POLICY BRIEF

Health and HIV/AIDS along the East African Community Transport Corridors: A Situational Analysis

July 2015

This Policy Brief provides an overview of the findings of a situational analysis conducted in July 2014, on health and HIV/AIDS to support the development of a regional strategy for integrated health and HIV programming along the East Africa Community (EAC) region transport corridors. It highlights existing gaps in and opportunities for improving service delivery along the EAC transport corridors with a specific focus on migrant and mobile populations.

1. EAC Partner States Share a Common Regional Epidemiological Profile

Partner States share a common regional epidemiological profile. The major causes of death and illness include HIV and AIDS; STIs; drug resistant tuberculosis (TB); respiratory tract infections; measles; and diarrheal diseases. There are, however, sizable variations in general sexual, reproductive, maternal and child health (SRMCH) indicators across the EAC region (Table 1). The differentials are most acute on levels of contraceptive use and on health expenditure as a percentage of gross domestic product (GDP), where all countries fall far below the Abuja target of 15 percent.

2. Migrant Populations Face Poor Access to Health Services

Migrants and mobile populations face unique challenges on access to appropriate health services[1]. Lack of health facilities, high cost of services, and poor health seeking behaviour are among the leading barriers of access to services. Recent evidence shows, for instance that many corridor towns lack sufficient services for reproductive health (RH), family planning (FP), nutrition, malaria, and maternal and child health [2]; and that compared to non-cross border towns, cross-border towns had poor availability of services[3]. Care and treatment services targeting migrant and mobile populations in hotspots along transport routes in the EAC, also remain poor and unstable, despite improvement in availability of ART services within the districts[4]. These challenges are partly because, the health sector in the EAC region remains significantly under-funded, relying mainly on private sources of financing[5]. Therefore, there is need to address the challenges at policy and programme implementation levels in order to improve and safeguard the health and wellbeing of migrant and mobile populations.

Table 1: Comparative Analysis of Health Indicators in EAC Partner States

Indicator	Burundi	Kenya	Tanzania	Rwanda	Uganda
Total fertility rate (No. of births per woman) (2013)	5.5	4.6	5.2	4.6	6.2
Contraceptive prevalence rate (CPR %) (2013)	22	58	34	52	30
% Antenatal care coverage (at least 1 visit during pregnancy) (2013) (WHO)	99	92	88	98	95
Life expectancy at birth (2013)	51	59	61	65	50
Maternal mortality ratio (per 10000 live births) (2013)	500	488	432	487	438
Under 5 mortality rate (per 1000 live births) (2013)	169	74	81	76	90
Public Health expenditures as % of GDP (2013)	4	2	2	1	2
Total HIV Prevalence rate (%) (2013)	-	6	5	3	7
Percentage of people living with HIV on ART (2013)	67	81	68	97	70

Data Sources: Kenya National Bureau of Statistics 2014; WHO 2015; World Bank 2015

3. Key and Other Vulnerable Populations are at Higher Risk of HIV/AIDS

Although HIV is a generalized epidemic in the region, migrant and mobile populations, especially Female Sex workers (FSWs), men who have sex with men (MSM) and people who inject drugs (PWID), have a higher risk of acquiring and transmitting HIV than other groups. For instance, HIV prevalence among truckers and sex workers is estimated to be more than three times and five times respectively that of the general population (see Table 2).

Table 2: HIV Prevalence among FSWs in EAC Partner States

Partner States	FSWs	Adult Population (UNAIDS 2013)	Source
Burundi	19.8	1.3	World Bank report on Burundi[6]
Kenya	29.0	6.1	Ministry of Health 2012
Rwanda	51.0	2.9	Conseil National de Lutte Contre le SIDA (CNLS) 2009
Uganda	33.0	7.2	Crane 2010[a]
Tanzania	31.0	5.1	Tanzania Commission for Aids (2008)
Zanzibar	19.1	1%	ZAC, MOH 2011

"HIV prevalence among truckers and sex workers is more than three times and five times respectively that of the general population."

