

WHA 57

NGO Forum for Health annual symposium

Facets of experience of the civil society in relation to the 3/5 Initiative

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Chairperson, Ladies and Gentlemen.

I take this opportunity to thank WHO for funding us to attend this gathering and enabling us to contribute to the initiation of 3/5 Initiative and creating a dialogue to see and find out how relevant it can be to our people. Coming from PHM, and having Dr. Thelma spoken on behalf of PHM on our linkages with WHO on the 3/5 Initiative, I will not go back to explaining that gain but would like only to highlight a few issues that affect Africa and particularly Tanzania.

There are three major areas that I see of importance to be considered when starting the 3/5 Initiative, and these are: -

Primary Health care

By WHO realizing the importance of Primary Health Care and its value in serving the poor, we urge WHO to foresee the importance of the 3/5 Initiative stressing on the improvement and revitalization of comprehensive PHC. More focus should also be on HIV/AIDS on the issue of behaviour change and the improvement of and strengthening of health systems being used, talking about the risks involved with/within our health systems.

Through the ongoing collaboration and partnership between WHO and the Civil Society, in care and treatment of HIV/AIDS, it should be recognised that NGOs have a role to make sure that the criteria for treatment are well defined, and not only that but also to see who defines those criteria – let people/communities be involved in determining their fate, let them be involved fully in setting up criteria (e.g. you want to save my child, but what about me, you leave me to die? Who will take care of my child?). In Rwanda, women were ready to be examined, but then they were asking, “You want to examine me and give me ARVs to prevent infection to my child, what about me and my husband? Who will take care of the child after my death?” People out there will be ready to visit centres, but they are asking themselves; “after that, what next?” They are afraid if they get examined and then they do not get the treatment, they will deteriorate further due to stigmatisation from the communities. All these issues should be looked into critically to get a proper solution how the process should be.

In the People’s Health Charter we have to look at and stress on all the health determinants, but we have to

deliberately stress on culture and gender when addressing the issue of ART as a whole. We should remember that culture is affecting women in the whole issue of HIV/AIDS e.g. stigma and discrimination – from family members, husbands, society etc. When a husband starts getting sicker before a woman, a woman is usually accused of having “brought” AIDS to the husband and sometimes she is chased away from home by relatives. The issue of rape also comes here when it comes to cultural norms for example with the widow-cleansing affair as a culture. It should be noted that in some cultures to date, women are forced to have sex with men whose duty is to do an exercise of “cleansing” to get away bad omen after the husband's death where when a woman dies before the husband, no such exercise is performed. This takes place in disregard of the kind of death, whether the man was a victim or not. And yet, this leaves no room for a woman to protect herself from infection because if she refuses, she will be considered as a caste by/in the family.

We should also remember that Traditional Birth Attendants (TBAs) in some areas attend to > 50% of all deliveries done in districts, and thus are exposed to more risks than it is thought of. There should be deliberate efforts done to address them and how they can access ARVs when they are in place. The same is with home-based carers who are doing a great job and most are grandmothers who are left with a good number of children to take care of and who usually forgotten whenever programmes are initiated and implemented. These need support as they are also victims of AIDS due to the fact that they are in contact with victims but do not have protective gear to use. It is the role of NGOs to identify them so that they can get the support needed and let them be brought to the forefront and not be forgotten.

Wars and conflicts

Women are vulnerable to the ongoing-fuelled conflicts in most of our countries. Women are raped, humiliated, forced to sex labour etc. Women who are infected in these areas should not be forgotten when we talk about the issue of ARV. Generally women are most at risk to contracting HIV/AIDS in areas of war and conflicts than men. Of course the cure for this is to have peace; but there is no way to peace with the exception of emphasising on having strong leaderships in our governments and commitment where accountability, transparency leading to good governance is the way to peace; and peace is the only way to having a sustainable and healthy world. In this case though, also access to ARVs for our people (especially the poor and the vulnerable, women and children) when they are in place and are accessible and affordable, they will save lives.

Those raped or defiled should be given Post Exposure Prophylaxis (PEP), to reduce the risks of contracting HIV after reporting a rape/defilement case before being examined as examination sometimes takes time. Currently, in some cases it takes time to get these services and there are many reasons behind this. Maybe they are ashamed of going forward to have access to these services, but it might also be that women are not aware that these services are available. There should be deliberate efforts made to create awareness among women on specific areas of importance to them when an important initiative like the 3/5 comes into effect.

Rape

Ladies and gentlemen, there is an overwhelming tendency of raping (including defiling) girls and young children (of both sex) in general. This is sometimes in association with the cultural beliefs and sometimes

poverty. This is a barbaric act and WHO should condemn and also take drastic action against those involved. These vulnerable groups should be protected. NGOs should condemn, and work around the clock to create awareness to our governments to address the issue seriously to protect them from this as they are becoming very vulnerable to the risks of infection than ever. Again here PEP should be administered as soon as possible after the event to protect them from infection.

Chairperson, Ladies and gentlemen, I feel these are critical areas that should be given extra focus when planning and implementing the 3/5 Initiative so that all groups can be addressed equally.

Again, I take this opportunity to give my sincere appreciation to WHO for planning this event and for giving me this chance to speak on behalf of my people.

Ahsante sana .

Acronyms:

PEP	Post Exposure Prophylaxis
WHO	World Health Organisation
PHM	People's Health assembly
ART	Anti Retroviral Therapy
NGOs	Non Government Organisations
TBAs	Traditional Birth Attendants

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