company’s mission is to build partnerships between players in the commercial, NGO, and public sectors to facilitate growth of the “total market” for an extensive range of public health products and services, and to increase the practice of health-protective behaviours among Tanzania.

SOURCE: AIDS WEEK/T-MARC
MHN conducts second phase of HIV vaccine on 61 police officers

The Muhimbili National Hospital has conducted a second phase HIV vaccine trial to 61 police officers of which none of them had shown developed noticeable or serious after-effects in the first phase.

The researchers will make the reaction of the vaccine known to the public by the end of this month.

The first trial HIV vaccine was conducted in 2007, and was meant to boost the immunity of their bodies so that they could be ready to continue with the other vaccines.

In an interview recently, MNH Public Relations Officer, Hellen Mnui, said that the first phase was successful adding that the second phase started in February this year.

“The second phase of the HIV vaccine started in February and we are observing the results which will come out at the end of this June,” she said.

The hospital senior medic, Prof. Fred Mhalu, who is the principal investigator of the trials last year, said that the recruitment of volunteers for the study was over, but the 61 would be closely monitored for at least one more year.

Similar trials were conducted on 40 volunteers in Sweden in 2006 and the vaccine was confirmed as safe for human use, he explained.

Prof. Mhalu said laboratory results had showed that the immunity of almost 90 per cent of the volunteers vaccinated in Tanzania had registered “a positive response.”

“In terms of the level of immunity, the preliminary results are much similar to those in Sweden,” he noted. He elaborated: “Our own results are likely to be better than those of Sweden because those who volunteered for our study were younger than their counterparts in the European country.

There they went for recruitment age of up to 60 years especially among women, who were required to be above reproductive age”.

The professor said plans were on to conduct more studies on the vaccine that would involve more Tanzanians. However, he would not give any dates.

He revealed that they came up against a number of “challenges” during the volunteer recruitment period, including rumours that some of the vaccinations lined up for use would have the AIDS virus.

“The misleading information disturbed the volunteers and made the recruitment process slower and less smooth.

However, the researchers had regular meetings with the volunteers at which the issue was discussed and eventually the trial ran smoothly,” explained Prof. Mhalu.

The first trial vaccine against HIV/AIDS in Dar es Salaam was a DNA-MVA Prime Boost administered to police officer Ally Said.

That first trial went without any side effects and the vaccine was subsequently administered on 60 more police officers, 15 of whom were women. Dr Mohamed Bakari, the Director of the Programme said, the trial was carried out for six months as an HIV vaccine immunogenicity study, under the Traswed (Tanzania-Sweden) HIV programme.

He said the vaccination was part of the strategy to cover the entire world and ensure that vaccines against the pandemic were ultimately made available to all people.

“Our target is to eradicate Aids as soon as feasible. The aim of the trials we are conducting is to test the vaccine’s ability to produce immunity-enhancing catalysts in human beings and not against the scourge,” Dr Bakari, who is also based at MNH, pointed out.

He said they were also out to discern any side effects the vaccine may cause “and help Tanzania take a meaningful and beneficial part in the campaign just as it did with respect to chicken pox”.

“People lined up for vaccination must have an informed consent, should be healthy enough and should have minimum chances of being infected with the AIDS virus,” he said.

The AIDS vaccine has previously been administered on trial basis in Botswana, Kenya, Malawi, South Africa, Uganda and Zambia.

The one in use in Tanzania was manufactured in Sweden and US by taking into special account local conditions, including the types of HIV prevalent.

Administered by specialists from the Muhimbili University College of Health Sciences (MUHAS) and several other local and foreign institutions, it is funded by the government, the EU and the Swedish International Development Agency (SIDA).

It is estimated that 2 million Tanzanians live with HIV with more than 160,000 getting infected every year.

SOURCE THE GUARDIAN

Tanzania and other developing countries contribute only 38 per cent of the over 80 million units of blood per annum required globally. The country also faces acute shortage of blood.

Speaking at a press conference in advance of World Blood Donor Day celebrations, Health and Social Welfare minister Prof. David Mwakyusa spoke of the need for more blood donation on a voluntary basis.

He emphasized the need to phase out the system of family blood donation in favour of 100 per cent voluntary non-remunerated blood donation.

‘A Hundred per cent Voluntary Non-remunerated Blood Donations’ would be the theme of this year’s World blood Day, to be held at national level in Mbeya on Saturday. Tanzania currently faces serious blood shortages.

The need is for 600 000 units per annum, of which Tanzania supplies only 150 000. Of these donations, only 20 per cent are voluntary.

The National Blood Transfusion Service (NBTS) department receives 80 per cent of all donations from youths, especially school children, he said.

He added the organization has been collecting hardly 33 per cent of the required 350,000 units per annum.

“We are faced with various challenges including lack of enough centres for blood donation, especially in rural area. Our expectations are to at least reach the annual collection of 400,000 units by 2015, putting into consideration the population growth,” the minister said.

He said that voluntary donation has proved to be the best way to ensure availability of adequate blood as some other countries have surpassed their targets through the same means.

World Blood Donor Day itself is celebrated by those who save lives by coming forward to donate blood on voluntary and non-remunerated basis.

SOURCE THE GUARDIAN
Ban Ki-moon: Wanted, Universal Access and Human Rights

Ahead of this year’s World AIDS Day, the United Nations Secretary-General Ban Ki-moon, the World AIDS Campaign and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have come together to announce the theme of ‘Universal Access and Human Rights’.

The theme has been chosen to address the critical need to protect human rights and attain access for all to HIV prevention, treatment, care and support. It also acts as a call to countries to remove laws that discriminate against people living with HIV, women and marginalized groups.

Countries are also urged to realise the many commitments they made to protect human rights in the Declaration of Commitment on HIV/AIDS (2001) and the Political Declaration on HIV/AIDS (2006).

Speaking ahead of the announcement at the United Nations in New York, Michel Sidibé Executive Director of UNAIDS said, "Achieving universal access to prevention, treatment, care and support is a human rights imperative. It is essential that the global response to the AIDS epidemic is grounded in human rights and that discrimination and punitive laws against those most affected by HIV are removed."

Many countries still have laws and policies that impede access to HIV services and criminalize those most vulnerable to HIV. These include laws that criminalize men who have sex with men, transgendered people and lesbians; laws that criminalize sex workers; and laws criminalizing people who use drugs and the harm reduction measures and substitution therapy they need.

Some 84 countries have reported that they have laws and policies that act as obstacles to effective HIV prevention, treatment, care and support for vulnerable populations.

Speaking from Cape Town, South Africa, The World AIDS Campaign Executive Director Marcel van Soest said, "The epidemic has not gone away, tens of millions of people are still affected, but those hit the hardest, the poor and marginalized in society often don’t have a say when big decisions and laws are made. Their fundamental right to health care and life free from fear of stigma and discrimination must be strengthened."

Governments continue to pass and enforce overly-broad laws that criminalize the transmission of HIV which are in direct contradiction to their commitments to “promote… a social and legal environment that is supportive of safe and voluntary disclosure of HIV status.” Some 59 countries still have laws that restrict the entry, stay and residence of people living with HIV based on their positive HIV status only, discriminating against them in their freedom of movement and right to work.

At the same time, laws and regulations protecting people with HIV from discrimination and women from gender inequality and sexual violence are not fully implemented or enforced.

The organisation’s Chairperson, Allyson Leacock added, "The Human Rights theme is about us, about communities, about people like you and me and our governments making a commitment to honour and respect the dignity of the vulnerable and to those already living with HIV."

SOURCE: UNAIDS-COUNTRY OFFICE