

MINISTRY OF HEALTH



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Message from The Minister of Health on

WORLD AIDS DAY 2017

The Ministry of Health joins the Global and Ugandan community to commemorate the World AIDS Day, 2017. This day provides us a unique opportunity to collectively reflect on the achievements we have made in our national HIV and AIDS response and to lay appropriate strategies to address the challenges that remain.

As we commemorate this important day, we embrace this year's theme of **"Reaching Men, Girls and Young Women to Reduce New HIV Infections"**. This theme highlights the importance of ensuring that we implement priority interventions to address the disproportionate burden of new HIV infections in these population groups that remain critical to our national and global aspiration of ending AIDS by 2030. In addition, this day reminds all Ugandans to ensure that they play their roles and responsibilities to protect themselves, their families, and their communities from HIV and AIDS. On this occasion of the 2017 World AIDS Day, we would like to share with the public the progress we have collectively made towards addressing the HIV and AIDS epidemic in Uganda. As part of the multi-sectoral HIV and AIDS response, the Ministry of Health, through its technical arm, the AIDS Control Programme has been leading the public health response which focuses on a comprehensive package of evidence-informed interventions that aim to reduce the occurrence of new HIV infections, reduce AIDS related deaths and mitigate the impact of the epidemic.

Working with our partners, we have scaled up HIV prevention, care and treatment programmes premised on combination HIV prevention approaches. As part of this, the focus of the Ministry of Health has been the implementation of evidence-based behavioural and biomedical interventions including: promotion of Abstinence, Be faithful, and consistent Condom use; medical male circumcision, programmes for PMTCT, and antiretroviral treatment services. In the implementation of these interventions, HIV counselling and testing has been an important entry point.

With regard to HIV prevention, we have scaled up evidence based Social Behavioural Change Communication (SBCC) programmes intended to address the drivers of the epidemic while ensuring long term behavior change at individual, household and community level. This has been done through the implementation of innovative SBCC approaches in various mass media, social media and interpersonal communication platforms. Our campaigns reach approximately 12 million people daily in the country. With support from the Global Fund, PEPFAR and UNFPA, the Ministry of Health has progressively increased the quantities of condoms procured. In 2016, over 1.2 million female condoms, and 300 million male condoms were procured compared to only over 100 million condoms in 2015. Through our strategy for the Total Market Approach, the Ministry of Health and partners will improve the distribution of condoms through the public and private sector and social marketing in order to reach all the critical population subgroups that require them.

Safe medical male circumcision is an important HIV prevention intervention. Together with partners, we have continued to scale up these programmes. During the year, 878,109 young men were circumcised, bringing the cumulative number of men circumcised in the program to 3,600,000. From the 2016-17 UPHIA, the proportion of men aged 15-49 years that were circumcised had increased from 26% in 2011 to 43% in 2016. The proportion of men circumcised ranges from 14% in Mid-Northern region to 69% in Mid-Eastern region. The prevalence of male circumcision was highest among young people 15 – 29 years at over 45%.

Regarding HIV testing services, this year, we have revised the HIV Testing Services Policy and Technical Guidelines.

The new policy and guidelines aim at improving the HIV test yield in order to improve knowledge of HIV status among HIV-infected people as a contribution to the attainment of the 90-90-90 targets by 2020 in the Fast Track Strategy for ending AIDS by 2030. The policy and guidelines also highlight the importance of linking HIV-negative individuals to critical HIV prevention services. In the policy and guidelines, there is particular focus on addressing barriers to testing services by some critical population groups such as men, key population, and adolescent girls and young women – that are highlighted in the theme for this year's World AIDS day. A total 10 million HIV tests were conducted in 2016-17. The overall positivity rate in the country was at 3.0%. In the revised policy and guidelines, we have also introduced evidence-based HIV testing innovations like partner HIV testing services and HIV self-testing that will target specific population groups like men and key populations at high risk of HIV acquisition in order to increase the reach of testing services.

We have continued to work with our PMTCT champion, HE, The First Lady of Uganda, Janet Kataaha Museveni to consolidate our programmes for Elimination of Mother to Child HIV Transmissions. This four-pronged programme includes: a) primary prevention of HIV among women of reproductive age; b) providing family planning services to HIV infected women; c) Life-long ART to HIV-infected pregnant and lactating women; d) family centered care for HIV-infected mothers and their families. In the implementation of Option B+ (prong 3), services have grown and are now available through over 3242 facilities country wide. Our coverage for PMTCT service reached over 95% of pregnant women attending ANC.

Owing to the success of our PMTCT programme, Uganda is one of the countries that have signed up for Assessment on Elimination of Mother to Child HIV transmission and congenital syphilis. Towards that, the Ministry of Health has now set up an independent committee to fast track the assessment. The Committee will oversee the certification process for the elimination of Mother to Child HIV transmission elimination agenda. Furthermore, the Ministry is also conducting a PMTCT Impact Assessment to determine the impact of the PMTCT programme in the country. The data from the assessment will feed into the certification process for MTCT elimination.

