

Most at risk populations in Uganda

What do we know and what is being done?

Interventions with MARPs in PEPFAR Countries
Feb 2009 - Chennai, India

Wolfgang Hladik
CDC-Uganda

The findings and conclusions of this presentation are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention

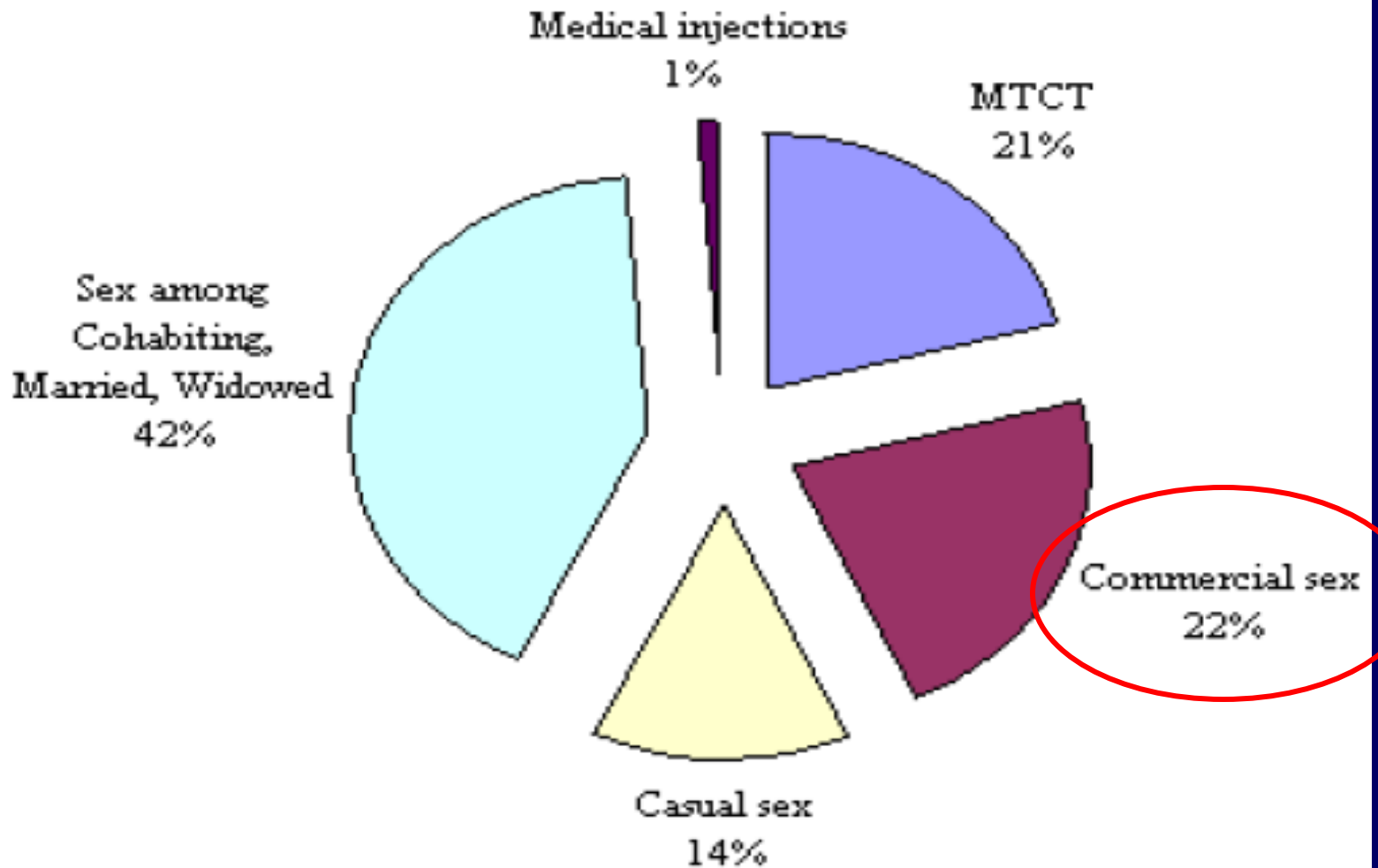


What do we know? HIV in Uganda

- Generalized mature epidemic
- HIV prevalence: 6.4%*
- Approx. 1 million PLHA
- Key risk factors
 - Partner concurrency
 - HSV-2 infection
 - Lack of male circumcision

