

Women with physical impairments face additional obstacles: IN THE SHADOWS: UGANDA'S RESPONSE TO HIV AMONG PWDS

WORLD AIDS DAY



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BY SARAH NAKASENGE

In Uganda's fight against HIV and AIDS, persons with disabilities (PWDs) remain an overlooked group. Their exclusion stems from a harmful myth that disability equals sexual inactivity.

"The belief is that persons with disabilities are not sexually active, so they don't fall sick," Michael Miiro, the patron of the Association of Persons with Disabilities Living with HIV/AIDS (ADIPHA), says.

This misconception has kept PWDs out of prevention programmes, testing campaigns and treatment drives. The result is preventable infections persisting; lives are lost quietly, off the record, and a fertile ground for exploitation and abuse is created.

Those most affected include persons with visual and hearing impairments, many of whom have endured sexual abuse — often by relatives. Women with physical impairments face additional barriers: limited power to negotiate safe sex or leave harmful partners. For some, exploitation masquerades as affection; they believe their partners are helping them, only to end up infected, abandoned and left to raise children alone.

"When you're a person with a disability living with HIV, you are doubly disadvantaged. And when you are a woman with a disability, that becomes a triple disadvantage," Miiro says.

STARTING CHANGE

In 2009, Miiro and colleagues founded the Masaka Association of Disabled Persons Living with HIV/AIDS, now ADIPHA.

The organisation — with over 352,000 members in Masaka, Lwengo, Lyantonde, Kalungu, Sembabule, Mpigi, Bukomansimbi, Kyotera, Rakai and Kalangala districts — runs peer-to-peer support groups that help members rebuild confidence and stay on treatment. They also train peer



Betty Kwagala (left) meets PWDs at Kigungu landing site, Entebbe in Wakiso district. Such initiatives ensure that PWDs are supported

GRAPHIC BY BRIAN SSEKAMATTE

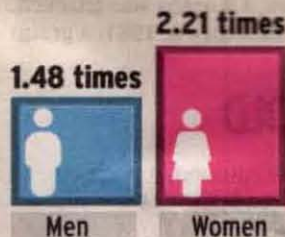
HIV among PWDs

UGANDA

13.2% of the population (5.5 million) are living with disabilities
National figures on HIV prevalence among PWDs remain unclear
Source: Uganda's 2024 census

SUB-SAHARAN AFRICA

There is an increase of HIV infection among people with disabilities



Source: UNAIDS 2017 report on HIV and AIDS and disability

WHAT'S HAPPENING REGIONALLY?



Enyimu

This year, Kenya passed a Persons with Disabilities Act, mainstreaming units in the government, enforcing a 5% employment quota and rewarding inclusive employers with tax incentives. It shows what a strong political will can achieve. In comparison, Uganda has a Persons with Disabilities Act (2020) and National Policy on PWDs (2023), but enforcement is weak.

Brian Enyimu, an HIV activist, argues that adopting Kenya's accountability model that includes mandatory accessibility standards, penalties for non-compliance and ring-fenced funding, would move PWDs from passive beneficiaries to equal partners.

champions to spread awareness.

Another group, Positive Women with Disabilities Uganda (POWODU), complements these efforts by supporting more than 400 clients at The AIDS Support Organisation (TASO) in Mulago, Kampala.

Partnerships amplify this impact. ADIPHA collaborates with TASO,

POWODU, the Uganda Health Rights Network and other partners to train health workers and community leaders on disability inclusion, ensuring services are accessible and respectful. They have created guides that improve communication, confidentiality and accommodation during HIV counselling and testing. Health

workers in nine districts — Arua, Gulu, Lira, Mbale, Bugiri, Busia, Mbarara, Kabale and Kanungu — who were trained to use the guides, report greater confidence and empathy when serving PWDs.

In addition to guides, ADIPHA and partners have introduced sign language training for health workers. They have also launched

livelihood projects that provide capital for members to start or grow businesses. This has helped them secure their health and economic independence.

The Uganda AIDS Commission (UAC) is supporting advocacy.

With Global Fund backing, UAC co-ordinates an "equity secretariat" to ensure services are equally

limited power to negotiate safe sex or leave harmful partners

PHOTO BY SARAH NAKASENGE

GRAPHIC BY BRIAN SSEKAMATTE



Nakibuuka (in wheelchair) at TASO in Bunyoro sub-region in 2022 training PWDs as actors in preventing HIV, TB, malaria and COVID-19 across 11 sub-regions in Uganda

POLICY VS PRACTICE

Uganda has policies on HIV and disability rights, having ratified the UN Convention on the Rights of Persons with Disabilities. This affirms rights to health and equal participation.

Relatedly, the Persons with Disabilities Act prohibits discrimination and affirms accessibility, but implementation lags. PWDs living with HIV

rarely benefit from tailored interventions, Michael Miro, the patron of the Association of Persons with Disabilities Living with HIV/AIDS, says. He adds that even the amended National Policy on Persons with Disability (2020) does not explicitly address HIV needs.

This disconnect between policy and practice has opened space for civil society to play a critical role.

HIV Eastern Africa, National Forum of People Living With HIV/AIDS Networks in Uganda and Kampala Capital City Authority.

THE ROAD AHEAD

Community advocates call for stronger affirmative action.

"Not all PWDs can easily get to health centres," Miro says. "The Government needs to support those in remote and island communities who are completely left behind."

