WINNIE’S FIVE POINTS STRATEGY TO END HIV/AIDS.

UGANDA ON COURSE TO MEET 90-90-90 HIV/AIDS TARGET BY 2020

“Focuses on HIV/AIDS Eradication by 2030” UNAIDS Director
Communities make a difference is this year’s World AIDS Day theme, whereas the domestic or local theme is empowering the youth to reduce HIV/AIDS, this theme is tailored and informed by the fact that Uganda is currently one of the Nations with the youngest population and therefore it is imperative to have the youth take the lead in response to HIV/AIDS especially in the advent of digital communication and social media which has made access to certain information that may be harmful or precipitate the increase in the HIV/AIDS rate particularly in the youth bracket if not handled with care. Consequently, this may reverse the strides that we have made as a country so trying to get rid of the diseases completely by 2030 as set out by the presidential fast track initiative.

Statistics and records from ACP and UNAIDS indicate that the 86% of people living with HIV/AIDS are on Anti-Retroviral Treatment which accounts for approximately 1.1 million people while the number of deaths from HIV/AIDS has drastically dropped from 56,000 in 2010 to 23,000 people in 2018. These figures are indicative of achieving the 90-90-90 target and ending the HIV/AIDS scourge by 2030 as driven by the presidential fast track initiative.

The appointment of Winnie Byanyima as the director of UNAIDS was a major milestone for Uganda and it demonstrates how much we have achieved over the last decade in the response to HIV/AIDS. We should be excited about the indexes so far. That being as it may the youth should be cautioned time and again that HIV/AIDS is real and we need them to tag along if we are to succeed in this Challenge. Have a Merry Christmas and a Happy New year 2020 enjoy the reading!

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Together we can make a difference!!
MESSAGE FROM UGANDA AIDS COMMISSION
DIRECTOR GENERAL

WINNING TOGETHER:
Infection rate drops to 6%

In the past twelve months fewer HIV infections have been recorded according to Uganda AIDS Commission. As it stands the prevalence rate stands at 6% the lowest it has been in the past three years. This reflects Uganda’s journey towards achieving the UNAIDS 90 90 90 target. However, Dr. Musoba Director General of Uganda AIDS Commission (UAC) talks PFTI (Presidential Fast Track Initiative) and this World AIDS day celebrations in Kayunga.

How did the Presidential Initiative come about?

As you know Uganda has suffered with the HIV epidemic for over 30 years, since the early 1980’s when it had devastating effects, then we had treatment come along but without a cure. So we need to caution the population that the drugs that you taking now only bring a relief but do not cure the virus.

In the beginning when the Millenium Development Goals were made, we saw significant progress over this indicator of HIV/AIDS. And in the design of the MDGs 2015 – 2030 there is SDG 3 which is health and wellbeing, this MDG has a number of targets and one of the targets is ending AIDS as a public Health threat by 2030.

So the UN General Assembly 2016, the earlier analysis saw that if we moved at the current pace we would not achieve that goal. This is because as countries working with UNAIDS, we look at our population dynamics and then we design the best intervention that will bring us the maximum reduction in new HIV infections.

For example Uganda’s HIV Investment case, we had modeled it in 2015 but two years later the World Health Organisation guidelines on HIV changed. You would only be started on treatment if your CD4 count had reduced, however later studies found that this was more costly and not good for the individual. This was because drugs were more toxic, costly and not easily available. Thankfully today we have a more efficacious treatment that have less side effects and there are more benefits to starting somebody as soon as they are discovered. So in 2015 international stakeholders sought measures to move faster if we are to achieve this goal. This is where UNAIDS proposed what you now know as the 90 90 90 meaning that we aim to know 90 percent of people getting to know their status, like Uganda through our projections has an estimated 1.38 million people living with HIV. But not all of them know. So there is a 200,000 out there that do not know that they are infected meanwhile having sexual interactions and transmitting infections. 90 percent of people infected being put on treatment because we know that treatment if well taken is effective, acts as prevention and enables you to live a normal life be productive but also you don’t pass on the virus to your partner.

Then the third 90 is about suppression, that if you take the treatment well the virus reduces to an undetectable level and reduces spread of HIV.

So after the 2015 meeting of the UN heads of state. Ugandan experts under the leadership of President Museveni came back gave birth to the Presidential Ininitiative on HIV/AIDS. Given the Presidents History of being the first torch bearers saying to the world that look, HIV is here and we have to fight it. At a time when other countries were shy President came out and said, we have a problem here and we need to deal with it. So he launched the Presidential first track initiative, it is really doing things faster with precision. He called all leaders of different categories in June 2017, gave them an instruction manual with messages for different categories such as parents, religious leaders, cultural leaders, young people telling them what to do. So over the last two years this is why you are seeing more messages.

So why now, PFTI started in 2017. Why the strong response at this time?

Because you people had become more and more complacent. Yes medicines are good, they made us feel well but we went to sleep because the scary face of HIV/AIDS in the 1990’s

DR. NELSON MUSOBA
Director General of Uganda AIDS Commission (UAC)
that was terrible and created stigma was no more. Today you can even hear young people say that “I would rather get HIV than get pregnant!” – This is the level of complacency at the moment. People do not fear infections.

This is why we went up to community level having meetings with communities, listening to their challenges but also reminding them that the virus is here, has no cure, you can have your prayers but don’t abandon treatment. Demystifying all traditional myths about curing HIV in rural settings.

The President’s message is consistent, and to us the technical people he said “simplify the message”. For people even within a basic education to understand.

Uganda is the front runner to defeating HIV, but the burden is till huge. Because by 2018 we had 53,000 new infections when you break it down, it translates to 1,000 new infections every week.

Between 2010 and 2018, we have reduced new HIV infections by 43 percent. Globally when you look at the UN Report the reduction is around 15 to 25 percent on average. For Uganda’s case we have to focus on it, otherwise it becomes a threat to development, security and our GDP growth. For example imagine if all these young people whom you expect to be productive are being weighed down by the epidemic and the cost of maintaining them on treatment. So we want to reawaken the youth and tell them that look here there is a problem.

This year’s celebrations will be in Kayunga, because it has a very high HIV prevalence close to 8 percent compared to the national average which is 6 percent. In Uganda one of the groups with the highest HIV prevalence rate are the fisher folk, these tend to be young people with disposable income. This group perceives risk differently, because they say they are at higher risk of dying on the lake than HIV. So there is high level of transactional sex and fewer women on the lake shores, so the culture of sharing sexual partners is very high.

We are also trying to look at the Boda boda riders because they are young and have income in their pockets. We need to do a study for the Boda boda riders, profile them and design intervention mechanisms that work. And we would like to have a uniform intervention for the different groups. We do surveys every five years on the different groups.

