



UPDATES ON HIV/AIDS IN UGANDA

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Introduction

- Uganda has experienced a severe HIV/AIDS epidemic for over three decades; and the epidemic has evolved over time
- There have been significant strides in containing the spread of the epidemic
- Through sexual behavior change and biomedical HIV prevention, care and treatment services
- Recent data indicates substantial gains in coverage of HIV prevention, care and treatment services
- That is correlating well with reduction of new infections and HIV/AIDS mortality, although there are still some disturbing behavioral trends and pockets of increasing infections

HIV Epidemic

- Despite remarkable success in reducing HIV prevalence: HIV remains a serious Public Health Problem in Uganda.
- Uganda classified as a high burden country
 - 1,500,000 people living with HIV in 2015
- However, progress has been registered since 2010
 - Annual AIDS related deaths reduced from 67,000 in 2010 to 28,000 in 2015
 - New infections among adults reduced from 140,000 in 2013 to 83,000 in 2015
 - new infections among the children reduced from 31,000 in 2010 to 5,200 in 2014
- HIV prevalence among the exposed infants reduced from 9.5% in 2012 to 5.3% in 2014 (UAC 2015, 2014 Uganda HIV and AIDS Country Progress report)

Estimated Magnitude of HIV/AIDS as at the End of 2015

No. of PLHIV as at end of 2015			New HIV Infections in 2015		No of AIDS Deaths 2015	
Total	1,461,756		Total	83,265	Total	28,163
Men	622,180	42.6%	Men	35,999 43.2%	Men	16,289 57.8%
Women	839,576	57.4%	Women	47,265 56.8%	Women	11,874 42.2%
Age			Age		Age	
Adult 15 + Yrs	1,366,107	93.5%	Adult 15 + Yrs	79,777 95.8%	Adult 15 + Yrs	23,449 83.3%
Children 0 - 14 yrs	95,649	6.5%	Children 0 - 14 yrs	3,487 4.2%	Children 0 - 14 yrs	4,714 16.7%
Young 15 - 24 yrs	188,636	12.9%	Young 15 - 24 yrs	29,509 35.4%	Young 15 - 24 yrs	2,589 9.2%
Children 1 - 4 yrs	22,154	1.5%	Children 0 - 4 yrs	912 1.1%	Children 0 - 4 yrs	1,186 4.2%

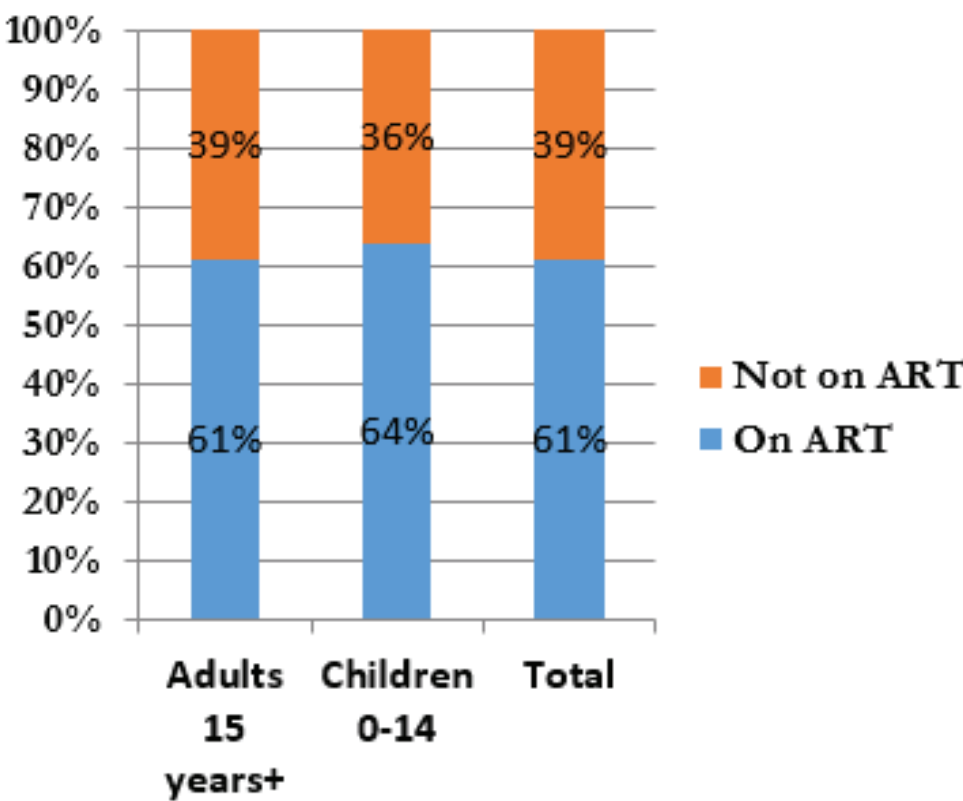
Access to HIV care

- Facilities providing HCT services increased from 3,418 in 2013 to 3,565 in 2014.
- Number receiving HCT increased from 8,208,188 in 2013 to 9,564,992 in 2014.
- By Sept 2014, 1642 facilities were providing ART, including 1583 government facilities and 59 private and specialized clinics.
- No of patients in care has increased from 883,736 in 2013 to 930,793 in 2014; of these 718,694(81.3%) are on CTX prophylaxis.
- In 2014, 3028 ANC facilities were providing HCT services; of these 1,976 were dispensing ART.

