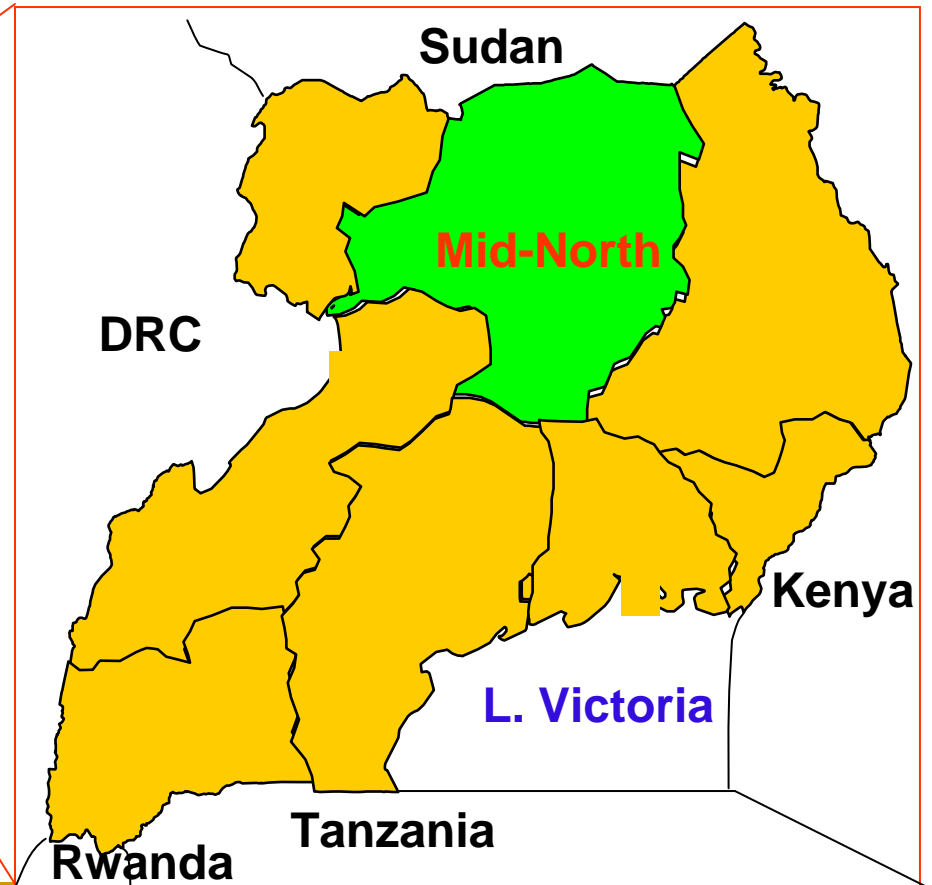




Geography





Demography, key health and economic indicators

- Uganda has an estimated population of 30.8 million
- 87% of the population is in rural areas and living in absolute poverty
- GDP per capita of \$ 380
- Half of population less than 15 years
- Decentralized Health System (Administratively divided into 80 districts)



Demography, key health and economic indicators

- Life expectancy is 49 years for men and 50 for women
 - Total fertility rate (per woman) is 6.6
 - Infant mortality rate; 78 deaths/1000 live births
 - Maternal Mortality Ratio; 435 deaths/100,000 live births (UDHS 2006)
-



History of HIV in Uganda

- 1982 First 2 cases of slim disease were reported.
- 1984 Slim disease was confirmed as AIDS.
- To date every district in Uganda has reported cases of HIV.
- Cumulatively 2.2 million people infected since the beginning of the epidemic.



History of HIV in Uganda

- Approximately 1 M have since died of the disease.
89,000 in 2007, down from 150,000 in 2001
- Estimated 130,000 new infection occurred in 2007
- 1.1M PLWHA of which 134,000 are children
- 312,000 need ARV, 10% are children.
- Currently 131,000 people are on ART, 8532 are children



Current Situation

- HIV prevalence in the general population still high – 6.4%, higher in women (8%) than in men (5%)
 - HIV prevalence in children below 2 years is 0.7%
 - 1.5% of young people 15 to 19 years are HIV positive [higher among girls (2.6%) than among boys (0.3)]
 - Prevalence higher in urban areas (10.1%) than in rural areas (5.7%)
 - The epidemic is mature and generalized with the shift to the older age group 35 and above.
-



Mode of Transmission

- 84% heterosexual
- 15 -20% MTCT
- <1-2% other causes e.g. blood transfusion, use of un-sterile instruments
- Therefore preventive interventions focus on heterosexual transmission and mother to child transmission of HIV.



