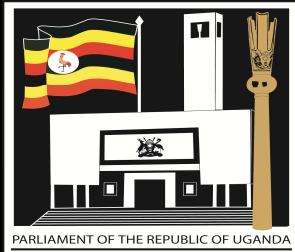




SUCCESSFUL APPROACHES AND LESSONS LEARNT FROM THE NATIONAL HIV/AIDS AND RH PROGRAMS IN UGANDA

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Magnitude of HIV/AIDS Pandemic

- Number of people living with HIV continues to increase in all regions of the World. In 2007, over 33 Million people were living with HIV – 31M aged 15 yrs or over and more than 2 M children under the age of 15 – MTCT – 90% in SSAfrica
- More than 2/3 of the estimated 33 million people infected with HIV live in SS-Africa – home to just 14% of the World population. More than 2.5 million new infections occurred globally during 2007 and majority in Sub-Saharan Africa

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Magnitude of HIV/AIDS Pandemic

- The worst affected region in the World is Southern Africa with adult (aged 15-49) prevalence of 22%
- Outside of Africa, the Caribbean has the highest adult HIV prevalence at 1.6%.
- Since the disease was first diagnosed in 2001, over 25 million people have died from AIDS. Among the 2.1 million death due to AIDS in 2007, more than $\frac{3}{4}$ occurred in Africa.
- AIDS 4th leading cause of death but 3rd in 2030

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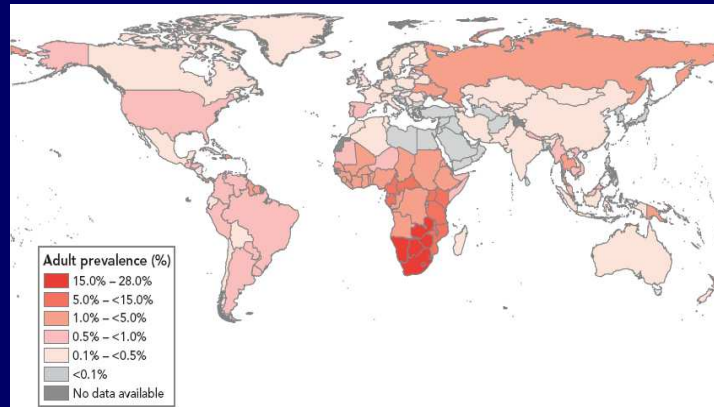
Magnitude of HIV/AIDS Pandemic

- Globally children under the age of 15 account for one in every seven deaths caused by AIDS.
- Globally, an estimated 15.2 million children under the age of 18 have been orphaned by AIDS. By the end of 2005, about 12 million children under the age of 18 in Africa had lost one or both parents
- Caring for increasing number of orphans (18 M by 2010) poses a major social problem, expected to worsen as more parents die of AIDS

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A global view of HIV infection

