



# FY2008 Country Profile: Uganda

**National HIV prevalence rate among adults (ages 15-49): 5.4 percent<sup>1</sup>**  
**Adults and children (ages 0-49) living with HIV at the end of 2007: 940,000<sup>1</sup>**  
**AIDS deaths (adults and children) in 2007: 77,000<sup>1</sup>**  
**AIDS orphans at the end of 2007: 1.2 million<sup>1</sup>**

Under PEPFAR, Uganda received nearly \$90.8 million in Fiscal Year (FY) 2004, more than \$148.4 million in FY2005, approximately \$169.9 million in FY2006, and \$236.6 million in FY2007 to support a comprehensive HIV/AIDS prevention, care and treatment program. PEPFAR is providing \$283.6 million in FY2008.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 — the largest international public health initiative aimed at a single disease that any nation has ever undertaken. Working in partnership with host nations, over ten years PEPFAR plans to support treatment for at least 3 million people; prevention of 12 million new infections; and care for 12 million people, including 5 million orphans and vulnerable children. To meet these goals, PEPFAR will support training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment and care.

## Partnership to Fight HIV/AIDS

The U.S. Government (USG) response was strongly influenced by the Ugandan response to HIV/AIDS, which is viewed as a model for the rest of sub-Saharan Africa. Uganda's strategy involves strong public commitment; mass mobilization and education efforts; political openness; an extraordinary range of community- and faith-based partners; and the political vision that recognizes HIV/AIDS as a threat to development, as well as a health problem. The national coordinating body is the Uganda AIDS Commission, which oversaw the creation of the National Strategic Framework (2000 - 2006) and is currently developing the new five-year National Strategic Plan (2007 - 2012).

Uganda was a pioneer among African governments in responding to the HIV/AIDS epidemic. In 1986, the Ministry of Health created the STD/AIDS Control Program – the first HIV/AIDS control program in sub-Saharan Africa. There are now 13 active HIV/AIDS control programs in government ministries. In addition, almost 2,000 indigenous Ugandan non-governmental and faith-based organizations contribute to the national response – a best practice of the Ugandan response.

## The USG response builds on several key principles. Those include:

- Supporting a strong family and community response;
- Improving service delivery systems and institutions;
- Implementing a broad portfolio of proven interventions and innovative new activities; and
- Supporting the establishment of the network model that links services, communities and families.

<b>PEPFAR Results in Uganda</b>	
# of individuals receiving antiretroviral treatment as of September 30, 2008 <sup>1</sup>	<b>145,000</b>
# of HIV-positive individuals who received care and support in FY2008 (including TB/HIV) <sup>1</sup>	<b>392,100</b>
# of orphans and vulnerable children (OVCs) who were served by an OVC program in FY2008 <sup>1</sup>	<b>754,000</b>
# of pregnant women receiving HIV counseling and testing services for PMTCT since the beginning of PEPFAR <sup>1,2</sup>	<b>2,076,300</b>
# of HIV-positive pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of PEPFAR <sup>1,3</sup>	<b>104,000</b>
# of counseling and testing encounters (in settings other than PMTCT) in FY2008 <sup>1</sup>	<b>2,043,400</b>
# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2008	<b>4,519,800</b>
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2008	<b>1,737,000</b>
# of USG condoms shipped from Calendar Year 2004 to 2008	<b>133,911,000</b>

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

<sup>1</sup> Total results combine individuals reached through downstream and upstream support. <sup>2</sup> It is possible that some individuals were counseled and tested more than once. <sup>3</sup> It is possible that some pregnant women received antiretroviral prophylaxis more than once over the four-year period, e.g. HIV positive women who were pregnant more than once.



# PEPFAR Activities in Uganda

## HIV/AIDS in Uganda

Uganda faces a generalized HIV epidemic. There were sharp declines in HIV prevalence in the mid- and late-1990s, but in recent years, prevalence trends have stabilized. In 2007, the national HIV prevalence rate among adults ages 15 to 29 was estimated at 5.4 percent. Nationwide, HIV prevalence is higher in urban areas than in rural areas. Major vulnerable population groups include young women, people in prostitution and military personnel.<sup>2</sup> Transmission occurs mainly through heterosexual contact (75 to 80 percent), while mother-to-child HIV transmission accounts for 15-25 percent of new infections. Adherence to behavior changing practices is weak; a 2004 to 2005 national household survey found condom use was erratic (only about half the men and women surveyed reported using a condom the last time they had sex with a casual partner), and almost one in three men said they had had more than one sexual partner in the previous year.

## Challenges to PEPFAR Implementation

Certain traditional practices in Uganda hasten the spread of HIV infections, including widow inheritance, polygamy, wife sharing, blood brotherhood and infertility-related practices. Moreover, traditional marriage values prevent a woman from acting against a husband who places her at risk. This cultural aspect along with the value placed on large families and social pressure on women to frequently reproduce increases the number of HIV-infected women and children. Discrimination and stigma remain significant and the practice of self stigmatization is one of the greatest threats, as people resist seeking treatment and care for fear of being identified and maligned by co-workers and peers. The cost of drugs and laboratory services also remains high.<sup>2</sup> There are gaps at all levels in capacity, infrastructure and resources. Poverty and the devastating effects of the conflict in the north exacerbate these gaps.



## Critical Interventions for HIV/AIDS Prevention:

- Supported an increase in the number of PEPFAR-supported service outlets providing a minimum package of prevention of mother-to-child HIV transmission (PMTCT) services from 100 outlets in FY2004 to 760 outlets by the end of FY2008. Additional service outlets have reached more pregnant women at community levels, including hard-to-reach areas, such as camps for internally displaced persons and conflict regions.
- Supported the Ugandan President's Initiative for AIDS Strategy Communication for Youth (PIASCY), an initiative that reaches students with HIV prevention messages focused on abstinence and faithfulness.
- Piloted "Prevention for Positives" interventions, including partner testing, sexually transmitted infection diagnosis, antiretroviral treatment, referrals for family planning and PMTCT, targeting people living with HIV/AIDS. One of the most critical steps in prevention is the adoption of behaviors that prevent the spread of infection by people who are living with HIV/AIDS.

## Critical Interventions for HIV/AIDS Treatment:

- Supported 289 sites in FY2008 providing antiretroviral treatment, and trained or re-trained, according to national and/or international standards, 5,200 health workers in the provision of treatment.
- Supported 170 laboratories in FY2008 that now have the capacity to perform HIV tests, CD4 tests and/or lymphocyte tests.

## Critical Interventions for HIV/AIDS Care:

- Supported a diverse range of organizations in Uganda involved in delivery of HIV/AIDS care services, including organizations delivering clinical and facility-based care, home-based care, and community outreach programs. Networks have been established among organizations providing care services and the communities they serve as a mechanism to expand access to a comprehensive package of care for people living with HIV/AIDS. Through these interventions, access to palliative care significantly increased.
- Trained or retrained 7,400 health workers in counseling and testing in FY2008.

<sup>1</sup> UNAIDS, Report on the Global AIDS Epidemic, 2008.

<sup>2</sup> WHO, Summary Country Profile on HIV/AIDS Treatment Scale-up – Uganda, 2005.