

The Launch of 2006 as the Year of Accelerated HIV/AIDS Prevention in Uganda

The Concept

1.0 Introduction

The Launch of the Year of Prevention was a Resolution of the World Health Organization (WHO) Afro Health Ministers meeting of August 2005 in Maputo. Its foundation also lies in the United Nations Declaration of Commitment on HIV/AIDS of June 2001 endorsed by all members states and the global strategic framework on HIV/AIDS endorsed by the 10th meeting of the UNAIDS Programme Coordination Board in Rio de Janeiro in December 2000.

The Launch targets especially all those in leadership positions at various levels to intensify HIV/AIDS prevention efforts. It is indeed a significant opportunity for renewing and strengthening prevention in the context of universal access to prevention, treatment, care and support services by 2010 as endorsed by the second UN General Assembly Special Session on HIV/AIDS in New York June 2006.

2.0 Background

Uganda is one of the earliest and most compelling HIV prevention success stories in the world due to the unprecedented declines in HIV prevalence from a national average of 18% in the 1992 to 6.1% by 2000. The country is however experiencing stabilization in HIV prevalence rates over the last 5 years. The 2004/05 Ministry of Health National HIV Sero and Behavioural Survey (NHSBS) established the overall adult prevalence rate at 6.4%. This related to pooled antenatal national averages of 6.1% in 2000, 6.5% in 2001 and 6.2% in 2002 from the Ministry of Health sentinel surveillance system. More worrying are findings from longitudinal studies by the Medical Research Council in Southern Uganda that reflect threats of rising HIV incidence rates in relatively stable rural populations.

The country is experiencing a mature and generalized epidemic an indication that all Ugandans are at risk of contracting HIV though the epidemic is affecting different population groups and parts of the country disproportionately. Despite improvements in AIDS related mortality and morbidity due to increased access to quality HIV/AIDS care including antiretroviral therapy (ART), the underlying dynamics of the epidemic remain determined by the rate at which new infections are occurring.

It is for example observed that since 2003, concerted efforts to ensure universal access to antiretroviral therapy (ART) have resulted in enrolment of about 73,000 out of about 120,000 – 150,000 in need of ART, yet the Ministry of Health estimate about 100,000 new infections every year. Research findings have also revealed increased involvement of young people and adults in high risk sex or unprotected sex with non-marital and non-cohabiting partners fuelled by social, cultural, economic and structural factors that render

individuals unable to perceive and personalize HIV-related risk and adopt preventive behaviours even when they have access to appropriate information.

It is acknowledged that a series of complex interactions are curtailing efforts to scale up prevention resulting in a major gap between the need and accessibility to services. A recent rapid assessment has also revealed that current prevention intervention will not lead the country to further declines in HIV incidence and prevalence unless the efforts are intensified to expand the scope and coverage of a comprehensive HIV/AIDS prevention package. It is also clear that the country will not sustain HIV/AIDS treatment efforts unless the cycle of HIV infections is broken.

Uganda therefore joined the rest of the world to mobilize resources and efforts to intensify prevention interventions in the context of universal access to HIV/AIDS prevention treatment and care services by 2010.

3.0 Launching the Year of Prevention in Uganda

Dialogue on re-thinking HIV/AIDS prevention in Uganda was initiated in 2005 with stakeholder consultations on obstacles and controversies about some prevention intervention including the ABC model and the effectiveness of prevention in the era of free access to ART. Though the launch is taking place late in the year, several actions have been taken building on the dialogue towards accelerating HIV/AIDS prevention since January 2006.

3.1 The Partnership Forum 2006

Stakeholders agreed to a number of key prevention actions at the end of the 4th Partnership Forum in Munyonyo in February 2006. These have fed into the development of the National Priority Action Plan 2006/2007 which will serve as a bringing national planning framework between the National Strategic Frameworks of 2000/1-2005/6 and 2006/7 – 2010/11

3.2 The Establishment of National HIV/AIDS Prevention Committee

This multisectoral committee was established through wide stakeholder consultations as a sub-committee of the Uganda Partnership Committee. The Committee will guide the management and coordination of the prevention response as a crucial integral component of the national response.

3.3 Establishing the evidence base

The outcomes of the National HIV Sero and Behaviour Surveillance 2004/5 to a great extent provoked the prevention re-thinking process and provided the basis for deeper analysis into the dynamics of the epidemic and effectiveness of the response. Specifically, a rapid assessment exercise was commissioned by the Prevention Committee from May to July 2006 to synthesis HIV/AIDS trends since the 1980s, establish the drivers of the epidemic, and the effectiveness of the prevention interventions.

3.4 Development of the Road Map for accelerating HIV/AIDS prevention

Findings from the rapid assessment study fed into a stakeholder exercise for developing the Road Map in July 2006. The evidence-based Road Map provides a synthesis of drivers of the epidemic and the response, the agreed HIV/AIDS prevention package, priorities, critical steps, milestones and targets intended to set the pace for actions at policy, programme and service delivery levels. It inspires commitment from the various actors and calls for renewed focus on actions to improve structures, systems and frameworks to deliver against the set targets. The Road priorities and targets will feed into the development of the new National Strategic Framework for HIV/AIDS Activities 2006/7-2010/11 and other sector strategic plans.

3.5 Rationale for the launch

Considering the observed complacency at individual and organizational levels, the launch of 2006 as the year of accelerating HIV/AIDS prevention is a significant opportunity for renewing and strengthening prevention in the context of universal access to prevention, treatment, care and support services by 2010. The launch in Uganda has been embraced under the multisectoral approach demonstrated through the development of a common Country Road Map for accelerating HIV/AIDS prevention which is the basis for the launch.

The event will serve as a launch pad for accelerated prevention efforts from the social, cultural, economic and health perspectives particularly emphasizing the inherent benefits from intra and cross-sector integrated approaches to enhance access to a continuum of services. The launch is intended to set the pace for agreed programmatic interventions through intensified resource mobilization from local and external sources, alignment of resources to common priorities and renewed focus on actions for improving legal and physical structures and systems for enhanced service delivery to achieve set targets.

3.6 Expected outcomes

- Enhanced advocacy for HIV/AIDS prevention demonstrated through a supportive policy and legal environment and leadership involvement in the national response
- Intensified HIV/AIDS prevention efforts demonstrated through the increase in the number of stakeholders developing and implementing prevention programmes, the level of resources allocated to prevention aspects and the level of integration of prevention in social, economic and other health services especially reproductive health, HIV/AIDS treatment and care, malaria and TB.
- Achievement of the set targets in the short and long-term

4.0 Call to action

Through a joint exercise, stakeholders have taken stock of prevention interventions and highlighted gaps, obstacles and emerging issues and together agreed on key priorities and targets. Through the multisectoral approach, all stakeholders are called upon to utilize the Road Map as a guide to repack and scale HIV/AIDS prevention interventions. Prevention should remain the mainstay of the national response as we strive to exploit all social, economic and health service delivery structures to ensure universal access to prevention, treatment, care and support services by 2010.