We did a study on university students because they engage in high risk sex but found out that the prevalence rate was still low about 1 percent. The problem we found is high gender abuse, and as you know the risk of HIV transmission multiplies 3 to 4 times when you associate it with gender violence. Because the person becomes apprehensive and the issue of negotiated sex becomes difficult.

Update on the HIV Trust Fund

Parliament directed that the Finance Ministry allocates the operationalisation funds for the HIV Trust Fund. It’s now clear that we need to depend on ourselves. We are in a vulnerable situation because currently more than 80% of what we are spending comes from donors and the American government funds about 80% of our response which is good for health, but makes us vulnerable because if the Americans woke up one day and closed the funding! Uganda would struggle to cover that gap. So the HIV Trust fund was one such proposal to set aside money to meet the costs Uganda would incur in terms of treatment and the struggle against HIVAIDS. Parliament can do this, just as they did when they increased the ARV funding last year by 50 percent.

Besides a small amount being levied and sent to the Trust Fund, we have also engaged with the Finance Ministry and said look, each government department can allocate 0.1 percent to HIV prevention and coordination activities. This being done, it can generate UgShs 150 billion every year. What this money is supposed to do is to protect the individual against HIV and protect communities against HIV/AIDS.

In a workplace it is imperative that employees have access to condoms and give them cover to access treatment if they test and turn out to be positive. For example if you are an engineer and send your team to work on a road in a certain community, your team which doesn’t move with their sexual partners will interact with the locals in those communities. So you have to give your team information and the means to protect themselves and also give information to those communities. So this is what the HIV/AIDS mainstreaming is about.

The injectables are not yet on the market and they will be coming in to ease the pill burden, because a person would swallow ten to twenty pills a day. A person will now receive a single injection for a month or three months, this increases compliance to treatment. For example this injection will be more appealing to busy people like truck drivers because a truck driver will not have to worry about his pills running out while on the road.

At the moment there are population trials going on, and within a short period we will avail them for use. However, we have reduced the pill burden to only one or two pills a day. With the recent entrant of a new drug called DTG which is much easier to swallow and less side effects but most importantly at a cheaper cost.

On appointment of Winnie Byanyima as Executive Director UNAIDS

For us we are not only proud as a country, but as you may know, when our own is a global leader it puts pressure on us to perform. Already Uganda is a global trendsetter on fighting HIV/AIDS and we look forward to her leadership to take the response to another level.

The most vulnerable age group is 15 to 25 years. With girls being most affected because of various reasons, the first being biological (her sexual organs surface area) because they tend to be recipients of sexual fluids. So the incidence of infection is higher for the female. The other factor that makes it high is what we call the structural and behavioural interventions, there are issue that will drive the female towards transactional sex, the disparities towards access to income.

Local Theme: Empowering young people to reduce new HIV infections

Global theme: Communities make a difference
The country has managed to register a lot of success on the numbers of people showing up for testing especially the women. The country has hit its target of the 90-90-90 that was set for 2020 and now focusing on the 95-95-95 targets. We have also registered commendable success in getting 95% of all pregnant mothers onto eMTCT services and therefore significantly reduced mother to child HIV transmission (MTCT). Currently the number of babies being born with HIV lies at about 4000 per year having come down from 25000 in 2010.” – Mbayo

“In order to end AIDS by 2030, the initiative is hinged on these objectives; the first being to engage men in HIV Prevention and close the tap on new HIV infections, particularly among Adolescent girls and Young Women.” Says Mbayo.

Secondly, she adds, the Initiative is aimed at accelerating the implementation of Test and treat and attainment of the 90-90-90 targets, particularly among men and young people. And lastly to consolidate progress on Eliminating Mother-to-Child Transmission of HIV; and to ensure Financial Sustainability for the HIV response. Not forgetting ensuring institutional effectiveness for a well-coordinated multi-sectoral response.

“President Museveni’s call in this process is clear – keep the message simple and consistent, the good thing is that the cause of the AIDS and how to prevent it is well-known”.

The Minister adds that in 2019, the Fast Track Initiative is building on the phase one success and that government will proceed to mobilise communities, service providers and all stakeholders to ensure that the proven HIV prevention and control interventions are scaled up, as Uganda draws closer to 2030.

Achievements
Because of the energy, commitment and involvement of everyone, the country is proud to report that we have hit our set global targets of 90-90-90 before 2020. The country status for 90-90-90 is at 89-89-90 based on Ministry of Health data for December 2018. The first 90 aims at having 90% of people living with HIV knowing their status by 2020. We are on course for this target standing at 89%. The second 90 aims at having 90 percent of people who test positive to be enrolled on care and treatment. We are on course as well with this and now at 89%. The third 90 aims at ensuring that all those on treatment achieve viral
The National Sexuality Education Framework was launched by H.E the First Lady Janet Kataha Museveni.

Cultural leaders have rolled out the Presidential Fast Track Initiative focusing on community mobilization to advance the objectives of the initiative through their structures.

The Minister revealed that in the first Phase of PFTI there was engagement of Leaders at National Level. The President prioritized re-engaging leaders at various levels in the fight against HIV. These include ministers, members of parliament, leaders of local governments, technocrats, and cultural and religious leaders. Importantly, these leaders act as channels for communicating to their constituencies and communities.

Then there was engagement of Parliamentarians where UAC oriented Parliamentarians on the Fast Track Initiative so as to facilitate their proper understanding of their roles in implementation of the Fast Track Initiative strategy.

The Speaker of Parliament committed to fast track the passing of implementation guidelines for operationalizing the AIDS Trust Fund and the 0.1% of planned recurrent funds allocated to HIV programming in the Millennium development goals.

Further activity involved engagement of leaders at Sub-national level, where a multispectral national team visited all districts to support them in their Fast Track Initiative roll out efforts. The district local leaders adopted the Presidential Fast Track Initiative, signed the declaration to implement the Fast Track Initiative strategies and developed action plans to implement the Fast Track Initiative strategy. The commitment empowered the leaders to mobilize communities and monitor HIV and AIDS programmes implemented in their districts.

In addition, there was Sensitization of AIDS Development Partners (ADPs) and other stakeholders. The leadership of various ADPs, including PEPFAR, the AIDS Development Partners Group and the UN Country Team, to explore potential linkages and areas of synergy between their programs and the Presidential Fast-Track Initiative. Various non-governmental agencies that were engaged, made commitments to align their activities with the Presidential Fast-Track Initiative.