33 million people [30–36 million] living with HIV, 2007



Regional HIV and AIDS statistics and features, 2007

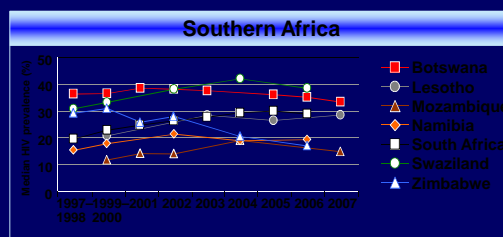
	Adults & children living with HIV	Adults & children newly infected with HIV	Adult prevalence (15–49) [%]	Adult & child deaths due to AIDS
Sub-Saharan Africa	22.0 million [20.5 – 23.6 million]	1.9 million [1.6 – 2.1 million]	5.0% [4.6% – 5.4%]	1.5 million [1.3 – 1.7 million]
Middle East & North Africa	380 000 [280 000 – 510 000]	40 000 [20 000 – 66 000]	0.4% [0.2% – 0.4%]	27 000 [20 000 – 35 000]
South and South-East Asia	4.2 million [3.5 – 5.3 million]	330 000 [150 000 – 590 000]	0.3% [0.2% – 0.4%]	340 000 [230 000 – 450 000]
East Asia	740 000 [480 000 – 1.1 million]	52 000 [29 000 – 84 000]	0.1% [<0.1% – 0.3%]	40 000 [24 000 – 63 000]
Latin America	1.7 million [1.5 – 2.1 million]	140 000 [88 000 – 190 000]	0.3% [0.4% – 0.6%]	63 000 [49 000 – 98 000]
Caribbean	230 000 [210 000 – 270 000]	20 000 [16 000 – 25 000]	1.1% [1.0% – 1.2%]	14 000 [11 000 – 16 000]
Eastern Europe & Central Asia	1.5 million [1.1 – 1.9 million]	110 000 [67 000 – 180 000]	0.8% [0.6% – 1.1%]	58 000 [41 000 – 88 000]
Western & Central Europe	730 000 [580 000 – 1.0 million]	27 000 [14 000 – 49 000]	0.3% [0.2% – 0.3%]	8 000 [4 800 – 17 000]
North America	1.2 million [760 000 – 2.0 million]	54 000 [9 600 – 130 000]	0.6% [0.4% – 0.9%]	23 000 [9 100 – 55 000]
Oceania	74 000 [66 000 – 93 000]	13 000 [12 000 – 15 000]	0.1% [0.3% – 0.5%]	1 000 [<1000 – 1400]
TOTAL	33 million [30 – 36 million]	2.7 million [2.2 – 3.2 million]	0.8% [0.7% – 0.9%]	2.0 million [1.8 – 2.3 million]

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

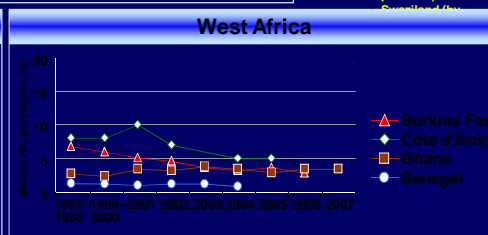
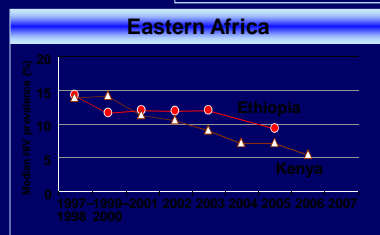
Over 7400 new HIV infections a day in 2007

- More than 96% are in low and middle income countries
- About 1000 are in children under 15 years of age
- About 6300 are in adults aged 15 years and older of whom:
 - almost 50% are among women
 - about 45% are among young people (15-24)

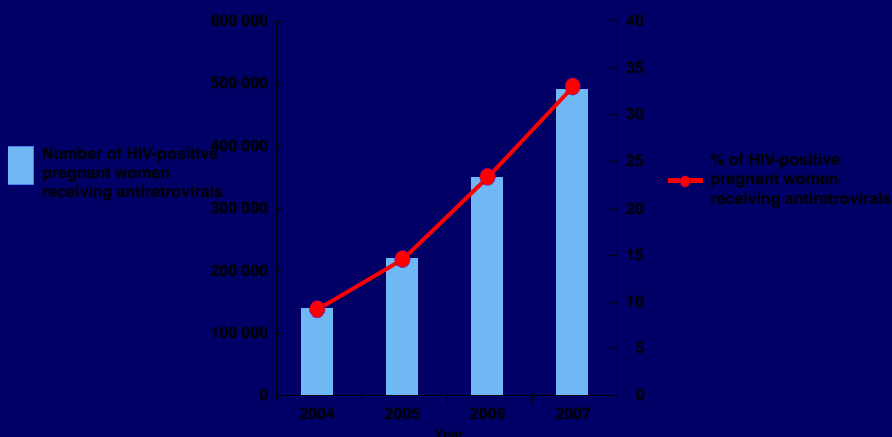
HIV prevalence (%) among pregnant women attending antenatal clinics in Sub-Saharan Africa, 1997–2007



NOTE: Analysis restricted to consistent surveillance sites for all countries except South Africa (by province) and Swaziland (by region).



