

UGANDA AND HIV/AIDS

Key Talking Points

Uganda was one of the first sub-Saharan African countries to experience an AIDS epidemic and also one of the first to show a sustained decline in HIV/AIDS prevalence rates:

- Approximately 10 percent of adults (age 15 and older) are HIV-positive.
- The current number of HIV-positive individuals is estimated at 1.5 million.
- In 1992, 30 percent of Kampala's population were HIV-positive; today this figure is 12 percent (with the exception of 15 percent of pregnant women in antenatal clinics).
- According to June 1998 UNAIDS estimates, there have been nearly two million AIDS cases in Uganda since 1984.

AIDS Deaths In 1998, AIDS increased the crude death rate in Uganda by approximately 52 percent. By 2010 the crude rate will be 64 percent higher than it would have been without AIDS. HIV/AIDS-related illnesses are the leading cause of mortality in adults 15 to 49 years old, and to date, more than 1.8 million people have died of AIDS-related diseases. As a result of HIV/AIDS, life expectancy dropped by over 20 percent in 1998—from 54 to 43 years. By 2010 the average life expectancy will be 48 years.

AIDS Costs According to DFID, the estimated annual cost of core HIV services in Uganda in 1997 was \$3.1 million for HIV testing; \$7.6 to 15.3 million for prevention; and \$9.4 million for support and counseling, totaling US\$20.1 to 27.8 million.

Women and HIV/AIDS In 1997, nearly 15 percent of pregnant women in urban antenatal clinics tested positive for HIV. In rural sites the percentage ranged from 1.6 to 14.5.

Children, Youth and HIV/AIDS Forty-seven percent of the Ugandan population of 21 million is under age 15. At the end of 1997, 7.3 percent of AIDS cases were under age 12. In the year 2000, the infant mortality rate is expected to be approximately 11 percent higher than it would be in the absence of AIDS. There are currently an estimated 1.7 million orphans.

UNAIDS is involved in several activities, including the establishment of independent national scientific and ethical review committees for vaccine trials; workshops in preparation for vaccine trials; increased access to care for children affected by HIV/AIDS; a community HIV/TB care project; and a pilot project for the Drug Access Initiative.

National Response The Ugandan government has provided strong political leadership in the fight against the HIV/AIDS epidemic, and Uganda has developed one of the most comprehensive HIV/AIDS programs in Africa. However, although Uganda's response to the epidemic has been impressive, the challenge remains, particularly in rural areas. It will take enormous funding to improve the health system infrastructure from its low starting point.



**U.S. Agency for
International Development**
**Population, Health and Nutrition
Programs**
HIV/AIDS Division
1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**
Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516-9779
Fax: (703) 516-9781
URL: www.fhi.org

UGANDA AND HIV/AIDS

Country Profile

Decades of civil war left Uganda in extreme poverty when it gained independence in 1962. The situation was exacerbated by population pressures and unsustainable use of natural resources, diminished agricultural productivity, a non-functioning health delivery system, and a 50-percent primary school enrollment. Currently one-third of public expenditure is externally financed. The World Bank estimates that about half the Ugandan population of 21 million live on less than \$1 per day.

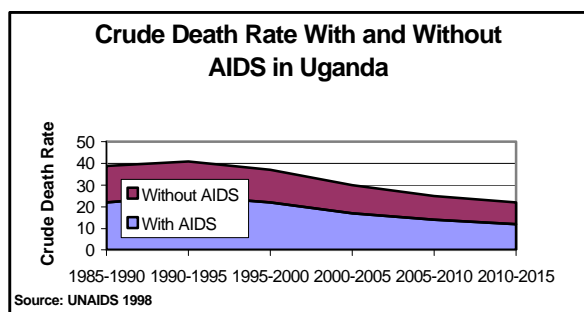
Following ten years of revitalization, the country's gross domestic product (GDP) growth rate has averaged 6.5 percent for three consecutive years. Uganda now exerts growing influence on neighboring countries, is a net food exporter with vast agricultural potential, and serves as a last natural refuge for several unique and globally important species. In 1997 Uganda decentralized its government and created a legal framework guaranteeing women's political participation—one-third of local officeholders will be women.