Government through the Ministry of Finance, Planning and Economic Development instructed all Local Governments to mainstream HIV and AIDS in their programs during planning, budgeting, implementation and reporting. All sectors were directed to have 0.1% of their recurrent budgets ring-fenced for the HIV interventions within their sector. Additionally all the Ministries, incorporated the HIV implementation status in the Policy Statements.

On one hand, the President continued to demonstrate leadership by mobilizing leaders at regional and national level through hosting high level meetings at the African Union and UN General Assembly where he mobilized leaders from equally affected countries to fast track the end of AIDS.

Other activities during the Phase one included the Engagement of Leaders at International Levels, Reinvigorating the Mainstreaming of HIV in All Sectors, Sensitization of AIDS Development Partners, and engagement of Ministries, Departments and Agencies of Government.

The 90–90—90 targets envision that, by 2020, 90% of people living with HIV will know their HIV status, 90% of people who know their HIV-positive status will be accessing treatment and 90% of people on treatment will have suppressed viral loads. In terms of all people living with HIV, reaching the 90–90–90 targets means that 81% of all people living with HIV are on treatment and 73% of all people living with HIV are virally suppressed. In 2018 in Uganda:

• 89% of people living with HIV knew their status.
• 89% of people living with HIV were on treatment.
• 64% of people living with HIV were virally suppressed.
• 93% of pregnant women living with HIV accessed antiretroviral medicine to prevent transmission of the virus to their baby, preventing 17 000 new HIV infections among newborns. Early infant diagnosis: the percentage of HIV-exposed infants tested for HIV before eight weeks of age stood at 45%.

Women are disproportionately affected by HIV in Uganda: of the 1 400 000 adults living with HIV, 770 000 (59.23%) were women. New HIV infections among young women aged 15–24 years were more than double those among young men: 14 000 new infections among young women, compared to 5 000 among young men. HIV treatment was higher among women than men, however, with 79% of adult women living with HIV on treatment, compared to 63% of adult men.
AIDS Today

Winnie Byanyima
APPOINTED UNAIDS DIRECTOR

WHAT THIS MEANS FOR UGANDA!

She is the first Ugandan to Head UNAIDS, the joint United Nations Programme on HIV/AIDS. As new Executive Director of UNAIDS, Winnie Byanyima’s first step was to re-emphasize the role played by communities saying that they are the best hope for ending AIDS, as the World celebrates World AIDS Day.

“I believe in communities. Communities make change happen. As the epidemic raged through our countries, cities, villages, women held communities together and bore the higher burden of care for their families. In the face of adversity, communities of sex workers and people who use drugs have organized themselves to claim their right to health as equal citizens. So, we know that communities have proved their worth. There is no debate there.

Byanyima says that without communities, over a million Ugandans would not be on treatment today. Without communities led by women living with and affected by HIV, we would not be close to ending new HIV infections among children, raising orphans and caring for the sick.

“The way communities are being taken for granted has to change. On World AIDS Day, UNAIDS salutes the achievements of activists and communities in the struggle against HIV. We remember and we honour all those whom we have lost along the way. Activists challenged the silence and brought life-saving services to their communities. But the countless contributions by women and many others can never replace the responsibility of governments. Let me remind you, governments committed to at least 30% of HIV services being community-led.” She said.

In addition, government agreed that 6% of all HIV funding go to community mobilization, promoting human rights and changing harmful laws that act as barriers to ending AIDS.

She says that with communities in the lead and governments living up to their promises, we will end AIDS.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals.

“On World AIDS Day, and indeed every day, we remember the millions of lives lost to HIV over the past 40 years — lives lost to despair, stigma and exclusion. We also celebrate the struggles and resilience of those alive today because of the huge progress the world has made against the epidemic. There was a 53% reduction in the number of AIDS-related deaths from 2010 to 2018. More than 95% of pregnant women living with HIV are on treatment. HIV incidence declined by 44% between 2012 and 2017. Great progress!”

— Byanyima.

Road Map

The five things, she intends to do, faster and in a more focused way, to beat AIDS.

1. Observing the rights of women & girls(gender equality)

“First, we won’t beat AIDS unless we make huge progress on the rights of women and girls and gender equality in Africa. It is unacceptable that, worldwide, HIV remains the leading cause of death for women aged 15–49 years. Millions of poor women and girls are denied the right to make decisions about their health and their bodies.

Fifteen million adolescent girls (aged 15 to 19 years) worldwide have experienced forced sex at some point in their life. Three billion women and girls live in countries where rape within marriage is not a crime. Enough is enough.

All women and girls must have the right to choose if they have sex, and with whom, and how to protect themselves. She says the world needs to bring power, equality and agency to all young women and girls. Adding that when it’s

UNOCC, UN Women, ILO, UNESCO, WHO and the World Bank—

UNAIDS

UNICEF

World Health Organization

UNICEF

World Health Organization

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Uganda Celebrates World AIDS day in Kayunga

“Communities make the difference.” - (Global WAD THEME)

“Empowering young people to reduce new HIV infections” - Local Theme:

Captions:
1. Hon. Esther Mbayo The Minister for the Presidency receives the guest of honour the Vice President of the Republic of Uganda, H.E. Edward Sekandi
2. Minister of Health Jane Aceng welcomes the guest of honour on his arrival at the event
3. Performing artists from Burundi Entertaining guests on the day
4. The Vice President talks to some participants at the World AIDS Day Celebrations in Kayunga

In Uganda, this year’s annual event took place in Busana Kayunga district. The local Ugandan theme was hinged on empowering youth to champion the end of new HIV infections. This year, the national commemoration in Uganda were ushered in by the Philly Lutaaya Public Memorial lecture. World AIDS Day global theme this year is ‘Communities make the difference. This is in recognition of the important leadership and advocacy done by communities to ensure that the response remains relevant and grounded.

Kayunga was chosen due to high HIV prevalence currently at 7.3%, high presence of most at risk populations including the Fisher-folks and migrant workers, as well as high...
Despite progress in recent years, there are still not enough resources available to end the AIDS epidemic. Poor countries are struggling to pay for everything they need—health, education, roads, water, sanitation.

“In too many of our communities, a woman’s first experience with sex is violent, is forceful. That is the reality. We need to speak up for these women, call for justice and an end to impunity. The world must be a safe space for all of us.” Hon. Esther Mbayo Minister for the Presidency.

Uganda is the front runner to defeating HIV/AIDS but the burden is still huge. Because by 2018 Uganda still had 35,000 new infections when you break it down, it translates to 1,000 new infections every week.

While the global theme was communities make a difference, Winnie Byanyima, the Executive Director of UNAIDS sent a heart warming message to Uganda on World AIDS day.

She said: “Here, women get together in villages, bring saucepans and blankets, looked after each other, buried the dead, didn’t let anyone suffer alone. It was the women in our communities who did that. Today, I am committing UNAIDS to take some big steps in a new direction.”

