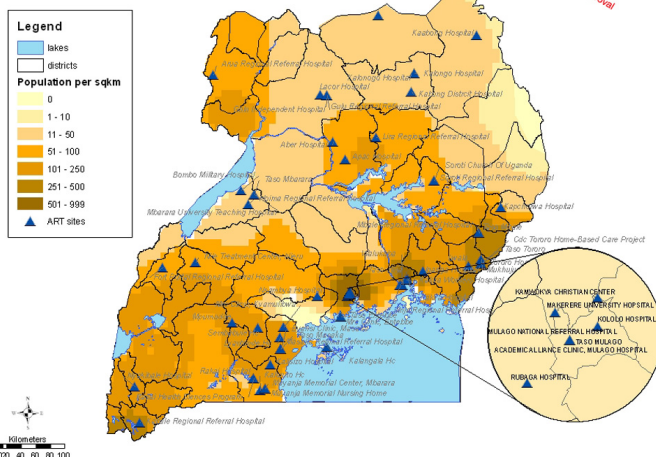


WHO estimate of number of people requiring treatment - end 2004: 114 000
 Antiretroviral therapy target declared by country: 60 000 by the end of 2005

Location of sites providing ART
 Service Availability Mapping, Uganda 2004



Map Data Source:
 Ministry of Health, Uganda in collaboration
 with WHO Evidence and Information Policy
 Map production:
 Public Health Mapping & GIS
 Communicable Diseases (CDS)
 World Health Organization



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\$)	2002	243	IMF
Government budget spent on health care (%)	2002	9.1	WHO
Per capita expenditure on health (US\$)	2002	18	WHO
Human Development Index	2002	0.493	UNDP

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
Reported number of people receiving antiretroviral therapy (15-49 years)	June 2005	63 896	Ministry of Health
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	114 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	400	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	2004	700 000	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	24%	WHO

* Uganda's Ministry of Health estimates the adult prevalence of HIV/AIDS (15-49 years) in 2005 is 7.0% (Uganda HIV/AIDS Sero-Behavioural Survey, May 2005).

3. Situation analysis

Epidemic level and trend and gender data

Uganda faces a generalized HIV epidemic. Since the onset of the epidemic in the late 1980s, a cumulative total of over 2 million people have been infected with HIV/AIDS, and close to 900 000 people have lost their lives to the disease. In 2003, HIV prevalence in the adult population (15-49 years old) was estimated to be between 2.8% and 6.6%, and the total number of adults and children living with HIV/AIDS was estimated to be between 350 000 and 880 000. Currently, the preliminary results from the 2004-2005 Uganda HIV/AIDS Sero-Behavioural Survey (UHSBS) indicate that 7% of adult women and men (slightly over 800 000 people) are infected with HIV. Nationwide, prevalence is higher in urban areas (10.7%) than in rural areas (6.4%). As a result of a very comprehensive national HIV/AIDS response over the past decade, significant achievement has been made in reducing the magnitude of HIV infection in Uganda from 18.0% in 1992 to an estimated 7.0% in 2005.

Major vulnerable and affected groups

The primary mode of transmission is heterosexual contact. Major vulnerable population groups include women, pregnant women, young people and children. Sex workers and military personnel are also at risk.

Policy on HIV testing and treatment

The Ministry of Health developed national policy guidelines for HIV voluntary counselling and testing in 2003 with the objective of placing high-quality voluntary counselling and testing services within the reach of every citizen. Testing is undertaken confidentially and with informed consent. Everyone tested receives pre-test counselling, HIV testing and post-test counselling, during which they are given the test results. Voluntary counselling and testing services are also provided to pregnant women for preventing mother-to-child transmission. In 2004, the government reviewed its voluntary counselling and testing policy for children to incorporate special considerations for children in vulnerable situations such as orphans, children in conflict situations and disabled children. The voluntary counselling and testing policy is currently under review and will be revised as the National Policy for HIV Testing and Counselling. Both voluntary and routine HIV testing are provided in clinical settings. The National Strategic Framework for Expansion of HIV/AIDS Care and Support (2000/2001 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. A national policy on antiretroviral therapy was developed in 2003. In June 2004, the government announced an initiative to provide free antiretroviral drugs to all people who are clinically eligible. Uganda has also developed national guidelines on antiretroviral therapy in accordance with the WHO treatment guidelines.