According to the World Bank, in 1997 26 percent of children under age 5 suffered from malnutrition. Other major factors which contribute to infant and child morbidity and mortality rates are HIV infection; high fertility rates; closely spaced births; teenage pregnancies; and chronic under-nutrition. In 1996, only 35 percent of the rural population had access to safe drinking water and 47 percent had access to sanitation. However, UNICEF estimated that from 1990 to 1995, 99 percent of urban residents and 42 percent of the rural population had access to health care. In 1996 the government of Uganda allocated 1.6 percent of its GDP to the health sector. According to DFID, HIV services in Uganda in 1997 totaled between US\$20.1 and 27.8 million.

Uganda was one of the first countries in the world to experience an AIDS epidemic; it was also one of the first to show a sustained decline in HIV/AIDS prevalence rates due to a rapid national response.

HIV/AIDS in Uganda

AIDS began in the 1970s as a gradual wasting away, "Slim" disease along the shores of Lake Victoria. The first AIDS case was reported in Uganda in 1984, and by 1989 clinics in Kampala reported up to 44 percent infection rates. Although over 90 percent of the population are aware of how HIV is transmitted, according to a Ministry of Health official, 84 percent of new infections are due to unprotected sexual intercourse.



- According to UNAIDS, approximately 10 percent of adults (age 15 and over) are HIV-positive.
- In 1992, 30 percent of Kampala's population were HIV-positive; today this figure is 12 percent, with the exception of 15 percent of pregnant women in antenatal clinics.
- The current number of HIV-positive individuals is estimated at 1.5 million.
- At the end of 1997 a cumulative total of 53,306 AIDS cases had been reported, of which 7.3 percent were children under age 12.
- According to June 1998 UNAIDS estimates, there have been nearly two million AIDS cases since 1984.

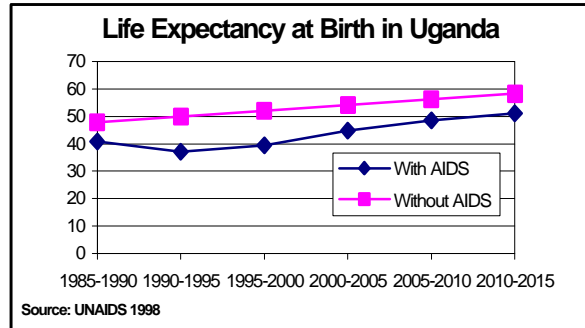
UGANDA AND HIV/AIDS

- The highest prevalence rate is among 20- to 39-year-olds.

In 2000, the crude death rate in Uganda will be approximately 47 percent higher than without AIDS. By 2010 the difference will only be 27 percent.

- According to UNAIDS data, HIV/AIDS-related illnesses are the leading cause of mortality in adults 15 to 49 years old.
- To date, more than 1.8 million people have died of AIDS-related diseases.
- As a result of HIV/AIDS, life expectancy dropped by over 20 percent in 1998—from 54 to 43 years. By 2010 the average life expectancy will be 48 years.

Awareness of the disease and prevention methods among the population is reportedly over 90 percent, at least in the urban settings. Surveys by the Ministry of Health in five districts with large urban populations revealed that many Ugandans have adopted safer sexual practices.



Women and HIV/AIDS

Women's low social and economic status, combined with greater biological susceptibility to HIV, put them at high risk of infection. Deteriorating economic conditions, which make it difficult for women to access health and social services, compound this vulnerability.

- According to UNAIDS, in 1997, nearly 15 percent of pregnant women in urban antenatal clinics tested positive for HIV. In rural sites the percentage ranged from 1.6 to 14.5.
- Of adults living with HIV/AIDS in 1997, 46 percent were women and 47 percent were men.

According to a UNDP study, men tend to blame women for transmitting HIV and infecting men. Bride wealth (less and less affordable for today's young men) and the breakdown of the institution of marriage are contributing to a growing number of informal unions between men and women, which deprive women of legal and socioeconomic rights and the status that marriage provides. Rural Ugandan women are limited in income-generating opportunities: alcohol brewing/distilling, one of the major economic activities, creates a high-risk environment for the spread of HIV as women's homes often become makeshift bars.

