Uganda

Prepared for the Consultative Meeting on Strategies for increasing the engagement of the Private Sector in the National HIV/AIDS Agenda in MAP countries

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UGANDA COUNTRY PAGE

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Assessment of the Epidemiological Situation and Demographics

Estimated percentage of adults living with HIV/AIDS, end of 2001
These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: **5%**

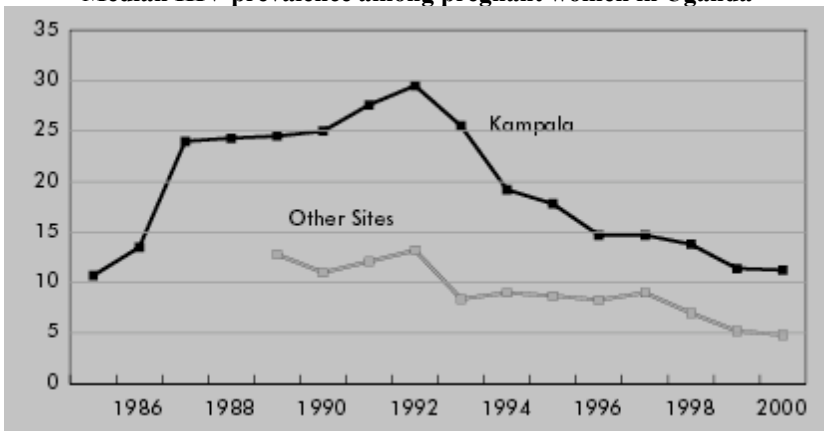
Estimated number of deaths due to AIDS
Estimated number of adults and children who died of AIDS during 2001: **84,000**

Estimated number of orphans
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**

- 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 29.4% in 1992. Beginning in 1993, however, HIV prevalence among antenatal clinic attendees began to decline in Kampala reaching 13.8% in 1998 and 11.25% in 2000.** Median HIV prevalence among antenatal clinic attendees outside of the major urban area has declined from **13% in 1992 to 5.9% in 2000.**
- **Sex workers studied in the early 1980s in Uganda had an HIV infection rate of about 80% but in 2000, sex workers tested in Kampala had a rate of 28.**
- **In 1995, the overall HIV prevalence among STI patients in the Kampala site had declined from 35.9% to 23% in 1999 and to 20.5% in 2000.**
- Studies conducted among secondary school students in Gulu district, Northern Uganda noted a decline in HIV prevalence from 2.0% in 1994 to 0.8% in 1998.

Source: UNAIDS/WHO Epidemiological fact sheet – 2002 Update

Median HIV prevalence among pregnant women in Uganda



Source: HIV/AIDS Surveillance Report, STD/AIDS Control Programme, Ministry of Health, Uganda, June 2001.

HIV/AIDS Impact on the Macroeconomic level

ß **HIV/AIDS is now estimated to annually reduce GDP by up to 2% in severely affected countries like Uganda. Agricultural production has been shown to decreas by 37-61% in such countries.** It has been observed in some parts of Uganda that there i a shift from high to low labour-intensive farming systems and a decline in production o cash crops.

Source: Ugandan AIDS Commission

ß **According to current estimates, providing triple combination antiretroviral therap to HIV-positive adults in Uganda would cost about US$50 million annually.**

ß **AIDS will reduce both the size and growth of Uganda's labor force so that, by th year 2010, there will be approximately 2 million fewer people, or about 12% less due to the impact of AIDS. It is believed that, in 1995, 20% or more of the urban work force in both government and private enterprise were already infected with HIV.**

Sources: L. Bollinger, J. Stover, V. Kibirige "The Economic Impact of AIDS in Uganda (September 1999) The Futures Group International in collaboration with: Research Triangl Institute (RTI) and The Centre for Development and Population Activities (CEDPA); Ugand AIDS Commission, 2003

HIV/AIDS Impact on the Private Sector

- Most firms pay burial costs such as coffins, transport of the body and a number o mourners, and 6-12 months payment of death gratuity. One sugar company in Ugand estimates this cost to total US$500 per employee, which greatly reduces their funds fo investment.
- The loss of skilled labor professionals as well as managerial expertise and experience workers due to HIV/AIDS has also had an impact on businesses in Uganda. **In on 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 o government sponsorship, 12 died; at least ten of these deaths were AIDS-related** This represents a substantial loss of investment in human capital by the government.
- Two technical cooperation projects could not be turned over to the Ugandan governmen because key personnel had died and had to be replaced before the transfer took place.
- The Uganda Railway Corporation has been hard hit by AIDS among its employees experiencing a labor turnover rate of 15 percent per year in recent years. The annua hospital bill for the Corporation had increased by 1992 to US$77,000, while the cost pe patient had increased from US$69 in 1988 to US$300 in 1992.