Antiretroviral therapy: first-line drug regimen, cost per person per year

The first-line regimen is zidovudine (or stavudine) + lamivudine + nevirapine (or efavirenz). In July 2004, the average cost of the first-line regimen was US\$ 180 per person per year, 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 under the office of the President with a mandate to coordinate a national multisectoral AIDS control approach through the development of policies and implementation guidelines, joint planning, joint monitoring and evaluation and information sharing. The response to the epidemic has been guided by a series of plans, including the Multisectoral Approach to the Control of AIDS (1993) and the National Operational Plan for HIV/AIDS and Sexually Transmitted Diseases Prevention, Care and Support (1994-1998). Current activities are outlined in the National Strategic Framework for Expansion of HIV/AIDS Care and Support (2000/2001 to 2005/2006), which highlights the need to place HIV/AIDS in the broader context of national policies on health and reducing poverty. HIV interventions in Uganda have focused on prevention programmes, relying on spreading awareness and encouraging changes in behaviour through abstinence-based approaches and promoting condoms. The national strategy has also included preventing mother-to-child transmission, strengthening laboratory and blood transfusion services, 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, and in 2003 developed a national policy on antiretroviral treatment. Since June 2004, the government has provided free antiretroviral drugs through the public sector.

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP



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 a ban on hiring in the public sector. The costs of drugs and laboratory services remain high. The availability of antiretroviral therapy services is limited at the district and subdistrict levels, and the capacity for scaling up is inadequate. Drug procurement and supply management systems need to be strengthened. There is also need to strengthen monitoring and supervision of antiretroviral therapy and to expand community involvement in providing adherence and psychosocial support for people living with and affected by the disease. As Uganda scales up its antiretroviral therapy programme, the need to raise community awareness about the benefits and limitations of antiretroviral therapy has also been identified.

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

- WHO estimates that between US\$ 69.2 million and US\$ 131.7 million is required to support scaling up treatment to reach the WHO "3 by 5" target of 55 000 people by the end of 2005.
- The government is expected to commit an estimated US\$ 5.6 million to scaling up antiretroviral therapy during 2004-2005.
- Uganda submitted a successful Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for a comprehensive approach to prevention, care and treatment of HIV/AIDS, with a total funding request of US\$ 51.8 million and two-year approved funding of US\$ 36.3 million. Uganda also submitted a Round 3 proposal to the Global Fund with a total funding request of US\$ 118.5 million and two-year approved funding of US\$ 70.3 million for scaling up antiretroviral therapy and interventions for orphans and other vulnerable children. The total funding estimated to be available for treatment scale-up from Global Fund grants is about US\$ 35.1 million for 2004-2005.
- In 2004, the United States President's Emergency Plan for AIDS Relief provided US\$ 80.6 million for 2004 to assist Uganda in preventing and treating AIDS. The planned budget for 2005 is US\$ 112.8 million. Close to US\$ 142 million is anticipated to be available from these funds during 2004-2005 to support scaling up antiretroviral therapy.
- Uganda is a beneficiary of the World Bank Multi-Country HIV/AIDS Program for Africa and also receives financial support from other multilateral agencies and nongovernmental organizations. An estimated US\$ 2 million from multilateral sources and US\$ 1 million from nongovernmental organizations is anticipated to be committed for scaling up treatment during 2004-2005.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that Uganda will not face a funding gap to reach 55 000 people by end 2005.

