

UGANDA

Assessment of the Epidemiological Situation & Demographics	HIV/AIDS Impact on the Macroeconomic Level
<p><u>Estimated percentage of adults living with HIV/AIDS, end of 2001</u> These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: 5.0%</p> <p><u>Estimated number of deaths due to AIDS</u> Estimated number of adults and children who died of AIDS during 2001: 84,000</p> <p><u>Estimated number of orphans</u> Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: 880,000</p> <ul style="list-style-type: none"> • Uganda has been cited as Sub-Saharan Africa’s success story in its efforts to reduce HIV prevalence levels. • In Kampala, the major urban area, HIV prevalence among antenatal clinic attendees tested increased from 11% in 1985 to 25% in 1990 and then 29% in 1992. Beginning in 1993, however, HIV prevalence among antenatal clinic attendees began to decline in Kampala reaching 14% in 1998 and 11% in 2000. Median HIV prevalence among antenatal clinic attendees outside of the major urban area has declined from 13% in 1992 to 6% in 2000. In 2000, HIV prevalence from 12 sites outside Kampala ranged from 2% to 10%. Patients with Sexually Transmitted Infections (STIs) who tested positive for HIV declined from 62% in 1989 to 37% in 1997. • However, the impact of HIV/AIDS continues to weigh heavily on the country. • About 90% of new HIV infections are estimated to be due to unprotected heterosexual contact. The highest prevalence can be found among 20- to 39-year-olds. HIV/AIDS-related illnesses are the leading cause of mortality in adults 15 to 49 years old. • According to 2001 data from Johns Hopkins University, 10 to 12% of the 1 million pregnant women who deliver in Uganda per year are estimated to be HIV-infected, accounting for the birth of 30,000 to 36,000 HIV-infected children every year. • According to U.S. Census Bureau data, in 2000 life expectancy was estimated to have declined by more than 20%, from 54 to 43 years of age, since the beginning of the epidemic in the early 1980s. 	<ul style="list-style-type: none"> • In Uganda, the economic impact of AIDS-related deaths was stronger than other types of death, as households lost much of their savings in order to pay health care and funeral expenditures. Asset ownership declined when an AIDS death occurred, but remained stable when an adult died from other causes. <p><i>Source: Menon R., M.J. Wawer, J.K. Konde-Lule, N.K. Sewankambo, and C. Li. 1998. The economic impact of adult mortality on households in Rakai district, Uganda. In: Ainsworth, M., L. Fransen, and M. Over, eds. Confronting AIDS: Evidence from the developing world. Selected background papers for the World Bank Policy Research Report. European Commission: United Kingdom</i></p> <ul style="list-style-type: none"> • A study of three countries (Burkina Faso, Rwanda and Uganda) has calculated that AIDS will increase the percentage of people living in extreme poverty from 45% in 2000 to 51% in 2015. <p><i>Source: UNAIDS</i></p>
	<h3 style="margin: 0;">HIV/AIDS Impact on the Private Sector</h3>
	<ul style="list-style-type: none"> • Most firms pay burial costs such as coffins, transport of the body and a number of mourners, and 6-12 months payment of death gratuity. One sugar company in Uganda estimates this cost to total US\$500 per employee. <p><i>Source: Nabalonzi, JK, A Kaddumukasa, J Mulumba (1995) “The impact of HIV/AIDS in Project Development” 9th ICASA, Kampala Uganda, 1995.</i></p> <ul style="list-style-type: none"> • The loss of skilled labor professionals as well as managerial expertise and experienced workers due to HIV/AIDS has also had an impact on businesses in Uganda. In one banking institution in Kampala, five senior staff died from AIDS in one year. Between 1989-93, out of 250 government officials sent abroad for further studies on government sponsorship, 12 died; at least ten of these deaths were AIDS related. <p><i>Source: Nabalonzi, JK, A Kaddumukasa, J Mulumba (1995) “The impact of HIV/AIDS in Project Development,” 9th ICASA, Kampala Uganda, 1995; GPA/TCO/PMT (1994) “Master fact sheet: Socio-Economic Indicators and implications of the AIDS epidemic – Uganda,” compiled for ACP (MOH), Uganda AIDS Commission and WHO, 1994.</i></p> <ul style="list-style-type: none"> • The Uganda Railway Corporation has experienced a labor turnover rate of 15% per year in recent years. The annual hospital bill for the Corporation had increased by 1992 to US\$77,000, while the cost per patient had increased from US\$69 in 1988 to US\$300 in 1992. <p><i>Source: PANOS Institute. 1992. The Hidden Cost of AIDS. Washington, DC.</i></p>

Source: UNAIDS/WHO epidemiological fact sheet – Uganda, United States Agency for International Development (USAID) AIDS in Uganda (2002)