Despite progress in prevention and treatment, HIV remains a problem for people of all ages. Half of African low-income countries are already in debt distress or at high risk of being so. Debt repayments are now eating up public budgets, and what we most care for is now under threat: investments in public health, especially from international companies. Countries are failing to raise the resources they need.

The third issue is debt. From 2008 to 2017, tax collection to gross domestic product reduced (down from 20% to 18%), while debt stocks grew at a 10% annual rate. While borrowing has allowed African economies to expand, it has now turned into a serious problem.

Universal access to quality health care is not a commodity—it is a human right.

2. Leverage science & Technology.

Winny Byanyima says the world needs to put the science and technology to work to save lives. “The world has spent billions of dollars developing the fastest tests, the best treatment and new prevention technologies, such as pre-exposure prophylaxis (PrEP) and other women-controlled methods. Now let us put them to work, in every community, in every country. We have only 13 months remaining to reach 90–90–90, and there is so much work to do, so many lives to save.” She says. “Today, I am calling on every Ministry of Health, every national AIDS programme, and every community, to be bold and quick to get on the Fast-Track. Let us put science, innovation and technology to work for the people.

3. Empowering communities.

Communities are the focus of the UNAIDS World AIDS Day report.

“We can spend billions of dollars, building beautiful clinics to distribute millions of pills. But only if we empower communities at the grass roots to hold service providers accountable and call out injustices will we make a real difference for people.

4. Addressing debt distress.

“We will not get to the end of AIDS without the resources to sustain the race. Yet, Africa, the region with the highest burden, is facing serious financing challenges that undermine its ability to invest in health care for all its people.

She noted four particular issues hindering this; The first is international tax avoidance. Billions of dollars of profits are channelled from Africa to tax havens offshore, shrinking the capacity of African governments to invest in health and other vital development priorities.

“AIDS Today” COMMUNITIES MAKE A DIFFERENCE

“Communities are the focus of the UNAIDS World AIDS Day report. “We can spend billions of dollars, building beautiful clinics to distribute millions of pills. But only if we empower communities at the grass roots to hold service providers accountable and call out injustices will we make a real difference for people. “We will not get to the end of AIDS without the resources to sustain the race. Yet, Africa, the region with the highest burden, is facing serious financing challenges that undermine its ability to invest in health care for all its people.”

“AIDS Today” COMMUNITIES MAKE A DIFFERENCE

“No one country can solve the problem of corporate tax dodging alone. African countries, which are the biggest losers, must call for urgent, concerted international action. The BEPS 2.0 process promoted by the Group of 20 with the technical assistance of the Organisation for Economic Co-operation and Development is a step in the right direction.” She says.

The second issue is the frustrating stagnation and even decline in domestic resource mobilization across Africa. Despite a decade of economic expansion, progressive tax reforms that could allow for bigger budget allocations for social investments have not happened. African countries lack the systems to capture tax from private investments, especially from international companies. Countries are failing to raise the resources they need.

The third issue is debt. From 2008 to 2017, tax collection to gross domestic product reduced (down from 20% to 18%), while debt stocks grew at a 10% annual rate. While borrowing has allowed African economies to expand, it has now turned into a serious problem.

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Youth Alive Uganda in partnership with AHF-Uganda is implementing the Rapid Testing and AHF-UGANDA CARES approach as well as promoting early access to services, HIV testing, and encouraged to have safe sex and uptake family planning to reduce repeat pregnancies. Youth Alive is focusing on youth involvement in agricultural value chains. MISEAN CARA started in 1993 by Dr. Sr Miriam Dugan, Youth Alive Uganda is a registered youth/children focused national and indigenous NGO in Uganda that implements children and youth integrated sexual reproductive health and rights including HIV, Livelihood (focusing on supporting youth start and sustain own enterprises), Human rights (focusing on human rights education for youth), and skills development (focusing on both soft and vocational skills for youth).

### Organizational objectives
- Enhanced abilities and opportunities of children, youth and young adults for integral development
- Enhanced and maintained competence of Youth Alive's workforce for the accomplishment of the mission
- Optimal and sustainable governance and management systems maintained within an evolving framework of national and global partnerships
- Key corporate information and consistence availed to ensure quality and consistence in service delivery that complies with stakeholder requirements

### Vision
Youth Alive envisions “Youth living life to the full.” Our yearning is to enable young people to initiate change and sustain behaviors that promote a healthy state of mind, body, spirit and environment.

### Mission
To work with and through children, adolescents and young adults (7-35) to lead healthy and proactive life styles.

### Our Thematic areas
- Enhanced abilities and opportunities of children, adolescents and young adults for integral development
- Respect for life
- Exemplary life styles
- Determination and Commitment
- Transparency, Accountability and Responsibility

### Where we work
- **Eastern Region:** Jinja, Kamuli, Bugiri, Mayuge, Mbale, Tororo, Iganga, Amuria, Ngora, Busia, Buyende, Kaliro, Luuka, Namayingo, Namutamba
- **Northern Region:** Gulu, Omoro, Lira, Kitgum, Arua, Oyam, Apac, Dokolo, Kole, Agago
- **Central region:** Wakiso, Kiboga, Luwero, Kampala, Nakaseke, Mubende, Masaka, Mt. Elgon

### Key Achievements from 2018
- **Figure 1: Teenage mothers receiving mama kits**
- **Figure 2: Teenage mothers receiving mama kits**
- **WHERE WE WORK**
- **Desktop**
- **Table**
- **Diagram**

### Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC)
Youth Alive in partnership with University Research Company (URC) is implementing the Regional Health Integration to Enhance Services in East Central Uganda (RHITES-EC). Youth Alive is focusing on the youth and gender sensitive interventions to improve youth and adolescent knowledge, awareness, health practices and enhance their involvement and participation in delivery of health services.

### Sexual Reproductive Health & Rights (SRHR) Umbrella Program
Youth Alive in partnership with Frontline AIDS are implementing the SRHR Umbrella Program funded by the Swedish Embassy in Uganda. The goal of the...
Uganda welcomes Home based HIV/AIDS Oral Self-Testing kit

The Ugandan Ministry of Health introduced an oral HIV self-test kit to complement existing strategies to fight against HIV and as a feasible way to promote male involvement in this fight. This kit was introduced under the theme, “Improving access to HIV testing through self-testing”. AIDS TODAY

According to UNAIDS the Oral HIV self-testing kit is 91.7 percent accurate, and what is great about this product is that no blood is required – you only have to wipe the inside of your gum and wait for 20 minutes to know your status. “So no pointy needles to draw blood.” Dr. Joshua Musinguzi, the Director AIDS Control Program Uganda at the Ministry of Health.