5. Antiretroviral therapy coverage

- In 2003, WHO/UNAIDS estimated Uganda's total treatment need to be 110 000 people, and the WHO "3 by 5" treatment target was calculated as 55 000 people by the end of 2005 (based on 50% of estimated need). In 2004, WHO/UNAIDS estimated that the treatment need in Uganda had risen to 114 000 people.
- In June 2004, an estimated 20 000 people living with HIV/AIDS had access to antiretroviral therapy in Uganda. By September 2004, the number of people reported to be receiving treatment had risen to 35 000. WHO/UNAIDS estimates indicate that as of March 2005 a total of 50 975 people were receiving antiretroviral therapy. The Ministry of Health reported that as of the end of June 2005, a total of 63 896 patients were receiving antiretroviral treatment in Uganda, of which 10 600 were receiving free treatment via the Ministry of Health.
- The Ugandan 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 increased to 44, and 43 of these were providing antiretroviral therapy as of June 2004. As of June 2005, the number of accredited health facilities has increased to 146 centres, of which 114 were providing antiretroviral therapy.
- Although antiretroviral therapy has been available in Uganda since 1998, provision was largely confined to nongovernmental organizations, commercial providers and research and pilot projects. With the announcement of the government initiative to provide free treatment to people living with HIV/AIDS in 2004, antiretroviral drugs are being provided in the public sector through regional referral hospitals, other accredited district and mission hospitals, and level IV health centres (small hospitals). By May 2005, antiretroviral drugs had been distributed to 10 600 people through this initiative.
- Treatment is also provided 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 national treatment target of 60 000 people by the end of 2005.

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 and strategies for providing antiretroviral therapy and coordinates with other implementing partners. WHO and UNAIDS provide support in planning and coordination. A national task force of all stakeholders has been set up to harmonize the 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 voluntary counselling and testing and laboratory services. The Ministry of Health also 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, which is in Uganda. WHO also provides normative support for the development of guidelines. The United States Agency for International Development provides support for prevention interventions including promoting condom use and preventing mother-to-child transmission. Programmes for preventing mother-to-child transmission are also supported by the United States Centers for Disease Control and Prevention, the Elizabeth Glaser Pediatric AIDS Foundation, the German Gesellschaft für Technische Zusammenarbeit (GTZ), Médecins Sans Frontières (France) and Plan International. UNICEF supports prevention interventions targeted at young people.

Community mobilization

A wide range of nongovernmental organizations are involved in community-related work. The Uganda Network of AIDS Service Organizations coordinates the activities of key national nongovernmental organizations involved in community mobilization such as The AIDS Support Organization and the Uganda AIDS Information Centre. UNICEF and the United States Agency for International Development provide psychosocial support for orphans and vulnerable children. The World Food Programme provides nutritional support for families affected by HIV/AIDS.

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, the Joint Clinical Research Centre, The AIDS Support Organization and the 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 development of a comprehensive national plan for scaling up antiretroviral therapy and national guidelines for antiretroviral therapy
- Supporting the national adaptation of WHO guidelines and tools, including the Integrated Management of Adult and Adolescent Illness (IMAI) guidelines
- Supporting the training of various categories of health workers using the IMAI approach
- Supporting the strengthening of health information systems and mapping key service delivery points at the district level using the Service Availability Mapping (SAM) tool
- Supporting the Ministry of Health in undertaking operational research on scaling up antiretroviral therapy in resource-constrained settings
- 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
- Collaborating with the World Food Programme to ensure that people receiving antiretroviral therapy receive adequate food aid and nutritional support
- Providing training to develop a funding proposal for Round 5 of the Global Fund
- Establishing a "3 by 5" country team to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Providing technical assistance in setting up systems for tracking people receiving antiretroviral therapy and monitoring and evaluation systems
- Providing technical assistance in capacity-building
- Providing technical assistance in strengthening drug procurement and supply management
- Providing technical support in developing systems for monitoring drug resistance and in communication

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 international "3 by 5" Country Officer and one National Programme Officer for HIV/AIDS. 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 communications officer and one international staff member for monitoring and evaluation activities.

