

The HIV/AIDS Epidemic:

Prevalence and Impact

June 2003

Global Estimates:

Twenty years after the first clinical evidence of Acquired Immune Deficiency Syndrome (AIDS) was reported, it has become the most devastating disease humankind has ever faced.

UNAIDS and WHO estimate that over 60 million people have been infected with the virus since the epidemic began. Worldwide, HIV/AIDS is reported to be the fourth major cause of mortality.

Currently, an estimated 40 million people are living with HIV/AIDS. Majority of new infections occur among young adults, with young women most vulnerable. About one third of the HIV infected are aged 15 to 24 years.

An overwhelming majority of HIV infected people – more than 90% – live in the developing world. Most of them do not know that they are infected. A study in Tanzania found that 50% of adult Tanzanian women know where they could be tested for HIV, yet only 6% have been tested. Many millions the world over know nothing or little about HIV/AIDS to protect themselves against it (June 2002; UNAIDS).

Infection in Sub-Saharan Africa

Sub-Saharan Africa is most severely affected – yet the poorest in the world, having adult prevalence rates still rising in several countries. More than 80% of all people living with HIV in the world are from Sub-Sahara Africa.

Approximately 3.5 million new infections occurred in 2001, bringing the total number of people living with HIV/AIDS in Sub Sahara to 28.1 million. At least 10% of the infected and aged 15-49 years are from 16 African countries.

Estimated AIDS related deaths from Africa in 2001 are 2.2 million. This region is experiencing diverse magnitude and maturity in the impact of the epidemic. By the end of 2001, the region had 12.1 million orphaned children arising from AIDS related deaths.

Southern Africa continues to be the worst affected area where the most recent antenatal clinical data indicates levels of more than 30% in several areas. About one in every nine South Africans (4.7m) is living with HIV/AIDS. There are however signs of hope that positive trends might be increasingly taking form among adolescents for whom prevalence rates have dropped slightly since 1998.

In 5 West African cities - Burkina Faso, Cameroon, Cote d'Ivoire, Nigeria and Togo – national prevalence rates already passed 5% in 2000. The countries of North Africa and the Middle East have so far been least affected by the epidemic. With the exception of the Sudan and Djibouti, prevalence rates are 1 per 1000 adults or lower.

Impact of HIV/AIDS

The AIDS epidemic has a profound impact on economic growth, income and poverty levels. It is estimated that in half the countries of sub-Saharan Africa, annual per capita income is falling by 0.5-1.2% as a direct result of AIDS. The economic hardships and mismanagement of resources in the past decades have led to three-quarters of the continent's people surviving on less than US\$2 a day.

AIDS has the biggest threat to development. Most countries in the region depend on a small number of highly skilled personnel in important areas of public management and core social services. Badly affected countries are losing much highly trained expertise, which is difficult to replace.

Communities are highly threatened. In countries that are worst affected, increasing cases of patients and deaths often take place against a setting of deteriorating public services, poor employment prospects and endemic poverty that are exacerbated by the HIV/AIDS epidemic. This diminishes communities' efforts to support those most affected by AIDS and complicates the impact assessment of AIDS at the household level.

HIV is reducing the number of children attending formal education. Up to a third of the children who get infected with HIV are less likely to survive to school going age. Many children who have lost their parents to AIDS or are living in households which have taken in AIDS orphans may be forced to drop out of school to start earning an income in order to fend the needs of themselves and their close relatives.

Shortage of trained teachers is also registered in some African countries. In Zambia, teachers are increasingly dying of AIDS and many more show up to teach class only occasionally because they are from time to time downcast with sickness.

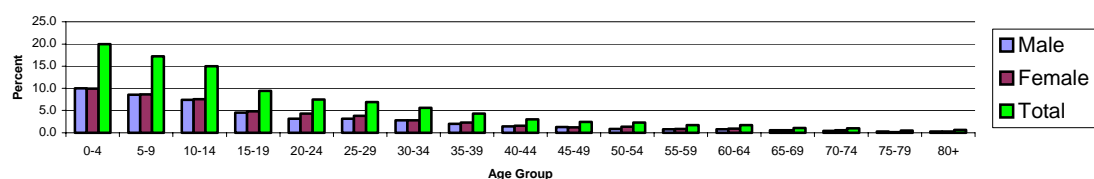
An analysis of studies focusing on 15-19 year-olds found that teenagers with more education are now far more likely to use condoms and less likely to engage in casual sex than their peers with lower education.

