

**PrEP CONSULTATIVE MEETING TARGETING SEX WORKERS (FEMALE, MALE, TRANSGENDER  
AND SEX WORKERS USING DRUGS) CBOs/ORGANISATIONS FROM KAMPALA, WAKISO AND  
MUKONO**

**ORGANISED BY THETA UGANDA IN PARTNERSHIP WITH ALLIANCE OF WOMEN ADVOCATING  
FOR CHANGE (AWAC)**



5th December 2016

**Facilitated by:  
MINISTRY OF HEALTH**

**PrEP Consultative Meeting-Engaging CSOs and Communities of Sex workers, LGBTI and Sex  
workers using drugs**

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## List of Acronyms

AGHA	Human Rights and HIV/AIDS
AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti Retrovirus
AWAC	Alliance of Women Advocating for Change
CSOs	Civil Society Organisation
HIV	Human Immunodeficiency Virus
KCCA	Kampala Capital City Authority
LCI	Local Capacity Initiative Project
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex persons
MARPI	Most at Risk Populations Initiative
MARPs	Most At Risk Populations
NSP	National Strategic Plan
PrEP	Pre-Exposure Prophylaxis
SMUG	Sexual Minorities Uganda
TEU	Transgender Equality Uganda
UHRN	Uganda Harm Reduction Network
WHO	World Health Organisation
WONETHA	Women's Organisations Network for Human Rights Advocacy

## **Introduction**

PrEP is mentioned in the National Strategic Plan, however, there has not been any specific PrEP policies or guidance documents available to guide implementation of PrEP. In this regard, there has emerged vibrant coalition of civil society groups which have been working to articulate the need for PrEP as part of comprehensive combination prevention. The group focused on the need for government leadership and on ensuring that PrEP introduction in no way diminishes the focus on access to quality ART programs for people living with HIV. This pressure finally compelled Ministry to come up with the guidelines which have been tabled before the various stakeholders including key population CSOs for review and inputting into the guidelines hence the emerging consultative meetings with CSOs.

THETA financially supported Alliance of Women Advocating for Change to convene this PrEP consultative meeting targeting 100 sex workers (female, male, transgender and sex workers using drugs) from Wakiso, Mukono and Kampala. The PrEP consultative meeting was facilitated by MoH (Ministry of Health-AIDS Control Program) and attended by KP CSOs including; Alliance of Women Advocating for Change (AWAC) secretariat, Uganda Harm Reduction Network (UHRN), Women's Organizational Network for Human Rights Advocacy (WONETHA), Men of the Night, COPTec, Uganda Network of Men in Action (UNMA), Teenz Link Uganda, FAM Alliance, SEYODI, WUPENI, Foundation for Transgender and sexual Rights, Youth on Rock Foundation, Empowered At Dusk, UNESO\OGERA, Crested Crane Lighters, Sexual Minorities Uganda (SMUG), Bureau of Climate Change, VINACEF, Ice Breakers, Uganda, Women Positive Empowerment Initiative in Uganda, Transgender Equality Uganda (TEU), Foundation for Trans women Living Positive with HIV/AIDS in Uganda, Lady Mermaid Bureau (LMB), COHIRNET, Tukwatire wamu women's group-Wakiso, AWAC Wakiso, Integrated Family Care Support, AWAC Mukono, God Cares Women Group (Mukono), Women for Women Initiative-Wakiso, Hope for Women (WAKISO), Health and Development Support Initiative, Kuchu Times, Rainbow Mirrors Uganda and other individual sex workers activists, LGBTI and sex workers using drugs.

The meeting commenced with arrival and registration by Alliance of Women Advocating for Change (AWAC) and self-introductions. This was then followed by opening remarks by the Executive Director of THETA and then presentations from two representatives from Ministry of Health- Dr. Shaban and Dr. Hebert who talked about PrEP as a HIV preventive tool and presented to the participants the draft technical guidelines to PrEP respectively and finally concluded with a plenary session.

## **Background to the consultative meeting**

The Executive Director of THETA in his opening remarks stated that the PrEP consultative meeting was supported by the Local Capacity Initiative Project (LCI) which was established by the U.S. Government in 2013 to strengthen sustainability of national HIV and AIDS responses through increased advocacy capacity of local civil society organizations (CSOs) and that the project is being implemented by THETA in Partnership with MARPs Network, Action Group for Health, Human Rights and HIV/AIDS (AGHA) Uganda in the districts of Mukono, Wakiso and Kampala Capital City Authority (KCCA).

