

**25 Years of AIDS - Reflecting back
and looking forward**

***Early developing country response
The case of Uganda***

by

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Introduction

- The focus of the presentation will be Uganda as an early starter
- Comparison will be made with other countries: early starters (Uganda, Senegal) and late starters (Kenya, Tanzania, the south and the west African countries)
- Pillars of the responses will be highlighted

Elements of the early response

- High level of political commitment and support
- Initially, awareness creation emphasized
- Later prevention through behavior change, communication and advocacy
- Counseling, on positive living, and psychosocial Support (TASO in Uganda)
- Home based care for the terminally ill
- Health sector took the lead initially (NACP based in the health ministries) – with little involvement of other sectors

Pillars of the national response

- A multi-sectoral coordinating approach.
- Decentralized implementation.
- Public –Private partnerships.
- Involvement of PHAs (GIPA principle).
- Openness policy
- Effective coordination mechanisms

Achievements attributed to the Early response

- Declining prevalence observed in some countries e.g. Uganda, Zambia and control in others e.g. Senegal
- Commitments of African leadership to fight the pandemic learning from the early starters (e.g. Abuja summit)
- Over time complacency developed leading to stabilization of prevalence

Challenges

- HIV prevalence stabilizing (in Uganda 6.5% for the last 3 years)
- Different population groups affected differently by residence, gender, age, conflict affected areas and income levels.
- Risky sexual behaviours still eminent despite high level of awareness (e.g. low condom use among PHAs on ARVs, young people etc).
- Lack of women controlled barrier methods despite higher vulnerability
- High proportion of couples are HIV Sero discordant .
- High prevalence of STIs especially syphilis, HSV-2 and Hepatitis B

Way forward

- Re-energize HIV prevention strategies to promote risk-reduction behaviours.
 - The ABC strategy is still relevant
 - Focus on emerging research issues
 - Health-seeking behaviour to promote STI treatment
- Focused intervention on high risk sex (transactional and intergenerational sex)
- Introduction of women controlled barrier methods
- Promote couple testing , initiate and strengthen interventions that target discordant couples.
- Scale up HCT to facilitate knowing of HIV sero-status (e.g. RCT)
- Scale up care and treatment including ARVs.