Number and percentage of HIV-positive pregnant women receiving antiretroviral prophylaxis, 2004–2007



Source: UNAIDS, UNICEF & WHO, 2008; data provided by countries.

International shame: HIV in babies/children

- Globally more than 2 M children under the age of 15 are living with HIV nearly all acquired from parents and 90% live in SSAfrica
- In Uganda, 27,000 new infections occur in babies MTCT comprises 21% of all new HIV cases
- In USA, MTCT comprises of 0.004% of all new HIV cases. PMTCT technologies being used in the developed world with great success
- 1.2-1.4 m pregnant @yr – less than 500,000 tested & less than 30% in need get ART for PMTCT

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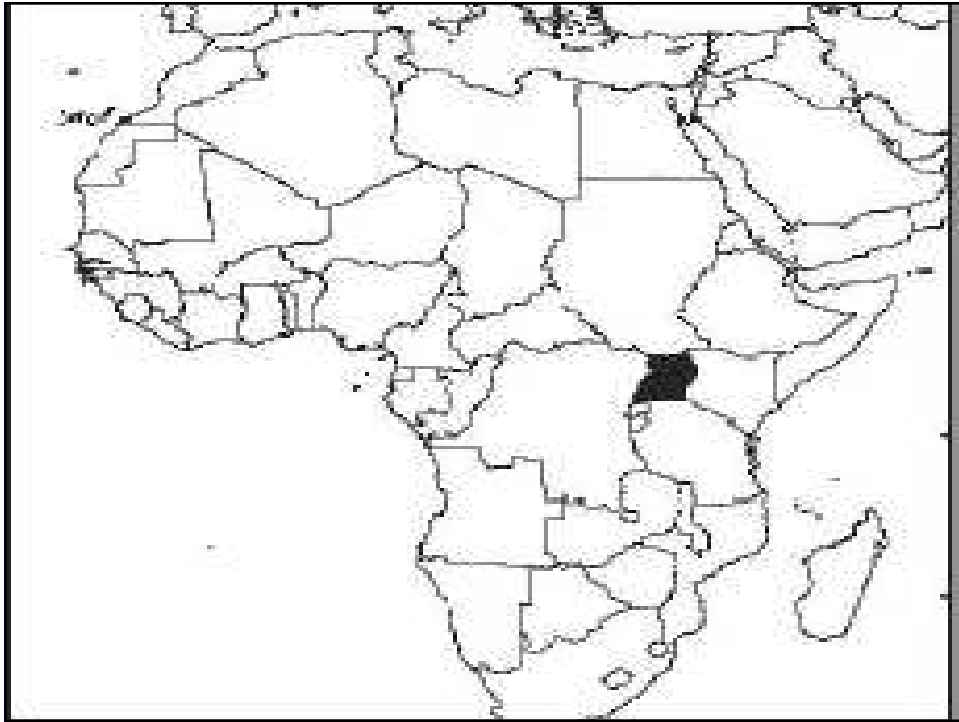
Why high HIV Prevalence in Africa?

