FOCUS ON UGANDA

HIV AND AIDS

How should a country with limited resources respond to its HIV and AIDS crisis?
**What Is HIV?**
HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS. A person can be infected with HIV for many years and seem perfectly healthy. But as the virus multiplies, it attacks the body’s defense, or immune system, destroying the body’s ability to fight off illness. Eventually, HIV develops into AIDS.

**What Is AIDS?**
AIDS, the Acquired Immunodeficiency Syndrome, is a late stage of infection caused by HIV. As HIV weakens a person’s immune system, the body is no longer able to fight off illnesses such as pneumonia, diarrhea, and tumors. These are signs that AIDS is developing.

**How Is HIV Transmitted?**
HIV is transmitted through unprotected sex with an infected person, transfusing contaminated blood, sharing contaminated needles, or between a mother and her infant during pregnancy, childbirth, and breastfeeding.

**How Can HIV Be Prevented?**
There is evidence that prevention efforts can and do work to lower HIV transmission rates. These are the World Health Organization’s priority prevention strategies:
- Provide young people with knowledge and life skills to protect their health
- Promote safe and responsible sexual behavior
- Prevent mother-to-child transmission
- Prevent HIV infections from injected drug use
- Support safe health care environments
- Ensure the supply of safe blood

**How Can HIV and AIDS Be Treated?**
Within the United States, there is a wide range of treatments being used to combat AIDS. Antiretroviral drugs are used to strengthen a person’s immune system and stop HIV from reproducing in the body. These treatments are not a cure, but they can prolong and improve the quality of life for people living with AIDS. Unfortunately, due to high costs and strict patent laws, most people living with AIDS around the world cannot afford these drugs.

**SOCIAL AND ECONOMIC EFFECTS OF AIDS**

- **Education**
  HIV and AIDS are having a devastating impact on children and education systems in developing countries. Some children and youth are forced to drop out of school because they are living with HIV. Others are forced to work because members of their households are ill, and some children cannot afford to go to school because their families must pay to care for someone with AIDS. Schools are losing teachers at an alarming rate because of AIDS.

- **Economy**
  The majority of people living with HIV are between 15 and 45 years old—the most economically productive age group. AIDS has forced many people to leave their jobs, causing economic hardship for both individuals and industries.

- **Rural Families**
  HIV and AIDS have been particularly devastating for farmers who depend on crop output for their livelihood. Many have been forced to sell their land or go without food because they cannot work on their farms.

**DID YOU KNOW?**
- 2.5 million people were newly infected with HIV in 2011, down from 3.2 million in 2001.
- Over 900 children become newly infected with HIV each day.
- 50 percent of people living with HIV do not know their status.
- Over 8 million out of 15 million people living with HIV in low- and middle-income countries are able to receive antiretroviral treatment.
- 57 percent of pregnant women living with HIV receive effective drug treatment to prevent mother-to-child transmission.
- More than two-thirds of people living with HIV and AIDS live in developing countries.
- In the last six years, Africa has cut AIDS-related deaths by one-third.

**CHECK IT OUT:**
Since 1982 when the term AIDS was used for the first time, more than 60 million people have been infected with HIV.

HIV is the world’s leading infectious killer. The AIDS epidemic has taken approximately 30 million lives to date. An estimated 34 million people worldwide live with HIV, including over three million children under 15 years of age.

HIV PREVALENCE AROUND THE WORLD

HIV AND AIDS IN THE UNITED STATES

HIV and AIDS affect Americans in many ways. Currently, 1.1 million Americans are living with HIV, and approximately 50,000 more become infected each year.

Education has been essential to the prevention of HIV in the U.S. Every year, the Centers for Disease Control and Prevention (CDC) spend over $600 million in HIV prevention.

Where do you think is the best place for young Americans to learn about HIV and AIDS?

Source: CDC, 2012

“Halting the spread [of HIV and AIDS] is not only a Millennium Development Goal in itself; it is a prerequisite for reaching most of the others.”