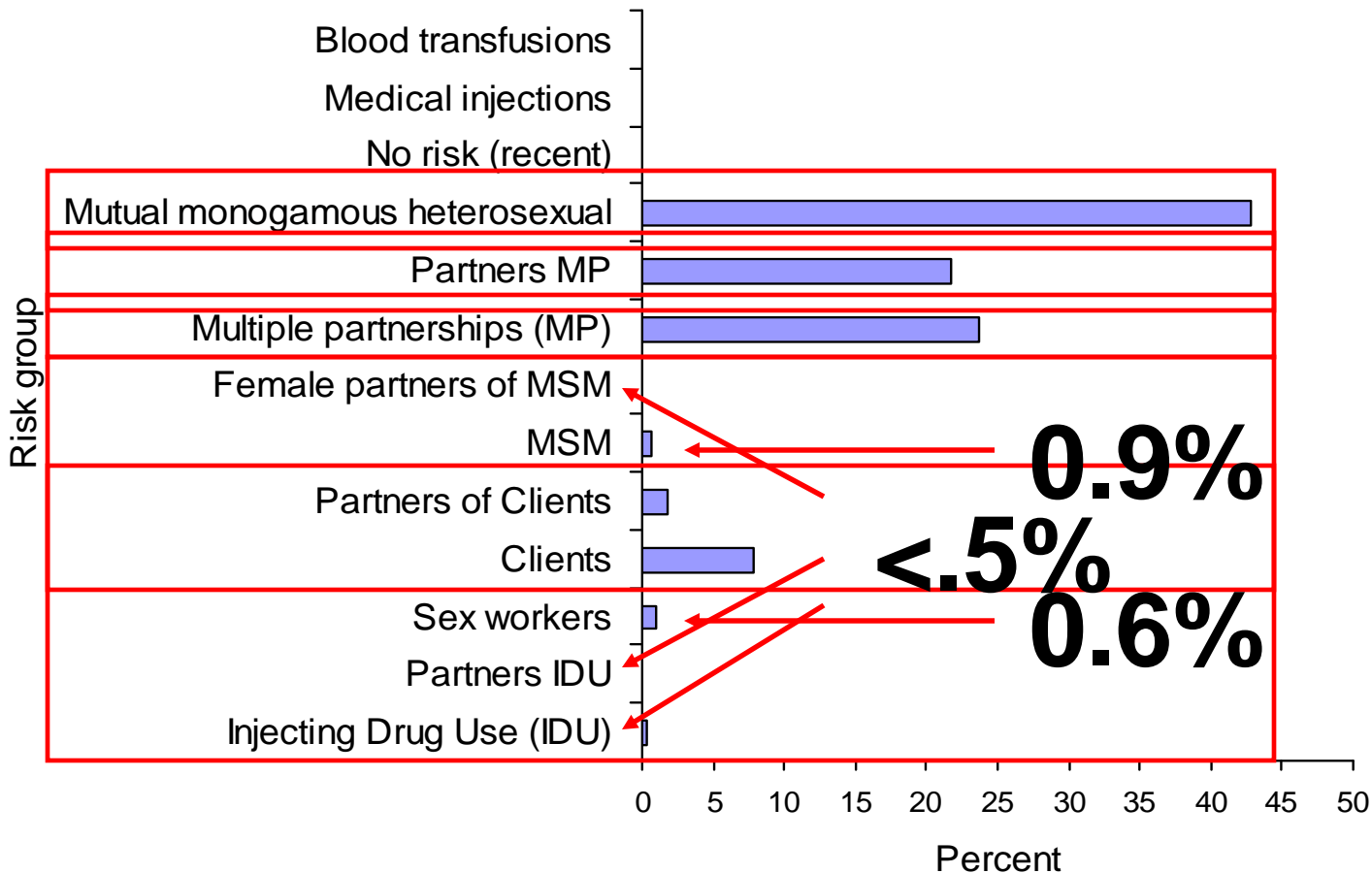
Postulated transmission modes (UNGASS country report, 2008)

Figure 1.3-1 : Distribution of New Infections by Sources⁵



Postulated transmission modes (Modes of Transmission study, 2008)

