

# Office of the United States Global AIDS Coordinator

Providing leadership, coordination and oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief

U.S. Department of State

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## Country Profile — *Uganda*

U.S. President's Emergency Plan for AIDS Relief



## **HIV/AIDS Situation in Uganda**

HIV Infected: 530,000<sup>1</sup>
AIDS Deaths: 78,000<sup>1</sup>
AIDS Orphans: 2 million<sup>2</sup>

Since 1992, HIV prevalence in Uganda has dropped by more than 50 percent, and significant changes in HIV-related behaviors have been documented. The overall prevalence of HIV/AIDS in the country is 7.0 percent, with prevalence estimates of roughly 10.7 percent and 6.4 percent for the urban and rural populations, respectively.<sup>2</sup> Transmission is mainly through heterosexual sex (75 to 80 percent). Mother-to-child-transmission accounts for 15-25 percent of new infections.

## **U.S. Government Response**

Uganda's response to HIV/AIDS has been comprehensive, and is viewed as a model for the rest of sub-Saharan Africa. Uganda's strategy to combat HIV/AIDS includes strong public commitment, mass mobilization and education efforts, political openness about HIV/AIDS, an extraordinary range of community-based 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 (UAC). Under the leadership of UAC, Uganda created its National Strategic Framework (NSF) 2000/1-2005/6.

Uganda was a pioneer among African governments in responding to the HIV/AIDS epidemic. In 1986, the Ministry of Health (MOH) created the STD/AIDS Control Program (STD/ACP) – the first 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 nongovernmental and faith-based organizations (NGOs and FBOs) contribute to the national response -- a best practice unique to Uganda.

The U.S. Government (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;
- Supporting the establishment of the network model, which links services, communities and families.

As of March 2005, the USG supported 54 active international and local partners implementing a range of prevention, care, treatment and system strengthening interventions in all 14 program areas supported by the U.S. President's Emergency Plan for AIDS Relief (the Emergency Plan).

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, NGOs and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Uganda is one of 15 focus countries of the Emergency Plan which collectively represent at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Uganda received more than \$90.7 million in FY2004 to support a comprehensive HIV/AIDS prevention, care and treatment program. In FY2005, the U.S. is committing an additional \$143.7 million to support Uganda's fight against HIV/AIDS.



## Emergency Plan Achievements in Uganda

### Challenges to Emergency Plan 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 HIVinfected children. Further, discrimination and stigma remain significant and the practice of selfstigmatization is one of the greatest threats, as people resist seeking care for fear of being identified and maligned by co-workers and peers. 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.

# of individuals reached with community outreach HIV/AIDS prevention pro- grams that promote Abstinence and Being Faithful	13,095,700
# of pregnant women receiving prevention of mother to child HIV transmission ( PMTCT) services	131,200
# of pregnant women receiving antiret- roviral prophylaxis	6,600
# of individuals receiving counseling and testing	458,700
# of HIV-infected individuals who re- ceived palliative care/basic health care and support	154,600
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	87,600
# of individuals receiving upstream system strengthening support for treatment 2	11,400
# of individuals receiving downstream site specific support for treatment <sup>3</sup>	39,500

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

## **Critical Interventions for HIV/AIDS Prevention**

- As of March 2005, USG supported 15 prime partners in the six prevention program areas. Between October 2004 and March 2005, these partners, working in different program areas, reached more than 3.48 million individuals with community-based behavioral change interventions focusing on abstinence and faithfulness, including more than 3 million reached with abstinence activities.
- USG supported comprehensive community-based ABC (abstinence, be faithful and condom use) interventions targeted at those populations most at-risk populations for HIV infection.
- ◆ USG-supported partners expanded interventions to improve blood safety from no blood safety facilities to 158 facilities.
- USG continued to expand quality prevention of motherto-child HIV transmission (PMTCT) services. USGsupported PMTCT services, including counseling and testing, are now available in 177 facilities in 33 districts.

## **Critical Interventions in Care and Support**

- Working in different program areas, 21 USG partners supported palliative care for well over 100,000 people living with HIV and AIDS.
- USG-supported basic palliative care services are now available in 700 facilities and community-based service outlets in 39 districts.
- USG-supported orphans and vulnerable children (OVC) services are available in 146 community and institutionbased service outlets in 33 districts.
- USG-supported counseling and testing services are provided in 464 community-based service outlets in 50 districts.

#### **Critical Interventions for HIV/AIDS Treatment**

- As of March 2005, USG supported nine partners to provide antiretroviral treatment (ART). These partners served a total of 39,538 clients in more than 60 service outlets in 27 districts.
- About 78 percent of all patients on ART in Uganda receive support from USG.

Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

Number of individuals reached through downstream site-specific support includes those

Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.