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Findings

Uganda: The Sexually Transmitted Infections Project

Uganda is one of the first countries in Africa to show a sustained decline in HIV/AIDS prevalence. Evidence suggests that a change in the HIV incidence is occurring. The prevalence has dropped in certain communities and age groups, most notably, among women in the 15-29 years age group. Population-based surveys of sexual behavior also show substantial differences in sexual behavior particularly of young people.

HIV/AIDS in Uganda

An estimated 2.73 million Ugandans have been infected with the HIV virus since the first reported AIDS case in 1984. Of those infected, 1.9 million people have developed AIDS and 1.8 million have died. Information from HIV sentinel surveillance indicates prevalence levels ranging from 5% in most rural sites to 30% in some urban sites. Heterosexual transmission accounts for 75-80% of new infections. Mother-to-child transmission constitutes almost all other cases except for the 3% of new infections caused by use of infected blood and blood products (including sharing of non-sterile-piercing instruments). Kampala (Uganda's capital), the Southwestern and the Northern regions are most affected by the epidemic.

The Ugandan government has provided strong political leadership in the fight against the HIV/AIDS epidemic. It has developed one of the most compre-

Box 1. HIV/AIDS in Uganda

Population	20.7 million
Estimated number infected with HIV since the beginning of the epidemic	2.73 million
Estimated number of deaths due to AIDS	1.8 million
Estimated number of people living with HIV/AIDS, end of 1997	930,000

(Source: UNAIDS, June, 1998)

Box 2. Positive Trends in Uganda

- Delayed sexual debut
- Fewer sexual relations with non-regular partners
- Increased condom use
- Reduced prevalence in pregnant women in 15-29 years age group
- Increased demand for STD services

hensive HIV/AIDS programs in Africa. The government's first response to the epidemic was to set up the National Committee for the Prevention of AIDS in 1985. This was followed by the establishment of the AIDS Control Program (ACP) in the Ministry of Health the following year. The program was charged with the following responsibilities: epidemiological surveillance; ensuring safe blood supply; providing HIV/AIDS information, education; care and counseling; and control of sexually transmitted diseases. In 1988, following a review of the ACP, it was recognized that the fight against the spread of HIV/AIDS would require a multi-sectoral approach. The Uganda AIDS Commission was established to coordinate the implementation of this broader strategy. A multi-sectoral National Operational Plan (NOP) for prevention of HIV infection and mitigation of health and socioeconomic impact of HIV/AIDS was adopted in 1993. The plan emphasizes strengthening communities and families to cope with the epidemic.

Uganda's achievements in the struggle against the epidemic to date are the result of a joint effort of the government, donors and Non-Governmental organizations (NGOs).

The Sexually Transmitted Infections Project

The World Bank-assisted Sexually Transmitted Infections Project (STIP), started in 1994, is currently the largest HIV/AIDS project in the National Operational Plan for HIV/AIDS control. Though a significant proportion of the project budget (US$ 73.4 million) is implemented by the Ministry of Health, the project also supports interventions of other ministries and NGOs.

Key features of the project

i. *Prevention of Sexual Transmission of HIV.* Change in sexual behavior is the most important approach to preventing the spread of HIV. The STIP supports promotion of safe sexual behavior through information, education and communication (IEC); provides condoms and promotes their use; and promotes STD care seeking behavior and provision of effective STD care.

Box 3. Iganga District Hospital

This is a 100-bed hospital. It is one of the 12 district hospitals in the country where voluntary testing is being piloted by STIP. During the first 2 weeks of the testing started in May, 1998, 56 people were tested and 30 were found to be HIV-positive. Officials at the hospital attributed this high figure to the fact that those who present themselves for voluntary testing already suspect that they are infected. The hospital has regular outpatient services for the care of sexually transmitted infections.

ii. *Mitigation of Personal Impact of AIDS.* The project supports the development of treatment guidelines, training of health workers in the management of people with AIDS, and provides drugs for the management of tuberculosis and other opportunistic infections associated with AIDS. This covers public and NGO health services. The project also supports NGO and community-based organization activities for community and home-based care. The aim is to reduce bed-occupancy by AIDS patients who currently account for more than 50% of in-patients in hospitals and health centers. This poses the risk of crowding out patients requiring treatment for other illnesses. The project also supports NGO activities in counseling, nutrition and income generation.

iii. *Institutional Development.* The project supports capacity building in planning and management of HIV/AIDS programs. At the central level, it supports strengthening the technical skills of staff and the management and coordination functions of the AIDS Control Program of the Ministry of Health. At the district level, the project focus is on developing a participatory planning and management process involving district and local level managers, NGOs and community-based organizations. Support is also provided to monitoring and evaluation to improve the information base. A system of sentinel surveillance covering 20 sites is assisted by the project through supply of testing kits and training of staff. Regular knowledge, attitudes, practices and behavior surveys are also conducted under the project. The project also contributes funding to a number of research activities: the Rakai project research on STD-mass treatment; a Tuberculosis-Ethambutol study in Mulago; and a study of sexual behavior among young people.

iv. *Gender Issues.* The STIP has mainstreamed gender in its activities. This is important as the HIV/AIDS epidemic disproportionately affects women, especially young girls. Project activities are required to take into consideration differences between men and

women in health care seeking behavior.

v. *Global Partnerships.* The project exemplifies the need for effective collaboration between different partners in the fight against the spread of HIV/AIDS. The project was designed to cover gaps taking into account existing commitments by other donors and the government. Coordination is carried out through the national and district level planning process.