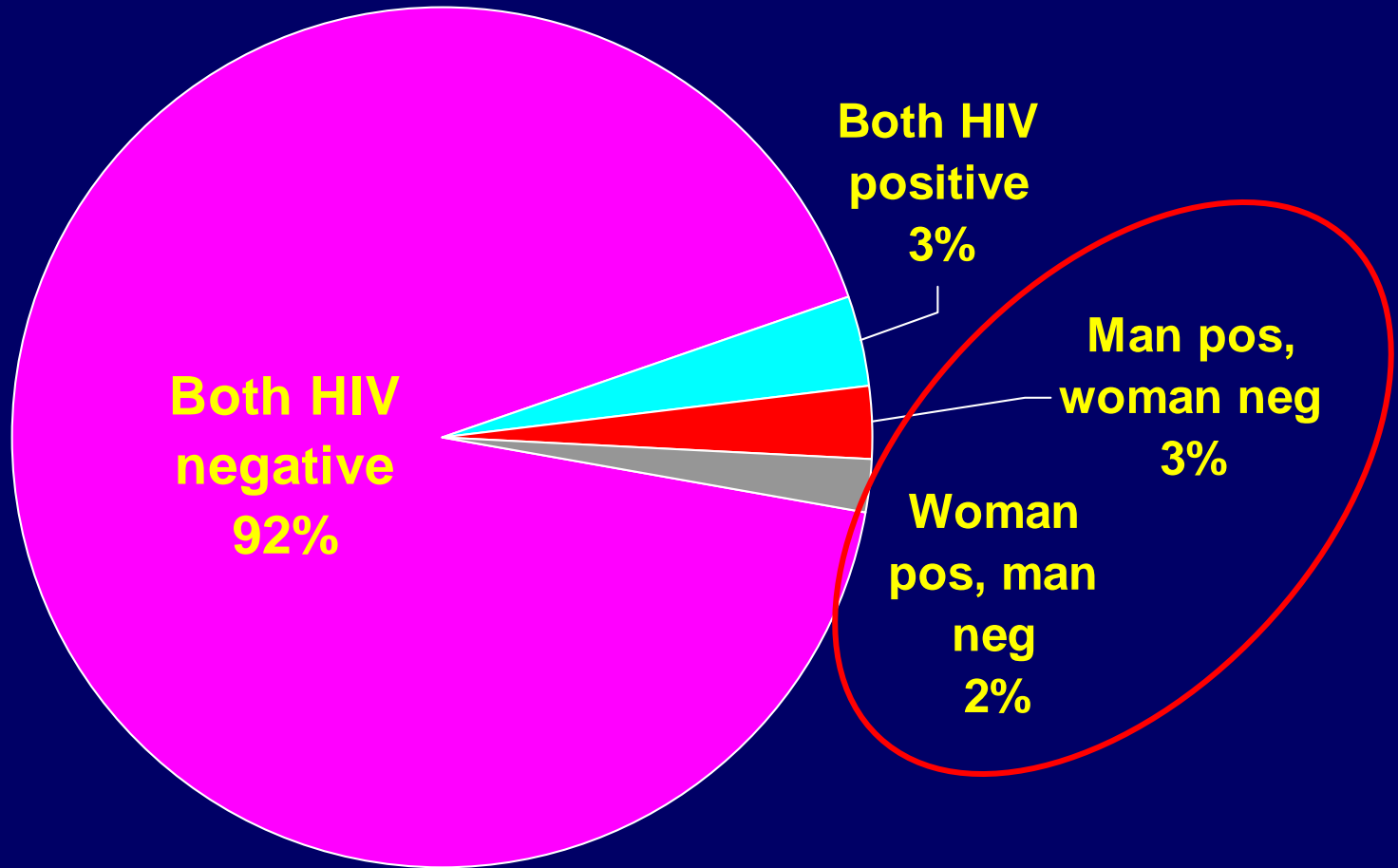
Distribution of new HIV infections by behavior or group



