



WORLD AIDS DAY MESSAGE 1ST DECEMBER, 2017

AIDS Information Centre -Uganda (AIC); 27 Years of sustained contribution to ending AIDS in Uganda by 2030 through “Reaching Men, Girls and Young Women to Reduce New HIV Infections”

On 1st December 2017, AIDS AIC is joining the International Community and the Country to commemorate the World AIDS day (WAD) under the Global Theme: “My health my right” and National Theme: “Reaching Men, Girls and Young Women to Reduce New HIV Infections” AIC through the 9 Regional Centres of Excellence will support District Local Governments, the Ministry of Health and the Uganda AIDS Commission to raise awareness about the HIV/AIDS epidemic, provide services, take stock of achievements, commemorate those who have passed away and rededicate herself to the HIV and AIDS response.

AIC will use the last three weeks of November 2017 and the first two weeks of December 2017 as a platform to accelerate awareness creation and advocacy, community mobilization and re-energizing the role of leaders at household, community and national levels towards HIV Prevention and control and activism against gender based violence. In line with the Global Theme of “Right to Health.” And the national Theme of this year’s campaign “Reaching men, girls and young women to reduce new HIV infections.”, AIC will accelerate and sustain provision of Integrated activities with the overall goal of ensuring identification of HIV infected persons currently not reached with HIV Testing Services (HTS) and appropriately linking them to Care and Prevention services as per the Continuum of Linkage to care and Prevention defined by MOH HTS Policy 2015.

Background to the Establishment of AIDS Information Centre Uganda

AIDS Information Centre Uganda is a Non-Governmental Organization established on February 14th 1990 to provide quality HIV/AIDS information, Counseling and Testing Services (HTS). The organization was founded as a result of a growing demand from people who wanted to know their HIV status during the period when HIV prevalence was over 18% in the general population and over 30% at sentinel surveillance sites especially ANC clinics. Today the VCT model has evolved into an integrated and comprehensive package of HIV Prevention, care & treatment, Social support & protection and Health & Community systems strengthening services package.

AIC Vision, Mission and Core Values

Vision: Population free of HIV and AIDS and other preventable health problems

Mission: To provide sustainable, collaborative and integrated HIV and AIDS and other related health services in Uganda

Core Values: Integrity in all executions; Transparency; Accountability for resources and results entrusted by all stakeholders; Service excellence; Equity and fairness and Team work

Slogan: Knowledge is Power, Take an HIV Test Today!

AIC's Contributions to the National efforts

AIC has played significant roles towards the national efforts to scale up HIV prevention, care and treatment, Social support and Protection and Health/Community Systems Strengthening. During the past 1 year, AIC aligned its interventions and has been implementing priorities defined by her strategic plan, well aligned to the new National HIV and AIDS Strategic Plan 2015/16 – 2019/20. The plan is in line with the National Development Plan and also the international targets that has set up ambitious targets to be achieved by 2020, guided by the 90/90/90 global strategy of ending AIDS by 2030 i.e. 90% of all HIV infected persons to know their HIV status, 90% of those who know their status are put on life saving ARVs and 90% of those on ART achieve viral suppression. A combination of biomedical, behavioral, social/structural strategies was implemented to gain multidimensional coverage of the key populations and to address the different modes of HIV transmission. AIC implemented HIV Counseling and Testing, Safe Male Circumcision, HIV Care and Treatment, Sexual reproductive health services to contribute to the reduction of new HIV infections through increasing access and utilization of quality HIV prevention, care, and support and treatment services in 60 districts in Uganda.

AIC worked with different development partners who provided both technical and financial support to contribute to the annual achievements. In a bid to reduce on new infections and to provide care to affected individuals, AIC implemented Behavior change communication (BCC), HIV Counseling & Testing (HCT), Prevention of mother to child transmission of HIV (PMCTT), Safe Male Circumcision, Condom Programming, Sexual and reproductive health services including STI management, BCC/IEC materials distribution, HIV Care, Treatment and Support including Opportunistic Infection, TB prevention and management and positive prevention and Children and Adolescents Health.

AIC with the support of UNFPA has supported the National response through Ministry of Health (MOH), Uganda AIDS Commission (UAC) and Ministry of Gender, Labor and Social Development (MoGLSD) in the development of Policy documents, operational researches, Development of MARPs hubs networks, Key population size estimation, Policy briefs, IEC materials for Cultural Institutions and Uniformed populations with support of UNFPA. We engaged the various Technical Working Groups of MOH in the review and approval of these key policy documents to direct a well-coordinated and harmonized response.

AIC 2016/2017 Key Highlights

- Overall, 338,146 (161,971 male, 176,176 female) individuals were reached with Behavior change communication messages.
- A total of 115,016 (56% male and 44% female) clients were reached with HTS services.
- A total of 1,214 (47% male and 53% female) tested HIV positive, the positivity rate of 1% which is below the national average of 6.0%.
- During the year, a total of 15,378 males were circumcised by AIC at the eight regional centers.
- 11,281,731 (10,695,662 male, 586,069 female) condoms were distributed using the established condom outlets including lodges, saloons, drug shops and through peers.