There is no known reason but there are some confounding factors such as:

- Poverty, Poor health systems
- Lack of political commitment, Cultural and religious norms, High levels of illiteracy, Low status of women, Malnutrition, High STD rates e.g. genital herpes. Genetic – e.g. protection VS malaria increase risk for HIV
- Concurrent multiple partnerships in Africa vs. serial monogamy in the developed World

Past HIV prevalence trends in selected countries

Country	1990	1994	1997	1999	2001
Botswana	5.0	18.0	25.1	35.8	38.8
Kenya	5.2	8.3	11.6	14.0	15.0
Malawi	8.0	13.6	14.9	16.0	15.0
South Africa	0.3	3.2	12.9	19.9	20.1
Uganda	18.5	14.5	9.5	8.3	5.0
Zimbabwe	16.5	17.4	25.8	25.1	33.7

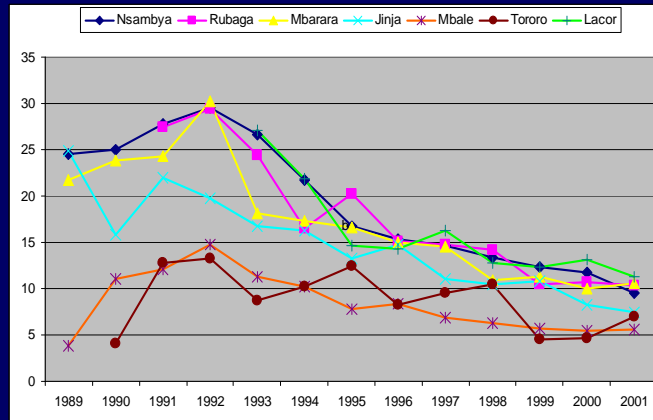


Magnitude of HIV/AIDS in Uganda

- HIV/AIDS in Africa first identified in Rakai Uganda in 1982. Country soon epicentre of the epidemic
- HIV rapidly spread in through out the country resulting into a severe generalized epidemic
- By late 1980s, the virus had spread to all parts of the country, affecting different population groups.
- Current Prevalence 6.4% among people aged 15-49
- 3 phases in the trends of HIV prevalence 1989 to 2005
 - First phase of rapid increase between 1989 and 1992
 - Second is the phase of rapid decline between 1992-2002
 - Third phase of stabilization of prevalence 2002 to 2005

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Trends in Antenatal HIV-1 prevalence 1989 – 2001 at selected sentinel sites



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Lessons Learnt from the National Response to the Epidemic in Uganda

- Comprehensive co-ordination mechanisms were developed early in the epidemic -ACP-1986, STD Control Programme 1990, UAC 1992, STD/ACP in 1993, The Partnership Committee & lower level committees (District-Constituency-Sub-county-Parish-Village)
- Introduction of Voluntary Counseling and Testing by the AIDS Information Centre and Ministry of Health early in the epidemic
- Country wide STD Control measures undertaken in a growing epidemic

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Lessons Learnt from the National Response to the Epidemic in Uganda

Breaking the silence and openly declaring he was HIV positive in 1987 musician Philly Lutaaya returning from Sweden with AIDS proved pivotal in the fight against HIV/AIDS

The positive living concept, the care and compassion by TASO and later other NGOs gave hope to PLWAs, enabled many to come out and helped to fight stigma and discrimination

The special involvement of women in HIV/AIDS and in governance has been essential to the success

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Lessons Learnt from the National Response to the Epidemic in Uganda

- Political commitment and support right from the highest level (President Yoweri Museveni) was strongly demonstrated early in the epidemic.
- Decentralisation of implementation of HIV/AIDS Control activities to the districts, civil society and private sector
- The No-Party Movement system of governance that allowed all to participate without political bias
- Multisectoral approach to HIV/AIDS control involving Government, CSOs including Faith-based organizations, private sector was crucial

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Lessons Learnt from the National Response to the Epidemic in Uganda

- Allowing more than 2000 NGOs and community Based Organizations (CBOs) to participate in HIV/AIDS control and prevention activities at all levels has played an important role fighting HIV/AIDS & achieving AIDS Competence
- Openness policy adopted by Govt relatively early in the epidemic enabled many actors to be involved in HIV/AIDS activities
- Implementing Effective interventions and giving clear messages on prevention such as ABC

