



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	26.7	United Nations
Population in urban areas (%)	2003	12.2	United Nations
Life expectancy at birth (years)	2002	49.3	WHO
Gross domestic product per capita (US\$)	2001	242	IMF
Government budget spent on health care (%)	2001	16.4	WHO
Per capita expenditure on health (US\$)	2001	14	WHO
Human Development Index	2001	0.489	UNDP

3. Situation analysis

- Epidemic level and trend and gender data.** Uganda has a generalized heterosexual HIV epidemic that is showing declining trends. HIV prevalence in the adult population (15–49 years old) is currently estimated to be between 2.8% and 6.6%. The 2003 surveillance report of the National AIDS Control Programme states that the HIV prevalence of a Medical Research Council and Uganda Virus Research Institute cohort declined from 5.8% in 2000 to 5.0% in 2002. The prevalence rate among women was 5.5% versus 4.5% among men. Uganda AIDS Information Centre data on voluntary counselling and testing also show higher prevalence rates among women versus men 15–24 years old, although the rates are declining in both groups. The prevalence rate declined from 29% in 1992 to 10.3% in 2002 among women and from 11% in 1992 to 2.8% in 2002 among men. The total number of adults and children living with HIV/AIDS in Uganda is estimated to be between 350 000 and 880 000.
- Major vulnerable and affected groups.** Major vulnerable groups include women, pregnant women, young people and children.
- Policy on HIV testing and treatment.** HIV testing is provided within the context of voluntary counselling and testing and diagnostic testing for care and treatment. The country's National Strategic Framework for Expansion of HIV/AIDS Care and Support (2001–2002 to 2005–2006) focuses on scaling up access to comprehensive care, including treatment for opportunistic infections, community- and home-based care and support and antiretroviral therapy. Uganda has developed national guidelines on antiretroviral therapy in accordance with the WHO treatment guidelines. In June 2004, the government announced an initiative to provide free antiretroviral drugs to all people who are clinically eligible.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	2.8 – 6.6%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	350 000–880 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	55 861	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	20 000	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	110 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2003	43	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	24%	WHO

- Antiretroviral therapy: first-line drug regimen, cost per person per year.** The first-line regimen options are zidovudine (or stavudine) + lamivudine + nevirapine (or efavirenz). The average cost of the first-line regimen was US\$ 400 per person per year in March 2003 including the cost of drugs, laboratory tests and training.
- Assessment of overall health sector response and capacity.** Uganda has a very high level of political commitment and awareness at all levels and a strong and comprehensive health sector response to HIV/AIDS that has become a model for many countries. The Uganda AIDS Commission was established in 1992 and has coordinated the multisectoral approach through joint planning, joint monitoring and evaluation and information sharing. Major interventions have included programmes focused on communication to increase awareness and change behaviour, strengthening laboratory and blood transfusion services to ensure blood safety, managing sexually transmitted infections and establishing a continuum of comprehensive care that includes HIV testing and counselling, providing drugs for treating opportunistic infections and providing antiretroviral drugs. In 1997, the HIV Drug Access Initiative was launched with the support of UNAIDS to improve access to HIV care, including antiretroviral therapy. In 2000, the Ministry of Health established a National Committee on Access to Antiretroviral Therapy. As a result of the very comprehensive HIV/AIDS response, Uganda's HIV prevalence rate has declined, especially among people 15–24 years old.
- Critical issues and major challenges.** The shortage of human resources is a major constraint to scaling up antiretroviral therapy. This has been compounded by low salaries, lack of incentives and the ban on hiring in the public sector. The costs of drugs and laboratory services remain high. The capacity for scaling up is also weak at the district and subdistrict levels. Uganda has the capacity to rapidly scale up antiretroviral therapy if adequate financial resources are made available.



4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 55 000 people by the end of 2005 is between US\$ 66 million and US\$ 131 million.
- The government has committed an estimated US\$ 3 million to scaling up antiretroviral therapy for 2004.
- Uganda submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a comprehensive approach to prevention, care and treatment of HIV/AIDS (two-year approved funding of US\$ 36 million). Uganda also submitted a Round 3 proposal to the Global Fund with two-year funding approved of US\$ 70.4 million for scaling up antiretroviral therapy and interventions for orphans and other vulnerable children. Total funding anticipated to be available to fund treatment scale-up from Global Fund grants is about US\$ 35.1 million for 2004–2005.
- The United States President's Emergency Plan for AIDS Relief has committed more than US\$ 90 million for the year 2004 to assist Uganda in preventing and treating AIDS. Of these funds, national estimates indicate that about US\$ 12.6 million is anticipated to be committed to scaling up antiretroviral therapy during 2004–2005.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Uganda to reach 55 000 people by 2005 is up to US\$ 57.6 million.