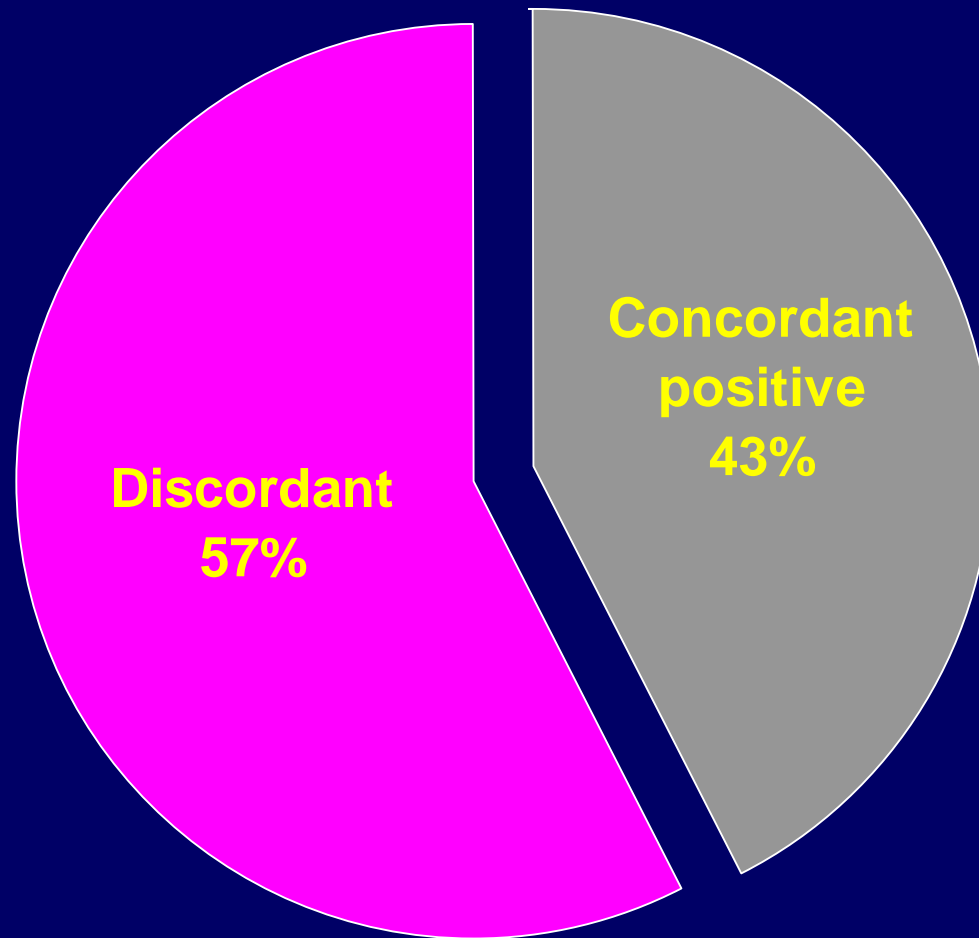
43%
22%
24%

2%
8%

HIV discordant couples – hidden in plain sight



HIV distribution among HIV-positive couples



Source: 2004/5 Uganda AIDS Indicator Survey

Fishing communities

- First AIDS cases reported from fishing community (1983)
- Few HIV studies
 - HIV prevalence > 20% in Kalangala (Lake Victoria)
 - KAPB survey (2003)



Potential factors for HIV risk in fishing communities

- High mobility
- Long periods away from home
- Daily cash income
- Alcohol use
- Lack of social support networks

Men having sex with men (MSM)


- Same sex behavior criminalized
 - Maximum penalty: Life imprisonment
- Highly stigmatized by society, religious organizations, politicians
- No tailored HIV-related services



**Search terms:
Men having sex with men,
MSM, gays, same sex**

National Strategic Plan 2007/8 - 2011/12

Adobe Acrobat

 Acrobat has finished searching the document. The find item was not found.