Source: L. Bollinger, J. Stover, V. Kibirige "The Economic Impact of AIDS in Uganda (September 1999) The Futures Group International in collaboration with: Research Triangl Institute (RTI) and The Centre for Development and Population Activities (CEDPA)

National Response	Multisectoral Response
• Strong political leadership has been the hallmark of Uganda's success in curbing the HIV/AIDS epidemic since the late 1980s. With the establishment of the first National AIDS Control Program in 1986 and **the Ugandan AIDS Commission (UAC)** in 1992, President Museveni has pursued a firm and consistent policy to combat HIV/AIDS since he took office. Uganda's multisectoral approach to addressing HIV/AIDS, formally adopted in 1990, has played a key role in reducing the impact of the epidemic. Faith-based organizations, NGOs, and community service organizations were among the first to respond to community-level needs for prevention, care, support, and treatment services. • In 1992, the UAC was established to coordinate the national multisectoral response, thereby creating a stronger platform for joint planning and coordination among ministries and non-government partners at the national, district, and community levels. With decentralization and the creation of the Local Government Act, districts are becoming more proactive in mobilizing resources that link with community-level initiatives for socioeconomic mitigation and care of vulnerable groups. Expanded partnerships with district and sub-district community service organizations are also helping to broaden geographic coverage and access to services. • **The National Strategic Framework for HIV/AIDS Activities (NSF, 2000/1 - 2005/6)** is an intersectoral, multi-disciplinary plan, involving all Government line Ministries and the associated non-government actors. The government is pursuing a policy of decentralization with the objective of strengthening local governments and empowering communities to assess and monitor local responses to HIV/AIDS. The NSF is prepared through joint planning processes involving representatives from government, UN and bilateral agencies, People Living with HIV/AIDS, NGOs, faith-based organizations, and the private sector. The present NSF, drawn up in 2000, is the third generation of its kind, the others having been prepared in 1993 and 1997. • An elaborate and highly efficient HIV/AIDS Partnership was developed at the central level in 2000 for improved coordination of the national response. Key components of the Partnership include a Partnership Committee (PC) and Self-Coordinating Entities (SCEs). The Private Sector is one of SCEs, which meet regularly to address all HIV/AIDS policy and technical issues. • **A Guideline for District HIV/AIDS Coordination was also developed during 2002.** Each District is being assisted to establish a District AIDS Taskforce and a Committee to lead, respectively, political and technical coordination. Similar structures are being created at sub-district level. *Source: USAID, HIV/AIDS in Namibia ; Uganda AIDS Commission, 2003*	• **USAID** supported **the Uganda Federation of Employers** to implement a highly successful nationwide workplace HIV prevention programme during the late 1980s and early 1990s. • **USAID/Uganda** collaborates with and supports the government and NGOs working within the NSF. In FY 2001, the USAID/Uganda budget for HIV/AIDS was $13.4 million, up from $9.3 million the previous year. • USAID provides assistance to the **AIDS Information Center (AIC**) and **the AIDS Support Organization (TASO).** Both organizations continue to be a model for the rest of Africa. The AIC is the first and largest organization in Africa to provide voluntary counseling and testing and, to date, has served more than 500,000 Ugandans. TASO, the first indigenous AIDS organization in Africa, has provided care and support services to more than 60,000 registered individuals and their families. In addition to adult clients, TASO currently serves more than 1,000 orphaned and/or vulnerable children. • USAID and the **Center for Disease Control and Prevention (CDC**), through an interagency collaboration, are supporting a 5-year, $20 million project to develop comprehensive, integrated HIV/AIDS Model Districts. This project, AIDS/HIV Integrated Model District Programme (AIM), supports 16 districts 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. • Working with **World Vision and the Policy Project,** an initiative is underway 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 subgrants to community- based initiatives, are emphasized. • **The World Bank**, under the Multicountry HIV/AIDS Program, has provided $47.5 million for the HIV/AIDS Control Project. This Project will support Uganda's National Strategic Framework, which aims at reducing the spread of HIV infection, mitigating the health, and socioeconomic impact of HIV/AIDS at individual, household, and community levels, and strengthening the national capacity to respond to the epidemic. • **UNAIDS through the Great Lakes Initiative (GLIA)** is supporting a prevention and care support project by the Amalgamated Transport Workers Union along the Uganda section of trans Africa road axis from Mombasa to the DR Congo.

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