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# Introduction

- NAFOPHANU was legally registered in may2003 as an umbrella organization in Uganda to provide advocacy front for a common voice of all the PHA groups and networks, develop appropriate curricula, offer capacity building, act as an information sharing, and mobilize resources to the PHA constituency to respond to National HIV/AIDS responses. It is representing the PHA constituency in the HIV partnership Forum as a self coordinating entity and represent them in the Decentralized response initiative and the Global fund Country coordinating Committee.

# Reasons for TB/HIV Work

- TB/HIV became part of the capacity building in the training component in treatment education because of the high co infection and besides it is the major cause of death not only among the PHA
- It therefore became important to sensitize the PHA to test for TB(see the mapping of PHA in Uganda to determine the TB infection among the PHA)
- It is estimated that 50% of Tb patients are co infected with HIV?AIDS
- Tb is the lead killer of PHA in U
- TB/HIV/AIDS co infection increase the burden on PHA and therefore important to have close collaboration between TB and HIV/AIDS control programme

# Uganda strategy

- Uganda has set up TB/HIV/AIDS partnership headed by the Ministry of Health and involve major stakeholders like Un agencies, private sector, government ministries and the PHA community to steer the development of IEC and BCC strategies.
- Development of national policy guidelines for TB/HIV collaborative activities in Uganda
- Developed communication strategy for TB/HIV/AIDS collaboration in Uganda

# Integration of TB into HIV intervention

- All our training component have TB as an and biggest opportunistic infection to PHA
- Sensitized PHA community leaders in two district to become community educators for TB/HIV collaboration
- Involved the District Director for Health services in the two district and as well as TB focal person
- Incorporated TB/HIV issues as part of the module in our Coping kits for parents living with HIV/AIDS, Children affected with HIV/AIDS, and community Leaders Response to HIV/AIDS

# Facilitators

- PHAs who have disclosed their status provided continuous education to their peers as well as community
- Strong political and government commitment to fight the dual infection
- The nation wide networks of PHA provided a channel of communication
- Most HIV/AIDS treatment providers have responded to the advise given to them by PHA to improve on their services

# Challenges

- There is high stigma around Tb as patients think TB is an indicator of one having HIV
- Many PHA have not disclosed their status and make it difficult to provide peer support
- Lack of adequate facilities at the hospitals to diagnose TB
- Stock out of TB drugs in the Hospitals
- Treatment service centers are far away from patients in the rural areas where majority of PHAs live coupled with poverty

# What NAFOPHANU is doing

- Updating of the network members' register to ascertain the active PHAs co infected with TB/HIV, number on ART, how many are on septrin prophylactic and distance of service delivery center to inform our advocacy agenda and strategies
- Continue to collaborate with other major players
- Continue to source, disseminate and provide information to our constituent members
- Embark on stigma reduction activities and training among the PHAs and the community



# What we learnt

- PHAs must be brought in the frontlines in the fight against the dual disease
- Stigma must be reduced in order to succeed in access to treatment
- We tell the community that active PHA are fighting for the prevention of infection of HIV to non seropositives

# Plan

- In a programme to start and will be supported by USAID, we are going to aggressively embark on an ambitious treatment education, empowerment of PHAs in service delivery and promote access to treatment.

- THANK YOU FOR LISTENING AND  
HOPE TO NETWORK ,LEARN AND  
SHARE WITH YOU YOUR  
EXPERIENCES.