There is also an urgent need to renew Uganda's expired HIV and AIDS policy and include PWDs. Health worker awareness must be improved. Additionally, information should be accessible in sign language, Braille and local languages.

"The fight against HIV and AIDS cannot succeed if it leaves out persons with disabilities," Betty Kwagala, the executive director of POWODU, says.

Integrated HIV, TB and malaria services often exclude PWDs, Richard Musisi, the executive director of ADIPHA, says. The reprioritisation of life-saving interventions has limited meaningful participation and undermined the sustainability of disability-inclusive services.

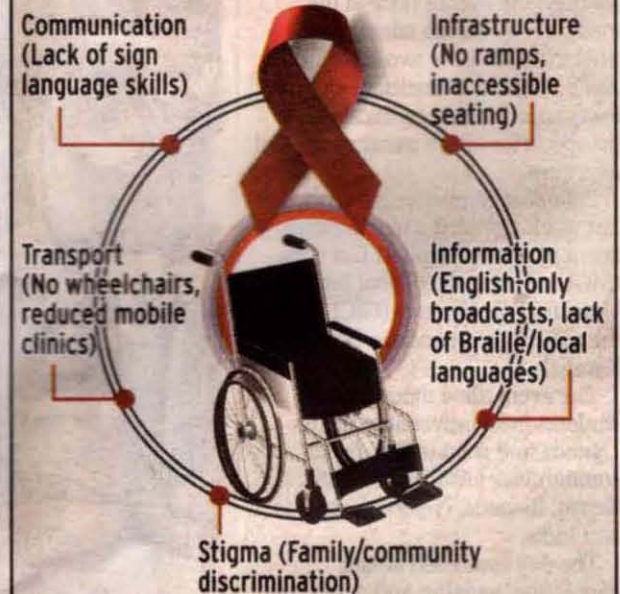
Stronger domestic financing is essential for sustainable HIV and disability-inclusive health services in Uganda.

Currently, the health sector receives only 6-7% of the national budget, below the 15% target set under the Abuja Declaration.

"If Uganda is to achieve its goal of ending HIV/AIDS by 2030, this commitment must move from policy to practice," Otai says.

He proposes broadening the tax base by increasing levies on cigarettes and alcohol, reviving the National Health Insurance Scheme to cover vulnerable groups, and raising domestic contributions from 0.1% to at least 0.5% of gross domestic product.

HIV: Barriers to care for PWDs



Testimonies

■ BRIAN ENYIMU,

I was born in Kaberamaido district in 1995 to a discordant couple. Growing up, I took medicine every day without knowing why.

One day, I told my mum: "If you don't tell me, I'll stop taking it."

I did, and my health deteriorated. I was diagnosed with cytomegalovirus retinitis, an infection that causes blindness in people with advanced HIV. That's when I learned I had HIV.

It was not easy living with both blindness and HIV. However, acceptance gave me new strength.

Living with HIV has its challenges, but I have learned to stay focused. To my fellow youth, accept who you are first, then rise above stigma, misinformation and fear.

■ MAXENSIA NAKIBUUKA

In 1998, I discovered that I had HIV after losing my husband. It was a frightening time; once you tested positive, people believed there was no hope.

In 2004, I lost my job after my employers found out I had HIV. People feared coming near me, thinking they could catch the virus. I developed a calcium deficiency that weakened my bones. It's now been 10 years since I started using a wheelchair.

Instead of letting the pain consume me, I decided to become a champion. Telling my story helped silence the gossip.

In 2005, I started the Lunqujja Community Health Caring Organisation, mainly to support people living with HIV. Seeing my peers speak openly about HIV and live joyfully encouraged me to keep going.

To the youth, I advise that they protect themselves and should not risk their lives.



CURRENTLY, HEALTH RECEIVES ONLY 6-7% OF THE NATIONAL BUDGET.

targeted outreach.

Consequently, many who had dropped out of care due to stigma, communication barriers or transport challenges have since resumed treatment following personalised follow-up. These efforts have restored health and rebuilt confidence among people who once felt left behind.

"We now have peers who collect drugs for others who can't get to health centres," Miro says.

POWODU has also worked with partners to establish peer support groups for women living with HIV and disabilities. These safe spaces offer counselling, psychosocial support and opportunities for women to become peer educators, leading campaigns against stigma and gender-based violence.

The partners include TASO Mulago, TASO Entebbe, UNAIDS, International Community of Women Living with

provided and PWDs are represented. To improve information access, UAC has translated information on stigma and discrimination into Braille and video for individuals with hearing impairments.

"The Government has integrated HIV services into its facilities, which has reduced stigma," Charles Otai, a UAC monitoring and evaluation officer, says. "Integration has helped both clients and staff. Previously, people were looked at differently when going to separate HIV corners."

At the national level, POWODU, working with UAC and the Infectious Diseases Institute, has championed disability inclusion in HIV, TB and malaria policy discussions under the Global Fund country co-ordinating mechanism. Advocacy has ensured the voices of people with disabilities are heard in decision-making spaces, positioning inclusion as a core pillar of Uganda's HIV response.

POWODU is also championing disability-inclusive HIV prevention, care and treatment nationwide. Through partnerships and community-driven advocacy, the organisation empowers PWDs to know their status, access treatment and lead healthy lives.

In partnership with TASO, POWODU has extended HIV testing, counselling and treatment to PWDs in hard-to-reach areas through community dialogues and