

GSFP Cohort 4 Workgroup #1 | Final Research Report

Improving Access to HIV Services

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GROUP 1 Research questions | *Improving Access to HIV Services*

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1. **What are effective and acceptable strategies or interventions to improve access to and uptake of community-based HIV testing services?**
 - a. Here, consider different strategies such as targeting specific populations (adolescents/gender/urban/rural). Interventions/strategies must include looking at partnering with creative industries (music/celebrity) as educational awareness and stigma reduction tools (or activities) and also social media
2. **How has COVID-19 changed sexual behavior?**
 - a. Consider how COVID-19 has changed funding especially from high income countries and how mitigation measures may have halted the distribution of condoms and in particular hindered the work of female sex workers
 - b. Are female sex workers at greater risk of new HIV infections due to a decrease in condom use? How has COVID-19 disrupted their services?

Question 1 what are effective and acceptable strategies or interventions to improve access to and uptake of community-based HIV testing services?

Here, consider different strategies such as;

* **targeting specific populations** (*adolescents/gender/urban/rural*).

* **Interventions/strategies** *must include looking at partnering with creative industries (music/celebrity) as educational awareness and stigma reduction tools (or activities) and also social media*

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BACKGROUND

From the (UNAIDS data) of 2018 one comes to several new findings such as: Over 1.3 Million Ugandans are currently infected with HIV. 23,000 of the population has died from AIDS related illnesses .Among adults (15-49) years of age 5.7% of them are infected. The most affected gender seems to be women whose percentage (8.8%) is more than that of men (4.3%).Furthermore the statistics indicate that Children (33%) have no access to medical care as compared to the adults (27%).The most affected groups seem to be sex workers, homosexuals, drug addicts, the transient fishing community and the young girls. In the wake the widespread Covid-19 outbreak the situation could be more dire and infection levels could ultimately rise due to the increased difficulty in accessing health care services, increased poverty levels due to loss of jobs would also mean that priorities would shift and, more focus be drawn to providing food that seeking medication or counselling services and the stigma and prejudice from correlating the corona virus and the HIV would factor in. Currently the government in collaboration with Uganda AIDS Commission has taken steps to re-invigorate

the National HIV and AIDS response efforts. This has been through renewed engagement of the political leadership at all levels and strengthening the multi-sectoral efforts to curb the impact of the epidemic. The government on the implementations of SDG number 3 that focuses on good health and well-being has projected that 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression as of 2020 but due to the pandemic the actualization of this goal might have to be postponed.

Other intervention practices would be looked into below as follows;

1. ADVOCACY EFFORTS SPEARHEADED BY THE PEOPLE LIVING WITH HIV.

Empowering people living with HIV to serve as ambassadors to advocate for the enlightenment of the masses can also be strategized to increase accessibility and acceptability of community based HIV testing services there by reducing stigma levels in the society (SuccessstoriesFHI360june2016). Kenya Red Cross Society worked with Mama Margaret Doyo from Rachuonyo North District's Kobiero community. Her message was, "AIDS is not a disease but a condition that when managed well, one can live their fullest length of life". She was the first person in her community to disclose her HIV-positive status. Meaningful involvement of people living with HIV is very effective in HIV prevention and management and the same strategy can be used in Uganda. The impact of these success stories and also the way they have managed to get help and leave a purpose life with the infection to motivate more people to test. (AIDs.gov, 2016)

2. HEALTH WORKERS TAKING A MORE EMPATHIC APPROACH

Recognizing that the community health workforce, including volunteers, play an essential role in accelerating universal access to HIV testing and treatment, the Kenya Red Cross Society trained over 2,700 community health workers. The community health workforce was successful in encouraging community members to visit outreach clinics to seek HIV information and voluntary counselling and testing in hard to reach areas, thus improving access to these services. However with an increase in the rise of infections the workforce has become understaffed and as such the use of community volunteer counsellors could be an additional resource to the inadequate staff. Their selection, however, should be done with great care to avoid negative outcomes and ensure that they are accepted in their communities. In their study, Kipp et al. found that some study participants recommended that counsellors be non-residents of the area, as non-residents were considered more credible and would offer greater confidentiality than residents.

3. GOVERNMENT-BASED POLICIES AND INTERVENTION STRATEGIES

The Uganda National Policy Guidelines 2005, voluntary counselling and testing (VCT) is HIV testing provided to individuals who seek the service out of their own will without any coercion. These persons may be referred by a provider, a sexual partner or a friend, or they may have learned of the service from hearsay or public media. They receive pre-test counselling, HIV testing and post-test counselling during which they are given the HIV test results. Thereafter they are usually referred for follow-up care and support. This type of HIV testing is aimed at integrating HIV Counselling and testing (HCT) services with existing day to day clinical services. This model testing for HIV is carried out routinely in health units/facilities. This

increase in access to HIV testing and early care where needed. It also helps to reduce stigma and discrimination. However, the counselling process is modified from that of the traditional VCT. It must be done by skilled personnel as it can scare off communities from seeking health care services from the facilities.

Meanwhile in Kenya, The Kenyan Ministry of Health has launched the Be Self-Sure campaign to encourage people to get tested for HIV. As part of the campaign, the government is making HIV self-test kits available through public and private health facilities and selected pharmacies at a low price which was negotiated in a partnership between the government of Kenya and the private sector. The campaign website includes an interactive map to let people know where to get the testing kits from and plays videos demonstrating how to use the kits and tells people what to do if they are HIV-positive or if they are HIV-negative. A helpline, open for 12 hours a day, is also available. For people testing negative for HIV, the site urges people to talk to their health providers about HIV prevention options, including PrEP, a medicine that people at higher risk of HIV infection can take to prevent becoming infected with the virus. PrEP is being rolled out as part of the campaign, with the Government of Kenya offering it free of charge in selected public health facilities as part of a combination HIV prevention programme for people most at risk of HIV infection, including young people, serodiscordant couples, people who inject drugs and sex workers.

4. INTERGRATION OF HIV TESTING WITH OTHER KEY SERVICES AND INSTITUTIONS.

There has been considerable integration of institutions and services for example : University Research Company 2006, worked with the national and provincial departments of health in south Africa and Ministry of health in Swaziland to expand access to and the use of provider-initiated HIV testing and counselling (PITC), where the project integrated HIV testing with key services, including antenatal and family planning care, services for sexually transmitted infections and tuberculosis (TB), as well as general care to improve access to HIV testing.

