POLICY BRIEF

Health and HIV and AIDS along East African Community (EAC) Transport Corridors: A Situation Analysis.

The establishment of the East African Community (EAC) Common Market and Customs Union has accelerated trade relations to an unprecedented high. It has also increased the frequency of population movements across the borders of the five Partner States, consequently elevating risks of disease spread within and across borders for both migrant and resident populations along the major transport corridors. Key and vulnerable populations living, working and traveling along the transport corridors face challenges accessing appropriate health services.

This Policy Brief provides an overview of the findings of a situation analysis conducted in July 2014, on health and HIV and AIDS along EAC transport corridors. The analysis was done to support the development of a regional strategy for integrated health and HIV programming along the transport corridors in the EAC region. It highlights gaps in integrated service delivery along the EAC transport corridors with a specific focus on key and vulnerable populations.

1. Epidemiological profile of EAC Partner States

Major causes of death and illness include HIV and AIDS; STIs; drug resistant tuberculosis; respiratory tract infections such as pneumonia and upper respiratory tract infections (URTI); measles; and diarrheal diseases.

Partner States share a common regional epidemiological profile with various diseases causing high morbidity and mortality. The major causes of death and illness include HIV and AIDS; STIs; drug resistant tuberculosis; respiratory tract infections such as pneumonia and URTI; measles; and diarrheal diseases.

Table 1 presents data on select health indicators of EAC Partner States. The data highlights the substantial variations in selected sexual, reproductive, maternal and child health indicators of EAC Partner States, as well as the fact that health expenditure as a percentage of GDP is still very low.

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)	5.4	4.6	5.0	4.6	6.1
Contraceptive prévalence rate (CPR %)	18	46	34.4	51.6	30
ANC coverage (%)	-[1]	92	96	97	95
Unmet Family Planning (FP) needs	31.0	25.6	25.3	18.9	34.3
Births attended by skilled personnel (%)	60	44	51	69	58
Life expectancy	51.3	54.9	60.8	58.9	54.0
Crude birth rate	15.0	11.0	13.5	14.0	14.4
Maternal mortality rate	500	360	460	340	438
U-5 mortality (per 1000 live births)	151	74	81	76	90
Infant mortality (per 1000 live births)	93.0	42.2	45.1	50	62.47
Heath expenditures as % GDP		4.5	7.3	10.8	9.5

Source: Demographic Health Surveys in the Five States 2010-2013; EAC Facts and Figures, 2011

[1] Data not readily available at time of writing report

1.1 Key and vulnerable populations, including migrants, face poor access to health services along EAC transport corridors

A major health challenge key and vulnerable populations, including migrants, face is poor access to appropriate services. Availability, accessibility, affordability and quality are the major challenges that must be addressed in policy to improve and safeguard the health and well-being of key and vulnerable populations, including migrants and residents of host communities.

Despite many EAC transport corridors serving as economic lifelines and pathways for trade and as engines to expand local economies, many corridor towns lack sufficient services for family planning, reproductive health, nutrition, malaria, and maternal and child health.[i] This is partly because the health sector in EAC region remains significantly under-funded, relying mainly on private sources of financing, especially out-of-pocket spending.[ii] GDP allocation to public spending on health is far below the Abuja target of 15%: currently standing at 4.5%, 7.3%, 9.5% and 10.8% respectively for Kenya, Tanzania, Uganda and Rwanda.

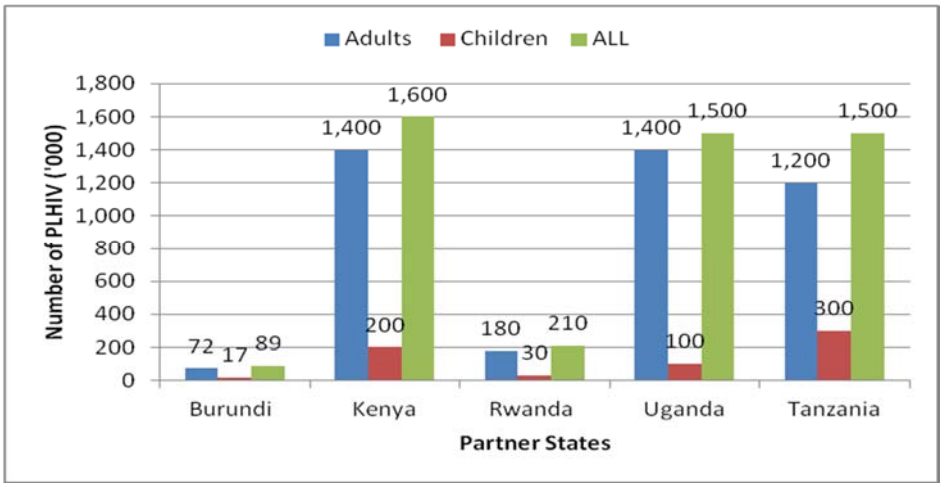
1.2 Programs improving sexual, reproductive and maternal and child health along the transport corridors