The Situation in Uganda

Uganda is one of the least urbanized countries in Africa, with over 80% of the population living in rural areas. About 40% of the population is below 15 years of age.

In an estimated total population of 23 million, 1,050,555 million people living in Uganda are estimated to have HIV/AIDS. About 120,000 have developed AIDS. Nearly 80% of those infected with HIV are between the ages of 15-45 years, a most economically

Percentage Distribution of Age by Sex



productive age group and often fenders of families. Adolescent girls between 15-19 years are 4-6 times more vulnerable than their male age mates.

Children have felt a gruesome impact. About 2 million children of less than 18 years are orphans with one or both parents dead. They experience orphan hood at an age when parental guidance and socialization is most desirable. The quality of care, education, nutrition and socialization among these children is often poor.

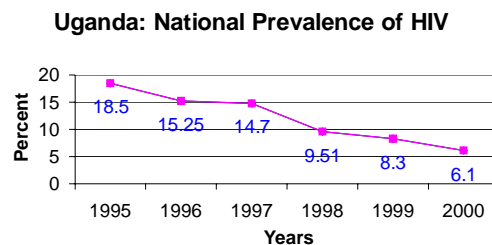
A study carried out in southwestern Uganda shows that school absenteeism in AIDS affected households is significantly higher among girls than boys.

The epidemic has wiped out many of the gains in child survival, a key indicator in human development. The huge numbers of clinically ill patients has increased the workload of an already over-stretched health referral system, further weakening it. Only half of all Ugandans have access to good health care. In child mortality, 134 children out of every 1000 live births do not live to celebrate their fifth birthday.

Households supporting AIDS patients are poorer as they spend a lot of their resources and time in caring for the sick. These households also have a higher risk of getting infections.

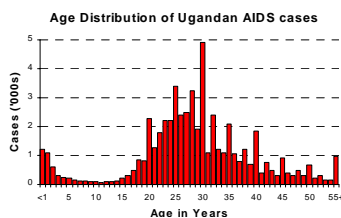
HIV prevalence and trends

Data from HIV sentinel surveillance sites that have been declining over the last decade have begun to demonstrate a tendency towards stabilization. The 2001 antenatal HIV infection rates across all the sites both urban and rural have significant overlap of the confidence intervals with those of 2000, indicating that the prevalence rates are not statistically significantly different from each other. The overall antenatal prevalence rate in 2001 was 6.5%, closely comparing with 6.1% in 2000. The rates for urban and rural sites in 2001 were 8.8% and 4.2% respectively compared with 8.7% and 4.2% in 2000.



New HIV cases in 2001 are estimated at 99,031; adults at 89,128 and children at 9,903. Female adult cases are at 49,092 and males at 40,533.

A cumulative total of 60,173 AIDS cases (Children and adults); had been reported to the Ministry of Health AIDS Control Programme surveillance units by December 2001, up from 58,165 in 1999. Of these 55,707 (92.5%) are adults and 4,466 (7.5%) are children aged 12 years and below.



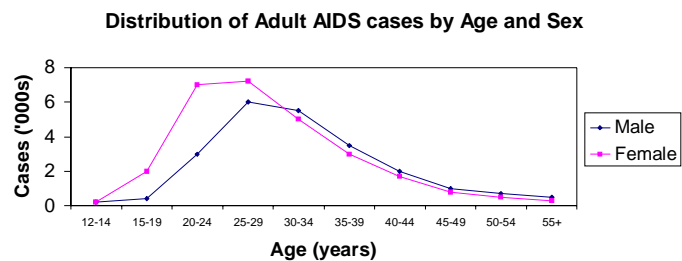
Of the total with sex recorded, 24,368 (44.9%) were males and 29,879 (55.1%) females. The overall mean age for adults with AIDS was 30.9 years; 33.0 and 29.1

years for males and females respectively. The male to female ratio is approximately 1:1.2.