Therefore, policies and programmes seeking to address HIV and AIDS among migrant and mobile populations should be comprehensive and link mechanisms through which these groups interact among themselves and with the general population. These efforts should include improvement of data systems since estimating the number of sex workers is complicated because the sex and related activities these groups indulge in are illegal and associated with high stigma in society.

4. National & Regional HIV/AIDS Responses in the Transport Corridors

The national HIV responses in the five EAC Partner states are guided by each country's respective national strategic plans and respective national HIV/AIDS treatment guidelines. These plans recognise migrant and mobile populations, especially the KPs among them, as important target populations (Table 3).

Table 3: Comparative Analysis of Health Indicators in EAC Partner States

Partner State		National HIV and AIDS Strategic Plan	Timeframe
Burundi		National Strategic Plan on HIV/AIDS Control	2007 - 2011
Kenya		1. Third Kenya National HIV and AIDS Strategic Plan III 2. National Strategy on HIV/AIDS and STI Programming along Transport Corridors 3. Kenya HIV Prevention Revolution Road Map	2009/10 - 2012/13 Vision 2030
Rwanda		Rwanda HIV and AIDS National Strategic Plan	2013 - 2018
Tanzania	Mainland	1. National Multi-sectoral Strategic Framework on HIV and AIDS 2. Third National HIV and AIDS Strategic Framework	2008 – 2012 2013/14 - 2017/18
	Zanzibar		2011 - 2016
Uganda		1. National HIV and AIDS Strategic Plan 2. Strategy for HIV in Sex Work Settings	2011/12 – 2014/15 2012

However, estimation of the number of people categorised as KPs and extent of their lack of SRH services is not well documented due to lack of comprehensive evidence[7]. Moreover, national differences in policy and legal frameworks guiding these responses undermine efforts to ensure continuity of care and effective monitoring and evaluation of the responses to HIV and AIDS across the EAC transport corridors. This calls for harmonisation of regional policies and guidelines, to ensure a rationalised approach to policy implementation and programming.

Programmes in Place to Improve SRMCH along the EAC Transport Corridors

Partner states and development partners are implementing various programmes aimed at improving SRMCH along the transport corridors. Examples include: the Joint Regional Response to HIV and AIDS along the Major Transport Corridors in the East, Central and Horn of Africa; Regional Outreach Addressing HIV/AIDS through Development Strategies (ROADS I & II) Project; EAC Lake Victoria Basin HIV and AIDS Partnership Programme (EALP); and the Cross-Border Health Integrated Partnership Project (CB-HIPP). These programmes have highlighted the weak involvement of the private sector in HIV programming in the region and the fact that lessons learnt do not routinely inform decision-making processes. This necessitates enhanced private sector involvement and capacity for data uptake and use in policy processes.