The National Response	Multisectoral Response*
<ul style="list-style-type: none"> • In 1986, after 15 years of civil strife, Uganda’s new head of state, President Yoweri Museveni, responded to evidence of a serious emerging epidemic with a proactive commitment to prevention that has continued to the present. • In 1992, the multi-sectoral Uganda AIDS Commission (UAC) was created to coordinate and monitor the national AIDS strategy. The UAC prepared a National Operational Plan to guide implementing agencies, sponsored Task Forces, and encouraged the establishment of AIDS Control Programs in other ministries including Defense, Education, Gender and Social Affairs. • In 1986, Uganda established a National AIDS Control Program (ACP), which launched an aggressive public media campaign that included print materials, radio, billboards, and community mobilization for a grass-roots offensive against HIV. A national sentinel surveillance system, which has tracked the epidemic since 1987, began with four sites and by 2000 included 15. • Interventions addressed women and youth, stigma and discrimination. • In 1990, the first AIDS Information Center (AIC) for anonymous Voluntary Counseling and Testing (VCT) opened in Kampala. By 1993, AIC was active in four major urban areas as more and more people became interested in knowing their sero-status. • The Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level, or AMICAALL highlights program activities in Swaziland and Uganda. AMICAALL creates a context for exploring appropriate solutions and decision-making by communities, local governments authorities, and civil society partners-including the private sector, all working together. • As of 2001, there were also reportedly at least 700 agencies—governmental and nongovernmental—working on HIV/AIDS issues across all districts in Uganda. <p><i>Source: USAID AIDS in Uganda (2002)</i></p>	<ul style="list-style-type: none"> • In 1990, the Islamic Medical Association of Uganda (IMAU) piloted an AIDS education project in rural Muslim communities that evolved into a larger effort to train local religious leaders and lay community workers. Documenting increases in correct knowledge and decreases in risky behaviors, the IMAU project was selected as a “Best Practices Case Study” by UNAIDS. • An initiative is underway by World Vision and the Policy Project to reinvigorate and strengthen the role of faith-based organizations in their response to HIV/AIDS. Capacity building for the Interreligious Council of Uganda, a consortium of major faith groups, as well as sub-grants to community-based initiatives, are emphasized. • Religious leaders and faith-based organizations have been active on the front lines of the response to the epidemic. • The AIDS/HIV Integrated Model District Program (AIM), co-sponsored by USAID and the Centers for Disease Control and Prevention (CDC), is supporting 16 districts in Uganda to plan, implement and monitor decentralized HIV/AIDS prevention, care and support services. AIM is also helping to strengthen the capacity of NGOs and community-based organizations to plan, manage, and provide essential services at national, district, and sub-district levels. • The AIDS Support Organization (TASO) was organized back in 1987, and has advocated against discrimination and stigma while pioneering a community-based approach for care of PLWA. • The HIV/AIDS Food Assistance Program is a 5-year, \$30 million project to provide food assistance to more than 60,000 individuals infected by HIV/AIDS, or living in households where food security has been undermined by HIV/AIDS. This activity is implemented by faith-based groups and other NGOs, including TASO, Catholic Relief Services, World Vision, and Africare. <p><i>*For details and contact information, please see List of Potential Direct Partners that follows</i></p> <p><i>Source: USAID AIDS in Uganda (2002)</i></p>

SELECTED LINKS AND CONTACTS:

1. USAID/Uganda, Vicki L. Moore, Mission Director, P.O. Box 7856, Kampala. Tel: (256-41) 387-387; (256-31) 387-387, Fax: (256-41) 387-292/387-293; (256-31) 387-292/387-293, Website: www.usaid.or.ug
2. AIDS Information Center. Head Office, 1321, Musajja Alumbwa Road, P.O. Box 10446, Kampala. Web site: <http://www.aidsuganda.org/>
3. National AIDS Documentation and Information Center. Rosemary Kindyomunda, P.O. Box 10779, c/o Uganda AIDS Commission, Kampala. Fax: (256-41) 25 84 38
Web site: <http://www.aidsuganda.org/>
4. Uganda AIDS Commission, 213 Sentema Road (Mengo), P.O. Box 10779, Kampala, Fax: (256-41) 258173, E-mail: uacnadic@imul.com
5. Ugandan Business Coalition on AIDS (UBCOA), Dr. Dickson Opol, Executive Director, PO Box 34301, Kampala
Tel/Fax: (256 41) 341022, Email: ubchivaids@africaonline.co.ug
6. UNAIDS/Uganda. Jantine Jacobi, Country Programme Adviser , c/o WHO, P.O. Box 24578, Kampala, Fax: (256) 41 34 40