The expansion to sexual and reproductive services has also been a step up with the success in targeting HIV testing into antenatal and other sexual and reproductive health services has seen increases in the number of women testing. Although the number of men has lagged in testing. Programs that seem to integrate HIV testing in men must be considered. Knowledge of HIV status appears particularly low among young men in sub-Saharan Africa. According to population-based surveys, just 11% of men aged 15–19 years had ever taken an HIV test and received the result, compared to 30% of men aged 20–24 years and 38% of men aged 25–29 For example, men living with HIV in Burundi, Côte d'Ivoire, Liberia, Mozambique, Niger, Nigeria, Togo and Uganda are about a third less likely to be diagnosed than women, while men living with HIV in Congo, the Gambia, Ghana and Sierra Leone are half as likely to have been diagnosed (UNAIDS2017)

The further expansion on integration can be seen with the increasing scope to HIV related diseases as the governments and concerned parties are reaching out to the population and engaging them in community based testing , carrying out Multi-disease campaigns that integrate HIV testing and counselling with screening for other diseases and general health promotion are a promising approach, especially for reaching people who have never been tested (ChamieG2016). For example, when the Sustainable East Africa Research on Community Health (SEARCH) combined HIV testing with screening and treatment for diabetes,

hypertension and malaria in communities in Kenya and Uganda, 86% of male community residents participated in community health campaigns or home-based testing. (AIDSResTreat2012)

5. HEALTH ORIENTED CAMPAIGNS

Health institutions in collaboration with organizations such as The Red Cross have realized that Mobile and outreach testing can also be adopted. This refers to a variety of settings in the community that could offer HTC testing e.g. churches, places of entertainment, and sporting events) (WHO 2012). Mobile and outreach testing approaches can considerably increase the number of people testing. If targeted appropriately, this type of HTC may also reach key populations at higher risk for HIV since it targets masses. Sites for mobile testing are sometimes referred to as alternative testing venues. Several studies have found greater quantities of younger clients, first-time testers, and HIV-positive cases through mobile and outreach testing services compared to site-based VCT (Lahuerta et al. 2011; Sweat et al. 2011; Halkitis et al. 2011; Nglazi et al. 2012; Kranzer et al. 2012). Merging mobile testing strategies with rapid testing can be a cost-effective approach for increasing coverage, reaching different target populations, and identifying people with newly diagnosed HIV infection for referral, treatment, and care services.

Furthermore, door-to-door campaigns by healthcare workers who would target specific populations. Is an important and effective strategy. These individuals would mainly seek to communicate and convince youths to get tested and engage older people to visit healthcare facilities. Parents should be encouraged to get tested alongside their children.

6. EDUCATING THE MASSES AND INTEGRATING SEXUAL AND REPRODUCTIVE EDUCATION INTO SCHOOL CURRICULUM AND HEALTH CENTERS.

Education Programs need to incorporate sexual, reproductive health and HIV as a good practice to promote a unified and quality driven approach to HIV programming which will increase access to and uptake of community-based HIV testing services. Sexual and reproductive ill health and HIV share some immediate and root causes such as unprotected sexual intercourse, lack of access to service, poverty, cultural and gender norms, inequality and social marginalization. UNAIDS 2010, aims at putting together good practices in four key areas; community-based and owned approaches which put the most affected people at the center of the response, coordinating change at multiple levels, joined up approaches to sexual reproductive health and rights and HIV and working together with the most affected people and tailoring programs to address their specific needs.

While learning institutions cater for the sensitization of children and teenager ,health care facilities play a role in the sensitization of the general public whereby according to the Family Health International, effective communication for increasing demand for VCT services may include offering information on where VCT service is available, including the availability of related HIV/AIDS services; addressing the benefits of HIV testing; encouraging target populations to access and utilize VCT services; encouraging sustained behaviour change after a person has been tested, and encouraging counselling and testing as a routine component of health-seeking behaviour. When approached for VCT services, clients have the option to “opt in” or “opt out”. “Opt in” generally refers to counselling and testing where a client explicitly consents to the test, whereas “opt out” allows individuals to specifically decline the HIV test having received pre-test information. Nevertheless, regardless of whether they test right away,

the information received is likely to influence them to test in the future. Grover and Peterson found that of 364 women offered HIV screening during a six-month period, 248 (68%) accepted and underwent testing.

7. SENSITIZATION THROUGH SOCIAL MEDIA, MASS MEDIA, CONCERTS AND INFLUENCERS.

Radio

In Uganda, mass media and marketing approaches have proved successful in improving people's perceptions of the benefits of knowing their status and increasing the uptake of VCT in some communities. VCT staff, especially counsellors who have had interactions with clients, should be involved in designing communication messages and promotional activities. The use of the radio would be more appropriate to this population, where 83.5% of the respondents in phase I indicated they commonly listened to the radio almost daily. In Nigeria, Falobi et al. Found a huge potential for mobilizing masses against AIDS through the radio. Usually a well-known local radio/s is used with the right messages in a catchy way to all audiences. For radio programs a good presenter is used to pass the message across, a program with no in-callers can be targeted to minimize negative feedback within the message.

Social Media

Some communities don't know the importance of getting tested, while others fear the bias on HIV-positive people generated from social construct (Friedland et al. 2020). Following this, numerous techniques can be implemented to improve the access and uptake of testing in the community this include the use of animated video messages which can be adopted to improve accessibility and coverage of community based HIV testing. Animated messages are simple, smart, visual and entertaining. These can make even the straightest, most boring message exciting and engaging. Coupled with an attractive voiceover, animation also gives a video an extra layer of communication capability. So while the voiceover tells the viewer something, animation can show them something else that adds to the overall message. These animations can be televised at prime time for better coverage, but can also be put on social media platforms and WhatsApp. Communities should continuously be given enough information so as to see VCT as a norm, which will reduce fear for HIV testing, reduce stigma, and increase the uptake of the services. Evidence from Vietnam shows that online outreach workers counselled around 5600 people from risky key populations groups, of which 80% were referred to HIV testing and 95% took the tests. The majority 75% of people who received counselling had never been in contact before with peer or outreach services for HIV

Concerts

Concerts and promotional campaigns with known and trending artists should also be organized to fascinate especially the youth into attending the concert. At these concerts a tailor made message should be given as a take home for the concert attendants, as well as enticing all concert attendants to take an HIV test on the same day. All the required HIV support services should be available at the concert venue so that no strings are left untied. This will make the objective of organizing the concert fully attained.

