

# EVOLUTION OF THE HIV AND AIDS RESPONSE IN UGANDA: HISTORICAL PERSPECTIVES

By

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# INTRODUCTION

- 1980s: Earliest cases ---- Rakai, Kasensero fishing village
- Dr Antony Lwebuga \_DHO Rakai reports
- Affected the well to do; travelers, businessmen
- Hetero-sexual Transmission - 90%
- Ignorance promiscuity LDSTD, CSW spread



# ZERO GRAZING



# PHASES OF THE EPIDEMIC

- 1980-1985 – Silence, Denial, Escation and Stigma
- 1986-1992 – ACP, decline, 18% to 6.4%, STD 29% to 14%, STD = 0.
- 2005-2005 – Stabilization – ANC 6.5%.
- Speculator Pioneers: Carsawell - deported.
- 1998 – AIDS care established at Mulago – Dr. Katabira, Dr. Goodgame; Kalibala – prayers; symptomatic.
- Rakai Research Project – 1980s

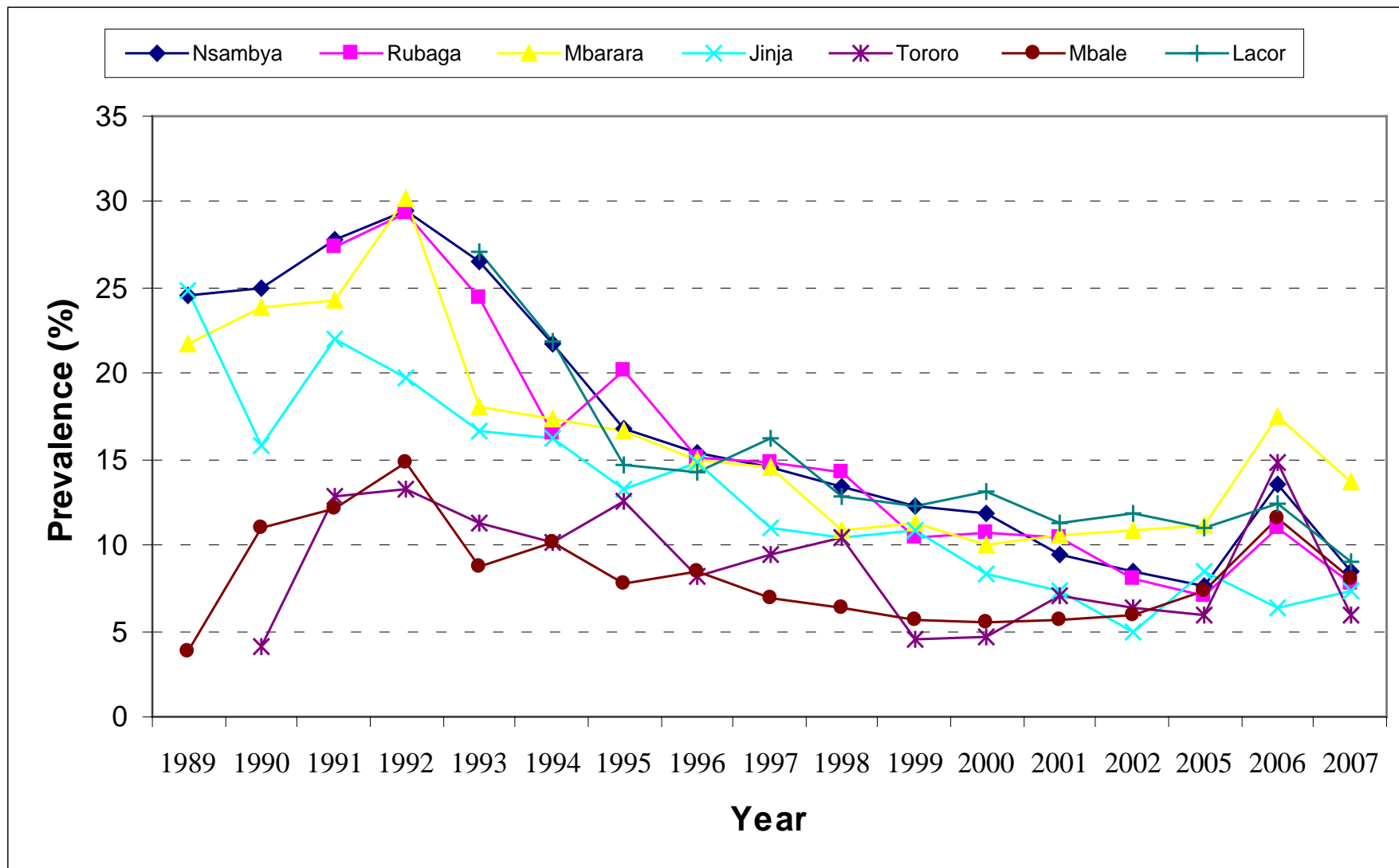