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HIV/AIDS Current Status

- The HIV epidemic in Uganda is now generalised & mature. Prevalence is starting to rise after years of stabilization.
- Current burden: Over 1 million adults & children. Over 350,000 need ART, about 180,000 on ART after 5 years of intensive scale up
- 132,500 new infections & 27,000 were children Hetero sexual transmission accounted for 75-80%, and MTCT for 15-25%

HIV/AIDS Current Status

- Urban > rural, Women > Men
- Ever married > Never married
- Wealth status: mixed results
- Peak – shifting demographics: 20-24yrs to 30-34 yrs for women, 30-34 yrs to 40-44 yrs for men
- Most prevalent & new infections in older people
- Higher prevalence in the usual high risk: CSWs, truckers, fish mongers, IDPs, uniformed services

Feminization of the epidemic

- Women 60% of those living with HIV in SSAfrica
- In Uganda – Prevalence in girls 15-24 yrs is 4x higher than boys and is 9x higher in the 15-19 yrs
- Major reasons: Cross-generational sex, transactional sex associated with poverty & lack of empowerment, gender inequality and gender violence, inability to negotiate safer sex and absence of women controlled methods , biological factors – immature mucosa & large exposed area

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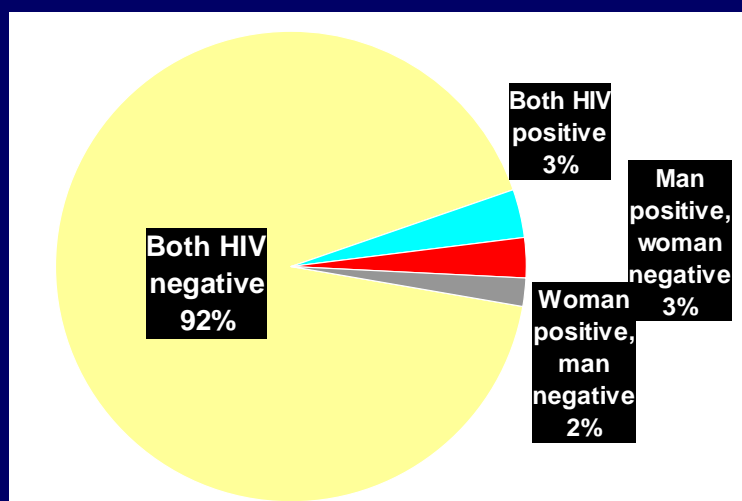
Power for Sexual Negotiation among Youth

- Cross generational sex: 10% of women aged 15-19 had higher risk sex in the last year with a man who was 10 or more years older
- Sex and alcohol: 14% of women aged 15-24 had sex in past year when respondent and/or partner was drinking
- Forced sex/gender violence: 9% of women aged 15-24 report use of force at first sex.



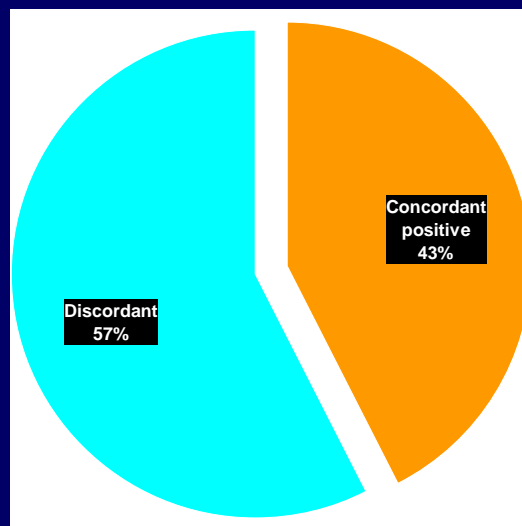
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HIV Prevalence in Couples