Integration of Health and HIV /AIDS for Cost-Effectiveness of Services

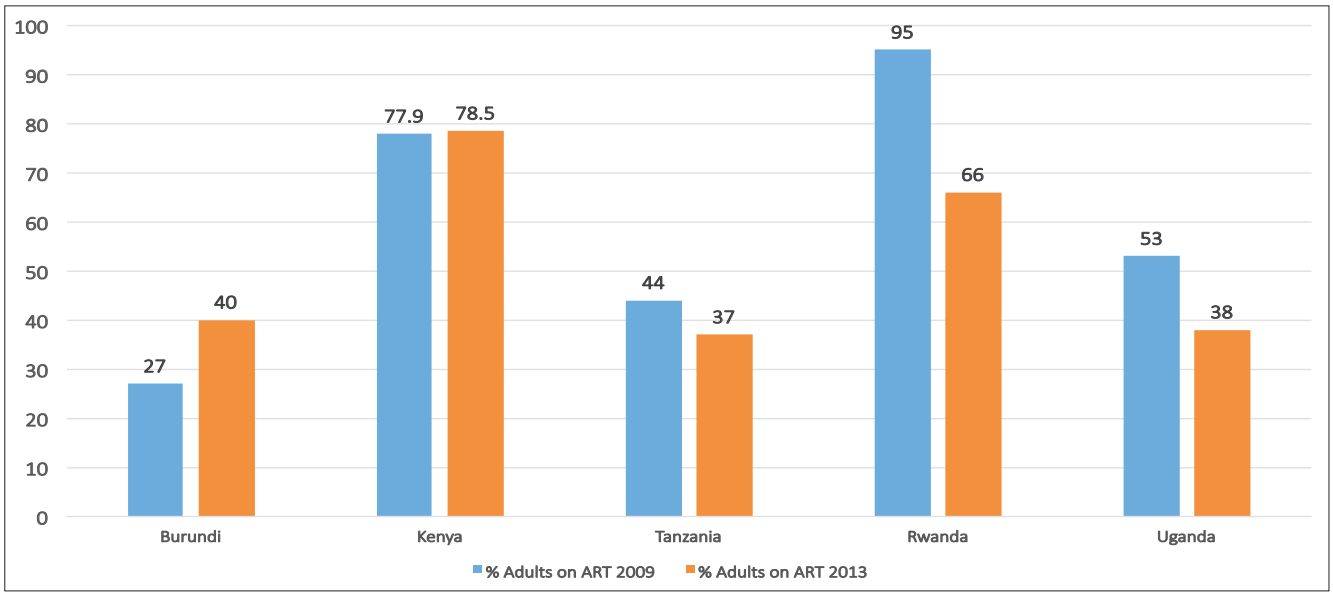
The majority of new HIV infections (95%) in EAC region are heterosexually transmitted or associated with pregnancy, childbirth and breastfeeding. They are perpetuated by social determinants of health such as poverty, harmful traditional/cultural practices and social marginalisation. This raises the need for an integrated, comprehensive and sustainable approach to HIV prevention and

SRH illnesses, in order to ensure improved access, efficiency, and cost effectiveness of services[8]. The EAC has made considerable progress toward meeting some of these objectives by setting up the Regional Task Force on Integrated Health and HIV and AIDS Programming in 2013. The task force oversees scaling up of integrated health and HIV programming along the major transport corridors in the EAC region. Harmonisation of health care provision practices and health care information systems among the five countries would help in enhancing integration of services.

ACCESS to ARVs is Improving Across the EAC countries

The proportion of pregnant women receiving ARVs has improved across the region. In the period 2009 to 2013, Uganda recorded an increase from 26% to 72%, Tanzania from 32% to 77%, Burundi from 29% to 54%, and Kenya from 34% to 53%[9]. Efforts to scale-up ART uptake have seen 75% of the 2 million PLHIV who were eligible for ART put on treatment (Figure 1). However, data for Key Populations among migrant and mobile populations is patchy and sometimes unavailable.