OK



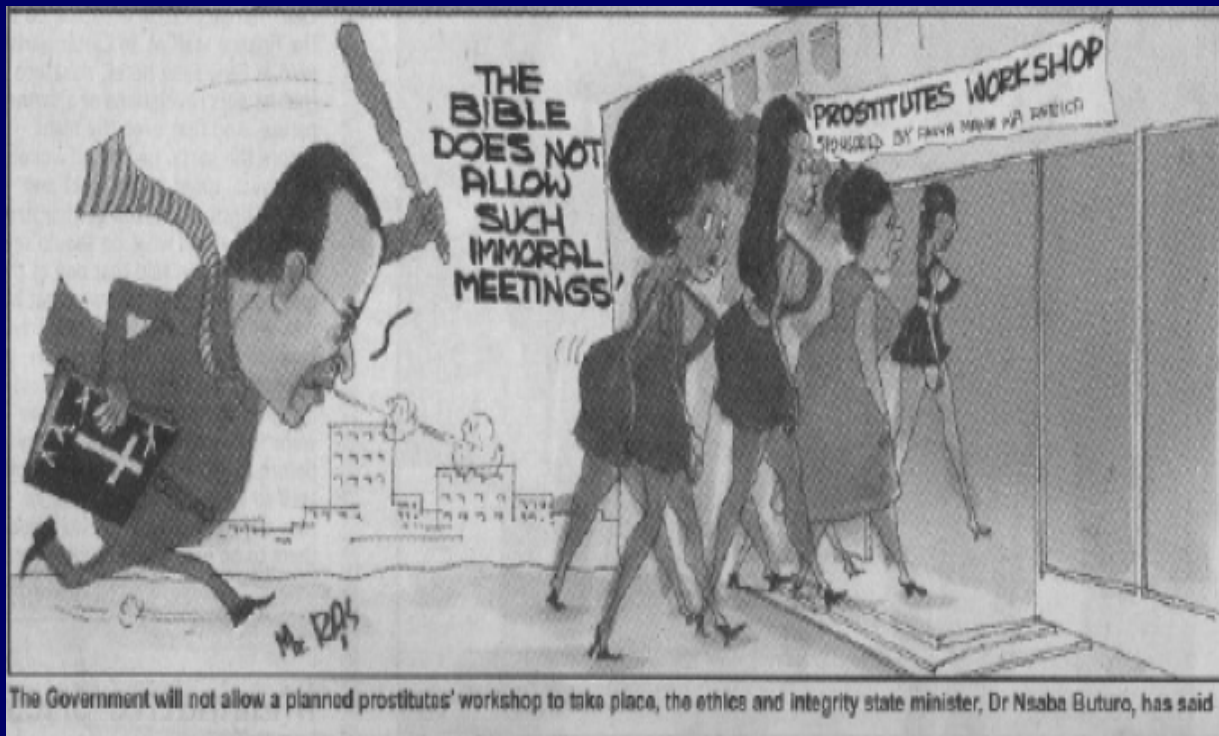
Gay and bisexual men in Kampala*

Characteristic	%
Ugandan	92
Bisexual	39
Unprotected receptive sex	37
Paid for sex	27
Pay for sex	17

*Kajubi et al, 2007, survey conducted 2004

Commercial sex work(ers)

- Highly stigmatized
- Criminalized



The Government will not allow a planned prostitutes' workshop to take place, the ethics and integrity state minister, Dr Nsaba Buturo, has said

HIV prevalence among CSW

Year	Study area	Prevalence (%)
1992	Rakai	48
1997	Masaka	62
2001	Kampala	23*
2003	Kampala	47*

***Convenience sample**

Little or no data on...

- (Intravenous) drug users
- Migrant workers, slum dwellers
- Internally displaced people
- Prisoners (survey in planning stage)
- People with disabilities
- Partners of clients of sex workers
- Street youth, homeless

Mapping/profiling exercise (2009)

Quality of SI data

- Convenience sampling
 - CSW survey, Kampala (2003)
- “Expert opinion” for missing data (Modes of Transmission study)
 - IDU population size: 1,000
 - MSM size: 10,000
 - Caceres et al*: 1%-4% > 75,000 – 300,000

Quality of SI data (2)

- “Imported” from other countries, e.g.,
 - IDU HIV prevalence (used Kenyan data)
 - MSM HIV prevalence (used Kenyan data)
- Outdated (e.g., fishing community, CSW)
- Not nationally representative (all)

Recent M&E indicators (UNGASS country report)

- CSW:
 - correct HIV transmission knowledge: 83%*
 - received VCT: 49.3%*
 - condom use (last client): 47%†
 - HIV-infected: 47%*
- Other MARPs: None reported

*Kampala only, convenience sample (2003)

†AIDS Indicator Survey 2004

The Crane Survey: respondent driven sampling in Kampala (2008)

MARP	# tested	Prevalence (%)	
		HIV*	Syphilis*
MSM	303	14	10
FSW	688	32	21
SW Clients	375	17	16
Univ. stud.	612	1	4
Motorcycle taxi drivers	694	8	7

*Unweighted sample results, unpublished

Crane Survey – rectal chlamydia / gonorrhea infection

MARP	% positive*
MSM	3%
FSW	5%
SW Clients	0%
Univ. stud.	3%
Motorcycle taxi drivers	0%

*Unweighted, based on PCR testing, positive for CT and/or NG

Crane Survey – anyone ever injecting drugs?

MARP	Life time IDU
MSM	11%
FSW	5%
SW Clients	7%
Univ. stud.	0.5%
Motorcycle taxi drivers	2%

Unweighted, denominator includes “*Refuse to answer*” responses

Crane survey – behavioral snapshots*

- FSW
 - 50% report having been raped
 - 18% report having anal sex
- FSW clients
 - 20% report life-time same sex behavior, some commercially
- MSM
 - 33% ever been married
 - 38% currently living with female partner

*Unweighted sample estimates

Sampling of MSM in a highly stigmatized setting (Crane survey)

- Passive sampling - halted twice
 - May 2008: Kampala PEPFAR meeting: LGBT activists arrested, abused
 - September 2008: LGBT community members arrested, bank accounts frozen, several fleeing abroad
(sampling not recovered)

What is being done?

