



The Government has encouraged test-to-treat policy in order to control the spread of the HIV virus

By Vicky Wandawa

Exactly 36 years ago, Uganda recorded its first case of HIV in Rakai district. By the late 1980s, more than 30% of Ugandans in urban areas and 15% in rural areas were estimated to have contracted the virus.

According to statistics from the Uganda Aids Commission, deaths from AIDS-related illnesses in the late 1980s and early 1990s were about 75,000.

The patients were a ghastly sight then. Severe diarrhoea and skin rash were common signs among the patients, according to Nelson Sewankambo, a professor at Makerere University College of Health Sciences.

They also commonly suffered from herpes zoster and Kaposi's sarcoma (a type of cancer).

Early phase

Dr Nelson Musoba, the director general of the Uganda AIDS Commission, says Uganda was a success story in the early phase of the epidemic.

"We reduced the HIV prevalence from 18% in the 1990s to 6.4% by 2005. The mainstay of our efforts was prevention," he says.

Uganda took an open stance to the epidemic. Consequently, it was among the first African countries to establish a National Aids Control Programme and National Committee for the prevention of AIDS.

President Yoweri Museveni led several campaigns about HIV/AIDS that were kicked off on radios and in newspapers.

"The President led this fight

HIV prevalence history: Peaks, lows since 1982

and at every public function he cautioned the population to protect themselves. All other public leaders did the same and the media also conveyed the same message," he says.

In the early 1990s, Museveni championed the mass awareness campaign, such as "zero-grazing" and this is said to have reduced infections in the early 1980s. At the time, ARVs (antiretroviral drugs) did not do much.

According to Dr Stephen Watiti, an HIV/AIDS activist, ARVs were first sold at Mildmay health centre in 1998 albeit expensively. Prior to that, some Ugandans were purchasing them from the UK and sold them expensively at \$1,000, which is approximately sh3.7m today.

As a result, there were numerous deaths of those who could not afford the drugs. In the late 1980s and early 1990s, about 75,000 deaths occurred yearly, but today it is 20,000.

In 2002, the US government, through the President's Emergency Plan for AIDS Relief (PEPFAR), partnered with the Government to avail ARVs.

Prevalence rises

However, between 2006 and 2011, the HIV prevalence rose to 7.3% and new infections rose to 170,000 annually; close to the same levels of the 1990s.

SELF-TESTING

Self-testing is also encouraged. People today can test themselves by using approved kits, if they are afraid to go to the hospital.

At sh30,000, Ugandans are now able to carry out HIV tests on their own following the update of consolidated guidelines on HIV prevention, care and treatment from the health ministry.

HIV self-testing is a process in which a person who wants to know their HIV status performs a test themselves and interprets the result in private.

It is generally conducted using rapid test kits, such as finger-stick tests (on whole blood) or mouth swab tests (on oral fluid).

Dr Harriet Bitimwine, who works with the health ministry, says the public can now get the kits on the open market.

The test is taken in the mouth and a swab taken on the gums before giving results in 20 minutes.

It can only be used once and requires a person to press a flat pad firmly against the gum and swab it along the upper and lower gum once, then put the flat pad in a tube and wait for 20 minutes.

Dr Nelson Musoba reveals that initial studies on the benefits of self-testing had shown promising results in the fight against HIV.

Today, the Uganda Population-Based HIV Impact Assessment (UPHIA) indicated a fall in HIV national prevalence at 6% down to 7.3%, according to the 2011 Uganda AIDS Indicator Survey.

The then director of UAC, then, Dr Kihumuro Apuuli, blamed the rise on a mistake, the commission had made by shifting focus to treatment and consequently what he termed as a big chunk of money,

allocated to drugs.

The figures then suggested that up to 65% of new infections were transmitted within marriage. The number of discordant couples also rose.

This period coincided with

the time most Ugandans with AIDS started accessing anti-retroviral treatment (ART).

Once started on treatment, the health of people with AIDS improved remarkably.

The opportunistic infections and other symptoms associated with AIDS, for example, skin rash, herpes zoster, skin cancers and weight loss disappear.

Prevalence falls

Currently, Uganda has about 50,000 new infections yearly, down from 150,000 in 2013.

What is more, the number of deaths from AIDS-related diseases reduced by 73%, from 75,000 in the late 1980s and early 1990s to 20,000 today.

In the last seven years, new infections among children have reduced by 86% as a result of the elimination of mother-to-child HIV transmission (MTCT) programme, which the Government started in 2011.

Strategies

In June last year, the President launched the Presidential fast-track Initiative to end AIDS as a public health challenge by 2030.

The initiative highlights five areas of focus:

- Engaging men in HIV prevention to close the gap on new infections, especially among adolescent girls and

- Accelerating implementation of test-and-treat to achieve 90:90:90 especially among men.

- Consolidating progress on elimination of mother-to-child transmission of HIV

- Ensuring financial sustainability for the HIV response and ensuring institutional effectiveness for a well-coordinated multi-sectorial response.

Musoba says overall, Uganda is winning the war against HIV/AIDS. The greatest victory has been demonstrated among women and children with elimination of mother-to-child transmission of HIV.

With 95% of mothers accessing prevention of mother-to-child treatment, Uganda qualifies to be assessed by the World Health Organisation for a pre-elimination certificate.

Musoba also noted that there has been a reduction in HIV prevalence in most regions in the country. According to the 2018 Global Fund report, over 100,000 Ugandans survive catching the virus annually as a result of ARVs.

Dr Joshua Musinguzi, the head of the HIV/AIDS programme in the health ministry, says in 2016, the Government launched the 'test-and-treat' policy, where every person who tests positive is started on ARVs immediately.

Consequently, approximately one million Ugandans living with HIV are on ARV therapy.

The ABC strategy is also credited with bringing the HIV/AIDS epidemic under control in Uganda by promoting abstinence, being faithful and condom use, as well as PMTCT (prevention of mother-to-child).