“HIV self-testing could provide convenient and anonymous HIV testing to anyone who wants to test. In particular, depending on cost and availability, self-tests could benefit people who experience significant barriers to health care and people living in rural and remote communities where health care isn’t always anonymous or confidential.” He explains.

Dr. Musinguzi says the HIV self-test kit was piloted in Central and Mid-Western regions among three key populations; Fishermen, Female sex workers and Male Partners of women attending Antenatal Care (ANC) Services. Results from the study showed that seven in ten men enrolled and accepted to know their HIV status using the antibody self-test kits.

With such ease of testing, the Health Ministry believes the dissemination of the results of the HIV Self-Testing Kit, will facilitate policy development and procurement of the necessary commodities in the struggle to end HIV/AIDS by 2030.
How it works

How Oral Testing Works. Most people assume that blood is involved in HIV testing. But an oral swab is used for testing and requires no blood. By collecting oral fluid from your gums, you collect fluid similar to that used in blood testing. So the oral Test detects antibodies for HIV, not the virus itself. You just gently swipe the test swab along your upper gums once and your lower gums once. Then you insert the swab inside the test tube provided and get your results in just 20 minutes. HIV antibodies from oral fluid are collected through the swab. Once the device is inserted into the test tube, the oral fluid mixes with the liquid and travels up the test stick. If C-Line turns dark it confirms the test is working properly. If C-Line turns dark it confirms the test is working properly. If the red line moves to letter T, it implies being HIV-Positive. The test kit can only be used once. If C-Line turns dark it confirms the test is working properly. If used correctly, the use of home-based tests to test potential partners could correctly identify an HIV-positive partner, prompting additional risk-reduction strategies. However, if there is a false-negative result given that the test is not 100 percent, a person could have unprotected sex with a HIV-positive partner who they mistakenly believe to be HIV negative.

Are Oral swab Tests as accurate as lab blood-based testing?

The OraQuick test is based on the chemical reactions of saliva, as observed by the user. Both tests are quite effective at detecting negative results, with a 99.9 percent accuracy rate. The government ministry of health approved the self-testing kits with an aim of encouraging people to know their HIV/AIDS status. According to Wisconsin.org the OraQuick HIV Test can give you accurate results 3 months from exposure. Most people will develop antibodies to HIV within this period of time. If you test within 3 months of possible exposure and the result is negative, you may want to repeat the test at least 3 months after the possible exposure. Viral load and p24 tests are not accurate for diagnosing early HIV if the results are negative which is the same as the blood-based lab tests. An HIV antibody response can be detected as early as two weeks in a few people and in more than 99.9% of people by 12 weeks. An antibody test at 4 weeks will detect 95% of infections this primarily means that the swab tests are as effective as the blood lab tests. The OraQuick device is manufactured by a US company, OraSure. Human Diagnostics Uganda Ltd is the local representative of the manufacturer. The cost of a single device, meant for one person, costs between sh23,000 and sh25,000 in various pharmacies. However, it is free in public health facilities. Before using the OraQuick® HIV Test kit one must remember these important points: Do not eat, drink (including water), smoke, chew gum, or use oral care products for 30 minutes prior to taking the test. The accuracy of OraQuick device is estimated at 99.6%. The ministry said the devices have been introduced in health facilities in 79 districts, and they will be made available in other local governments soon.

Concerns Remain

Despite potential benefits, some observers are concerned that HIV self-testing kits could potentially be used to test sex partners before sexual intercourse. This may lead, in certain circumstances, to situations where testing is coercive and puts individuals at risk for violence if they refuse. If used correctly, the use of home-based tests to test potential partners could correctly identify an HIV-positive partner, prompting additional risk-reduction strategies. However, if there is a false-negative result given that the test is not 100 percent, a person could have unprotected sex with a HIV-positive partner who they mistakenly believe to be HIV negative.

Mildmay Uganda is a Christian Non-Governmental Organization formerly Mildmay International, established in Uganda in 1998 as a Centre of Excellence for provision of comprehensive HIV/AIDS prevention, care, treatment and training services. Dr. Catherine Senyimba, Deputy Director Programs takes us through the organisation's profound journey. Established in 1998 as a Centre of Excellence for provision of comprehensive HIV/AIDS prevention, care, treatment and training services, Mildmay Uganda, formerly Mildmay International in Uganda, is a national Non-Governmental Organization that has overtime evolved and diversified its services. In addition to provision of comprehensive HIV services, the organization provides technical support in health systems strengthening for the delivery of comprehensive HIV services using a family-centered approach, provides general medical services at its hospital, trains human resources for health through the Mildmay Institute of Health Sciences, and also contributes to research.

“Our core HIV programs are concentrated in 8 districts of Central Uganda with support from PEPFAR through the U.S Centers for Disease Control. Our vision is to Transform communities for sustainable health while our mission is...”

>>> Continued on Page 24
Of the 1.4 million people living with HIV, 7.4% are children below 15 years of whom 65% are on ART. Overall, 86% of people living with HIV in Uganda are on ART. I believe that as a country, we are making great strides towards epidemic control and are moving in the right direction. This is shown by the reduction in new HIV infections from 92,000 annually in 2010, to 53,000 in 2018, as well as the reduction in the number of AIDS-related deaths from 56,000 in 2010 to 23,000 in 2018. A lot still needs to be done so we will continue working with all the stakeholders to ensure that we attain our goal of an AIDS-free generation,” Dr. Senyimba says.

**Focusing on Young people**

This year’s theme is “Engaging Young People to champion the end of new HIV infections”. According to Dr. Senyimba, the focus on Young People is an indication of the pivotal role they have in determining how well we shall achieve our goal of epidemic control. A number of factors place the young people in this pivotal position. Young people form the bulk of Uganda’s population, with over 70% of the population being below 30 years of age. About 155,000 adolescents and young people are estimated to be living with HIV in Uganda. Of the 53,000 new infections annually, 34% are among young people between the ages of 15-24. When it comes to ART, only 68,000 of the 155,000 (44%) are on ART, of whom only 70% have a suppressed viral load. In regard to pregnancy, 90% of new HIV infections among pregnant women in Uganda occur among adolescents, and according to the UDHS 2016, 25% of the adolescents 15-19 years have begun child bearing. In view of these realities, if we don’t do anything for the young people, then the struggle is in vain,” she says.

It is upon this basis that Mildmay Uganda through the support of PEPFAR and in conjunction with the MoH is supporting the implementation of several interventions aimed at achieving epidemic control through tailor-made interventions for the different population groups to enable greater effectiveness. In the supported districts and at her Centre of Excellence in Lweza, Below, we briefly look at the general interventions and those that specifically address HIV prevention, care and treatment among the young people, as a major population group of interest.