— Kofi Annan, Former UN Secretary General, 2005

HIV AND AIDS IN SUB-SAHARAN AFRICA

Despite progress made in HIV testing, prevention, and treatment in the last ten years, sub-Saharan Africa remains the most heavily HIV-affected region in the world. With 23.5 million people living with HIV, sub-Saharan Africa represents 69 percent of the global prevalence rate. In addition:

- 58 percent of people living with HIV in the region are women.
- 92 percent of pregnant women living with HIV live in sub-Saharan Africa.
- More than 90 percent of children infected with HIV live in sub-Saharan Africa.
- Over 14 million children have been orphaned by AIDS in this region.

Stigma and discrimination against those living with HIV and AIDS continue to be barriers to effective HIV responses. Greater investment of resources and political will is needed to reduce the impact of the epidemic in this region.

INTERNATIONAL COMMITMENT

In the year 2000, world leaders developed eight Millennium Development Goals (MDGs) to reduce global poverty by 2015. The sixth goal aims to combat HIV and AIDS. Specifically, the targets were to halt and begin to reverse the spread of HIV and AIDS by 2015 and to achieve universal access to treatment for HIV and AIDS for all those who need it by 2010. By the end of 2011, eight million people were receiving antiretroviral treatment for HIV or AIDS in developing countries, with seven million still in need of access.

What do you think it will take for the HIV and AIDS targets to be achieved fully?

CHECK IT OUT:
Read about HIV and AIDS in the United States: www.aids.gov
Learn more about the global response to HIV and AIDS: www.unaids.org
Is there a link between AIDS and poverty?

HISTORY

Uganda is often thought of as an African success story. Since gaining independence from Britain in 1962, the country has been able to overcome significant political upheavals, including the violent regimes of Presidents Amin and Obote. Uganda’s current President, Museveni Yoweri, has been in office since 1986. Many have credited him with bringing stability to the country. Uganda has become one of the fastest growing economies in Africa. However, the stability in the south is in stark contrast to northern Uganda, which has been severely affected by conflict for the past 20 years.

How do you think conflict impacts the spread of HIV?

DID YOU KNOW?
- Over 40 languages are currently spoken in Uganda.
- Used clothing is one of Uganda’s largest imports.
- Uganda is home to many endangered animals, including mountain gorillas, chimpanzees, and elephants.
HIV AND AIDS IN UGANDA

Is life improving for Ugandans living with AIDS?

Meet Yiga Ronald

Yiga is an AIDS orphan. He is 16 years old and lives in Buzimba Village, Uganda. Yiga’s father had AIDS and died ten years ago when Yiga was only six. Yiga’s mother died when he was a baby. Yiga lives with his 85-year-old grandfather and two other AIDS orphans who are five and six years old. Yiga’s days are very busy. In addition to going to high school, he works on his grandfather’s farm growing coffee and food for the family.

Yiga worries about his education. Recent problems with the coffee harvest have made it difficult for him to make enough money to support his family and pay for his schooling. Yiga wishes he could continue going to school but is afraid he will have to drop out in order to care for his family.

For many Ugandans living with AIDS, simple tasks like preparing meals or gathering water and firewood are too much to manage alone. Since the early 1990s, Concern Worldwide has helped reduce the impact of AIDS in Uganda. Concern provides training to community partners in counseling, testing, prevention, care, and treatment. Concern also supports orphans like Yiga to ensure that they have the opportunity to stay in school and lead healthy lives.

In Uganda, the first case of AIDS appeared in 1982, and by 1988 the virus had spread to virtually all regions of the country. The chaotic political and economic environment of the 1970s and early 1980s facilitated the spread of the disease, and by 1993, Uganda had the highest HIV prevalence in the world—1.5 million people were infected.

President Museveni’s government was among the first in Africa to acknowledge the severity of HIV. In 1986, the government created an AIDS Control Program within the Ministry of Health, and in 1992, the Uganda AIDS commission was created under the authority of the president. With support from the government, numerous organizations began education and prevention campaigns across the country. As a result, the HIV prevalence rate fell dramatically between 1992 to 2000. Despite Uganda’s high debt, struggling economy, and weak healthcare system, the country was one of the first to lower its HIV prevalence.