- AIC enrolled 2,401 new clients into care bringing the number in care to 7,642.
- A total of 711 new clients were assessed and enrolled onto antiretroviral treatment.
- Cumulative number of clients active on ART is 4,431 of which 53% and 47% are male and female clients respectively.
- In the year, 165 pregnant mothers were enrolled into ART.
- A total of 6,668 households in OVC care in the three districts of Apac, Arua and Oyam.
- AIC was able to distribute 153,779 icc materials, 24% (36684) higher than those distributed in the previous year.
- There were 8,533 active TB clients, of which 8,091 were enrolled on Direct Observed Treatment (DOTs).
- A total of 5,496 contacts were investigated and screened for TB, of which 13.7% TB patients were identified
- Over 12,000 men and boys were reached with men engage campaigns in Karamoja.
- 5,260 women screened for Cancer of the Cervix
- 824 Individuals were trained in the various HIV packages of AIC

AIC's renewed commitment to the HIV/AIDS Response

HIV and AIDS continue to pose a major public health and economic challenge world over, threatening the attainment of the SDGs, particularly in the Sub-Saharan Africa. Among so many factors driving the HIV epidemic are behavioral, socio cultural and biomedical factors including concurrent sexual partnerships, discordance and non-disclosure, transactional and commercial sex, low and inconsistent condom use, low male circumcision, alcohol and drug abuse. Structural, socio-cultural and economic aspects, marriage and family values, poverty and wealth; gender inequalities; stigma, human rights and discrimination as well as limited male involvement which has provided a fertile ground to sustain the epidemic, particularly in Uganda.

Despite the above setbacks, the Uganda Population-based HIV Impact Assessment (UPHIA) preliminary report demonstrates that Uganda has made a stride in the national HIV and AIDS response with HIV prevalence declining from 7.3% (UAIS 2011) to 6% (UPHIA) 2016. Among children under age five, HIV prevalence is 0.5%, while among those aged 5 – 14 years, it is also 0.5%. Based on the survey results, the total number of adults and children of all ages living with HIV in Uganda is estimated to be approximately 1.3 million. This declines in HIV prevalence may be due to a decreasing number of new infections in recent years due to the impact of the intensified HIV prevention and treatment services in the country.

The 2016 UPHIA also established the rates of suppressed HIV viral load (VLS) which is a marker of effective treatment. People living with HIV (PLHIV) with suppressed viral load live longer, have fewer complications due to HIV, and are less likely to transmit the virus to others. UPHIA showed that adults age 15-49 years had a VLS of 57.4%; this finding shows that with support from development partners such as PEPRAR, the Global Fund and other programs, the Government of Uganda's HIV programme is having an impact and making great progress towards the UNAIDS and national goal of having population level VLS of at least 73% by 2020.

The number of new infections in adults reduced from 99,000 in 2010 to 52,000 in 2016. There was a further reduction in the number of new infections in children from 26,000 in 2010 to 4,600 in 2016. The observed reduction in new infections is as a result of the high level partnership in the implementation of HIV Combination Prevention approach that was adopted by the country in 2011.

While the country has made great achievements, there are still several bottlenecks that we need to jointly address including; reversing the 52,000 new HIV infections majority of which are among young people especially girls and 4,600 new HIV infections among children below 15 years, testing and enrolling an additional 300,000 people who have contracted HIV but are not aware, scaling up interventions that target male involvement among others.

Data from UPHIA identified existing gaps in HIV programmes and specific populations that need special focus. HIV prevalence triples from those aged 15-19 years (1.1 % total, 1.8% in girls and 0.5% in boys) to those aged 20-24 years (3.3 % total, 5.1% in young women and 1.3% in young men), and then almost doubles again between 20-24 and 25-29 (6.3% total, 8.5% in women and 3.5% in men) suggesting new infections remain an issue in these age groups. This continuing infection risk necessitates innovative interventions to prevent new infections in young people beginning around age 20. Furthermore, women 15-24 and men under 35 years of age who are living with HIV have rates of VLS <50%. These lower rates of VLS are driven by younger people being unaware of their HIV status and not accessing available services. Interventions are needed to ensure young people know their status and if HIV positive are linked to care.

Only 55% of Ugandans have ever tested for HIV and close to 50% of the persons who are eligible for ART are not accessing the lifesaving treatment. Health seeking behavior among the men is still very poor. Programs targeting adolescents are still limited and where they do exist they are integrated with other services coupled with limited reporting leading to limited data for planning for these populations.