5. Antiretroviral therapy coverage

- Uganda's total treatment need for 2005 is estimated to be 110 000 people, and the WHO "3 by 5" treatment target is 55 000 people by the end of 2005 (based on 50% of need).
- The HIV Drug Access Initiative was launched in 1997 with five accredited centres in the region around Kampala. By the end of its pilot phase in 2000, the HIV Drug Access Initiative had provided treatment to an estimated 1000 people.
- In the expansion phase, the number of accredited health facilities has increased to 44, and 43 of these are providing antiretroviral therapy as of June 2004.
- In June 2004, an estimated 20 000 people living with HIV/AIDS had access to antiretroviral therapy, most through research programmes and nongovernmental organizations such as the Joint Clinical Research Centre, the Medical Research Council and the Mildmay Uganda Centre. The Joint Clinical Research Centre is providing an estimated 12 500 people, mostly in Kampala, with generic antiretroviral drugs at cost. Other nongovernmental providers include Reach Out Mbuya, a community-based HIV/AIDS project in Mbuya on the outskirts of Kampala that administers antiretroviral therapy; and the Uganda Cares Programme in Masaka, an integrated community-based and -driven antiretroviral therapy centre. Bilateral and multilateral partners support many of these organizations.
- Faith-based organizations also provide treatment. Kamwokya Christian Caring Community, a faith-based organization in Kampala, plans to provide antiretroviral therapy coverage to up to 500 people with financial support from the United States President's Emergency Plan for AIDS Relief.
- The private sector provides some antiretroviral therapy for employees. Since 2002, the Bank of Uganda has offered antiretroviral therapy at subsidized rates to its employees.
- Uganda has declared a treatment target for the end of 2005 of 60 000 people. Under the recently announced government initiative to provide free treatment to people living with HIV/AIDS, antiretroviral drugs have been distributed to 2700 people through regional referral hospitals, other accredited district hospitals, level IV health centres (small hospitals) and some missionary hospitals.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Uganda AIDS Commission is responsible for overall multisectoral coordination of the national response. The National AIDS Programme of the Ministry of Health is the lead agency in scaling up antiretroviral therapy. It develops policies, plans, strategies and guidelines for providing antiretroviral therapy and coordinates with other implementing partners. WHO and UNAIDS provide support in planning and coordinating implementation. A national task force of all stakeholders has been set up to harmonize the national scale-up plan and the human resource development plan.
- *Antiretroviral therapy service delivery.* The Ministry of Health leads and coordinates antiretroviral therapy service delivery by public, private, and nongovernmental organizations. The Joint Medical Stores and WHO support drug procurement and supply chain management. The Ministry of Health coordinates capacity-building and training activities, with support from WHO, UNAIDS and the Knowledge Hub for the

Care and Treatment of HIV/AIDS in Eastern and Southern Africa. WHO also supports the development of guidelines.

- *Community mobilization.* A wide range of nongovernmental organizations are involved in community-related work. The Uganda Network of AIDS Service Organization coordinates activities of key national nongovernmental organizations involved in community mobilization including The AIDS Support Organization and Uganda AIDS Information Centre, among many others.
- *Strategic information.* The Ministry of Health together with the Uganda AIDS Commission is responsible for monitoring and evaluation activities. It also coordinates operational research activities. Other agencies involved in generating strategic information include the Academic Alliance, Joint Clinical Research Centre, The AIDS Support Organization and Uganda AIDS Information Centre. Organizations providing support in this area include the United States Centers for Disease Control and Prevention and WHO.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Supporting the Ministry of Health in developing a comprehensive national plan for scaling up antiretroviral therapy and national guidelines for antiretroviral therapy
- Supporting the Ministry of Health in national adaptation of WHO guidelines and tools, including the Integrated Management of Adult and Adolescent Illness guidelines
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, supporting expanding voluntary counselling and testing facilities in 11 districts; increasing the number of health subdistricts implementing home-based care; establishing a model for scaling up the prevention of mother-to-child transmission at the health subdistrict level; and building institutional capacity at the district level in collecting, analysing and utilizing HIV/AIDS data and information
- As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, supporting the strengthening of integrated community-based HIV/AIDS prevention and care interventions (HIV surveillance, home-based care, preventing mother-to-child transmission and DOTS) in Uganda

Key areas for WHO support in the future

- Establishing a "3 by 5" country team to support the government and other partners in scaling up antiretroviral therapy
- Providing technical assistance in setting up systems for tracking patients and monitoring and evaluation programmes
- Providing technical assistance in capacity-building
- Providing technical support in communication
- Providing technical support in developing systems for monitoring drug resistance
- Collaborating with the World Food Programme to ensure adequate food aid and nutritional support for people receiving antiretroviral treatment

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and recruitment of an international "3 by 5" Country Officer is currently underway.
- Additional staffing needs identified include two National Programme Officers for the WHO Country Office, three National Programme Officers to strengthen the National AIDS Programme of the Ministry of Health, one international communication officer and one international staff member for monitoring and evaluation activities.

For further information, please contact:

World Health Organization
Department of HIV/AIDS

"3 by 5" Help Desk

E-mail: 3by5help@who.int

Tel.: +41 22 791 1565

Fax: +41 22 791 1575

www.who.int/3by5

This country profile was developed in collaboration with national authorities, the WHO Country Office for Uganda and the WHO Regional Office for Africa.