Furthermore, in order to increase access and uptake of community-based testing for HIV would be using famous individuals like musicians, politicians, bloggers, and influencers. A lot of youths are attracted to the entertainment industry. They imitate what their idols do at all times. If these famous people are used as role models, they could significantly increase HIV testing in the community. They should be pictured, or video taped getting tested so that their followers can get encouraged to do so.

8. IMPROVING HEALTHCARE PRACTICES:

Increase HIV workforce (Staffing)

The use of community volunteer counsellors could be an additional resource to the inadequate staff. Their selection, however, should be done with great care to avoid negative outcomes and ensure that they are accepted in their communities. In their study, Kipp et al. found that some study participants recommended that counsellors be non-residents of the area, as non-residents were considered more credible and would offer greater confidentiality than residents.

Standardized Testing

WHO 2019, encourages all the countries to adopt a standard HIV testing strategy which uses 3 consecutive reactive tests to provide an HIV positive diagnosis, where previously highest burden countries were using 2 consecutive tests, its affirmed that WHO, new approach can help countries achieve maximum access and accuracy in HIV testing. HIV self-testing as a gateway to diagnosis based on new evidence that people who are at high risk and not testing in clinical settings are more likely to be tested if they can access HIV self-tests, network-based HIV testing to reach key populations who are at high risk but have less access to services, where such persons include; men who have sex with men, sex workers, transgender populations, prisoners, it's said that such populations account for 50% new HIV infections, a study of testing 99 contacts from social network of 143 HIV-positive people in Democratic Republic of Congo, revealed 48% tested positive for HIV.

Reducing Testing Time

Recommendations from WHO 2019, focused community efforts to deliver rapid testing through lay providers, the lesser the time required for HIV testing the more persons are encouraged to test, and using HIV, syphilis and hepatitis B integrated rapid test in antenatal care as the first HIV test as a move to close the testing and treatment gap and combat the second leading cause of stillbirth globally

Offering Home Based HIV Counselling and Testing

Home Based HIV Counselling and Testing (HBHCT) is a community based approach in HIV counselling carried out in the clients' familiar environment like in their homes. Counselling and testing are done door to door and results given during the same visit. The home environment can be convenient and conducive for counselling and testing and eases the workload on the existing health infrastructure.

Insurance coverage

Insurance coverage to integrate access to HIV testing and treatment either through employer-sponsored coverage or private health insurance, a large proportion of HIV-infected people in the United States in 2007, were unaware of their infection or untreated despite having received the diagnosis. The Centres for Disease Control and Prevention 2007, estimated that there were 1.2 million people living with HIV/AIDS in the United States, 500,000 of whom were not receiving care for their disease, including 250,000 who did not know they were HIV positive. Recommendations were made to expand HIV testing in health care systems as a series of efforts to diagnose HIV infection in people who were not aware of their status and to ensure that a greater percentage of people with HIV are receiving appropriate care.

Advocating for Self-testing

Expanded use of HIVST can contribute to these global targets by reaching first-time testers, people with undiagnosed HIV or those at ongoing risk who need frequent retesting. (brief, 2019). This method has been rolled out in many countries. Many pilot surveys have been carried out and it really has worked out well. In 2018 Uganda's many people are starting to adapt to them. It is an alternative service while adhering to physical distancing guidance. With the kit, people can use oral fluid or blood-finger-pricks to test in a private and convenient setting. Results will be shown within 20 to 40 minutes. Although they need be used in the right way. The ministry of Uganda although raised a concern on the various test kits on the market. So health workers and hospitals need to sensitize which kits are authorized by the international standard and how to use them. (Plus news, 2013)

Innovate and adapting Testing methods with the dynamic world changes

Innovative strategies for testing HIV in communities must continue. Focus on maintaining ART-MMS, Pharmacy/community pickup, home delivery, keep PHC open, virtual and digital platforms for remote support and appropriate PPE for health workers

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9 .DEMOGRAPHIC-SPECIFIC, BASED SOLUTIONS

Male

Safe male circumcision to incorporate HIV testing, WHO and UNAIDS, 2010, Session on implementing the minimum service package focused on HIV testing and counselling. Data from countries; Botswana, Kenya, Namibia, Swaziland, Tanzania, Zambia, Zimbabwe, reporting on HIV testing and counselling and uptake showed that HIV testing and uptake rate among the male circumcision service attendees was high in pilot sites reaching almost 98%. Provider initiated testing and counselling approaches were needed to increase uptake; this required enhanced in-service training on counselling. Kenya and Tanzania indicated that delivering HIV testing and counselling campaigns during a similar time frame as male circumcision service delivery promotion seem to have a synergistic effect. Furthermore, for men and adolescent boys, voluntary medical male circumcision is a highly cost-effective, one-time HIV prevention intervention that reduces the risk of heterosexual transmission of HIV from women to men by about 60% (106–108). Additional benefits include reductions in the incidence of herpes simplex virus type 2 and human papillomavirus (108) (UNAIDS2017).

Another measure taken is creating safe space medical facilities and clubs for men in the society both heterosexual and homosexuals to access testing services, counselling and treatment. This will encourage them to open up for testing.

Legal Minors (Adolescents)

HIV testing of children (legal minors). Only people who have attained the legal age of maturity (18 years) are supposed to consent to HCT. Therefore, testing people under the age of 18, whether voluntary or not, may not strictly be VCT. However, parents or guardians may need to consent on their behalf and as well help in stigma management, the need for HCT for minors' starts at earlier age groups. Indeed, many who are legal minors are seeking service at HCT centers. Also many children may need HIV testing for clinical purposes to manage HIV disease. However among adolescents there is need to improve access to HIV testing. Given the fact in this age bracket the numbers are increasingly high. With the approval of government and ministry of health this can be rolled out in all schools. For example, Uganda's recent decision to allow HIV testing for 12-year-olds and above without parental consent has helped young people learn their HIV status and start treatment. (UNAIDS2018).

Workers in risky infection areas

HIV testing after occupational exposure applies to a health worker who has been accidentally exposed to the body fluids of a patient or vice versa. Other emergency workers such as the police, fire-fighters and ambulance personnel may also be accidentally exposed to the body fluids of their clients. Operational guidelines may prescribe that the two parties involved—the potential source of infection and the potential recipient—both undergo HIV testing to establish their HIV status. This kind of testing requires pre- and post-test counselling as well as consent of both parties.

