Dr. Jim Yong Kim President The World Bank 1818 H St. NW Washington DC 20433

May 6 2014

Dear Dr Kim:

We welcomed your public recognition soon after the passage of the Anti-Homosexuality Act in Uganda that discrimination is damaging to economies, as well as to society and individuals. We also welcomed your commitment to undertake the due diligence necessary to ensure that the World Bank did not finance health care in Uganda that excluded people on the basis of their sexual orientation and gender identity.

In that context we are concerned that there have not yet been sufficient safeguards put in place to prevent discrimination in health service provision for LGBT patients, and yet the World Bank is poised to approve a \$90 million loan to Uganda's health sector. We continue to believe it is important that a portion of funding from the loan be directed into corrective actions to mitigate against existing discrimination experienced by LGBT patients and other marginalized and excluded populations who at disproportionately high risk of negative health outcomes and poverty.

These minimum efforts by the World Bank are essential in order to ensure the World Bank delivers on its commitment to ensure its resources are not used in activities that discriminate against marginalized populations, and in order to help ensure the Ministry of Health delivers on its pledge that the Act should not affect service delivery.

Troubling developments indicate that this pledge is not being honored.

For example, draft <u>guidelines</u> prepared by the Ministry of Health that ostensibly seek to ensure access to health services for LGBT Ugandans actually require health workers to enforce the law by reporting patients they suspect to be gay.

Similar provisions were removed by Parliament from an earlier draft of the Anti Homosexuality Bill but have now essentially been reinserted by the Ministry of Health itself—the same institution that claims the health sector will not discriminate in delivery of services.

In both letter and spirit, these draft guidelines are extremely suspect, technically weak, and should not be relied upon by partners as proof that the health sector is a place where all Ugandans can enjoy freedom from discrimination. Instead, they are a troubling indication of the risk that operationalization of the law will pose to access to health services by criminalized populations such as LGBT communities.

Moreover, days before the World Bank's independent assessment team arrived in Uganda, a high profile raid of a Uganda-US government research site, in response to allegations of 'illegal homosexual research' showed clearly the vulnerabilities LGBT communities seeking health services are facing.

The World Bank's statements of concern about the Uganda's Anti Homosexuality Act, need to be backed by appropriate actions.

Specifically, we recommend that the World Bank:

Invest in training Ugandan health workers in non discrimination in service delivery and invest in continuous quality assurance, monitoring, and supervision measures beyond current supervisory structures to include, for example, independent third party monitoring;

Establish a covenant in the loan requiring that there not be any interference with any civil society or other third party monitoring of health institutions;

Invest in promotion of rights to non-discrimination, confidentiality, privacy and consent to or to refuse treatment, and to be informed about risk of medical procedures during health service delivery -- for example through public messages, health promotion activities, signs in clinics and public places, and other strategic communications efforts (in English and local languages);

Invest in support for patient advocates and legal counsel for individuals who face discrimination, breach of confidentiality or other abuses in health settings;

Require ongoing expenditure on measures to determine consumer satisfaction with health service quality; and

At minimum, should the loan proceed, request the Attorney General publicly confirm that, pending the decision by Constitutional Court, the law will not be in affect and no one seeking or providing health services will be subject to sanction under the law, or subject to discrimination based on sexual orientation and gender identity.

Please respond by contacting Asia Russell, Health GAP, <u>asia@healthgap.org</u> and +256 776 574 729. Thank you for your consideration of these important issues.

Sincerely,

Bank Information Center Council for Global Equality Human Rights Campaign Health GAP (Global Access Project) Human Rights Watch St. Paul's Foundation for International Reconciliation