Children and HIV/AIDS

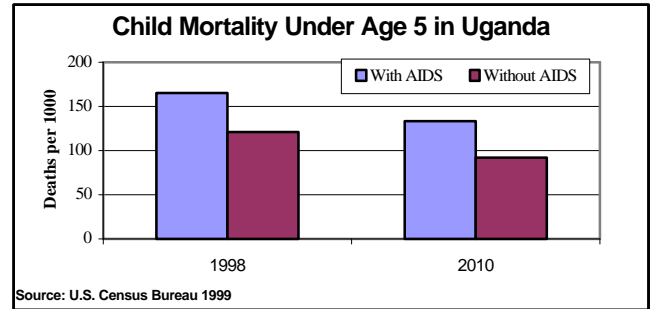
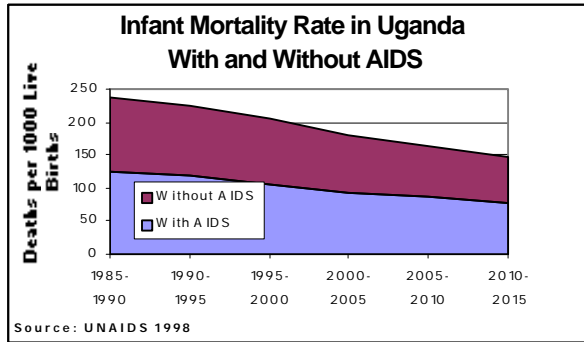
Forty-seven percent of the Ugandan population of 21 million is under age 15. The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others.

- Approximately 25 to 40 percent of infants born to HIV-positive mothers in Uganda become infected with HIV.
- In the year 2000 the infant mortality rate is expected to be approximately 11 percent higher than it would be in the absence of AIDS.

- Child (under age 5) mortality in 1998 was 165 per 1,000, compared with 133 without AIDS—a difference of nearly 20 percent.

UNAIDS and WHO report that in Uganda there are currently an estimated 1.7 million orphans—children who have lost one or both parents. Sixty-eight percent of orphans have lost one or both parents to AIDS.

UGANDA AND HIV/AIDS



Youth and HIV/AIDS

In general terms, school children are better informed about HIV/AIDS than out-of-school youth. Out-of-school youth, including those who drop out, make up the majority of rural young people. In rural areas, girls tend to drop out of school at the primary third and fourth levels and do not benefit from HIV/AIDS education.

Economic hardship and the absence of income-generating opportunities, the increase in drop-out

school rates and alcohol/drug abuse, and the erosion of social values contribute to a high-risk environment for rural young men and women.

- According to the Population Reference Bureau, 20 percent of 15- to 19-year-old girls give birth each year.
- A 1995 UNAIDS survey showed the national rate for first-time pregnancy was 22 percent for 16-year-olds and 71 percent for 19-year-olds.

Socioeconomic Effects of AIDS

About 90 percent of reported AIDS cases are 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development.

The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops. Eighty percent of the Ugandan population live in rural areas where HIV/AIDS hit development particularly hard, with widow- and child-run households barely surviving. HIV and AIDS are affecting the already overburdened and under-resourced Agricultural Extension Service (AES). Highly qualified civil servants and technocrats are

increasingly dying of AIDS and are not being replaced.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a family member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. And AIDS adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

(For country-specific information on the socioeconomic impact of HIV/AIDS refer to the *socioeconomic analysis* presented by the Policy Project.)

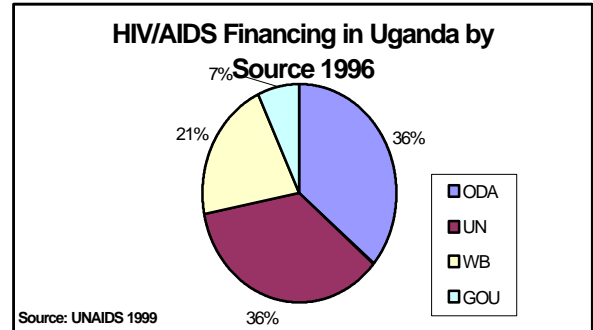
Interventions

National Response

The Ugandan government has provided strong political leadership in the fight against the HIV/AIDS epidemic. President Yoweri Museveni acknowledged the problem soon after his election to power in 1986. Under his leadership, Uganda has become the African model for fighting the virus, developing one of the most comprehensive HIV/AIDS programs in Africa. The National Committee for the Prevention of AIDS, set up in 1985, was followed in 1996 by the establishment of the AIDS Control Program in the Ministry of Health. Responsibilities include epidemiological surveillance; ensuring safe blood supply; control of STIs; care and counseling; and provision of HIV/AIDS information.

