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 LDTD, CSW spread
NO KNOWN UNKNOWNS
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.
• MobilisationAIDS integrated into District W/plans-DAMP
Trends in Antenatal HIV sero prevalence among the seven urban antenatal clinics

![Graph showing trends in Antenatal HIV sero prevalence among the seven urban antenatal clinics. The graph plots the prevalence (%) of HIV infection from 1989 to 2007 for seven clinics: Nsambya, Rubaga, Mbarara, Jinja, Tororo, Mbale, and Lacor. The x-axis represents the years from 1989 to 2007, and the y-axis represents the prevalence (%) of HIV infection ranging from 0 to 35. Each clinic is represented by a different line color, allowing for the comparison of trends over time.]
Trends in HIV incidence in the MRC cohort in Masaka 1989-2008

HIV Incidence in Rural Population Cohort, Masaka Age 13+
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
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 Okiware addresses the students and (Below) Masclan 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. STI=sexually transmitted infections.
PLANNING PROCESS AND COMPETITION

• Goodwill abundance

• 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