Uganda – List Of Potential Direct Partners			
<u>Source</u>	<u>URL/Contact Info</u>	<u>What to find</u>	<u>Comments</u>
Centers for Disease Control (CDC) United States Agency for International Development (USAID)	Contact Person: Vicki L. Moore, Mission Director, P.O. Box 7856, Kampala. Tel: (256-41) 387-387 Fax: (256-41) 387-292/387-293/ (256-31) 387-292/387-293, Website: www.usaid.or.ug	Voluntary Counseling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) training materials.	The AIDS/HIV Integrated Model District Program (AIM), funded by USAID and the CDC, developed a model bringing together key public and NGO sector stakeholders to develop, design, and produce user-oriented Voluntary Counseling and Testing (VCT) and Prevention of Mother-to-Child Transmission (PMTCT) training materials using participatory and learner-centered methodologies. As a result of this effort, training materials are available for use by non-governmental organizations, community-based organizations, faith-based organizations and the private sector.
Ugandan Business Coalition on AIDS (UBCOA)	Contact Person: Dr. Dickson Opol, Executive Director, PO Box 34301, Kampala Tel/Fax: (256 41) 341022 Email: ubchivaids@africaonline.co.ug	Awareness material, information, support for workplace-related programs on HIV/AIDS.	UBC-HIV/AIDS is non-governmental service organization formed to assist in the planning, coordination, advocating and promotion of relevant HIV/AIDS prevention and treatment programs in the private workplaces and the communities. The UBCOA is committed to: <ul style="list-style-type: none"> • Preventing and minimizing exposure to HIV infections through workplace education programs • Supporting persons living with HIV/AIDS. • Encouraging a stigma free workplace environment for those living with HIV/AIDS In December 2001 the UBC on HIV/AIDS has joined the Uganda Cares partnership with AHF Global Immunity (AHF GI), an international initiative of the AIDS Healthcare Foundation, and the Ministry of Health/Government of Uganda to provide access to life-saving medical care for Ugandans living with AIDS. According to the UBCOA, the Bank of Uganda, and Newvision print media are offering 50% cost subsidy for their key staff. Agha Kan foundation is intending to initiate prevention and treatment programs for their workers. The Standard Chartered Bank Uganda has a comprehensive AIDS awareness program for its workforce. (For more details on Standard Chartered Bank, please see below)
National Guidance and Empowerment Network of People Living with HIV/AIDS in Uganda	Contact person: Major Rubaramira Ruranga–Founder and National Coordinator Mailing address: P.O. Box 10028, Kampala Telephone (with country code): (256) 41 343 301/ 77 701 820 Fax: (256) 41 343 301/ 77 250 820 E-mail: ngen@infocom.co.ug	Information and help regarding support to People Living With HIV/AIDS (PLWA).	Key activities include: Establishing networks of PLWHA at district level; follow-up of activities at the established district networks; advocacy and lobbying for the rights of PLWHA, mainly wives/mothers and their children, employees. Number of PLWA engaged in the association: Estimated 2,000 people.

National community of women living with HIV/AIDS in Uganda (NACWOLA)	Contact Persons: Dorothy Namutamba coordinator/ Kasolo Scovia–Chairperson P.O. Box 4485, Kampala Tel: (256) 41 269694 Fax: (256) 41 269694 E-mail: nacwola@infocom.co.ug	Information and help regarding support to People Living With HIV/AIDS (PLWA).	Economic empowerment; advocacy through publication of newsletters; capacity building; psychosocial support for AIDS-affected children through memory book project. Number of PLWA engaged in the association: Estimated 40,000 women.
The AIDS Support Organization (TASO)	Address: Kanyaya off Gayaza Road, P.O. Box 10443, Kampala Tel: (256) 41-567637, (256) 77 767637 Fax: (256) 41-566704, Email: tasodata@imul.com	Information and help regarding support to People Living With HIV/AIDS (PLWA).	Key activities include: <ul style="list-style-type: none"> • Provision of counseling services to people living with HIV/AIDS and their families • Provision of medical support to people living with HIV/AIDS • Provision of social/material support to people living with HIV/AIDS • Building the capacity of communities and CBOs to provide HIV/AIDS care and prevention services through the training of counselors and other categories of HIV/AIDS workers. • HIV/AIDS education to the general public and advocacy on AIDS matters.
Standard Chartered Bank – Uganda.	Head Office-Standard Chartered Bank Uganda Limited Head Office and Kampala Branch, 5 Speke Road, Kampala Tel: (041) 258211/7 or (041) 231473	Information on workplace HIV/AIDS programs, potential partner.	Standard Chartered Bank is an international commercial bank focused on emerging markets in Asia, the Indian sub-continent, the Middle East, Africa and Latin America. The company’s response to the HIV/AIDS challenge in Africa was to initiate a series of campaigns in its businesses there to educate staff, reassure them of its philosophy and policy of nondiscrimination, and provide support and services for those affected by the disease. Following on the success of the “Staying Alive” campaign, launched in 2000, the bank has launched the “Living with HIV” campaign in 2002. The company was at the forefront of the establishment of the Uganda Business Council on AIDS. <i>Source: Global Business Coalition on HIV/AIDS</i> http://www.businessfightsaids.org/wpp_tool.asp?ID=2&SearchGroup=4

IFC Against AIDS – Partnerships list

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