July 2007
Ministry of Health

HIV Prevalence among couples where at least one partner is infected



July 2007
Ministry of Health

HIV/AIDS Situation in East Africa

	Uganda	Tanzania	Kenya
Population, 2008	29,194,000	40,213,000	37.2
People living with HIV/AIDS 2007	940,000	1,400,000	1,100,000
Adult HIV Prevalence (%) in 2007	5.4	6.2	5.1
AIDS Deaths 2007	77,000	96,000	85,000
Women (aged 15+) with HIV 2007	480,000	760,000	(15-24 = 5.5%)
Children with HIV/AIDS in 2007	130,000	140,000	102,000

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Role of Parliamentarians

Parliamentarians provide political leadership and mobilize significant resources to prevent further spread of HIV & increase access to treatment of those infected as well as support all those affected.

MPs are responsible for:

- Advocacy
- Legislation
- Resource mobilization & allocation
- Oversight
- Representation

Advocacy

- MPs must speak out, break the silence, advocate for HIV prevention, care and treatment. Given the right information & concrete opportunities, MPs are key resource & good messengers of positive messages to the public to overcome societal & cultural encumbrances & to fight stigma
- Using their position, clout, prestige and networks MPs can mobilize support for HIV/AIDS and SRH
- MPs need to be empowered themselves
- MPs need to advocate for better education esp. for the Girl-Child

Advocacy

- Take pro-active action to draw the attention & support of the mass media to increase awareness
- Promote intra-country dialogue & sensitization of political leaders and inter-country meetings of Parliamentarians and specialists in HIV/SRH
- Work as role models & as agents of change in order to promote education, behavior change at the grassroots level and mobilize participation
- Support ARH programs and advocate for better and more youth friendly HIV/AIDS & ARH services

Legislation

- Within the human rights framework, need to review and revise current laws, policies and practices related to HIV/AIDS
- Examples: Domestic/gender violence, widow inheritance, discrimination in employment, malicious spread of HIV, sexual abuse of children protection of orphans and HIV positive women
- Legislative reform needed to ensure basic rights and counter discrimination & gender inequality

Oversight of public policy & utilization of resources

- HIV/AIDS policies, NSF, Action plans, programs
- Government spending on HIV/AIDS
- Put in place strategies for monitoring funding mechanisms, such as GF, PEPFAR, other bilateral / multilateral support
- Value for money monitoring, Human resources, procurement and logistics management for drugs
- Ensure Government commitments are respected
- Institutional arrangements essential for coordinated and sustained actions

Resource mobilization and allocation

- Review of spending priorities & appropriate funds to central govt, local governments & other bodies
- Advocate & appropriate increased levels of limited resources for HIV/AIDS & SRH
- Lobby for grants rather than loans
- Allocate resources to effective programs to fight poverty & to provide basic human needs
- Ensure that HIV/AIDS and SRH funds are additional and discuss macroeconomic considerations

Representation

- A united and coordinated parliamentary response to the HIV/AIDS pandemic that reflects the voices of our citizens in Sub-Saharan Africa
- MP & spokesperson for all: marginalized, orphans, youth, women, PHAs, consumers and providers of health and HIV/AIDS care services.
- Present views & concerns of people to executive
- Speak for and dialogue with CSOs, private sector
- Establish institutional framework for Parliamentary leadership and action

Advocacy – Parliament of Uganda Experience

Last year Parliament marked the Silver Jubilee (25 years) of the country's response to HIV/AIDS at Kasensero one of the Fish landing site in Rakai district where HIV/AIDS was first recognised in Uganda and Africa

Parliament of Uganda recognized individuals and Institutions that made illustrious, selfless, unparalleled and pivotal contribution to the fight against the AIDS epidemic.

Pledge to increase funding for AIDS– more than USHS 60 billion for ARVs & to support legislation

The State of Reproductive Health in Uganda

- The achievements of our programs are based on the action plan agreed upon at the 1994 International Conference on Population and Development in Cairo.
- Status of Uganda's reproductive health programs shown by the 2006 UDHS. 94% of women received antenatal care from a skilled provider. Most women sought care from a nurse or midwife (84%), and 9% received care from a doctor.
- Less than half of women (47%) receive four or more visits for antenatal care. Over half of women, therefore, do not receive the number of ANC visits recommended by the national policy.