Low income groups

Other test out reaches should continue especially in low-income settings. People who are at risk of HIV are not accessing HV testing. This is illustrated by the fact that, between 2010 and 2014, more than 600 million adults in 122 low- and middle-income countries tested for HIV, yet in the 81 countries that reported data, just 3% of tests were positive. Government and other partners should invest funds to ensure this practice continues all over the country. Especially during the COVID pandemic where access to medication and testing is a challenge for some low income Ugandans. People who are most at risk of HIV are not accessing HIV testing in high enough numbers.

Special Groups

HCT for special groups of people: Sometimes HCT may be necessary for people who have disabilities, such as the deaf and the blind, which may not allow them to be fully informed about HCT, or for people who may be in a state of mind that makes them unable to make rational decisions to seek HCT. In such circumstances special communication in pre- and post-test counselling may be needed, or other people may need to consent on their behalf.

In special circumstances, mandatory HIV Testing is done in a Clinical setting. This refers to testing of a patient/client regardless of consent. Mandatory testing must proceed after post exposure prophylaxis and may be done in the following circumstances: Medical-legal cases e.g. rape, defilement, indecent assault. Tissue donation including blood semen, organs

transplant. In mandatory testing the patient/client is not obliged to take results in the event that the result is given, it must be accompanied with appropriate post-test information giving. Uganda National Policy Guidelines 2005.

References

The International Federation of Red Cross and Red Crescent Societies (IFRC) and the Global Network of People Living with HIV (GNP+), “A community-based service delivery model to expand HIV prevention and treatment”, 2014

E. Mugisha et al., “Strategic Framework for Increasing Accessibility and Utilization of Voluntary Counseling and Testing Services in Uganda”, April 2011. Program for Appropriate Technology in Health (PATH), P. O. Box 22616, Kampala, Uganda

World Health Organization (WHO). (2012). Service delivery approaches to HIV testing and counseling (HTC): A strategic HTC programme framework. Geneva: Switzerland.

Lahuerta, M., Sabido, M., Giardina, F. et al. (2011). Comparison of users of an HIV/syphilis screening community-based mobile van and traditional voluntary counseling and testing sites in Guatemala. *Sex Transmit Infect*, 87: 136-140.

Nglazi, M.D., van Schaik, N., Kranzer, K., et al. (2012). An incentivized HIV counseling and testing program targeting hard to-reach unemployed men in Cape Town, South Africa. *J Acquir Immune Defic Snyder*, 59(3): e28-e34.

Family Health International (FHI) and USAID, VCT Toolkit: HIV Voluntary Counselling and Testing: A Reference Guide for Counsellors and Trainers, FHI, Arlington, Va, USA, 2004.

S. Grover and C. Peterson, “Uptake of HIV screening in an antenatal clinic,” *Australian and New Zealand Journal of Obstetrics and Gynecology*, vol. 45, pp. 365–367, 2005. View at: [Google Scholar](#)

W. Kipp, G. Kabagambe, and J. Konde-Lule, “HIV counselling and testing in rural Uganda: Communities' attitudes and perceptions towards an HIV counselling and testing programme,” *AIDS Care*, vol. 14, no. 5, pp. 699–706, 2002. View at: [Publisher Site](#) | [Google Scholar](#)

Family Health International (FHI), *Service Delivery Models for HIV Counseling and Testing*, FHI, Washington, DC, USA, 2005.

T. F. Harrington and T. A. Harrigan, “Practice and research in career counselling and development. The National Career Development Association,” *Career Development Quarterly*, vol. 52, pp. 98–127, 2006. View at: [Google Scholar](#)

Forster M, Bailey C, Brinkhof MW, et al. Electronic medical record systems, data quality and loss to follow-up: survey of antiretroviral therapy programmes in resource-limited settings. *Bull World Health Organ*. 2008; 86(12):939–947. [PMC free article] [PubMed] [[Google Scholar](#)]

O’Laughlin KN, Wyatt MA, Kaaya S, Bangsberg DR, Ware NC. How treatment partners help: social analysis of an African adherence support intervention. *AIDS Behav.* 2012; 16(5):1308–1315. [PMC free article] [PubMed] [Google Scholar]

BMC public health article 2013, a systematic review of qualitative finding on factors enabling and determining uptake of HIV testing in Sub-Saharan Africa.

Centers for Disease Control and Prevention 2007, HIV/AIDS surveillance report.

Clin infect dis 2013, a review of self-testing for HIV, research and policy priorities in a new era of HIV prevention.

Journals.plos.org, C Zhang, 2020. Impact of providing free HIV self-testing kits on frequency of testing among men who have sex with men and their sexual partners in China.

Uganda HIV/AIDS Country Progress Report 2017.

Uganda National Policy Guidelines for HIV Counselling and Testing Ministry of Health February 2005.

University Research co., llc/ center for human services.2006 low bandwidth.

WHO and UNAIDS 2010, Scaling-up male circumcision programs in the Eastern and Southern Africa Region.

WHO,2019. Innovative WHO HIV testing recommendations aim to expand treatment coverage.

WHO. Guidelines on HIV self-testing and partner notification. December 2016. Accessed on 5/27/20 from: <https://www.who.int/hiv/pub/vct/hiv-self-testing-guidelines/en/>
Friedland, B. A., Gottert, A., Hows, J., Baral, S. D., Sprague, L., Nyblade, L., & Index , P. S. (2020). The People Living with HIV Stigma Index 2.0: generating critical evidence for change worldwide.

Uganda AIDS Commission (2016) ‘The Uganda HIV and AIDS Country Progress Report July 2015-June 2016’ [pdf]

Success stories-FHI-360. SUCCESS STORY improving access to HIV testing, care and treatment for key populations through an existing national health system: Lessons from Ghana. June.2016

UNAIDS (2018) ‘Miles to go: global AIDS update 2018’, p.77. [Pdf]

UNAIDS (2017) ‘Blind spot: addressing a blind spot in the response to HIV. Reaching out to men and boys’, p.17. [Pdf]

Chamie G, Clark TD, Kabami J, Kadede K, Ssemmondo E, Steinfeld et al. A hybrid mobile approach for population-wide HIV testing in rural east Africa: an observational study. *Lancet HIV.* 2016; 3(3):e111–119.

Granich R, Muraguri N, Doyen A, Garg N, Williams BG. Achieving universal access for human immunodeficiency virus and tuberculosis: potential prevention impact of an integrated

Multi-disease prevention campaign in Kenya. *AIDS Res Treat.* 2012; 2012:412643.

Geibel, S., Gottert, A., Friedland, B. A., Jeremiah, K., McClair, T. L., Mallouris, C., & Pulerwitz, J. (2020). Internalized stigma among people living with HIV: assessing the Internalized AIDS-Related Stigma Scale in four countries.