Since 2004, free antiretroviral drugs have become available in Uganda. The HIV prevalence rate, however, has increased since 2006, with the number of people living with HIV going back up to 1.4 million in 2011. The rise in numbers could be due to the government’s shift towards abstinence-only prevention programs, “AIDS-fatigue” or normalization of AIDS prevalence, and a decline in the fear of AIDS as the availability of antiretroviral drugs increased. With Uganda’s early success in reducing HIV prevalence, the government is now at an important crossroads in responding to Uganda’s AIDS epidemic.

Uganda and HIV and AIDS Statistics

- PEOPLE LIVING WITH HIV: 1.4 million
- ADULT (AGES 15–46) HIV PREVALENCE: 7.2 percent
- ADULTS (AGES 15+) LIVING WITH HIV: 1.2 million
- WOMEN LIVING WITH HIV: 670,000
- CHILDREN (AGES 0–14) LIVING WITH HIV: 190,000
- DEATHS DUE TO AIDS: 62,000
- ORPHANS (AGES 0–17) DUE TO AIDS: 1.1 million

Source: UNAIDS, 2011

Number of People Living with HIV in Uganda

![Graph of HIV prevalence in Uganda]

CHECK IT OUT:

Learn more about HIV and AIDS in Uganda: www.aidsuganda.org
Read more about the history of HIV and AIDS in Uganda: www.avert.org/aids-uganda.htm
**How Can We Respond to the HIV and AIDS Crisis?**

*Possible Solutions*

The HIV and AIDS crisis is a complex issue that will most likely take years to solve. However, in recent years, great strides have been made to reduce the prevalence of HIV and AIDS in both the developed and developing worlds. Here are a few ideas of how we can begin to solve this international crisis.

**Prevention and Testing**

Young people between 15 and 24 years old account for 40 percent of all new adult infections, with an estimated 2,400 young people infected each day. Young women have a higher infection rate than their male counterparts and account for 63 percent of all young people living with HIV.

The annual rate of new HIV infections among adults globally has remained at 2.2 million since 2009, largely due to awareness and prevention programs. Behavior change is an essential aspect of any prevention program, but behavior is complex and influenced by multiple factors including personal, religious, and societal attitudes and beliefs.

Uganda’s success in the 1990s focused on the “ABC” approach in their HIV prevention programs: abstinence, be faithful, and use condoms. Educating vulnerable populations about what HIV is, how the disease is spread, and the importance of getting tested is crucial in curbing the HIV and AIDS crisis.

**Stigma and Discrimination**

HIV and AIDS does not stigmatize—people do. The stigma and discrimination associated with HIV and AIDS are as devastating as the illness. Fear, ignorance, myths, and misinformation all contribute to stigma. Eradicating stigma is therefore essential for bringing about a sustainable, positive change in the course of the epidemic.

Creating community support groups helps those who are infected with HIV and also helps reduce the stigma that is associated with the illness. Educating communities through plays, radio announcements, and in schools also helps reduce stigma throughout communities. Advocating for local and national governments to implement policies that support people who are infected with HIV also ensures that there is community support and less discrimination.

**Access to Treatment**

Only ten years ago, less than three percent of those in need were able to access treatment. In the last two years, there has been a 60 percent increase in the number of people accessing treatment, with eight million people in low- and middle-income countries now on antiretroviral therapy. Nevertheless, 46 percent of people in the world’s poorest countries are not getting antiretroviral therapy. While many believe that the end of the AIDS epidemic is in sight, poverty, gender inequality, homophobia, discrimination, and funding shortages still put millions more at risk. Therefore, ensuring that people in the world’s poorest countries have access to the appropriate treatments and that these treatments are affordable are essential in the fight against HIV and AIDS.

