U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

UGANDA

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	600,000
Total Population (2001)	24,023,000
Adult HIV Prevalence (end 2001)	5.0%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	20.5%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	11.3%

Sources: UNAIDS, U.S. Census Bureau

Uganda has experienced the most significant decline in HIV prevalence of any country worldwide, and it is widely considered a model for curbing HIV/AIDS in the developing world. Innovative and rigorous approaches to HIV prevention, care and treatment; an environment of strong political will and leadership by President Yoweri Museveni, his wife, and other influential figures; and help from international and indigenous nongovernmental organizations have been essential ingredients of the social mobilization leading to Uganda's dramatic decline in HIV prevalence during the 1990s.

The first AIDS case was identified in Uganda in 1982; at the peak of the epidemic in 1992, some urban areas were registering prevalence rates of more than 30 percent. According to the Ministry of Health, in 1995, adult national HIV prevalence had declined to 18.5 percent and continued to decline to 14.7 percent in 1997, 9.5 percent in 1998, and 8.3 percent in 1999. At the end of 2001, UNAIDS estimated HIV prevalence among the adult population to be 5 percent, although Ministry of Health estimates were somewhat higher (8.8 percent in urban areas, 4.2 percent in rural areas). According to the Ministry, among women attending antenatal clinics, prevalence is 6.5 percent.

The decline in prevalence is evident among many population groups:

- **Urban populations.** According to UNAIDS, HIV prevalence among antenatal clinic attendees in Kampala declined from 29 percent in 1990 to 11 percent in 2000;
- **Rural populations.** Median HIV prevalence among antenatal attendees at select rural sites declined from 13 percent in 1992 to 6 percent in 2000;
- **Patients with sexually transmitted infections**. In 1995, sexually transmitted infection patients had a prevalence of 36 percent; by 1999, it had dropped to 23 percent, and by 2000, to 21 percent;
- **Sex workers**. In the early 1980s, sex workers had an infection rate of about 80 percent; in 2000, sex workers tested in Kampala had a rate of 28 percent.

Map of Uganda: PCL Map Collection, University of Texas

Although the decline in HIV prevalence is an example of what is possible, the fight against HIV/AIDS is far from over and the impact of the disease continues to be considerable. UNAIDS estimates that, at the end of 2001, Uganda had some 600,000 people living with HIV/AIDS and some 880,000 orphans under age 15.

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Estimates by the Ministry of Health are considerably higher: more than 1 million people living with HIV/AIDS and more than 1.7 million cumulative children orphaned by AIDS.

The impact of HIV/AIDS on the economy, society, and families is considerable. According to the Ministry of Health, nearly 80 percent of those infected are between the ages of 15 and 45—economically important years in which adults are both productive members of society and taking care of families. Girls and young women are particularly affected; females, ages 15–19, for example, are four to six times more likely to contract HIV than males of the same age because of earlier age of first sex and exposure through cross-generational sex. After age 30, men tend to have higher infection rates than women. Overall, about 54 percent of cases are females.

Heterosexual transmission accounts for 75 percent to 80 percent of new infections, and mother-to-child transmission (including through breastfeeding) accounts for 15 percent to 25 percent of cases. Use of infected blood and blood products and aseptic conditions in health facilities account for 2 percent to 4 percent of HIV infection, and sharing of nonsterile piercing instruments accounts for less than 1 percent. According to the AIDS Commission, more research is needed to determine the extent of infection acquired through other means, such as homosexual contact.

According to U.S. Census Bureau estimates, in 2000, life expectancy had declined by more than 20 percent, from 54 to 43 years of age, since the beginning of the epidemic in the early 1980s. The crude death rate was estimated to be 50 percent higher, the infant mortality rate 11 percent higher, and the child mortality rate (for children under 5) to be 23 percent higher, than they would be in the absence of AIDS.

National Response

Strong political leadership for a social revolution has been the hallmark of Uganda's success in curbing the HIV/AIDS epidemic, with President Museveni pursuing aggressive policies to combat the epidemic since he took office in 1986. The first AIDS Control Program was established in the Ministry of Health in 1986, followed by similar efforts in other Ministries as Uganda recognized that a multisectoral response would be needed to control HIV/AIDS. In 1992, in recognition that HIV/AIDS has both causes and consequences that go beyond the health sector, the Uganda AIDS Commission was created and placed in the Office of the President. Its goal was to provide a stronger platform for joint planning and coordination among ministries at the national, district, and community levels, and to solidify the multisectoral approach to the disease known as "Slim" because of its wasting effects on those who contracted it.

Uganda's multisectoral response, solidified in the Multisectoral Approach to the Control of AIDS policy adopted in 1993, has been an important ingredient in reducing the extent and impact of the epidemic, as were an early focus on prevention and a commitment to openness and effective communication. Decentralized planning and implementation of key interventions were also important. As of 2001, at least 700 agencies—governmental and nongovernmental—were estimated to be working on HIV/AIDS issues across all districts in Uganda, with religious leaders and mainstream faith-based organizations among those playing an important role in AIDS education, prevention, and care.