Gottert, A., McClair, T. L., Pulerwitz, J., & Friesland, B. A. (2020). What shapes resilience among people living with HIV? A multi-country analysis of data from the PLHIV Stigma Index

Question 2; how has COVID-19 changed sexual behaviour (and life in general)?

BACKGROUND:

UNDP 2020, cited that, the outbreak of coronavirus, began in Wuhan, China December 2019. The virus spread globally at an alarming rate. The virus has halted production in affected countries, hitting supply chains across the world, and resulted in steep drop in consumption together with collapse in confidence globally, health systems in many affected countries are overwhelmed by the exponential growth in COVID 19 cases. According World bank report of 2020 stated that, due to economic crisis and global shutdown induced by covid-19 pandemic, remittances to low and middle- income countries are projected to fall by 19.7% to \$445 billion, representing a loss of a crucial financing ability to afford food, healthcare and basic needs for many vulnerable low and middle- income countries.

Kaiser Family Foundation 2021, stated that, their approximately 38 million people are living with HIV globally with 1.7 new infections in 2019 and tens of millions of people have died of AIDS related causes since the beginning of Covid-19, due to disruption of essential healthcare services. The novel coronavirus has also caused a global shortage of condoms or contraceptives that has led to increase in unintended pregnancies, Daily monitor 2020. With the presence of Covid-19, the American journal of tropical medicine and hygiene 2020 affirmed that sex workers in Africa are facing harsh business conditions such as low pay, police crackdowns, cultural criminalization of sex work, lockdowns and leaving millions without income. Estimates show that a disruption in the supply of ARVs lasting six months could lead to over 500,000 HIV-related deaths among adults in sub-Saharan Africa. The pandemic has affected the already marginalized group with some citing increased violence and stigmatization by the society in the wake of the pandemic's rise.

Questions:

i. Have we tried to assess the damage Covid had on communities especially for HIV positive people? Since public transport was closed for around 4 months but even when it was opened; it was costly because of limited numbers per vehicle. Most people complained of failure to access medication in time, didn't we lose a lot of people to HIV that to Covid? A specific case of one youth using his bike to transport medication for HIV positive people

within Kampala and neighboring areas was documented by the media. But a lot happened last year alone and the impact could spread over to this year and beyond.

ii. How about for the Negative people? In Uganda many school going children got pregnant last year since schools were closed, what is their HIV status currently (leaves one wondering)

The problem

i. People living with HIV who do not know their status and not ART including those with risk factors like diabetes who acquire COVID-19 may be at risk of COVID-19 complications. This is due to the fact that the human immunodeficiency virus (HIV) targets the immune system and weakens people's defence against many infections hence prone to contracting the virus easily. So safe testing procedures need to be adapted.

Changes in sexual behaviour

i. Direct impacts of COVID:

Disrupted access to medicines including ARV, PrEP, and opioid treatment, testing including STI and HIV testing and viral load monitoring, and prevention items such as condoms and clean needles.

ii. Indirect impacts of COVID:

Prevention efforts which limit and criminalize movement, expanded police powers to target vulnerable and criminalized populations.

iii. Online

Callander et. al. found that sex workers' online profiles increasingly included disclosures of COVID status and of recent testing, reflecting learnings from HIV. This represents a likely opportunity to engage sex workers in public health efforts as disseminators of information and good practices, having already learned them in public health campaigns.

Interventions and strategies to improve access to and uptake of community based HIV testing and treatment services

Problems

- i. GLI is having trouble with key messaging to adolescents in some places
- ii. Adolescents are a specific hard-to-reach population
- iii. Potential misinformation through radio or similar communication platforms?

Sex workers as public health advocates

- i. History of engagement with public health workers

Ready adoption of COVID status disclosure, reminiscent of HIV public health efforts, reflects that sex workers are a population potentially primed to be leaders in public health.

ii. History of advocacy and organization

Commercial sex workers advocated to not be shut down during pandemic, threatened to expose government officials who utilized their services if they did.

Sex work- Are female sex workers at greater risk of new HIV infections due to a decrease in condom use? How has COVID-19 disrupted their service?

Problems and interventions

The historical context of the position sex workers held in the society and the relationship that has existed between them and the government can show the root cause of their current dreadful situation. As presented by many authors sex work is not recognized as work and the sex industry is not recognized as a form of small business ownership. As a result, sex workers are also not able to access labour protection or economic support that would otherwise aid small businesses this would leave them vulnerable to a myriad of trouble.

Adebisi et. al. Sex workers in Africa are among the most vulnerable to COVID-19 as an illness and to strain from governmental efforts to curtail the pandemic. Many face high levels of stigma, discrimination, and are excluded from governmental safety nets and lack access to healthcare services. Of particular concern is the disruption of HIV care and prevention services. Many sex workers have experienced dwindling supplies of condoms, decreased access to testing and medications for those living with HIV, as well as increased stressors due to diminished income and concern that they might contract COVID-19 and fare poorly due to immuno compromised condition. 2030 Agenda for the UN Development Program, member states pledged to examine disadvantages people face, to empower those who are left behind, and to enact inclusive, far-sighted, and progressive sustainable development goals. Involving communities in efforts to increase access to health services, to provide social protections to sex workers, and distributing HIV testing, treatment, condoms, and sanitizers would help to decrease HIV transmission during pandemic. Also need to reduce stigma in order to facilitate social safety net for sex workers.

A more current and ongoing problem is directly linked with the attempts to curtail the spread of the virus, the restriction of movement through curfews and lockdowns. UNFPA 2020, cited that COVID-19 has brought hardships to sex workers in Africa in particular in terms of loss of income (Low pay, bar hostess empowerment and support program in Nairobi of about 20,000 female sex workers, reported that, they have faced a 75% reduction payment for sex work in the city since the onset of the pandemic, Theconversation2021), In Eswatini, (Swaziland, a landlocked country in South Africa) Voice of Our Voices reported that, “for those who are on HIV treatment, it was hard to meet their visit days as there was no transport due to lock down.

In Uganda due to closure of schools there was redundancy. Many girls were left vulnerable to teenage pregnancy and early childhood marriage. Covid-19 has resulted in an increased rate of teenage pregnancy. According to the Daily Monitor of Monday July 27 2020, 2,300 school girls conceived and 128 married off during lockdown. This also increased the spread of HIV

Increased abstinence from sexual activity for Fear of Covid-19 transmission. Non married stayed away from sex for some time during the lockdown. People with multiple partners (Polygamous marriages) tied to one partner during lockdown, what happens to the other. What happens to the other partner?