Cumulative reported AIDS cases by year

<u>Year</u>	<u>Number of cases</u>	<u>Cumulative cases</u>
1983	17	17
1984	11	28
1985/86	882	910
1987	2,914	3,824
1988	3,425	7,249
1989	6,090	13,339
1990	6,616	19,955
1991	10,235	30,190
1992	6,362	36,552
1993	4,641	41,193
1994	4,927	46,120
1995	2,191	48,312
1996	3,032	51,344
1997	1,962	53,306
1998	1,406	54,712
1999	1,149	55,861
2000	2,303	58,165
2001	2,008	60,173

The total overall estimated number of people living with HIV/AIDS by end of December 2000 was 1,107,644 down from 1,438,000 in 1999. Of these, 996,880 are adults and 110,880 children of 15 years and below. Aggregated by sex, 543,753 are women and 453,127 males.



Uganda's cumulative number of AIDS deaths since the beginning of the epidemic is estimated at 947,552 (December 2001), up from 848,492 in 2000. Of these, 852,797 were adults and 94,755 children. Adult female deaths are estimated at 427,153 and males at 425,644. With high numbers in AIDS related deaths, Uganda records the highest proportion of AIDS orphans in the whole world.

Paediatric AIDS case management and reporting remains a big challenge in care and support programmes in Uganda. The overall mean age for children with AIDS was 2.3 years (December 2001), with no significant difference in the mean ages of males and females.

The most common means of transmission of HIV still remains unprotected sex (84%) with an infected person. The high numbers of children living with HIV at the end of 2000 is evidence that mother to child transmission is a challenge.

In spite of the declines in HIV prevalence, the infection rates are still high. There is need for more concerted efforts to further reduce the prevalence and incidence rates and improve on existing HIV prevention and control strategies with more innovations.

Knowledge, Attitude and Behaviour Studies

Findings from repeated population based KABP surveys in the districts of Kampala, Jinja, Soroti, Lira, Mpigi and Mbarara reflect: sustained and almost universal levels of awareness; levels of knowledge in excess of 75% in all districts which are predominantly rural; increase in knowledge of prevention from HIV/AIDS citing at least 2 methods of protection; increase in knowledge of need to use a condom with regular or no-regular partners; sustainability of the increased age at first sex and increase in age at first sex averaging at 16 years.

Data from a KABP and sero-survey conducted among commercial sex workers in Kampala district indicated significant levels of commercial sex, with majority of respondents being young girls aged 15-24 years. Prevalence was 28.2% much higher than in any other single group and clearly way above the general population prevalence;

Condom use in the country has gone up. In a study done in Masindi and Pallisa districts in 1997-2000, condom use with casual partners is reported to have risen from 42% and 31%, respectively to 51% and 53%. In the Kampala, almost 98% of sex workers surveyed in 2000 said they had used a condom the last time they had sex.

Conclusion

Though largely invisible and ingenious when it begun, there is no doubt that AIDS is now a major pandemic of the century. The Ugandan response has encouraging lessons from the past 20 years of the pandemic.

The unique characteristics of Uganda's programme, and the ever-changing nature of the HIV/AIDS pandemic continuously raise issues and challenges, which provide an opportunity for learning and replicating Best Practices and Strategies in combating the epidemic.

The HIV/AIDS challenges will continue to exist in our community for some time even when the pandemic is terminated today. All efforts in combating the epidemic should therefore continue maximally with complacency checked against.

HIV/AIDS Situational analysis at global, regional, and national levels (2001)

	Global estimates	Sub-Saharan Africa	Uganda estimates
1. Total number of people living with HIV/AIDS	40 million	28.5 million	1,050,555
- Adults	37.1 million	(26 m)	945,5000
- Women	18.5 million	(15 m)	531,909
- Children <15yrs	3 million	(2.6million)	105,055
2. People newly infected with HIV in 2001	5 million	3.5 million	99,031
- Adults	4.2 million		89,128
- Women	2 million		49,092
- Children <15yrs	800,000		9,903
3. Total AIDS deaths since the beginning of the epidemic	21.8 million		947,552
- Adults	17.5 million		852,797
- Women	9 million		427,153
- Children <15yrs	4.3 million		94,755
4. AIDS deaths in 2001 alone	3 million	2.2 million	
- Adults	2.4 million		
- Women	1.1 million		
- Children <15yrs	580,000		
5. AIDS orphans <15yrs	(14 million)	(11m)	2 million

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