Dr. Baguma -the Executive Director of THETA adds, "In an attempt to advance to meeting the 90, 90, 90 HIV/AIDS targets, Uganda considering the multi-sector affair as a matter of national strategy in the HIV response, compelled this engagement of CSOs and sex workers and LGBTI communities in a consultative meeting facilitated by Ministry of Health-AIDS Control Program with the intention of presenting to the sex workers, LGBTI and sex workers using drugs communities the technical guidelines on PrEP and request for

their input to the guidelines before they are made an operational policy such that their needs and views are incorporated in the guidelines.

### **Introduction to PrEP**

Dr. Shaban of Ministry of Health-AIDS Control Program took the participants through what PrEP is. He acknowledged government's efforts to embrace every scientifically proven intervention in responding to HIV including PrEP for every Ugandan without discrimination and thus stated that PrEP is an HIV prevention approach where HIV-negative individuals take a pill of anti-HIV medication daily to reduce their risk of being infected if they are exposed to the virus and that the recommended drug is TRUVADA-taken seven days prior to anticipated high risk HIV exposure and should be taken on a daily basis.

Dr. Shaban brought to the notice of the participants that MOH's mandate being policy formulation, it just completed developing the consolidated HIV prevention, care and treatment guidelines in Uganda and that while the draft technical guidelines are out although still in the consultation phases- "a reason we are here for this meeting to consult you on the guidelines", there are PrEP site trials and demonstration projects of daily oral PrEP to ascertain the effectiveness of the intervention in stopping the spread of HIV

Dr. Shaban also affirmed that Uganda having adopted Combination HIV Prevention Strategy in 2011- (basing on the premise that no single method/intervention is 100% effective), there was a realization for the need for PrEP as part of the Combination HIV Prevention Intervention hence the identification of the six categories of people deemed at high risk of HIV infection ideal for PrEP-pregnant mothers, discordant couples, young children, key populations (sex workers, long distance truckers, and fisher folks), PLHIVs in the 2013 guidelines.

### **Objectives of the Consultative Meeting**

- ❖ To orient sex workers, CSOs, LGBTI communities on the current process of developing the technical guidance on PrEP for PLHIV in Uganda
- ❖ To get CSOs, Sex workers and LGBTI input on the technical guidelines on PrEP
- ❖ To call for action of sex workers, LGBTI and other stakeholders to popularize PrEP as part of the Combination Prevention Package for Uganda and create demand for it.
- ❖ To establish an advocacy and lobby group for PrEP in Uganda
- ❖ Fast track the adoption and implementation of PrEP for persons at high risk of HIV in Uganda
- ❖ To identify priority activities for the next and road map planning phase

### **Expected Outcomes**

- ❖ Sex workers, CSOs, LGBTI communities oriented on the current process of developing the technical guidance on PrEP for PLHIV in Uganda
- ❖ CSOs, Sex workers and LGBTI input on the technical guidelines on PrEP obtained
- ❖ The adoption and implementation of PrEP for persons at high risk of HIV in Uganda tracked
- ❖ Priority activities for the next and road map planning phase identified

### **Presentation of the Technical Guidelines on PrEP**

This part of the consultative meeting was facilitated by Dr. Hebert of Ministry of health who presented to the participants present the contents of the PrEP guidelines including;

- ❖ The rationale for adoption and inclusion of PrEP in the Combination HIV Prevention strategy
- ❖ The considerations for provision of PrEP for example HIV negative status of partners in a discordant relationship if the HIV positive partner is not on ART or history of client if recurrent user of PEP
- ❖ Screening for eligibility for PrEP services which answers the question of who is eligible for PrEP services and this seeks to ascertain for example whether they are clients with multiple sexual partners of unknown HIV status, or persons who engage in transactional sex or the clients are partners in a discordant relationship or they are persons who engage in anal sex or belong to a key population group
- ❖ Determination of the status of client before he or she gets PrEP(while considering that PrEP is only for clients who are HIV negative and therefore first preliminary test is HIV test hence if a client tests positive, the implication is that they are not eligible for PrEP. While if negative, then one can proceed with other tests like renal function tests, Hepatitis B)
- ❖ Assessment of the HIV status of the sexual partner or partners of the client
- ❖ Screening for co-infections such as Hepatitis B
- ❖ Ascertaining the contra-indications to TDF/FTC for example evidence of acute HIV infection, allergy to TDF/FTC, poor renal function and weight below 35kgs
- ❖ Ascertaining areas of caution including individuals with untreated conditions like TB, diabetes mellitus or individuals known to be taking any form of medications that interfere with bone metabolism like cancer drugs before administration of PrEP
- ❖ Procedure for preparation of the client for initiation on PrEP including counseling sessions, client's informed consent and willingness to adhere to treatment
- ❖ The myths and misconceptions about PrEP
- ❖ The initiation procedure
- ❖ Duration for effectiveness of PrEP
- ❖ Follow up process of clients enrolled on PrEP
- ❖ Community engagement for PrEP
- ❖ PrEP service delivery. Centers for or delivery channels of PrEP- Dr. Hebert states that although currently PrEP is a demonstration project on selected sites in Mukono, Mulago-MARPI Clinic, Katosi Health Centre IV, Wakiso, the guidelines provide for the delivery models of PrEP beyond demonstration and that one of such criterion is integration with other SRHR services in centers that are prominent for sexual reproductive health services
- ❖ Discontinuation of PrEP- this entailed the circumstances under which PrEP may be ceased for example when a client acquires HIV, changed life situations (more so with the sex workers wherein one got for example into a serious relationship or married would imply that the level of risk is reduced and therefore would no longer need PrEP), chronic non-adherence to the medication-TDF/FTC