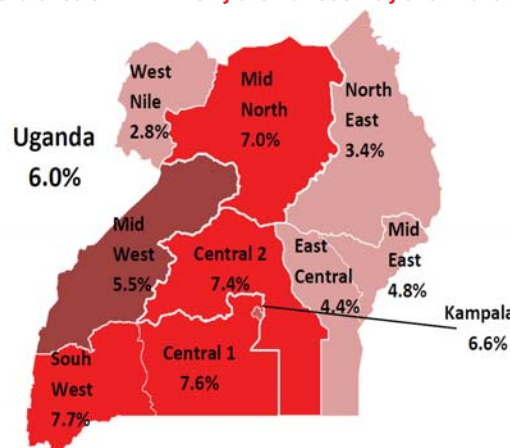
During the year, the Ministry has been actively rolling out the new Consolidated Guidelines for HIV Prevention and Treatment that provide for "Test and Treat" that were launched on the eve of last year's World AIDS Day. These guidelines provide for starting ART for all HIV-positive individuals as soon as diagnosis is made irrespective of clinical stage of HIV infection. These guidelines have now been rolled out to nearly all public and private health facilities. Consequently, the number of HIV-infected adults and children enrolled on ART has increased to 1,028,909 (994,232 adults, and 64,677 children) by mid-2017 in the 1,824 service delivery outlets across the country. At the same time, the Ministry of Health has rolled out viral load monitoring of HIV-infected individuals on treatment. By end of the year, nearly 80% of HIV-infected individuals on treatment were receiving viral load tests at least once a year, with fairly high levels of viral load suppression, over 90% for adults and about 75% for children. Furthermore, the 2016-17 Uganda Population-based HIV Impact Assessment (UPHIA) survey showed that adults age 15-64 years had a community viral load suppression rate of approximately 60%. This shows that the Government of Uganda's HIV programme is having an impact and making great progress toward the UNAIDS and national goal of having population level viral load suppression of at least 73% by 2020.

In order to guide strategic planning and evaluation of the public health HIV response, the Ministry has continued to

consolidate systems to generate vital Strategic Information. These include: routine health information from facilities through DHIS2; annual HIV surveillance systems; annual mathematical modelling and projections; and periodic population-based surveys. Data from these systems continue to provide updated estimates of the burden and trends of HIV and AIDS dynamics in Uganda.

At the impact level, the Ministry of health estimates that in 2016, the number of new HIV infections in the country fell to an all-time low of approximately 60,000 individuals of whom nearly one-third were among adolescent girls and young women. This continued the trajectory we previously reported where HIV infections declined by 40% during 2010-15. The vertical mother-to-child new HIV infections among HIV exposed babies also continued to fall and reached approximately 4,000 in 2016, building on the 86% reduction in the new vertical HIV infections during 2010-15. In the same vein, AIDS-related death continued on a steady decline, reaching an all-time low of approximately 28,000 in 2016. Probably owing to the low uptake of HIV testing and treatment services, men who accounted for 62% of deaths, were more disproportionately affected.

The Prevalence of HIV Among the Various Regions in the Country



From the Uganda Population Based HIV Impact assessment (UPHIA) survey that was conducted in 2016-17, there is some evidence of HIV epidemic contraction. HIV prevalence in the general population was 6.0% among those aged 15 – 49 years, and 6.2% for those aged 15 – 64 years. The HIV prevalence among adults 15 – 49 years declined from 7.3% in 2011 to 6 percent in 2016. From UPHIA, HIV prevalence among women was 7.5%, compared to 4.3% among men. The HIV prevalence among young people 15 – 24 years was 2.1% (0.8% in men and 3.3% among women). Among adults, HIV was highest among men aged 45 to 49, at 14.0%; and women age groups of 35 to 39 years and 45 to 49 years, at 12.9% and 12.8%, respectively. Geographically HIV prevalence varied from a low 2.8% in West Nile to a high 7.7% in South Western Uganda. Overall the total burden of HIV in the country is estimated at 1.3 million people.

In spite all the achievements, the burden of HIV remains high. This calls for concerted efforts from all stakeholders to continue scaling up services towards achievement of the Fast Track targets for sustainable HIV epidemic control. As we implement these interventions, we will prioritize the key pillars of the Presidential Fast Track Initiative to end AIDS by 2030 which was launched during the year by HE the President.

The Ministry of Health would like to thank all stakeholders who are working with us in the implementation of these interventions. We would like to particularly thank the US Government through PEPFAR and US Government Agencies CDC, USAID, and DoD; the UN Family (WHO, UNAIDS, UNICEF, UNFPA, UNDP, UN Women); the Global Fund, Irish AID, Clinton Health Access Initiative, and other bilateral and multilateral partners.

Finally, I wish to extend our sincere appreciation to His Excellency the President of Uganda, Yoweri Kaguta Museveni for his extraordinary leadership in the fight against HIV/AIDS in the country.

I thank you all
All this for God and My Country