AIC and her stakeholders as part of renewal of commitments and further contribute to address existing challenges and augment reversal of the HIV epidemic, reviewed and approved a new strategic plan running from 2017/18- 2021/2022. The new plan is aligned to the Ministry of health sector strategic and investment plan 2015/ 2020, National Strategic Plan 2015/16- 2019/20 (NSP) and the universal 90:90:90 targets of AIDS free Generation through epidemic control. The plan is also aligned to the global and The Presidential Fast Track Initiative on Ending AIDS as a Public Health Threat by 2030 (PFTI) whose objectives include:

1. Engaging men in HIV prevention and close the tap on new infections particularly among adolescent girls and young women.
2. Accelerating implementation of Test and Treat and attainment of 90-90-90 targets particularly among men and young people.
3. Consolidating progress on eliminating mother-to-child transmission of HIV.
4. Ensuring financial sustainability for the HIV and AIDS response.

5. Ensuring institutional effectiveness for a well-coordinated multi-sectoral response.

Current trends indicate the need for doing the right things at the right place at the right time targeting sub-population groups that contribute greatly to the current trend of the epidemic and special attention is being made to the adolescents and young people who are highly vulnerable. AIC will continue to pay attention to the Priority, key and vulnerable populations such as fishing communities, sex workers, long distance truckers and uniformed services. Other populations of importance include mobile and migrant populations, plantation workers, Bodaboda men, incarcerated populations as well as those in the mining and oil sectors

To ensure holistic approach, AIC will also address issues of service delivery in early diagnosis and prevention of non-communicable diseases (NCDs) such as diabetes, hypertension, drug and substance abuse, malnutrition and the associated diseases. AIC will strengthen its laboratory infrastructure and specimen referral systems through backup riders to support the quick, and early diagnosis of different diseases to reduce morbidity

In line with the Global Theme of “Right to Health.” And the national Theme of this year’s campaign “Reaching men, girls and young women to reduce new HIV infections.” AIC recognizes men, girls and young women’s right to access quality HIV and AIDS services, will accelerate and sustain provision of Integrated activities with the overall goal of ensuring identification of HIV infected persons currently not reached with HIV Testing Services (HTS) and appropriately linking them to Care and Prevention services as per the Continuum of Linkage to care and Prevention defined by MOH HTS Policy 2015.

AIC BOARD OF TRUSTEES as at November 25th 2017

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8	Dr. Bajunirwe Francis	Member BoT
9	Mr. Samuel Okalebo	Member BoT
10	Mrs. Jackie Akia	Member BoT
11	Mrs. Sheila Birungi Gandi	Secretary BoT/Executive Director

AIC 2017- 2022 strategic focus areas:

Strategic Focus Area 1:

Prevention of HIV and related preventable health problems

- 1.1. Increased demand and uptake of comprehensive integrated HIV/AIDS services and for other preventable health problems among targeted populations.
- 1.1.1. To increase HIV prevention awareness and knowledge through behaviour change communication campaigns targeting most at risk and priority populations.
- 1.1.2. To increase knowledge, attitudes and practices in sexual and reproductive health rights among through communication campaigns targeting selected populations.
- 1.1.3. To increase access to and utilization of biomedical interventions for HIV prevention through provision of diagnostic, care and treatment services.
- 1.1.4. To strengthen capacity of community systems for creating a supportive social cultural environment for HIV prevention.

Strategic Focus Area 2: Systems strengthening

- 2.1. Improved quality and efficiency in the provision of integrated SRHR/HIV interventions.
- 2.2. Improved partnerships and collaboration for scaled up integrated SRHR/HIV interventions
- 2.1.1. To establish peer support systems for increased and sustained demand, uptake and adherence to integrated SRHR/HIV services.
- 2.1.2. To strengthen capacities for work and home based services targeting Key and priority populations (sex workers, refugees, IPDs, cross border population).
- 2.1.3. To improve and sustain quality of services through trainings, mentorships, quality improvement programming and provision of guidelines and job aids.
- 2.1.4. To establish a network of champions, advocates, ambassadors for HIV/ SRHR related policy change, resource mobilization and programming.
- 2.1.5. To establish client referral and follow up mechanisms through partnerships with CBOs, religious and cultural institutions, CSOs and delivery organizations offering specialized services.
- 2.1.6. To forge partnerships with private for profit, not for profit, local governments and other institutions for resource mobilization, services delivery, services contracting.

Strategic Focus Area 3: Knowledge management

- 3.1. Established Knowledge Management culture and capacity within AIC for effective knowledge translation into innovative policy and program actions that influence management and programming of integrated HIV/FP/ARH programs
- 3.1.1. To conduct a knowledge assessment for identifying knowledge assets and assess knowledge needs within AIC and those articulated in national strategic frameworks for HIV/FP/RH and associated research agendas.
- 3.1.2. To implement processes that capture, generate, synthesize, and share data, information and knowledge for monitoring, evaluating and learning about programming, management and service delivery of integrated HIV/FP/RH/ASRH programs
- 3.1.3. To develop KM infrastructure or capacity for generating data, strategic information and knowledge on various topics on integrated HIV/FP/SRHR programs.
- 3.1.4. To develop KM infrastructure generating data, strategic information and knowledge, and technological mechanisms for storing, providing access to the data, information and knowledge at different AIC locations

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