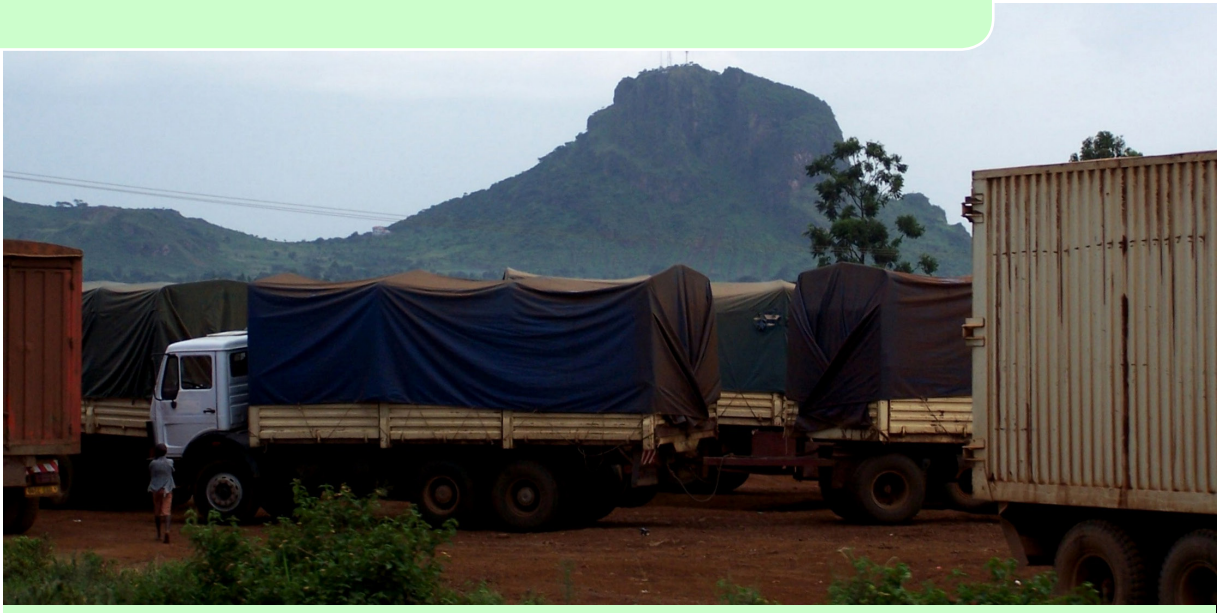
Figure 1: Percentage of Adults Eligible for ART and on ART, 2009 and 2013



Data Source: UNAIDS (2013).

A Kenyan truck driver. Photo: Glenn Stark/Flickr

Recommendations



Trucks near the border of Kenya and Uganda north of Lake Victoria. Photo: Jeffrey Zabinski/Flickr

- Resource mobilisation – develop strategic Public-Private Partnerships (PPP) for alternative health financing.
- Undertake special demographic and AIDS indicator surveys and specialised studies along transport corridors to clarify determinants of HIV and health and inform strategies to improve the situation.
- Harmonise policies and legislation in the region to facilitate access to health services across partner states.
- Strengthen evidence-based advocacy efforts at the regional, national and sub-national government levels to enhance awareness of the unique vulnerability of KPs, their bridging role in HIV transmission to the general population.
- Once in place, monitor and evaluate the overall HIV and health integration strategy and Partner States' progress in implementing the strategy.

References

[1]IOM. 2010, Regional Assessment on HIV-Prevention Needs of Migrants and Mobile Populations in Southern Africa, Informal Cross-border Trade Sector Report. IOM.
[2]IOM (2013). A Rapid Assessment of Access to Health Care at Selected One Stop Border Posts (OSBP) in East Africa. IOM
[3]Richter, M., Chersich, M. F., Vearey, J., Sartorius, B., Temmerman, M., & Luchters, S. (2014). Migration Status, Work Conditions and Health Utilization of Female Sex Workers in Three South African Cities. Journal of Immigrant and Minority Health, 16(1), 7-17.
[4]IOM (2009). A Response Analysis of HIV/AIDS programming along Transport corridors in Uganda. July 2009. International Organization for Migration. IOM
[5]Ibid
[6]http://www.worldbank.org/en/results/2013/01/05/tackling-hiv-aids-in-burundi.
[7]EAC (2014). EAC HIV and AIDS Response 2013. Draft Report June 2014.
[8]Ministry of Health, Uganda (2010) Sexual Reproductive Health and Rights (SRH&R), HIV/AIDS Linkages and Integration in Uganda: Rapid Assessment Study. Republic of Uganda.
[9]UNAIDS (2013). Global Report: UNAIDS report on the global AIDS epidemic 2013. UNAIDS, Geneva.