Currently EAC, through the HIV and AIDS Unit with technical support of the EAC's Technical Working Group on HIV and AIDS, Tuberculosis and Sexually Transmitted Infections, the related Task Force (TF), Partner States and development partners, are implementing programs aimed at improving sexual, reproductive and maternal and child health along the transport corridors. These include the Integrated HIV and AIDS and Reproductive Health Project in Lake Victoria Basin (IHARP-LVB), the USAID/PEPFAR-funded Roads to a Healthy Future (ROADS II) Project and the follow-on Cross-Border Health Integrated Partnership Project (CB-HIPP). The programs provide services such as HIV and AIDS awareness and prevention (e.g., condom dispensing, production and dissemination of social and behavior change communication [SBCC] materials, HIV testing and counseling [HTC], and linkages to care and support services. Other initiatives such as the TF referenced above (Integrated Health and HIV and AIDS Programming along Transport Corridors in East Africa) that is supporting development of the regional transport corridor strategy and mapping of health services, are providing structural and systematic support to ensure coordination and efficiency.

2 Yet, HIV and AIDS remain a major public health challenge

Despite the above programs, HIV and AIDS remain a threat to public health and development in the region. In 2012 alone, five million people in the EAC region were living with HIV (see Figure 1). Kenya, Uganda and Tanzania each contributed to a third of this burden in the region. HIV prevalence rates among the EAC Partner States range from a low of 1.4 % in Burundi[iii] to a high of 7% in Uganda.[iv]

FIGURE 1: PLHIV IN EAC PARTNERS STATES



Source: UNAIDS (2013). Global Report: UNAIDS report on the global AIDS epidemic 2013

2.1 Key and vulnerable populations, including migrants, are at elevated risk of HIV and AIDS

Although HIV is a generalized epidemic in the region, some groups have a higher risk of acquiring it than others, and they are important to the dynamics of HIV transmission in a given setting. The populations at highest risk include key populations (Female Sex Workers [FSW], Men who have Sex with Men [MSM] and people who inject drugs [PWID]) and other vulnerable populations including: fishing communities, clients of sex workers, truck drivers[2] and members of uniformed services.

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

Sex workers are an important source of HIV infections in the region; clients of sex workers such as truckers constitute a significant bridge between the sex workers and the general population. It is, therefore, important to link strategies addressing HIV and AIDS among sex workers to those targeting truckers and other populations along the transport corridors who are potential clients of sex workers. The situation is complicated further by the illegal nature of sex work in the region and many sexual activities involve some transactional component, making it difficult to categorize them as sex workers.

TABLE 2: HIV PREVALENCE AMONG FEMALE SEX WORKERS IN EAC PARTNER STATES

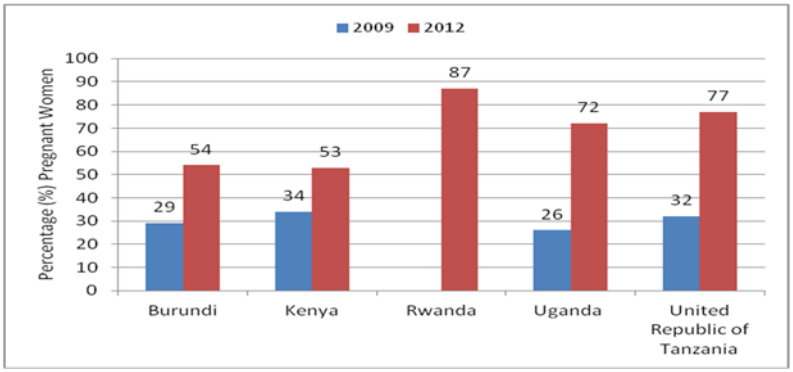
Partner States	Source		Female Sex Workers	Adult Population (UNAIDS 2013)
Burundi	BSS 2011[v]		19	1.3
Kenya	KAIS 2012		29	5.7
Rwanda	CNLS 2009		51	2.9
Uganda	Crane 2010[a]		33	7.2
Tanzania	TACAIDS 2008			5.1
Zanzibar	Unguja	ZAC, MOH 2011	19.3	1%
	Pemba		18.8	

2.2 Access to antiretroviral (ARV) medications is Improving across EAC Partner States

There has been considerable improvement in the proportion of pregnant women that received ARVs to prevent mother-to-child transmission (PMTCT) across the EAC countries over the 2009-2012 period, with the highest increase registered in Uganda and Tanzania at 26% to 72% and 32% to 77%, respectively, as represented in the figure below.