## Plenary session

After the two above presentations, CSOs, communities of sex workers and LGBTI were engaged in discussions-questions and answers based on the contents of the presentations. From this among the questions that arose included;

- ❖ (Basing on the definition of key populations in the NSP as stipulated in the guidelines), participants inquired on how MARPs are separated from KPs
- ❖ If we are still denied PEP now, how feasible is it to make PrEP available?
- ❖ “Some people are given very strong HIV drugs, and they find themselves dizzy, weak and powerless. Why is that? Aren't medical personnel supposed to carry tests first before diagnosing treatment?”
- ❖ “In Dr. Hebert's presentation among areas of caution he talked of menopausal period. Am wondering whether there is no similar effect or caution taken for women who are on family planning”
- ❖ “There are patients of ARVs but during clinical visits it is assessed that the virus is not detected. In this case is it necessary to continue taking medication or stop?”
- ❖ Participants also wanted to know the side effects of PrEP
- ❖ Is there resistance to PrEP
- ❖ Are there any other alternatives to PrEP medicines
- ❖ Quite a number of the participants admitted to being in a discordant relationship and inquired on whether their partners should be enrolled on PrEP
- ❖ Are there any contra-indications between PrEP and one's diet
- ❖ What are the procedures of procuring PrEP by a private donor or individual?
- ❖ Participants also had queries on whether PrEP will not cause further behavioral changes that will confront morality of individuals
- ❖ Does PrEP guarantee safety from infection of STIs?
- ❖ Why does one have to keep testing for HIV after every three months after having enrolled on PrEP?
- ❖ How can a case of both HIV and Hepatitis be treated?
- ❖ How does the Ministry of health intend to deal with the issue of stock outs on both sides for HIV medication and PrEP.

#### **Among issues and comments and recommendations to the queries raised included;**

A participant from Mukono lamented about the few medical personnel, which has hampered access to medical services and is now concerned on how PrEP will be availed to them if access to other services is still a challenge.

Some other participants expressed their discontent towards PrEP as they think it would increase misconduct in the population because they will place their belief and safety on PrEP

There was reported cases of the ineffectiveness of condoms as they is a tendency of them bursting during sexual intercourse and the response given CSOs in this regard was that condoms could be bursting due to lack of lubrication and it is therefore recommended that they are distributed with lubricants

Participants who reported to be in discordant relationships were advised to advice and influence their partners to start PrEP

In cases of assessment of HIV status and Hepatitis B and clinical assessment gives positive results, the WHO guidelines provide for “test and treat”

The question of HIV testing after every three months is because they want to ascertain the HIV status of the client who is at high risk and is on PrEP such that in the event that he or she contracted HIV, then one can be discontinued from PrEP

To conclude the consultative meeting a question was brought back to the CSOs and communities. The facilitators wanted to know how the community wants PrEP to be delivered to them. From this the communities of sex workers and LGBTI declared that they would be comfortable with accessing PrEP from health centers with oriented health service providers or CSOs that work with Key populations and other private K.P health service providers like Ice Breakers Uganda.

At the end of the meeting Kyomya Macklean from AWAC, requested KP participants who are interested in taking the PrEP advocacy for PrEP policy development to establish an Advocacy and Lobby Group for PrEP to register with AWAC secretariat.

**Below is the list of organisations for KEY POPULATION PrEP ADVOCACY LOBBYING GROUP (KP-PALG) that was established after the consultative meeting:**

<b>KEY POPULATION PrEP ADVOCACY LOBBYING GROUP (KP-PALG)</b>			
NAME	ORGANISATION	CONTACT	EMAIL ADDRESS
Nabagala Deborah	FEYODI	701 936 916	<a href="mailto:feyadiuganda@gmail.com">feyadiuganda@gmail.com</a>
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Beatrice Ajonye	UHRN	783 541 912	<a href="mailto:bajanye@ugandaharmreduction.org">bajanye@ugandaharmreduction.org</a>
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