The State of Reproductive Health Cont'

- Nonetheless, these results show an improvement in the percentage of women receiving at least four ANC visits from 42% in the 2000-2001 UDHS.
- Overall, 41% of births occurred at health facilities, and 58% of births took place at home. In general, Antenatal care attendance is related to place of childbirth
- The estimated maternal mortality from the Uganda Demographic and Health survey is 435 deaths per 100,000 live births down from 505 deaths/100,000 in 2001. To meet the MDG target, Uganda will need to reduce its mortality rate from current 435 to 131 deaths per 100,000 live births by 2015.

Advocacy Efforts of Members of Parliament in Uganda

- Parliament have advocated for increase in government health centers for antenatal, delivery and postnatal services
- Parliamentarians promote safe motherhood both in their constituencies and at the national level. Bills that promote gender equality and empower women have been overwhelmingly supported (HIV/AIDS control bill, FGM bill, trafficking in persons - Private members bills and the Domestic Violence bill)
- Tried to sensitize women and men in Uganda to make informed choices in reproductive health services in order to improve maternal and child health through community awareness campaigns.

Advocacy Efforts Cont'

- Advocated for increased financial and political commitment to reproductive health supplies. Uganda Parliament has enacted laws exempting taxes on essential drugs and medicines
- Championed issues to do with reproductive health, maternal health and education for the girl child and also empowering the women in income generating activities to reduce poverty.
- To ensure that Universal Primary Education feeds into MDG3 by giving practical education and skills in all the sectors of education and that these are practically related to economic and health issues – 'functional education'.

Advocacy Efforts Cont'

- Parliamentarians lobbied the President to sign the “Roadmap for Accelerating Reduction and Maternal and Neonatal Mortality and Morbidity
- The Parliamentary Sessional Committee on Social Services has Re-Prioritized RH supplies within the Health Sector and allocated US \$1 million from Policy and Planning Department and another US \$80,000 from Health Services Commission to RHCS in the FY 2009/10
- The same committee has put a condition to allocate part of the US \$100M World Bank Loan to RH before the parliamentary approval of the loan to the health sector

Challenges

- There is no harmonized and consistent support for reproductive health commodities. This weakens advocacy for resource allocation and appropriate policy adoption
- Population growth is not prioritized as a development issue
- Inadequate funding for the health sector makes internal reallocations difficult in a state of competing priorities
- Government and sector budget cuts are often done at executive level without parliamentary approvals. Vital areas could suffer from budget cuts

Opportunities

- National Policies and Development Plans that offer opportunities for integrating RH issues are being developed.
- These include;
- National Development Plan (2010-2015)
- National Health Policy II, and Health Sector Strategic Plan III
- National Population Policy and Action Plan

Parliament is strengthening its grips on social services through;

- Uganda Parliamentary Forum on Food Security, Population & Development
- Parliamentary Sectional Committee on Social Services
- Parliamentary Standing Committee on HIV/AIDS
- Network of women Ministers and Parliamentarians in support of maternal health – Uganda Chapter

Welcome to Uganda

- The Pearl of Africa is in the East with neighbors Kenya, Tanzania, Rwanda, Sudan, DRC
- At the roof of Africa where R. Nile starts a 7000 Km journey to the Mediterranean sea
- The best climate with snow on the equator
- Home to the rare mountain goliards, water rafting
- Good homely hotels, Connected to major Airlines
- Fresh organic delicious food & hospitable people
- Good investment opportunities. All welcome

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THANK

YOU!

Fighting HIV is
race against
we can
although it is a
the end-point
victory is not



like running a
time but we hope
be winners
race where
marking
clear!

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