**Mildmay Uganda’s contribution to HIV epidemic control**

Mildmay Uganda is contributing to HIV epidemic control through PEPFAR support in the 8 districts of Mubende region, at its main site in Lweza, and in Wakiso district through partnership with Infectious Diseases Institute. Approximately 16,000 PLHIV on ART are supported to receive HIV treatment services at Mildmay Uganda’s main facility located at Lweza on Entebbe road. Of these, 7% are children below 15 years, 11% are adolescents, while men account for 36% of the clients. The PEPFAR-supported project in Mubende region is titled “Accelerating HIV Epidemic Control” and the districts where it is being implemented are: Mityana, Mubende, Kassanda, Luwero, Nakaseke, Nakasongola, Kiboga and Kyankwanzi. Across the eight districts 74,000 PLHIV on ART are supported by Mildmay Uganda, of whom 66% are females, 5.7% are children below 15 years, while 11% are adolescents and young people (15-24 years).

The project provides technical and logistical support to district, facility and community teams so that comprehensive services such as HIV testing, counselling, elimination of mother to child HIV transmission, provision of ARVs, TB -HIV care, VMMC and other prevention and care services are available in the communities. As part of the project, comprehensive support for orphans and vulnerable children is provided in through guidance from the Ministry of Gender, Labour and Social Development, in partnership with the district Community Departments and CBOs. The OVC program is aligned to the PEPFAR epidemic control agenda, focusing on children from households affected by or infected by HIV. To ensure that the OVC are healthy, access to HIV testing is provided, linkage of the positive to ART, support for adherence to ART and viral suppression are provided. Nutritional support is also provided alongside support for early childhood development to enable these children grow up healthy. In working with the family, community and law enforcement structures, we ensure that the OVC are in safe environment that is free from violence against children.

The project also supports children to receive education support, as well as promoting economic strengthening of the family by providing financial literacy, linkage to village livelihoods by providing quality healthcare, developing human resources for health and generating evidence to influence health policy,” Dr. Catherine Senyimba, the Deputy Director Programs at Mildmay Uganda says. She adds; “because of these promising figures, we are close to accomplishing the 90 percent goal on treatment. However, we still have to do more to seek out more children who are infected to get onto ART from the current 65 percent who are on treatment to the projected 90 percent.”

In Uganda, approximately 1,400,000 people were living with HIV by the close of 2018. The number of new HIV infections per 1000 uninfected people was 1.4%, while the number of new infections was 55,000. The percentage of people living with HIV (prevalence) among adults (15–49 years) was 5.7%. Ninety-three percent of pregnant women in Uganda occur among adolescents, and according to the UDHS 2016, 25% of the adolescents 15-19 years have begun child bearing.

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Majority find it uncomfortable seeking health care alongside up of health facilities is not very attractive to young people. According to Dr Senyimba, in most cases, the traditional set community level that contribute towards epidemic control.

Youth friendly services are delivered in the health facilities to be able to reach more young people with the necessary services. Mildmay Uganda is supporting the health facilities in Mubende region provide Youth-friendly services in alignment with the national agenda. This involves establishment of Adolescent/Youth friendly clinics, and training health workers in provision of youth-friendly services. “The specialized clinics may not always involve acquiring additional space, but most importantly require having a separate day to deal with the adolescents and young people in order to address their unique needs more holistically,” Dr Senyimba explains.

Under the same programme, health care providers are trained in adolescent health care provision since working with the youth requires patience as well as understand their situation. To encourage the youth to attend the clinics regularly, Mildmay has come up with activities to engage and motivate the young people to keep them coming. Activities include engaging peers as facilitators to their colleagues, establishing peer support groups for adherence support, engaging them in drama and music, and having special programs during the school holidays to enable those in school participate.

YAPS Model
Mildmay has also embraced the YAPS (Young-people, Adolescents Peer Supporter) model where they use peers to reach out to fellow young people. This is a peer support model introduced by the Ministry of Health and adopted from Zimbabwe, that targets young people living with HIV aged 10-24 years. Its goal is to contribute to improved health outcomes and survival of adolescents and young people living with HIV.

The YAPS model objectives are: To increase identification and linkage of HIV positive adolescents and young people to care, to improve retention in care and adherence to treatment, and to strengthen psychosocial care and support services for AYPLHIV to cope better with their HIV status.

The YAPS are selected, trained, assigned specific roles at the facility and community. They are mentored, and monitored as part of the multi-disciplinary team, working closely with the health workers and community structures. They support the epidemic control agenda through: mobilizing peers for uptake of services, linking positive young people to services, providing health education, providing peer counselling, adherence support, support appointment monitoring, following up those who miss appointments and the lost to follow-up, facilitating peer support groups, conducting home visits to peers and school outreaches to support those in schools.

G-ANC
G-ANC stands for Group Antenatal Care. This is an initiative being rolled out by MoH as one of the approaches to deliver adolescent-responsive services in MCH. It is a differentiated ANC/PNC service delivery model based on Centering Pregnancy, where the three components of prenatal care: risk assessment, education, and support, are provided to groups of mothers. The mother are grouped according to their age and trimester of pregnancy. This approach was initially piloted in 33 facilities in Uganda, with 2 from Mubende region, and is now being scaled up further.

DREAMS Initiative
Mildmay Uganda is implementing the DREAMS initiative in three of its supported districts. DREAMS is an acronym for Determined, Resilient, Empowered, AIDS Free, Mentored, and Safe. The goal of DREAMS project is to reduce the incidence of new HIV cases in girls and young women aged 15-24 by bringing together evidence-based approaches that address the structural drivers that increase girls' and young women's HIV risk. These include poverty, gender inequality, sexual violence and lack of education.

Since its inception four years ago, over 75,000 Adolescent girls and young women in Mityana, Mubende & Luweero districts have been reached with critical comprehensive HIV prevention services alongside service packages aimed at addressing the structural drivers of the epidemic. All this is aimed at reducing their risk of HIV infection, and ultimately preventing the spread of HIV/AIDS.

Bringing Men into Care
Over 65 percent of people receiving treatment in Health facilities are women, children then take a portion then what is left are men.

“Our brothers are still reluctant and not responding to calls for testing and treatment, they forget that HIV is transferred principally through sex between a man and a woman. So we are still executing programs to encourage more men to get on board with the program. Get tested, get treatment, suppress viral load – 90 90 90.” she says.

Other services that Mildmay Uganda offers are laboratory services, internationally accredited by the South African National Accreditation Systems (SANAS), Mildmay Uganda Laboratory offers specialized tests and is a backup to Central Public Health Laboratories for Viral Load.