Increased Sexual abuse due to the physical distancing and movement restrictions that have been put in place across the world to curb the pandemic. Women and children have faced increased risks of experiencing violence at the hands of other family members.

Also the disappearance of short- term housing coupled with shuttering of work places has resulted in sudden homelessness of sex workers in several countries, while sex workers struggle to pay rent or hotel room fees.

The conversation 2021, stated that. HIV and sexual and reproductive health care in particular are critical for female sex workers, of which many who are living with HIV rely on antiretroviral (ARV) medication for good health. Unfortunately, covid-19 has made it even harder for sex workers all over Africa to access health care. Thus any disruptions by coronavirus to access would have serious consequences. Estimates show that a disruption in the supply of ARVs lasting 6 months (June to December 2020) could lead to 500,000 HIV-related deaths among adults in sub-Saharan Africa.

Approximately 38 million people are living with HIV with 1.7 new infections in 2019 and tens of millions of people have died of AIDS related causes since the beginning of Covid-19 disruptions of essential health care services including testing, treatment and prevention programs, Kaiser Family Foundation 2021. A global condom shortage is looming as the coronavirus pandemic shuts factories and disrupts supply chains. Malaysia, one of the world's contraceptive producers which supplies condoms to many companies and governments for distribution by aid programs, produced 200 million fewer condoms than the usual more than 5 billion condoms. The most practical solution to the problem relating to health care has been innovated by The Bar Hostess Empowerment and Support Programme who opted to use motorbikes to deliver essential commodities needed by sex workers. The programme is reaching out to many people each day to provide urgent medication, support and advocacy.

Closure of international border points and shutting down condom producers to slow down spread of novel coronavirus has caused a global shortage of condoms or contraceptives that has led to increase in unintended pregnancies with potentially devastating health and social consequences for adolescent girls, women and their partners and families, Daily monitor 2020.

The other major issue that has affected the sex workers is the increase in brutality that they are currently facing. Those who serve clients on the streets, in parks or in co-rented flats have experienced sexual violence and forced unsafe sex. This as a result has not only increased the fear among the sex workers but also led to the spread of HIV. Yet as explained by Dr. Patricia Owira, ICRHK Project Coordinator. Client registration books, closed circuit television, ejection of violent clients and peer-led responses to sexual violence have been fundamental in trying to boost the safety of sex workers.

The effects of COVID-19 in Uganda has exposed the inequalities and human right issues affecting criminalized communities such as sex workers, the Pan Africa Medical Journal 2020. The NGOs that provide free services are unable to reach them during a national lockdown as most sex workers resorted to undertaking riskier behaviors. One female sex

worker narrated her ordeal which displayed risk-taking as she walks long distances to reach her customers at their places of convenience. She does this despite the violence against women, curfews and the risk of encountering the brutal police forces who enforce the lockdowns. Some sex workers are also being driven to extreme poverty as seen by a sex worker's complaint about losing all her daily income of 50,000 Ugandan Shillings (13.5 USD).

While the pandemic has taken its toll on the income of most people the sex workers have seen their income depreciate by 75 % This is due to the fact that their work is solely hinged on human interaction and the reduction of their clients incomes would directly affect their own, this coupled up by the fact that the imposed curfew curtail their night time activities one would understand their condition.

This has however been mitigated with a peer based solution like in Kenya where Kenya Sex Workers Association (KESWA) launched a fundraising campaign to purchase hygiene packs with hand sanitizer, masks, and menstrual pads as well as food baskets for sex workers. Furthermore there are established systems of mutual assistance among female sex workers such as informal savings and loaning and Saccos.

The major issue that sex workers have to face is the increased **stigma** that they have to brave. The onset of the pandemic saw most of the sex workers getting accused of being the couriers of the virus and while this is outrageous it goes to show how society perceives them. While mitigating measures like raising awareness have been initiated most of them have been suppressed by the government or the society.

Police crackdowns, exclusion from social protection schemes, and increased violence from both clients and intimate partners. This threatens hard won gains made to date against HIV and AIDS. For instance, in the past two decades Kenya's robust HIV prevention and care program has reduced HIV prevalence among sex workers significantly. Many of them are now on ARV treatment and they have been empowered to manage their health. COVID-19 has driven the sex trade under ground and made it more dangerous for sex workers. Those who serve clients on the streets, in parks or inco-rented flats have experienced sexual violence and forced unsafe sex.

Following this the American journal of tropical medicine and hygiene 2020 affirmed that sex workers in Africa are facing harsh business conditions such as low pay for their services as the number of clients becomes very low and also the cultural criminalization of sex work, lockdowns and police crackdowns leave millions without income. In the US where prostitutes are estimated to be between 1,000,000 to 2,000,000 (except in Nevada state where sex has been legalized), Nairobi Kenya with about 20,000 sex workers and Kampala Uganda having between 12,000 to 15,000 sex workers. Selling sex is illegal in Uganda, Kenya and US, however Uganda has reported a spike in violence faced by sex workers from clients, police, and the community members who blame them for spreading coronavirus. Sex workers amidst covid-19 have been excluded from government safety nets and have always been at a higher risk of contracting and spreading infectious diseases such as HIV.

Engagement in unsafe sex, During the COVID-19 times, sex workers plight is worsened by the inability to afford safe sex by using condoms and some of their customers preferring not to use protection, Pan Africa Medical Journal 2020. In Uganda (the population of commercial sex workers in Kampala alone is estimated to be between 10,000 and 15,000 persons, Science direct 2021), Fifie, 25, who supports one child and two siblings with sexwork, in April 2020, when she had run out of condoms and needed a medical consultation, she walked

to Kisenyi Health Centre IV in Kampala twice but the staff were absent due to a lack of public transport. “Never in my life had I been in such a situation,” said Fifie. With no savings left, few clients and no condoms to protect herself and her clients, she was forced to engage in unsafe sex. “Otherwise My Clients would have gone to competitors,” she explained. Consequently, such unprotected sex workers become vulnerable to HIV infections.