In 1988 the Ugandan AIDS Commission was established within the Office of the President to coordinate the implementation of a broader, multisectoral strategy. (The commission currently coordinates the AIDS programs in 12 ministries.) A multisectoral National Operational Plan for Prevention of HIV Infection and Mitigation of the Health and Socioeconomic Impact of HIV/AIDS was adopted in 1993. The plan includes intensive education campaigns, condom distribution, voluntary HIV testing, and counseling and support services, while emphasizing the strengthening of communities and families to cope with the epidemic.

Positive trends in Uganda, as a result of interventions, include: delayed sexual initiation; fewer sexual relations with non-regular partners; increased condom use; reduced prevalence in pregnant women 15 to 29 years old; and an increased demand for STI services.



The government of Uganda has maintained its efforts, which are innovative, targeted, focused and ceaseless. Over 90 percent of the adult population are aware of the HIV/AIDS virus.

About 9,000 pregnant women in hospitals in Lacor, Nsambya, and Mengo will soon receive AZT to reduce vertical transmission of HIV. The first supplies were donated by Glaxo Wellcome.

This year the Ministry of Health will launch a program of voluntary door-to-door HIV testing. As many as 100 can be tested per day, using mobile screening facilities and a faster HIV test.

Encouragement from the government allows nongovernmental organizations (NGOs) to be innovative and creates a climate of free debate, making Uganda an African leader in HIV/AIDS prevention. Surrounding countries send representatives to Uganda to study groundbreaking model organizations such as the AIDS Support Organization (TASO) and Smart Talk (see the section on PVOs and NGOs)

Uganda's achievements in the fight against the epidemic have been the result of a joint effort of the government, donors, and NGOs. In 1996, the government, the UN, and other donor agencies contributed over US\$37 million to HIV/AIDS activities.

Donors

Multilateral and bilateral donors are actively engaged in HIV/AIDS activities in Uganda. According to a UNAIDS/Harvard study, bilateral

organizations contributed the following amounts in 1996-1997:

UGANDA AND HIV/AIDS

Organization	Amount US\$ 1996-97
USAID	12,160,000
DFID	5,184,000
SWISS	3,175,000
NORWAY	2,800,000
DANIDA	2,136,410
ITALY	1,900,000
EU	1,536,700
GERMANY	1,200,000
JAPAN	64,000
Total	30,156,110

Bilateral organizations' contributions 1996-1997

USAID's HIV/AIDS funding for FY 1998 was \$4.9 million. USAID activities in the prevention and control of HIV/AIDS include upgrading the skills of health care providers in the prevention and treatment of STIs, and in HIV testing and counseling, which is now available at 18 sites in eight districts. USAID supports activities such as the social marketing of condoms, a mass media HIV public-awareness campaign, and community health education. Innovative projects USAID has supported in Uganda include:

- TASO, from 1988 to the present
- In 1990 the AIDS Information Center (AIC), the first program in Africa offering voluntary and anonymous HIV counseling and testing
- The first "AIDS in the Workplace" project in Africa
- One of the first "AIDS in the Military" projects.

The United Kingdom Department for International Development (DFID) has supported a variety of activities in the last decade:

- The establishment of a model AIDS palliative care center, with an associated training wing in Kampala, and the AIC

- Counseling, education and training services, combined with medical and welfare support to AIDS patients and their families
- AIDS educational training program for traditional women-healers
- Capacity building of community-based organizations (CBOs) to carry out AIDS work, and the provision of seed funds to assist in the development of effective AIDS service organizations.

The European Union (EU) supports activities in the underserved northern districts in social marketing of condoms and peer counseling for youth; TASO's outreach counseling and care program; the AIC's voluntary and confidential HIV counseling and testing program; and Straight Talk Foundation's mass media information focused on teenagers (1999-2004, 8 million ECU).