The organisation also offers specialized training for health workers.

Earlier this year Mildmay flagged off the Saving lives marathon 2019, the event which took place at Kololo National Ceremonial Grounds attracted over 5000 runners from across Uganda with support from several partners. The Marathon was aimed at increasing access to emergency care services at the hospital.

The guest of honour Hon. Speaker of the Parliament of Uganda Alikwala Rebecca Kadaga thanked Mildmay Uganda for a job well done pertaining the Emergency Care Services in this country. Saying that the organisation has provided salient information to the current debate in parliament on the emergency care services.

The 2019 Mildmay Uganda Saving Lives Marathon was part of the 20 years Celebration of Mildmay Uganda impact in Uganda since 1998. Mildmay Uganda will be holding the 2020 Mildmay Uganda Saving Lives Marathon.
era, the behavior adopted by communities whether by intentionally or out of fear, led to the drop in HIV prevalence from as high as 30% to the current 6.7%. Other interesting events occurred in the Ugandan communities. First, communities recognized to take care of people affected by HIV. In addition, many families took on orphans and others created community-based organizations (CBOs) to do the same and to undertake greater mitigation and advocacy roles. Furthermore, people living with HIV (PLHA) have also formed communities that help members to manage the HIV infection and support each other’s when different issues arise among them. These groups have made a significant contribution to the knowledge and practices in the progression of HIV infected communities. This includes contributing to research and the great body of evidence on HIV that has come from Uganda.

Another important community i.e. that of HIV/AIDS practitioners has evolved in many areas of HIV interventions. They range from community health workers to institutional health workers, palliative care workers, and researchers, religious leaders in the HIV fight, private sector, women and young people groups against HIV/AIDS. These have significantly contributed to the fight against HIV/AIDS in Uganda and the world over.

However, the Ugandan communities still live with significant concerns. As of 2018, according to UNAIDS, just 8 in 10 (84%) Ugandans knew their HIV status. Furthermore, in 2018, Uganda had 1,400,000 people living with HIV with women (8.8%) disproportionately more affected than men (5.7%). Of the adults (i.e. 15 years and above), living with HIV, just 7 in 10 (72%) were on treatment while 6 in 10 (66%) children (14 years and below) were on treatment. These numbers simply mean that in our communities as Ugandans, however the Ugandan communities still live with significant concerns. As of 2018, according to UNAIDS, just 8 in 10 (84%) Ugandans knew their HIV status. Furthermore, in 2018, Uganda had 1,400,000 people living with HIV with women (8.8%) disproportionately more affected than men (5.7%). Of the adults (i.e. 15 years and above), living with HIV, just 7 in 10 (72%) were on treatment while 6 in 10 (66%) children (14 years and below) were on treatment. These numbers simply mean that in our communities as Ugandans, there are still people who have not tested and could be having the infection and spreading it unknowingly. The numbers also indicate that even those who know, nearly 3 in 10 are not on treatment. Yet one of the benefits of treatment is to suppress the virus to the extent of curtailing transmission by an infected person. Communities can make a difference by encouraging and supporting each community member to test, commence and adhere to treatment.

The trend in high-risk behavior in Ugandan communities is still concerning. As of 2018, according to the Uganda Demographic Health Survey, 8.8% of women and 8.4% of men had had a pregnancy or given birth by the time they are 19 years. Knowing the events that lead to pregnancy are the same as those that commonly lead to HIV infection, it implies that at the minimum, 1 in 4 girls have been exposed to the risk of HIV infection by the time they get to the age of 19. A further concern in the communities is child marriage which has been documented in Uganda to be at 40% (UNICEF, 2015) indicating that 4 in 10 girls in Uganda are married off before the age of 15. At that age, the physiological vulnerabilities notwithstanding, the commencement of conjugal responsibilities exposes these girls to HIV. Both teenage pregnancy and child marriage occur under the watch of our communities. If communities could decide and outlaw these practices, a difference would surely be seen regarding HIV infection rates in Uganda.

The HIV epidemic in Uganda is driving much faster in some communities more than others. The first group is the adolescent girls and young women aged 15-24 years. The driving factors in this group include the two mentioned above i.e. early marriage and teenage sexual activity but in addition, there is sexual abuse, cross-generational and transactional sexual activity in this group. Discontinuation of school education especially for girls is associated with the commencement of sexual activity. The communities of commercial sex workers, injecting drug users, fishing communities and other key populations have HIV prevalence ranges from 13-34%. Address HIV/AIDS in these communities need collective community effort that brings together government, civil society, faith-based organizations, private sector, persons in uniform and the international community. To put it simply, everyone in the community has a difference they can make.

Finally, the community starts with you. You will make the difference in the community if you protect yourself, your loved ones and the community at large by doing the ABCDTE of HIV/AIDS: Abstaining (A), Being faithful in your relationships(B), Cutting HIV transmission and caring for the affected (C), Testing for HIV (T) adhering to Drugs (D) and Educating others on HIV/AIDS (E). The multiplicity of ABCDTE in communities where the whole community practices these will indeed make the difference.
UNAIDS has confirmed Uganda is now at 89 89 90. Uganda is on course to join ESWATINI (Swaziland) to achieve the 90 90 90 UNAIDS target earlier than expected before 2030. DR. Karusa Kiragu UNAIDS COUNTRY REPRESENTATIVE to Uganda, talked to AIDS TODAY.

As a country leading the fight to end HIV, Uganda is on a fast track to hit its 90 90 90 target. As it stands the number of people that have tested has clocked 89 percent of which 65 of these are women who know their status, focus now is directed towards men to go for testing.

While those who have tested are being put on treatment, Uganda has over 1.38 million people living with HIV. However 200,000 are presumed not to know their HIV status. Dr. Karusa Kiragu is optimistic Uganda can hit its target in time, as the world’s celebrates another year fighting to end the AIDS epidemic on December 1st 2019.

She enlightens: “That the World AIDS Day theme is a global decision which is made by the UNAIDS headquarters. And is done by identifying what needs are there, what has been communicated recently and what is empowering. After looking at the above, this year’s theme reflects the need to re-engage communities therefore it was chosen to re-emphasize and re-iterate the importance of communities. “Because HIV was first responded to by communities all over the world, so we wanted to remind people the role of communities. It was first responded to by communities even before the doctors and government had a go at it. Before even anything was said, communities were already on the way trying to respond to HIV, case in point for Uganda is TASO (The AIDS Support Organisation). In countries around the world it was the communities that were involved in the first steps, so UNAIDS wanted to remind people the role of communities, the importance ofร re engaging with communities in particular as we get to what people call at times misguidedly the last mile because we really have a long way to go. You see, some countries are at the last mile but some countries are not, so it’s important to re-emphasize the importance of communities and the importance of bottom up as opposed to top down.”