How COVID-19 has changed funding especially from high income countries and how mitigation measures may have halted the distribution of condoms and in particular hindered the work of female sex workers

Change in donor funding

NGOs and donor agencies went through the shock and are now introspecting ways to work for the communities. In fact, their responsibilities have now increased more than ever as they need to address the unexpected challenges arising out of the pandemic. As Covid-19 has impacted every walk of life, it is apparent that all donor agencies including bilateral, multilaterals, foreign governments, aid organizations, private foundations and even individuals have placed the pandemic as its top priority. Recently, the Bill & Melinda Gates Foundation announced the single largest contribution of \$250 million to fight Covid-19. The United States Agency for International Development (USAID) has made more than \$1 billion available for combating Covid-19 as it works with governments, multilateral organizations, NGOs, the private sector and other agencies not only to slow down the spread of the virus but also to equip communities so that they can fight it effectively. USAID has been launching projects on hygiene, providing life-saving equipment to needy hospitals in poor countries, building the capacities of frontline workers and creating information awareness campaigns to reduce the impact of Covid-19.

Reduction of Donor Funding for Non-Health Issues

While Covid-19 takes the top position in the issues to be tackled with the donor funding, other issues, mainly non-health, will experience a significant reduction in aid. According to E-International Relations, “COVID-19 seems likely to trigger a broad contraction in non-health aid.”

This means that those donor agencies which considered issues related to human rights, education, social research, youth development, environmental protection or gender equality as a priority all these years will now allocate a significant portion of their resources to provide Covid-19 relief to communities.

This can also mean that NGOs framing proposals for non-health-related issues will now have less chances of winning funding as a larger portion of resources has been diverted to address Covid-19.

Reprioritising

Coronavirus is also having a deep impact on operations in West Africa, Julie Bélanger, head of OCHA for West and Central Africa, told TNH. “We are reprioritizing and looking at what programs are absolutely essential in terms of life-saving, while making sure aid workers are both safe and don’t spread the virus,” she said. Some aid groups are looking at where cash programs can be used instead of distributing relief items, in order to avoid large gatherings of

people. Some aid groups are also warning donors against diverting funding from existing programs in order to respond to the coronavirus.

The Emergence of New Donors

As Covid-19 has exposed the vulnerability of human life, it has led to the emergence of new donors and funding types. Many private agencies and individuals have realized that they need to contribute more towards the life and welfare of mankind and they have started expressly participating in charitable programs to help suffering communities.

For example, Facebook launched its News Relief Fund Grant was another new type of funding from the tech giant. In 2021, there will not be much large-scale interventions to address the long-term socio-economic impact of the Covid-19. Rather, donor funding will focus on improving production and supply of Covid-19 medicines. As vaccines have just been launched, resources will be allocated for ensuring its fair distribution, outreach and support for vaccinating the populations. NGOs developing COVID-19 proposals independently should integrate solutions for providing emergency relief to those suffering from Covid-19 pandemic and how the vaccination process will reach out to the poor and the vulnerable people.

Withdraw/close of NGO donor operations in countries

The international development organization Oxfam announced that it will withdraw its operations in 18 countries and lay off nearly a third of its staff due to financial pressures associated with the COVID-19 pandemic. “The coronavirus has made Oxfam’s work helping the world’s most vulnerable people more vital than ever while, at the same time, it is impacting on our capacity to deliver,” Oxfam interim Executive Director Chema Vera said in a statement.

Currently, Oxfam operates in 66 countries. Moving forward, the organization plans on maintaining a presence in 48 countries. 1,450 out of 5,000 staff members will be laid off. The COVID-19 pandemic has put a strain on the organization’s financial situation, due to the cancellation of fundraising events and the closing of Oxfam charity shops. According to the organization’s most recent annual report, fundraising accounted for 40% of Oxfam’s budget in 2018-2019. Some Oxfam staff have already taken voluntary salary cuts, notably among senior staff members.

Several country offices will now be shut down including in Thailand, Afghanistan, Sri Lanka, Pakistan, Tajikistan, Haiti, Dominican Republic, Cuba, Paraguay, Egypt, Tanzania, Sudan, Burundi, Rwanda, Sierra Leone, Benin, Liberia, and Mauritania. Oxfam has been present in some of these countries for over 50 years.

Discussion.

More research and resources are needed to protect individuals who engage in sex work during the pandemic, specifically at the intersection of COVID-19.

As COVID-19 disrupts health systems and affects human health globally, it is crucial to protect those most impacted by COVID-19, sustain gains made to address other infectious diseases, and maintain people’s access to life-saving health services.

The major step towards the improvement of the living conditions of the sex workers would be the amendment of legislation to allow sex workers to practice their trade as any other business.

This would also enable them to get the emergency fund that other entrepreneurs like musicians and artisans received. This is not only from a legislative point of view of the state role to its people but also a more humane outlook if society would look at sex workers not as the devil's agents but as brothers, sisters, uncles or even nieces who have been pushed to make tough life decisions then they would not only embrace them but also integrate them into society and learn from them.

Despite the continued exclusion of sex worker communities from emergency public health planning groups, sex workers have begun coordinating their own responses to the crisis. Several mutual aid and emergency fundraising campaigns have been created, enabling sex workers and sex organizations to access and distribute funds and essential items. One such initiative was undertaken by And Soppeku, a sex worker-led organization in Senegal which distributed food packages and hygiene kits to members in three regions (Dakar, Thies and Kaolack). Similar initiatives are being developed around the world such as US sex workers outreach project, Uganda network of sexworker Organization and Kenyan sexworker led groups in the absence of government action and support to advocate for income, health support and advocating for fundamental human rights for all sex workers. UNAIDS2020, The Global Network of Sex Work Projects (NSWP) and UNAIDS recently released a joint statement calling on countries to take immediate, critical action to protect the health and rights of sexworkers during the COVID-19 pandemic. This same concern above has been supported by Amnesty International and 2030 agenda for UN Development Program "no one will be left behind, where Winnie Byanyima, the Executive Director of the joint United Nations Program on HIV/AIDS (UNAIDS), stated that sex workers need to be empowered, educated, supported, integrated and included into society not only during the pandemic covid-19 but all through to build resilient communities across, American journal of tropical medicine and hygiene 2020.

With the adoption of the UN agenda "no one will be left behind", the United Nations Development Program (UNDP), maintained that, sex workers can become an important focus in public health interventions. Pan Africa Medical Journal. 2020, this can help reduce the stigma surrounding as well as place sex work on the policy agenda. Daisy Nakato Namakula, National Coordinator of Uganda network of sex worker Organization, said, "When sex workers are empowered and their human rights are respected, they can help communities rapidly adopt protective measures-we have seen this with response to HIV and this should be the approach to covid-19 as well. Instead we are being attached and discriminated against." Health gap 2020. Despite this, the Ugandan government enlisted sexworker 'Bad Black' to urge sex workers not to interact and sleep with foreign truck drivers who accounted for a large proportion of positive covid-19 cases. Sex workers, especially those at border points, were seen as key targets in reducing covid-19 community spread.