- Most services for MARPs without direct Gov't involvement
- Patchwork, poor coverage
- Poor coordination
- Limited or no funds
- No or little evaluation of effectiveness

What is being done – Uniformed services

	Organizations		
MARP	#	Activities	Challenges
Police*	5	ARVs, condoms, CD4, training	Limited funding, coverage
Army*	3	VCT, training, BCC, ART	Stock outs, Staff shortage, Limited coverage
Prisons*	7	Condoms, VCT, ART	Limited coverage

*: Gov't listed as service provider

What is being done – Fisheries, IDP

	Organizations		
MARP	#	Activities	Challenges
Fisheries	4	Mobile prevention services Home-based VCT BCC, condoms, ART,	“Limited funds”, “No outreach”, “Only one boat”
IDPs	11	Full range of services (prevention to ART)	“Inadequate health infrastructure”, no coordinated approach

IDPs: Internally displaced people

Gov't not listed as direct service provider

What is being done – CSW, MSM

	Organizations		
MARP	#	Activities	Challenges
CSW	12	Condoms, BCC, “Sports activities”, “Magnet theatre” “Rehabilitation” “Family planning”	“Minimal funding” “Understaffing” “Highly mobile”
MSM	1	Sensitization, awareness	Illegal status of MSM

BCC: Behavior change and communication

Gov't not listed as direct service provider

What is being done – truckers, couples, OVC

	Organizations		
MARP	#	Activities	Challenges
Truckers	5	BCC, VCT, condoms, survey	“Limited funds”
Couples	2	“Faithful house”, couples CT, Be a Man Initiative, PMTCT	“Low participation”
OVC	13	Care, prevention, education, abstinence	“Stock outs” “Weak coordination” “Low uptake”

Gov't not listed as direct service provider

Government reporting on MARP programs & services

Government UNGASS report on interventions with sub-populations*

	IDU	MSM	Sex workers	Clients of sex workers	Prison inmates	Other sub-populations
Targeted information on risk reduction and HIV education	N/A	N/A	✓	✓	✓	Youth, Fishing community, Uniformed forces,
Stigma and discrimination reduction	N/A	N/A			✓	Youth
Condom promotion	N/A	N/A	✓	✓	✓	Youth
HIV testing and counselling	N/A	N/A	✓	✓	✓	Youth
Reproductive health, including STI prevention and treatment	N/A	N/A	✓	✓	✓	Youth
Vulnerability reduction (e.g. income generation)	N/A	N/A	✓	N/A	✓	Youth
Drug substitution therapy	N/A	N/A	N/A	N/A	N/A	
Needle and syringe exchange	N/A	N/A	N/A	N/A	N/A	

Some MARPs are more illegal than others...

- UNGASS country report:

HIV prevention programmes	The activity is available in		
	all districts	most districts	some districts
Harm reduction for injecting drug users	N/A within current legal		
Risk reduction for men who have sex with men	N/A within current legal		
Risk reduction for sex workers			✓

- IDU, same sex, commercial sex: All prohibited by Ugandan law
- Prevention services: available for FSW, not for IDUs, MSM

National Strategic Plan 2007-2012 (Data for 2008/9)

- IDU programs: \$0.00
- MSM programs: \$0.00
- CSW and clients: ~\$200,000
- Military: \$2.5M
- Prisoners+staff, police: \$5.5M

Total HIV/AIDS expenditure: ~\$347M

Conclusion - What do we know?

Not very much

- Generalized epidemic, little attention given to MARPs SI needs
- SI MARP data are mostly
 - Not representative or outdated
 - Soft or “imported”

Conclusion - What is being done?

Little or nothing

- Almost all funding for non-commercial heterosexual HIV prevention and PMTCT
- Illegality and stigma lead to neglect of some MARPs
- Poor coverage, unknown quality & effectiveness, little Gov't involvement

MARPs in Uganda: We barely know our epidemic, have poor response

Recommendations

- More and better MARP data needed
- Prevention efforts to reflect distribution of new infections
- Government should get more engaged in MARP services
- Donors should encourage more attention to MARP programming

Thank you