# EARLY TOOLS

- Our People, Our tongues, Hands + Enabling Environment – HE President, LCs
- Recruited committed people/orgs, media, schools, MOH, MOLG, and FBO.
- Offered Effective communication, Appropriate messages – evidence based, simple, real, and fear. ZERO GRAZING,
- War Drums on radio. Live demos – pts, high profile cases- Philly Lutaaya
- Partners supported GoU led response- soc. res

# **PROGRESS AND SUCCESS (1985-2000)**

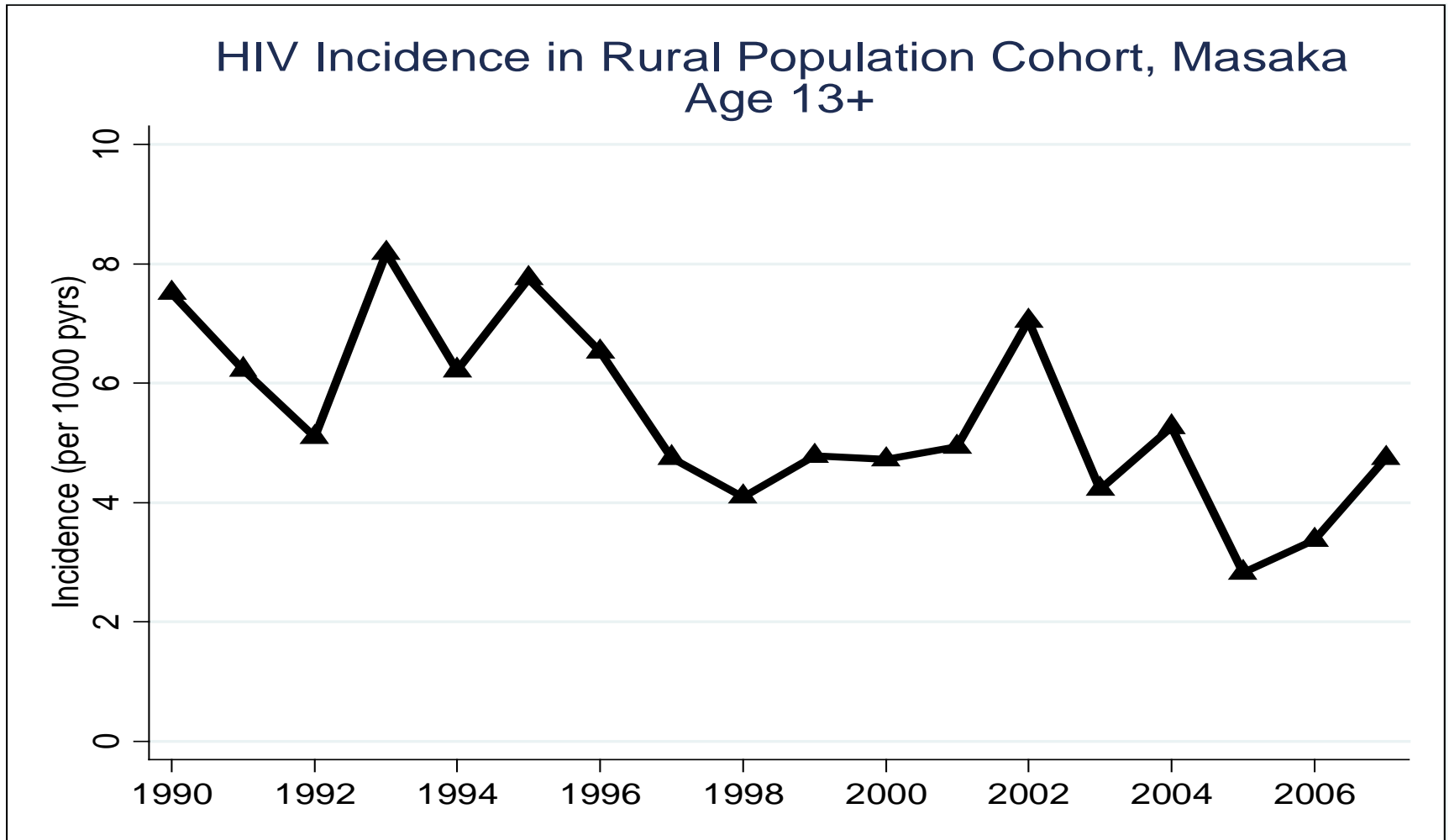
- Declines Prevalence ANC: 18% to 6.5%, Mulago STD 29% - 14%; casual sex reduction 60%.
- Age sexual debut up: 14-17 yrs; Teen Preg: down from 42% to 32%
- Linkages, integration: Dist Dev committees.
- Accountability and Responsibility ensured at central, district and community levels.
- Mobilisation AIDS integrated into District W/plans-DAMP