Impact

Currently, there is a high level of general awareness of HIV/AIDS with urban areas registering greater depth of knowledge of the disease. There are also changes in sexual behavior. Surveys show a drop in non-regular partnership and casual sex across all age groups. Condom use has also increased. The most notable change has occurred in the sexual behavior of the 15-29 years age group normally considered to be at greatest risk. Between 1989 and 1995, survey results show a delay in sexual debut. The proportion of males in the age group 15-19 years reporting that they "never had sex" has risen from 31% to 56%, while that of females has increased from 26% to 46%. Sentinel surveillance data collected between 1992 and 1996 show declines ranging between 32% - 54% in HIV prevalence in young pregnant women aged 15-29 years in some urban areas. This group is fairly representative of the general population. It is important to note that it is the younger population which has registered the highest positive change in sexual behavior. This has important implications for the long-term reduction in HIV/AIDS as this also is the most sexually active group. A reduction in HIV/AIDS in this group will contribute significantly to economic productivity and social welfare in the country as this group constitutes a large proportion of the economically productive population group. **However, the positive trends observed do not mean that the epidemic has been overcome in Uganda. The current prevalence levels of HIV/AIDS still present an enormous challenge.**

Lessons learned

i. *Political commitment and local ownership are essential.* The personal and active involvement of the President and senior government officials has played an important role in raising general awareness of the seriousness of the epidemic and in providing official support for the AIDS Control Program. Also, the government has recognized that communities and families play a central role in preventing and managing care of people with AIDS. Thus, many programs have been designed to better equip families and communities to deal with the epidemic. The government's policy on decentralization of management of services to the district level has contributed to this by bringing the management of the programs closer to the people. In many parts of the country, NGOs and communities submit their programs for funding through district plans for HIV/AIDS activities

Box 4. Namungalwe Women Task Force

This is a women's group comprising 31 members, 4 of whom are men. The group undertakes sensitization activities through drama and song and is involved in the care and support of 43 families affected by AIDS. The group cultivates vegetables on an 8 acre farm, donated by the chairperson of the group. Members have formed five sub-groups that visit affected families once a week, delivering produce from the farm to the families.

ii. *There is need to mobilize all the resources available in the country to support HIV/AIDS programs.* In Uganda, a strong partnership has developed involving the Government, NGOs, the United Nations family coordinated by UNAIDS and other donors supporting HIV/AIDS programs. The role of NGOs in particular, has been recognized, especially at the community level. A number of competent local NGOs such as The AIDS Support Organization (TASO) have developed strong HIV/AIDS programs.

iii. *There is need to use a wide range of multi-sectoral interventions to deal with the epidemic.* However, in Uganda and many other developing countries, resources are limited and cost-effective interventions with an impact on the largest share of the population have to be selected. The Government AIDS control strategy includes a wide range of interventions.

iv. *Capacity building is essential.* Capacity building in technical and management skills is an integral part of both the public and NGO AIDS control programs in Uganda.

v. *Information is important for monitoring the epidemic and adapting programs to meet the most critical needs.* Uganda is strengthening and expanding its sentinel surveillance system. In addition, regular knowledge, attitudes, behavior and practices sur-

veys are conducted. Research being undertaken under the project includes: STD mass treatment study, TB-Ethambutol study, the study of sexual behavior among young people and assessment of the economic impact of the HIV infection on those affected .

vi. *Sustainability.* In order to build upon the achievements already realized, there is need to ensure adequate and sustained funding for HIV/AIDS programs. To this end, the Uganda government is currently revising the National Plan of Action to determine future resource requirements.

For more information on the project, please contact: Ms. Mary Mulusa, Task Team Leader, Rm. J10-080, World Bank, 1818 H Street, Washington D.C. 20433. Telephone: 202-473-1937; fax: 202-473-8299; e-mail address: mmulusa@worldbank.org

For more information on the Region's AIDS strategy, please contact Dr. Debrework Zewdie, Lead Population and Reproductive Health Specialist, and HIV/AIDS Coordinator, Rm. J10-085, World Bank, 1818 H Street, Washington D.C. 20433. Telephone: 202-473-9414; fax: 202-473-8239; e-mail address: dzewdie@worldbank.org