**Advance copy of planned statement to Ugandan parliament about purchases of lubricants (2017)**

Statement to Parliament by the Honourable Minister of Health on Press Stories about procurement of Lubricants:

1.     With permission, Rt Hon. Speaker, and Hon, Members, I would like to make a statement about the press stories that have been circulating in some of our dailies during the past two weeks to the effect that “*the Ministry of Health procured lubricants for gay people*”. According to these stories that claim to quote sources in the Ministry of Health, the Ministry is said to have imported lubricants worth approximately $ 900,000 or approximately UShs 3 billion, and that these commodities were procured with funds from the Global Fund.

2.     I would like to set out that there are several half-truths and outright falsehoods about these press reports. First, although it is true that some lubricants were bought into the country in February 2017, and are currently housed at Uganda Health Marketing Group (UHMG) warehouses, and that they were procured with funds from the Global Fund, the quantities of lubricants procured and the amount spent are grossly exaggerated. The consignment did not cost UShs 3 billion. It is not even half that; it is not even one-quarter of that amount; it is not even 10 percent of that alleged amount. The Amount spent on this consignment wasUS$ 22,500, or approximatelyUShs 80.8 million.

3.     Secondly, although the lubricants were imported into the country, they were not procured through Ministry of Health Systems. It was a central Global Fund procurement through the Central Pooled Procurement Mechanism (PPM) of the Global Fund.They were part of the commodities which in 2014 were included by the Country Coordinating Mechanism (CCM), the body that oversees grant development and implementation, in the Global Fund grants that are currently being implemented by the country. These grants end in December 2017.

4.     Having set that record straight, let me now explain what these lubricants are used for. These are simple “*water-based lubricants”* that are used for various reasons. The reason they were included in the Global Fund grant was to support HIV prevention initiatives for some population groups, and this was done at the request of the beneficiary groups themselves through theit representatives in the Global Fund National Country Coordination Mechanism (the CCM).

5.     Rt Hon. Speaker and Hon Members, it has been observed that several women falling in different categories complain of *“vaginal dryness”*during sex, which affects their sexual experience and family life. In fact, in many instances, this results in abrasions during sex, or when the women decline sexual relations, it often leads to sex and gender-based violence, and some instances, breakdown of families. Women with these problems are helped by theuse ofthese water-based lubricants in addition to using condoms to improve their sexual experience and also render it safer. The category of such women include:

·        Older women who have reached menopause

·        HIV-infected women taking Antiretroviral medication

·        Women taking some Family Planning methods such as Depo provera

·        Female sex workers, etc.

These are the groups that requested through their representatives in the CCM for procurement of these commodities. I wish to point out that often times, women use any lubricants that they come across, including “*oil-based lubricants”* which are not safe since they weaken the condoms leading to breakage and increased risk of HIV transmission. The water-based lubricants would avert these risks.

6.     It is also true that the small group of gays in the country would also use these lubricants alongside condoms. While this will benefit HIV prevention efforts among such groups, this was not the primary target group for this small quantity of lubricantsthat were procured.

7.     I would like to stress that Uganda, and the Ministry of Health are fully committed to ending HIV as a public health problem in line with our Fast Track Strategy. Part of that strategy emphasises that proven cost-effective HIV prevention interventions should be made universally available to all those at risk of HIV acquisition, and that no single Population group should “*be left behind”*. Our HIV prevention strategy stresses the need for differentiated HIV prevention packages for the different at-risk population groups, tailored to their risk profile and unique circumstances. I must emphasise that we cannot afford to discriminate against any group in our quest to end the HIV epidemic.

8.     I want to end by stressing that our friends in the press should always cross check their stories before going to press in order to avoid spreading incorrect information.

9.     Rt. Hon. Speaker and Hon. Members, I commend this statement to the House.Thank you …