UNAIDS' coordinating Theme Group based in Uganda, which includes representatives from UNDP, UNICEF, UNFPA, UNESCO, WHO and the World Bank, is chaired by WHO. Support from the UNAIDS cosponsors in 1996-1997 included the following:

UGANDA AND HIV/AIDS

Organization	Amount US\$ 1996-97
World Bank	16,000,000
UNDP	10,000,000
UNICEF	7,300,000
UNFPA	5,800,000
UNAIDS*	1,208,611
WHO	60,000
UNESCO	6,000
Total	40,374,611

UNAIDS cosponsor contributions 1996-1997

UNAIDS is involved in several activities, including the establishment of independent national scientific and ethical review committees for vaccine trials; workshops in preparation for vaccine trials; increased access to care for children affected by HIV/AIDS; a community HIV/TB care project; and a pilot project for the Drug Access Initiative.

The World Bank supports the STI Project (STIP) largely implemented by the Ministry of Health. STIP promotes safe sex behavior through information, education, and communication (IEC); provides condoms; and promotes STI care-seeking

behavior. STIP trains health workers in public and NGO health services in the management of PLHWA, and provides drugs for the management of tuberculosis and other opportunistic infections associated with AIDS. The project also supports innovative NGO and CBO activities including community- and home-based care. Capacity building in planning and management of HIV/AIDS programs is also part of the project.

UNFPA has supported the decentralization of HIV counseling and testing in two districts (\$320,000, 1997-98).

Private Voluntary Organizations (PVOs), Nongovernmental Organizations (NGOs) and Research Institutions

A number of PVOs and Cooperating Agencies (CAs) implement activities funded by multilateral and bilateral donors. Some of the major USAID cooperating agencies include Family Health International/IMPACT and Macro International. *See attached preliminary chart for HIV/AIDS activities target areas of PVOs and USAID CAs. This list is evolving and changes periodically.*

Key contributors to the fight against AIDS include NGOs, researchers, and traditional groups.

TASO offers counseling, outpatient clinical care and home care for PLHWA, and awareness courses for health staff, politicians, and village workers. Since 1987 nearly 50,000 PLHWA have sought assistance from this groundbreaking model organization. TASO's staff has grown from 16 to

250 and works through existing institutions rather than establishing their own centers. The 1999 budget is US\$3.5 million, funded by DANIDA, USAID, The Elton John AIDS Foundation, SIDA, DFID, and AusAID.

The Uganda Virus Research Institute serves as the Uganda research site for the HIV Network for Prevention Trials (HIVNET). HIVNET was established by the U.S. National Institute of Allergies and Infectious Disease (NIAID) in 1993 to conduct trials of promising HIV prevention strategies in the United States and abroad. Research areas in Uganda include HIV preventive vaccines, STI treatment, mother-to-child transmission prevention, and the link between HIV and tuberculosis. NIAID is sponsoring the first vaccine trial in Africa. The safety of the vaccine

UGANDA AND HIV/AIDS

called ALVACvCP205, canarypox virus, supplied by Pasteur Merieux Connaught, is being tested as an initial step in the search for a Uganda-specific vaccine.

Makerere University, in collaboration with the Uganda Virus Research Institute, the Ministry of Health, Johns Hopkins School of Public Health, Columbia University, and others, is conducting operations research on STI control for AIDS prevention in rural Rakai District. This community-based trial of intensive STI treatment and control will assess the impact of reduced STI levels on HIV incidence. The research has been supported by the National Institutes for Health, the Rockefeller Foundation, and the World Bank (1994-1999, \$6.8 million).

Traditional healers and religious institutions play an important role in HIV/AIDS prevention, counseling and care, and community support. Since 90 percent of Ugandans go to healers, TASO works through the Traditional Healers Effort Against AIDS to teach the healers AIDS prevention and how to treat opportunistic infections. The Islamic Medical Association of Uganda runs the Family AIDS Education and Prevention through Imams Project (FAEPTI). The project incorporates health information into Islamic teachings and addresses HIV risk factors such as polygamy, the use of unsterilized instruments for circumcision, and ablution of the dead without protective gloves. FAEPTI has been supported by USAID, Centers for Disease Control, World Learning, and the Ministry of Health.

Challenges

The Ugandan government is recognized throughout the world for its early and sustained dedication to fighting the HIV/AIDS epidemic. However, the struggle continues in the effort to control HIV/AIDS in Uganda, including the following areas:

- Insufficient access to health care in rural areas, where over 80 percent of the population live
- Insufficient number of counseling and testing centers
- Fatalistic attitudes that inhibit change in high-risk behaviors even for people who have knowledge of HIV prevention methods.