[2] In these document, truckers refer to long-distance truck drivers and their assistants.

FIGURE 2: PERCENTAGE OF WOMEN RECEIVING ARVS (EXCLUDING SDNVP) FOR PMTCT



Source: UNAIDS (2013): 2013 Progress Report on the Global Plan.

Access to the life-prolonging ARV therapy (ART) is also being scaled up in the EAC. By 2012, there were nearly two million adults eligible for ART and 75% of them received the treatment (Table 4).

TABLE 4: NUMBER OF ADULTS ELIGIBLE FOR ART AND ON ART, 2011 AND 2012

States	2011		2012	
	Adults Eligible	% Adults on ART	Adults Eligible	% Adults on ART
Burundi			40,000	68
Kenya	590,000	91	680,000	81
Rwanda	100,000	96	110,000	97
Uganda	470,000	67	580,000	69
Tanzania	570,000	49	580,000	69
TOTAL	1,730,000	71	1,990,000	75

Data Source: UNAIDS (2013).

2.2.1 National and regional HIV and AIDS responses along EAC transport corridors

The respective Partner States' national strategic plans recognize truckers, host communities, returnees, women and girls affected by sexual and gender-based violence (SGBV), migrant workers, PWID, MSM, female petty traders, fisher-folk, married couples and young women as important target populations. However, the recent EAC report[vi] has noted that size estimation of these populations is still a major challenge.

There is limited coordination and M&E of the response to HIV and AIDS along EAC transport corridors.

There are also specific HIV programs being implemented regionally such as the Joint Regional Response to HIV and AIDS along the major transport corridors in the East, Central and Horn of Africa managed by EAC, IGAD and COMESA and the USAID/PEPFAR funded Cross-Border Health Integrated Partnership Project (CB-HIPP). Nonetheless, coordination, monitoring and evaluation of the response to HIV and AIDS along EAC transport corridors remain limited.

3 Integration of health and HIV and 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 and perpetuated by social determinants of health such as economic inequity, harmful traditional/cultural practices and social marginalization. There is need to have in place an integrated, comprehensive and sustainable approach to prevention of HIV and AIDS

and SRH illnesses. This calls for strengthening of linkages between HIV and AIDS and SRH proactive policies, program, and integrated service delivery[vii] and can be achieved through an easily accessible package of care options.

Integration of HIV and other health interventions can have far-reaching benefits including increasing access, efficiency, and cost effectiveness of services, especially in resource-constrained areas with acute shortage of health care workers.

4 Recommendations

In view of the challenges highlighted above, the following recommendations should be considered for facilitating programming and improving access to health and HIV and AIDS services by key and vulnerable populations, including migrants, along transport corridors in the EAC region:

> *There is need to harmonize health care provision practices including health care information systems among the five countries while respecting the autonomy of each country.* [viii]

- Strategic planning is needed to:
  - Adopt a minimum service package that addresses integrated health services and access to basic primary care, HIV, STI malaria prevention and treatment and nutritional support for key and vulnerable populations, including migrants, along major transport corridors.
  - Develop alternative and sustainable health financing models to improve access to services for key and other vulnerable populations, including migrants, in the region.
  - Link private service providers such as wellness centers and private facilities along the transport corridors with national health systems.
- Service delivery by Partner States:
  - Support human resources for health and specific training in SRH/HIV/AIDS services integration.
  - Facilitate integrated programming for populations along transport corridors, including waterways.
  - Include a health-financing component in national health strategies and plans.
- Policy and advocacy to:
  - Harmonize policies and legislation in the EAC region to facilitate access to health services across Partner States.
  - Establish a supportive regulatory environment for cross-border health programming.
- Resource Mobilization to cater for cross-cutting health issues.
- Coordination, quality assurance and partnership building to strengthen regional-level coordination and advocacy actions and provide opportunities for technical partnership among different service providers.
- Monitoring and evaluating
  - Develop an overall strategy that integrates HIV and health service delivery in transport corridors.
  - Strengthen surveillance systems and access and utilization of data for decision making and programming.
  - Monitor Partner States' progress in implementing the strategy.

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[i] African Institute for Health and Development (AIHD), 2013
[ii] Ibid
[iii] Enquête Démographique et de Sante 2010
[iv] Uganda AIDS Indicator Survey 2011
[v] BSS (2011) Behavioral Surveillance Survey. Burundi.
[vi] EAC (2014). EAC HIV and AIDS Response 2013. Draft Report June 2014.
[vii] Ministry of Health, Uganda 2010 "Sexual Reproductive Health and Rights (SRH&R), HIV/AIDS Linkages and Integration in Uganda": Rapid Assessment Study.
[viii] World Bank Global HIV/AIDS Program Discussion Paper, August 2005, Lessons Learned to Date from HIV/AIDS Transport Corridor Projects