# Trends in Antenatal HIV sero prevalence among the seven urban antenatal clinics





# Trends in HIV incidence in the MRC cohort in Masaka 1989-2008



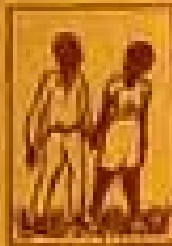
# EFFECTIVE COMMUNICATION

- EC needs mobilization + active interaction
- EC def: process “conveying message with intention of creating specific action”
- Principles EC: Clarity, Completeness  
Conciseness, Consideration, Courtesy, and Correctness
- Interrupted by Barriers e.g perception, bias, ideology; semantics
- EC **not** simply lecturing, not w/shops; Requires interaction.. Leads to failure
- Many S/holders just pass info not EC

# ZERO GRAZING



I WISH I HAD SAID  
**NO TO AIDS**



MY QUICK PLEASURE LED  
TO A SLOW, PAINFUL DEATH



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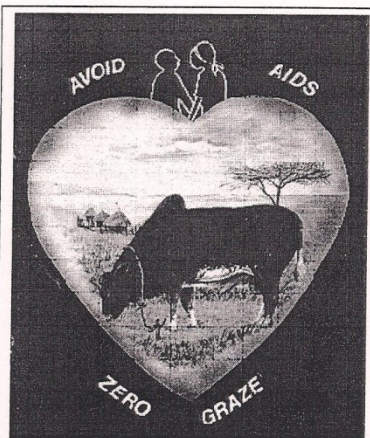
WHAT YOU SEE  
IS NOT WHAT  
YOU GET