Areas for continued programming focus and donor support include:

- Age groups that need to be targeted separately, considering differences in lifestyle, sexual behavior and learning ability
- Interventions that are more effective when district-specific in design, since the spread of

AIDS follows a different pattern in each village and district

- Changes in legislation and social mobilization to promote women's legal rights that need reinforcing to reduce ritual cleansing and wife inheritance, provide rights to land and property, and protect the rights of PLWHA
- Special effort that is needed to inform women of their legal rights—affecting them and their children, inheritance/property rights, and sexual abuse
- Alternative income-generating opportunities that are needed for rural women in particular
- Inclusion of the AES in efforts to improve community understanding of HIV/AIDS impact on agriculture and rural development. The AES can play an important role in creating income-generating activities for youth, providing support mechanisms for AIDS-affected households (particularly widows), and building cooperation with NGOs in each district.

The Future

Although Uganda's response to the HIV/AIDS epidemic has been impressive, the challenge remains, particularly in rural areas. It will take enormous funding to improve the rural health system infrastructure from its low starting point. Alternative income-generating ventures are needed

for the new demographics of age and gender in the work force, particularly in agriculture, and for heads of households. Grassroots involvement and major donor support, along with the demonstrated high-level government commitment, are positive aspects of a difficult situation.

UGANDA AND HIV/AIDS

Important Links

1. Uganda AIDS Commission
2. National AIDS Control Program
3. UNAIDS Country Program Advisor
4. African Medical and Research Foundation: Dean Shuey, P.O. Box 10663, Kampala. Tel: (256-41) 244-565; Fax: (256-41) 244-579
5. International Community of Women Living with HIV/AIDS: Beatrice Nabwire Were, P.O. Box 4485, Kampala. Tel: (256-41) 627-870; Fax: (256-4)1267-012
6. National AIDS Documentation and Information Center: Rosemary Kindyomunda, P.O. Box 10779, c/o Uganda AIDS Commission, Kampala. Tel: (256-41) 243930; Fax: (256-41) 258438
7. National Guidance and Empowerment Network of PLWHA: P.O. Box 10005, Kampala
8. AIDS Information Center—PLI/PWHA Project, Elizabeth Ofwono, Kisenyi, Lubogo House, P.O. Box 10446, Kampala. Tel (256-41) 123-1743



**U.S. Agency for
International Development
Population, Health and Nutrition
Programs
HIV/AIDS Division**

1300 Pennsylvania Ave., N.W.
Ronald Reagan Building, 3rd Floor
Washington DC 20523-3600
Tel: (202) 712-4120
Fax: (202) 216-3046
URL: www.info.usaid.gov/pop_health



**Implementing AIDS Prevention
and Care (IMPACT) Project**

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington VA 22201 USA
Telephone: (703) 516 9779
Fax: (703) 516 9781
URL: www.fhi.org

June 1999

Uganda

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other

Cooperating Agencies

JSI/FPLM					X								X				
IMPACT		X	X	X				X			X		X	X			X
Population Council											X			X			
NIH											X		X				

PVOs/NGOs

Media for Development International		X							X								
PATH	X	X		X	X				X			X	X				
PLAN International		X	X	X					X				X	X	X		
Catholic Relief Services			X	X				X	X						X		
IPPF/WHR				X													
Center for AIDS Prevention Studies		X			X						X						
CARE				X	X				X				X				X
Medical Mission Sisters	X	X	X	X				X	X	X		X	X	X	X	X	
Civil/Military Alliance to Combat HIV/AIDS	X			X				X				X					
The AIDS Support Organization (TASO)	X	X	X						X					X			

<p>KEY:</p> <p>Advoc. Advocacy</p> <p>BCI Behavior Change Intervention</p> <p>Care/S Care & Support Activities</p> <p>Training HIV/AIDS training programs</p> <p>Cond. Condom Distribution</p> <p>SM Social Marketing</p> <p>Eval. Evaluation of several projects</p> <p>HR Human Rights activities</p> <p>IEC Information, education, communication activities</p>	<p>MTCT Mother to Child Transmission</p> <p>Research activities</p> <p>Policy HIV/AIDS research activities</p> <p>STD Policy monitoring or development</p> <p>VCT STD services or drug distribution</p> <p>Orphan Voluntary counseling and testing</p> <p>TB AIDS orphan activities</p> <p>Other TB control (i.e. blood supply, etc.).</p>
---	--