**Where Do We Go from Here?**

Even though global promises have been made and goals have been set, there is not always agreement within the international community about what are the most important components of HIV and AIDS policy. Prevention and treatment programs frequently have to compete over limited funds. Some people believe treatment is too expensive and complicated to be administered effectively. Some point to the number of AIDS orphans and devastating mortality rates, particularly within the workforce, to demonstrate the need to make treatment accessible and available to all people living with AIDS. And still others argue that limited funds should not necessarily go to HIV and AIDS programs because of the prevalence of other illnesses such as malaria, dehydration, and tuberculosis that are easier and less costly to treat and prevent.
# How should countries with limited resources respond to HIV and AIDS?

## DEBATE IT!

**How do you think governments of developing countries should respond to the AIDS crisis?**

**What are the most important components of an HIV and AIDS program?**

The following opinions demonstrate different priority areas for a response to HIV and AIDS.

**Which of these opinions do you agree with? Why or why not?**

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<th>PREVENTION AND TESTING</th>
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<td>“HIV among children is a growing problem, particularly in the countries hardest hit by the AIDS epidemic. The overwhelming majority of infected children acquire the infection through mother-to-child transmission. Prevention of HIV infection in infants and young children is now a high priority and has been the rallying point for enhanced prevention efforts.”</td>
<td>“In Uganda, where we were once synonymous with HIV and AIDS, we are now counted as a success story and people are coming from all over the world to find out and, possibly, emulate what we have done. We really have nothing to offer in Uganda (neither advanced science nor superior health facilities) but commitment. It is through political commitment, thorough knowledge of our country, compassion for our people, that we gave HIV and AIDS a face and eradicated the stigmatization and ostracization of people living with AIDS and brought down the rate of prevalence.”</td>
<td>“Treatment and prevention go hand in hand. The availability of treatment motivates individuals to be tested, whereas stigmatization and certain death discourage people from being informed about HIV status. Treatment will augment, not replace, the prevention efforts already in place. In many areas, programs currently exist that provide prevention education and palliative care for those with AIDS and HIV infection. Treatment options will greatly expand the credibility and capacity of such programs within their communities. Treatment prevents the creation of more orphans. As the world population of children orphaned by AIDS moves into the tens of millions, it is imperative that treatment become rapidly available to infected parents and adult caretakers to stem this massively growing tragedy.”</td>
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<td>“We should be winning in HIV prevention. There are effective means to prevent every mode of transmission; political commitment on HIV has never been stronger . . . However, while attention to the epidemic, particularly for treatment access, has increased in recent years, the effort to reduce HIV incidence is faltering. For every patient who initiated antiretroviral therapy in 2006, six other individuals became infected with HIV.”</td>
<td>“AIDS is a war against humanity, we need to break the silence, banish the stigma and discrimination, and ensure total inclusiveness within the struggle against AIDS. If we discard the people living with HIV and AIDS, we can no longer call ourselves human.”</td>
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“We can end this pandemic. We can beat this disease. We can win this fight. We just have to keep at it, steady, persistent, today, tomorrow, every day until we get to zero.”

—Barack Obama, U.S. President
REFERENCES AND RESOURCES

UGANDA
BBC News
http://www.bbc.co.uk/news/world-africa-14107906
Human Rights Watch
http://www.hrw.org/africa/uganda
Republic of Uganda
www.statehouse.go.ug

HIV AND AIDS
AIDS Channel
www.aidschannel.org
HIV and AIDS Basics
http://aids.gov/hiv-aids-basics/
IRIN Plus News
www.plusnews.org
The Global Fund to Fight AIDS, Tuberculosis, and Malaria
www.theglobalfund.org/en/
UN Millennium Development Goals

Voices of Youth
http://www.voicesofyouth.org/sections/hiv-and-aids/pages/the-big-picture

ORGANIZATIONS
AVERT
www.avert.org
Centers for Disease Control and Prevention
http://www.cdc.gov/hiv/
UNAIDS
www.unaids.org
UNICEF
www.unicef.org/aids/
UNIFEM
www.unifem.org/gender_issues/hiv_aids/
WHO
www.who.int/hiv/en/

CAMPAIGNS
Millennium Campaign

ONE Campaign
http://www.one.org/us/aids/
RED
http://www.joinred.com/

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This publication was written and produced in 2004, updated in 2008, and 2013.