Ensuring continuity of treatment and support for viral suppression among people living with HIV (PLHIV), continuing to identify undiagnosed individuals and ensure their prompt enrolment treatment, and helping those who are at risk of HIV acquisition remain HIV negative.

Explicitly prohibit discrimination and mistreatment by healthcare and law enforcement professionals, and refrain from employing immigration detention and punishment against those who seek health services.

Make a targeted effort to reach out to those most marginalized, including female sex workers, migrants, HIV infected and people experiencing homelessness and loss of incomes who may need specific help, treatment and protection from covid-19.

HIV programs, and in particular those that cater to sex workers must put measures in place to help mitigate the impact of the COVID-19 pandemic on access to HIV prevention, care, and treatment services while simultaneously promoting the safety of staff and program beneficiaries. These measures must be grounded in a human-rights-based approach, and sex worker communities must be engaged and empowered to participate in all aspects of the response.

There is need to eliminate the disparities in health care experienced by female sex workers through research, inclusion of sex worker communities in emergency public health planning, education, and the provision of services that promote health and wellness. In order to encourage female sex workers to stay sheltered amidst any pandemic

While access to male and female condoms, reproductive health and HIV products has been critical in the global response to reduce HIV, sexually transmitted infections (STIs) and unintended pregnancies during Covid-19 pandemic, it's critical to maintain sustainable availability and supply essential commodities to populations, ensure that health products are part of essential health commodity deliveries across.

Respond to the essential financial needs of key populations, female sex workers and other vulnerable groups. As part of broader assessments of financing urgent needs and empowering the key and vulnerable populations in times of COVID-19, population-specific solutions should be developed in consultations and inclusiveness with the relevant vulnerable communities and their networks.

The COVID-19 prevention measures should be fully reflected while maintaining the essential work flows within communities and a cross border.

Include health facilities especially contraceptives/condoms, face masks, sanitizers, HIV prevention and treatment services and food deliveries in emergency support services to respond to covid-19 as well as other pandemics.

Explore online ordering systems for free and subsidized condoms and health facilities such as face masks, sanitizers, HIV prevention and treatment services and food lubricants. Where available, online shops should increasingly be used by consumers during physical distancing amidst covid-19.

References

NEWSPAPER ARTICLES

The Daily Monitor, *"2,300 school girls conceive, 128 married off during lockdown"*, Monday July 27 2020. The Daily Monitor Online

<https://esaro.unfpa.org/en/news/sex-workers-struggle-sexual-health-and-rights-during-covid-19-pandemic> <https://www.nswp.org/news/impact-covid-19-sex-workers-africa>

<https://theconversation.com/amp/how-covid-19-restrictions-prevent-nairobis-sex-workers-from-accessing-vital-healthcare-153108>

American journal of tropical medicine and hygiene 2020, Sex workers should not be forgotten in Africa.

Daily monitor, 2020, corona may spark devastating global condom shortage.

SCHOLAR Sources

Bhalla N. 'Hunger or murder': Lockdown poverty exposes African sex workers to more violence. 4 June 2020. Thomson Reuters Foundation.
<https://news.trust.org/item/20200604011704-4gk53>

The Global Fund. Sex Workers in Africa Are More Vulnerable During COVID-19 June 4, 2020
<https://www.theglobalfund.org/en/blog/2020-06-04-sex-workers-in-africa-are-more-vulnerable-during-covid-19/>

<https://haiweb.org/covid-19-srh/>. The hidden impact of covid-19 on sexual and reproductive health. 17 April 2020.

<https://link.springer.com/article/10.1007/s10461-020-03140-5>.

<https://www.fhi360.org/sites/default/files/media/documents/epic-kp-strategic-considerations-covid-19.pdf> Strategic Considerations for Mitigating the Impact of COVID-19 on Key Population-Focused HIV Programs.

<https://www.mamacash.org/en/fact-sheet-covid-19-and-sex-work>.

<https://www.nswp.org/es/news/impact-covid-19-sex-workers-europe>. Submitted by NSWP on 6th July 2020.

<https://www.theguardian.com/global-development/2020/may/21/the-issue-now-is-surviving-countries-react-with-shock-to-oxfam-withdrawal-coronavirus>.

<https://www.thenewhumanitarian.org/news/2020/06/11/coronavirus-humanitarian-aid-response>

https://www.unfpa.org/sites/default/files/resource-pdf/condoms-lubricants_covid19_en.pdf. Condoms and lubricants in the time of COVID-19. Sustaining supplies and people-centered approaches to meet the need in low-and-middle-income countries. A short briefing on actions, April 2020.

<https://www2.fundsforngos.org/covid-19-grants-and-resources/how-will-donor-funding-strategies-change-in-2021/>.

Life in the Balance: Young Female Sex Workers in Kenya Weigh the Risks of COVID-19 and HIV. Original Paper. Published: 02 January 2021.

Development Initiatives. Socioeconomic impacts of Covid-19 in Kenya. Background paper.
<https://www.devinit.org/resources/socioeconomic-impacts-covid-19-kenya/>

Health gap 2020. Uganda's covid-19 response is terrorizing women with arbitrary detention, blackmail and violence

Kaiser Family Foundation 2021. The Global HIV/AIDS Epidemic

Poz.com 2020, Newsfeed, and now the world faces a condom shortage because of covid-19

Research square 2020, research article. Uncovering the effects of covid-19 responses on the lives of commercial sex workers. Phenomenological study in Bahir Dar City Administration, Ethiopia.

Science Direct 2021, SSM-Population health- women at high risk of HIV infection in Kampala, Uganda & their candidacy for prep.

The conversation 2021, How Covid-19 restrictions prevent Nairobi's sex workers from accessing vital health care

The Independent 2020, US suspends \$ 10 m covid-19 direct cash transfer to Uganda.

The Pan Africa Medical Journal. 2020;35(2):102, why policy action should focus on the vulnerable commercial sex workers in Uganda during Covid-19 fight.

UNAIDS 2020, feature story Covid-19, responses must uphold and protect the human rights of sex workers.

UNDP socialeconomic impact of covid-19 on Uganda. Covid-19 policy brief #1 UNDP Uganda. April 2020.

UNFPA 2020, sexual workers' struggle for sexual health and rights during the covid-19 pandemic

World bank 2020, world bank predicts sharpest decline of remittances in recent history.

INTERVIEW

Brothel : Nairobi CBD