**AIDS  
KILLS**

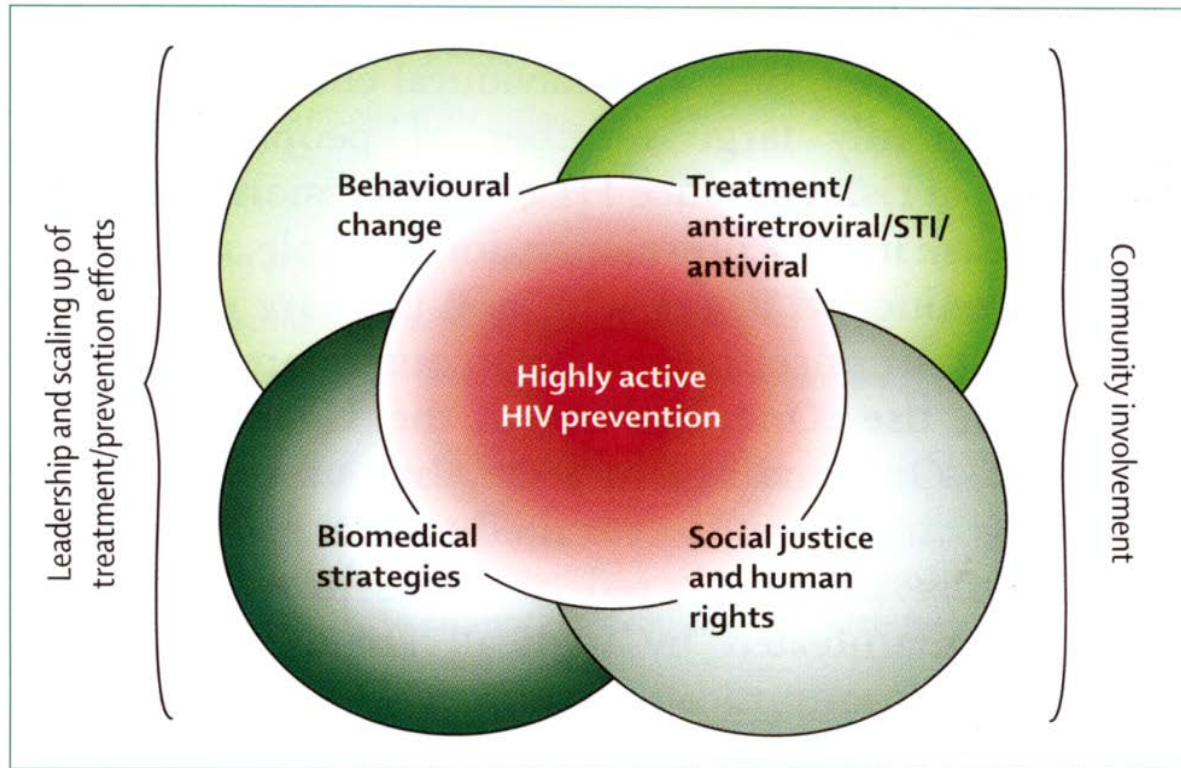


Health education on AIDS, ACP carried out campaign at Makerere University: (above) the Director Sam Okware addresses the students and (Below) Musician the late Bongoley Lutaya giving AIDS a human face, August 1989



Local concept of *zero grazing*: Bull tethered to graze only in within the locus of the length the rope - - limited monogamous territory

# Combination prevention strategies - Lancet 2008



**Figure 1: Highly active HIV prevention**

This term was coined by Prof K Holmes, University of Washington School of Medicine, Seattle, WA, USA.<sup>5</sup> STI=sexually transmitted infections.

# PLANNING PROCESS AND COMPETITION

- Goodwill abundance  
Major challenges: coordination, strategic planning, Human Resource Management.
- To succeed need Business Plans, Teamwork and inclusiveness and clarity of outputs, equitable benefits; competitiveness



# CARE

- Drugs \_None: KK, interferon, Soil,AZT 10000 usd
- NACP exists because of clients (internal and external)
- TASO: Clients must feel wanted, come loyal and return. MOH survey 2006-17% patients sought health care in primary units
- Customers relations be a priority: clients lost is for ever and costs 10x to be returned
- Establish “RELATIONSHIP MARKETING” units for PR, and enhance of client loyalty and confidence.

# **GLOBALISATION AND THE EMERGENCE OF NEW COMPETITORS**

- More Money created more NGOs, middlemen and competitors ....
- High operational costs created more gaps
- Players + sectors and NGOs ill prepared; Self coordinated; competition vs cooperation
- Brief case NGO's complicated matters.
- IT, DSTv internet –access to other cultures
- Activism – influences resource allocation..PLWHA

# FINANCIAL RESOURCE 1989-2007

- Scarce but increased from USD21M to USD234M; Gaps remain; Too many layers; middlemen
- Allocations have changed – 80% for prevention reduced to 20%
- MOT study 2008 allotments: care 25%, PMCT 15%, Condoms 18%, prevention 20% other
- Resource mob. and allocations be more coordinated by UAC and GoU

# CONCLUSION

1. *Rumor.....Disease....Tragedy...death sentence*
2. *Transformation... treatment, chronic illness, hope...*
3. **More research ...Rakai project contributed the most**



# THANK YOU

THE END