What Uganda did to Combat HIV/AIDS

- 1986 Uganda revealed the secret – Alarm Sounding
 - 1986, Held Donor Conference & Established the ACP in Ministry of Health
 - 1987, Developed HIV/AIDS strategic Plan 1
-



What did Uganda do to combat HIV/AIDS

- 1992, Established Multi-sectoral strategy (Private sector, NGO's, CBO's ,PLHA networks and other Government line ministries)
- 1994, Established UAC - coordinating body for the multi-sectoral response
- Established ACPs in other Government line ministries
- Decentralization of implementation of HIV/AIDS to districts (DACC)



HIV Prevention Strategies used

- IEC/BCC
- ABC strategy
 - Was adopted by MOH in 1987 based on **prevention** by community mobilization and education which stressed
 - **A**bstinence, **B**eing faithful, **C**ondom use (**ABC**).
- VCT began in 1990
- PMTCT began in 2000
- Injection safety 2004
- Safe blood transfusion
- STI management



What was done differently from the past

- Developed and launched the road map in 2006 by the Vice President
 - Featuring an analysis of the factors and drivers of the HIV epidemic
 - An agreed country comprehensive package of critical steps, milestones and targets for achieving universal access to HIV prevention
- Developed five year strategic Plan to address the drivers of the epidemic in the high risk populations e.g. armed forces, Fishing communities, IDP's, Hard to reach areas Mainstreaming of HIV in the line ministry sectors and including it in the PRSP
- Developed HIV/AIDS work place policy
- Initiated Routine counseling and testing, Post Exposure prophylaxis for HIV and the ABC+ as an essential aspect of the response
- Initiated the Positive Prevention strategy for PHA's



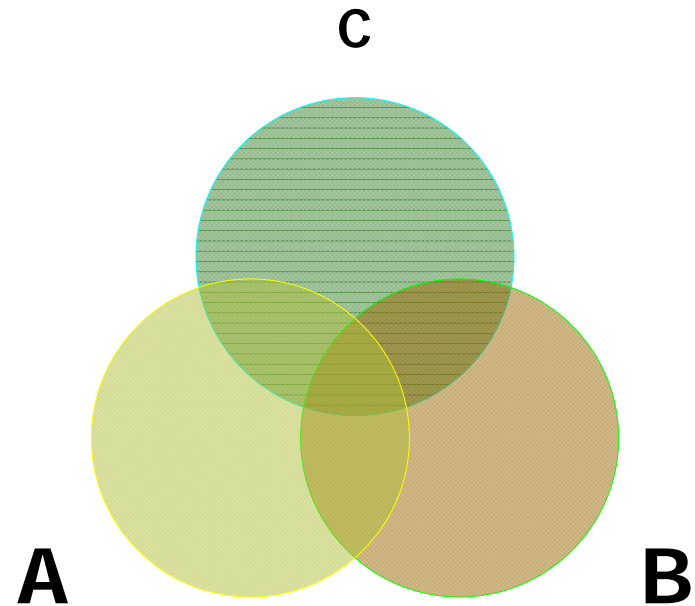
Role of government & Civil Society

- Policy of openness, commitment and enabling environment – from the highest to the lowest levels
- Developed conducive policies in other areas:
 - Poverty eradication
 - Women empowerment
 - Media liberalization
 - UPE, USE, PIASCY
 - Public private partnership
- Involvement of PHAs and other CSO's
- Resource Mobilization
- Establishment of sectoral committees in parliament on HIV/AIDS
- Establishment of Uganda think tank on HIV/AIDS
- Supporting research on HIV/AIDS Vaccines, microbicides and other new innovations like male circumcision.



What has worked

- **ABC has worked-** it is synergistic, intertwined, and inseparable
- Each catalyses and reinforces each other.
- Strategy non-existent without one (like trinity)





What has worked

- Demystification of the virus and use of PLHAs in HIV/AIDS care has dramatically reduced stigma and discrimination and improved disclosure
- Multisectoral response has contributed to supplement government efforts, one of the contributing factors to the declining trends.
- Targeted intervention have reduced the risk of HIV among the youth as shown by a shift of the epidemic to the older age group.
- Enabling political environment has led to progress in the prevention strategies
- Public-private partnership has promoted participatory involvement of all stakeholders in coordination and management of the national response
- Created universal awareness for HIV through IEC/BCC



What has not worked well

- Coordination of the multiple partners, donors remains a challenge
- Minimal government financial contribution, thus overdependence on donors and external support for HIV/AIDS
- Integration of HIV/AIDS into other services
- Lack of HIV prevention methods for women that can be controlled by them.
- Preventing unintended pregnancies among PHA's (both men and women)
- Male involvement in HIV prevention



Lessons learnt

- Political commitment is key to enabling environment
- Multisectoral approach & public private partnership works to supplement government efforts in the era of huge human resource gap
- ABC as a preventive strategy is effective and still relevant against the major mode of transmission (sex)
- Majority of people are still free from infection and need to be protected through ABC+ strategy.
- Involvement of PHA's in HIV/AIDS care improved adherence
- Community involvement encourages equitable provision and utilization of HIV prevention, care and support services



Top 2 challenges for the children and young people

- Transgeneration sex, older men taking advantage of the young people
“Sugar Daddies, Sugar Mummies. Sugar Babies”
 - Early identification and diagnosis of HIV in young children as well as limited user friendly pediatrics ARV formulations
-



WAY FORWARD

- **ABC plus** should be the mother board of current and future HIV/AIDS interventions
- Embracing the global '3 Ones' Concept for a harmonized response:
 - One coordinating body
 - One strategic framework
 - One Monitoring and Evaluation Framework
- Sustained Political commitment and strong leadership
- Increased funding from government for sustainable and accelerated HIV/AIDS care, treatment and prevention
- Continued public-private sector partnership