Explains Dr. Karusa.

On AIDS funding

UNAIDS is a consortium of eleven United Nations agencies. So according to her, she estimates funding for Uganda to be within the range of about US$16 million to 20 million dollars.

“Unfortunately, the United States cut down its support this year. But overall the US funds many programs in Uganda, HIV/AIDS inclusive. The Americans are the biggest donors in what is called COP (Country Operation Plan) where they released US$ 410 million to Uganda. This started in October 1st and to end of September 30th 2020. The previous year (COP 18) the Americans released US$406 million dollars. This money covers probably about 70 – 80 percent of Uganda’s needs, while the Global Fund covers about 10 – 15 percent.

On why the Americans are scaling down on funding, Dr. Karusa explains that the purpose is to encourage Uganda to setup its own reserve fund to aid in the HIV/AIDS response. “I think the US has made it quite clear that for sustainability purposes there has to be more and more domestic resource funding. So it’s part of sustainability and transitioning, as we look at a variety of models of scaling back. But having said so last year the US gave even more than they gave the year before. So it could be that funding cut in one area is meant to prioritize certain activities in another area. However, you should know that there some countries where they cut back hugely I think some countries, while others lost as close to a hundred million dollars. Uganda is fortunate because of its very high performance that it’s able to attract huge funding. So their (US) decision is based on a country’s performance and I wouldn’t be surprised if it actually goes up but it’s premature to speculate any at the moment. At the moment we can wait for what budget allocations have been made to proceed.” - Dr. Karusa.

UNAIDS and the Presidential Fast Track Initiative (PFTI)

The Presidential Fast Track Initiative is doing us proud, and now it is coming in with a stronger language and the additional emphasis – thanks to the hands on approach by President Museveni. “UNAIDS did not see it as a separate project, we saw it as him adding his name and his leadership to it. this is why the work that is being done by our various partners includes the Presidential Fast Track Initiative and the work that we have always been doing also goes on in an accelerated, focused way with stronger partnerships to be able to help us get to the goal sooner. So we didn’t see it as a new project, but as having stronger leadership with a stronger voice and stronger advocacy. With better specific messages. So the work we are doing is under the shuttle of the Presidential Fast Track Initiative, of which UNAIDS is putting in US$16 million that we had earlier talked about.”

She explains.

The Messages

Earlier in November, during a press conference at the Media center, some observers questioned the relevance of the new HIV/AIDS messages. Asking whether the messages being put out are designed for today’s generation considering that they re-echo the scary image of the past when HIV/AIDS brought fear, which is not the case today.
UNAIDS 2019

Women are leading the response to HIV in their communities

To do this UNAIDS says it has partnered with Buganda Kingdom to share their platforms to disseminate these messages. It has a partnership with star Times to capture viewers of Face TV and Sanyuka TV.

On a Ugandan becoming UNAIDS Director.

“We are happy that Lady Winiee Byanyima is now the new Executive Director of UNAIDS. This will make us improve our game here in Uganda as far as HIV is concerned. We are hoping that her arrival will shake up a few corners and probably come with additional resources. We are confident because other people have confidence in her and will invest in HIV more. We are getting close to the 90 90 90, though it’s one thing to reach this goal and another to maintain the 90 90 90. Countries like Eswatini (Swaziland) are achieving it, cities like New York are achieving it because they are open and do not shy about it and so should we because it’s a public health issue.”

She adds: “Of the messages that have been sent out, 90 percent have been developed by OBULAMU, research was given modern treatment and prevention tools.

In response, Dr. Karusa explains that the way a person acquires HIV has not changed, whether through sex, mother to child transmission or any other form of blood transfusion. Adding that what may have changed is the level of knowledge the people have.

“HIV is still the same while in some aspects it has changed. For example because of access to treatment the whole issue around adherence and viral suppression becomes important. The technologies around condoms are still the same, there are new technologies on testing today – self testing kits. What we are hoping to do with these messages is to stimulate conversation. There are messages about the workplace, lay leaders, parents and children. We channel them through these people because we still have 1000 new infections every week which is alarming.” She says.

She re-emphasizes that Communities are at the centre of the HIV/AIDS response and Uganda shouldn’t forget. “We still have a long way to go in some quarters where communities are seen as strong partners, we have to invite them to the table to see what they think as opposed to us telling them what to do.”

Progress varies significantly among countries in the region. Botswana, Eswatini and Namibia have achieved the three 90s, while Rwanda has achieved the first two 90s and is closing in on the third (Table 10.2). Despite this, progress is alarmingly slow. Knowledge of status was below 25% in three countries, and in eight countries, no data were available on viral suppression. Viral load suppression varies across the countries in the region that have available data, and it was generally higher among women than among men.

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Table 10.2 90-90-90 country scorecard, eastern and southern Africa, 2018

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<th>Country</th>
<th>All ages</th>
<th>15 years and older</th>
<th>25–49 years</th>
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90–90–90: 90% and above | 85–90% | 70–84% | 50–69% | Less than 50%
Viral load suppression: 70% and above | 65–72% | 40–64% | 25–39% | Less than 25%

Source: UNAIDS special analysis, 2019.
Presidential Fast-Track Initiative on Ending HIV and AIDS in Uganda

Fact Sheet 2019

HIV and AIDS Epidemic
Uganda has made significant progress in fighting HIV and AIDS during the period 2010-2018. However, the magnitude of the epidemic remains high.

1,000 new infections 500 deaths every week.

This fact sheet is based on the performance during the period Jun 2010-Dec 2018.

HIV and AIDS Burden
The estimated total number of people living with HIV (PLHIV) was 1,400,000 (1,300,000 - 1,500,000) as of 2018.

New HIV Infections
43% Closure between 2010 and 2018.

1,000 new infections every week.

Number of People Living with HIV as of Dec 2018

- Women (15+): 770,000
- Men (15+): 530,000
- Young people (15-24): 160,000
- Children (0-14): 100,000

Estimated Number of New HIV Infections as of Dec 2018

- Women (15+): 26,000
- Men (15+): 16,000
- Young people (15-24): 15,500
- Children (0-14): 7,000

HIV Prevalence

- 2011: 2.3%
- 2017: 6.2%

The prevalence rate among adults (15-64 years) is higher among women (15-49 years) in 2018.

Implementation of Test & Treat

- Percentage of Viral Load Suppression for those on ART by Dec 2018 was estimated to be 94%.

- People Living with HIV on ART by Dec 2018 was estimated to have 275,700.
Imagine an HIV/AIDS free Generation ...