Uganda's National Strategic Framework for HIV/AIDS activities, first developed in 1997 and revised in 2000 to cover the period 2000–2002 to 2005–2006, is a key document putting HIV/AIDS into the country's broader national development activities and goals. The Strategy specifies the following goals:

- Reducing HIV prevalence by 25 percent by the year 2005–2006;
- Mitigating the health and socioeconomic effects of HIV/AIDS at individual, household, and community levels;
- Strengthening the national capacity to respond to the epidemic;
- Strengthening systems, service delivery, and effective resource mobilization as key elements in improving HIV/AIDS services for Uganda's urban and rural populations;
- Incorporating equity, affordability, quality, and access as key factors in achieving sustainable and measurable reforms across all sectors.

USAID Support

The U.S. Agency for International Development (USAID) was one of the first donor agencies to respond to the HIV/AIDS epidemic in Uganda and has been the largest bilateral donor since 1988, contributing more than $80 million.

In 2003, the USAID/Uganda budget for HIV/AIDS is more than $27 million, up from $20 million the previous year. The new USAID Integrated HIV/AIDS Strategy for 2002–2007 is designed to support Uganda's focus on poverty alleviation and reduce the prevalence and mitigate the impact of HIV/AIDS, as detailed in the National Strategy. In working with Uganda on its HIV/AIDS goals, USAID is looking to build on previous successes.

Voluntary counseling and testing

USAID has supported HIV voluntary counseling and testing in Africa for more than a decade. The first AIDS Information Center for anonymous testing opened in Kampala in 1990, and by 1993, four major urban areas were providing testing. Uganda pioneered the concepts of "same-day results" using rapid HIV tests and "posttest clubs" to provide support for behavior change to anyone who had been tested (regardless of their serostatus). Uganda emphasized voluntary counseling and testing before it was widely recommended internationally as a prevention strategy. The AIDS Information Center, which receives about 80 percent of its budget from USAID, as of 2002, had tested more than 500,000 people. It has counseling and testing sites in 22 districts and was planning to add 11 more.

Care and support

Uganda, with its heavy emphasis on prevention and education, has also done an excellent job of providing care and support for people living with HIV/AIDS. The AIDS Support Organization, the first and largest indigenous organization providing care and support in Africa, has provided care and support to more than 60,000 individuals and their families and to more than a 1,000 orphans and vulnerable children. It also operates a training center for counseling, training of trainers, community work, and project management. Along with other care organizations, it makes important contributions to prevention efforts, exemplifying the prevention-to-care continuum that characterizes Uganda's approach. Formed in 1987, the AIDS Support Organization has received support from USAID since 1988.

Information and education

Highly effective information and education programs have contributed to positive behavior changes in Uganda, and thus contributed to the declines in HIV prevalence and incidence. These programs are generally community-based, culturally tailored, and often personal (i.e., relying on face-to-face communication); they focus on "safer sex" messages. The message to men is "zero grazing," emphasizing faithfulness to one partner. Youth are encouraged to remain abstinent and delay first sex. For those who cannot wait or who will not be faithful, the programs encourage condom use.

Community-based organizations and faith-based organizations

Communities have played an important role in Uganda's success in mobilizing care and support for people living with HIV/AIDS, as well as in delivering interpersonal prevention messages. Community-level responses have been essential in a variety of initiatives, including home-based care, support for orphans and vulnerable children, and HIV/AIDS prevention and mitigation. Much of this work has been done through community-based organizations and faith-based organizations. These organizations are sometimes the only ones able to reach rural or isolated areas. Mainstream faith-based organizations are very influential in Uganda, and early and significant involvement of Protestant, Catholic, and Muslim leaders has been particularly helpful in raising awareness and promoting behavior change, as well as in creating a climate without stigma or discrimination. USAID funds a range of these organizations.

Decentralizing HIV/AIDS prevention, care, and support

Since 2002, USAID has supported an integrated model district program to strengthen HIV/AIDS prevention and care and support services at the district and subdistrict level. The project provides support to 16 selected districts to plan, implement, and monitor decentralized HIV/AIDS prevention, care, and support activities. It will also strengthen the capacity of nongovernmental organizations to plan, manage, and provide essential services at national, district, and subdistrict levels. As of May 2003, it had provided more than $500,000 to 138 district-level organizations and developed and piloted a voluntary counseling and testing manual with key partners. It also had developed the tools to assess whether the quantitative and qualitative outcomes of this project—in terms of the services provided and the integration and partnership achieved—make it a model for national replication. In a project begun in late 2002, USAID provides HIV/AIDS services in 20 districts as part of an integrated multisectoral program including health and education services.

Condom social marketing

The social marketing of condoms has played a key role in Uganda's success to date. Although the president and some religious leaders initially opposed promoting condom use, by the mid-1990s, they had abandoned that opposition, and millions of condoms have now been distributed through health centers and nongovernmental organizations. Condom sales and reported condom use have increased significantly, with commercial sex workers reporting near 100 percent levels, and other reporting high use, particularly with nonregular partners.

Orphans and vulnerable children

In addition to its support for orphans and vulnerable children through community-based and faith-based organizations, USAID supports research on the situation of these children that will provide the foundation for a national policy and strategic plan to address this urgent issue.

For More Information

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USAID HIV/AIDS Web site, Uganda:
http://www.usaid.gov/pop_health/aids/Countries/africa/uganda.html

U.S. Embassy/Uganda
http://usembassy.state.gov/kampala

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.

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