ART Uptake Significantly Increased: Active ART clients in Facilities Countrywide: June, 2016, Coverage and Trends

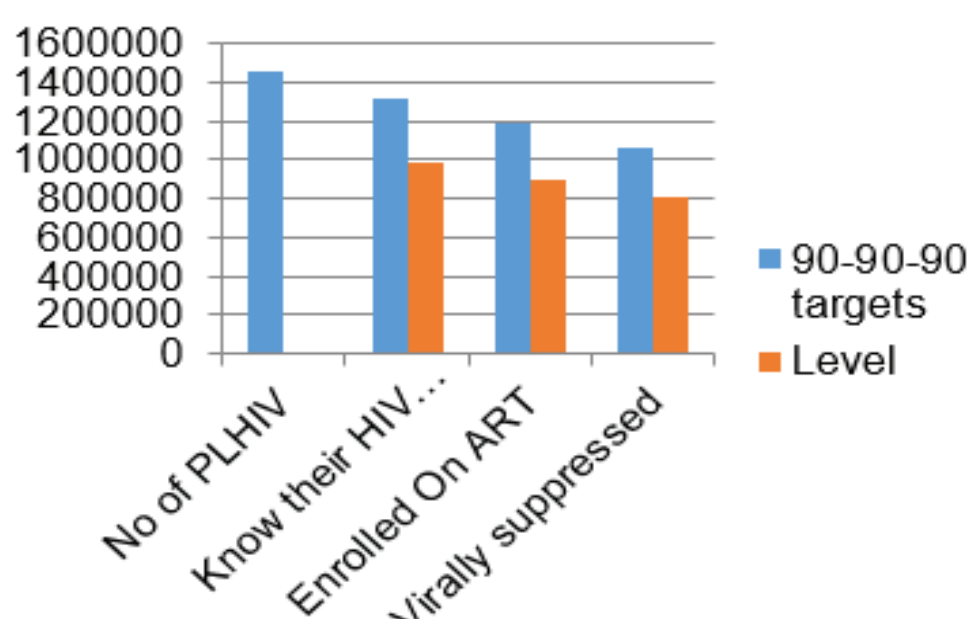
	Number	%
No. of clients on ART	898,197	
Adults (15 + years)	836,947	93.2
Children(<15 years)	61,250	6.8
First-Line	861,790	
Adult (15 + years)	806,044	93.5
Children(<15 years)	55,746	6.5
Second-Line	36,045	
Adult (15 + years)	30,557	84.8
Children(<15 years)	5,488	15.2
Third-Line / Salvage	362	
Adult (15 + years)	346	95.6
Children(<15 years)	16	4.4

The unmet need for ART has steadily declined with over 60% of PLHIV already on treatment

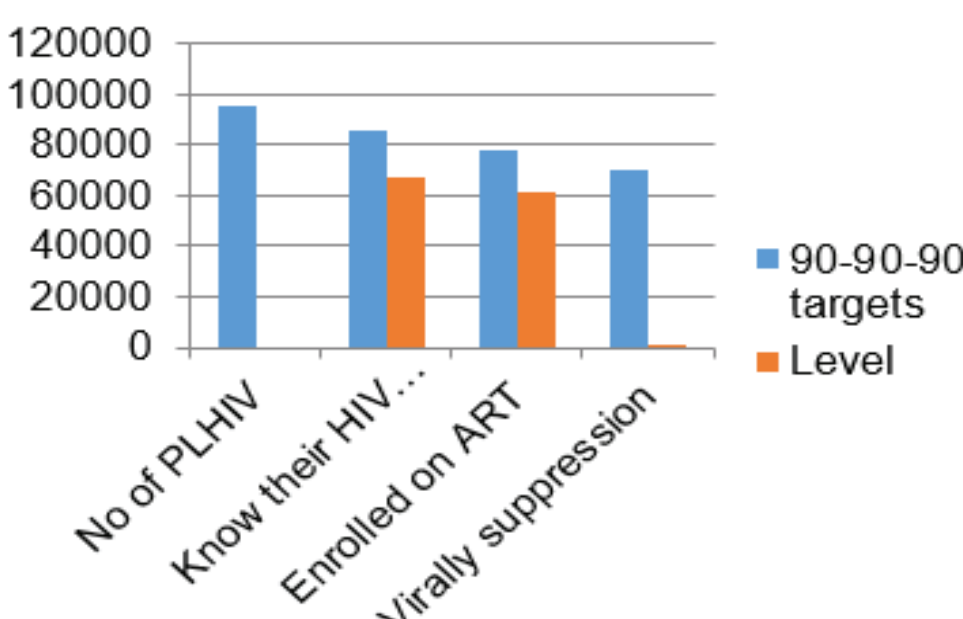


90-90-90 Cascade

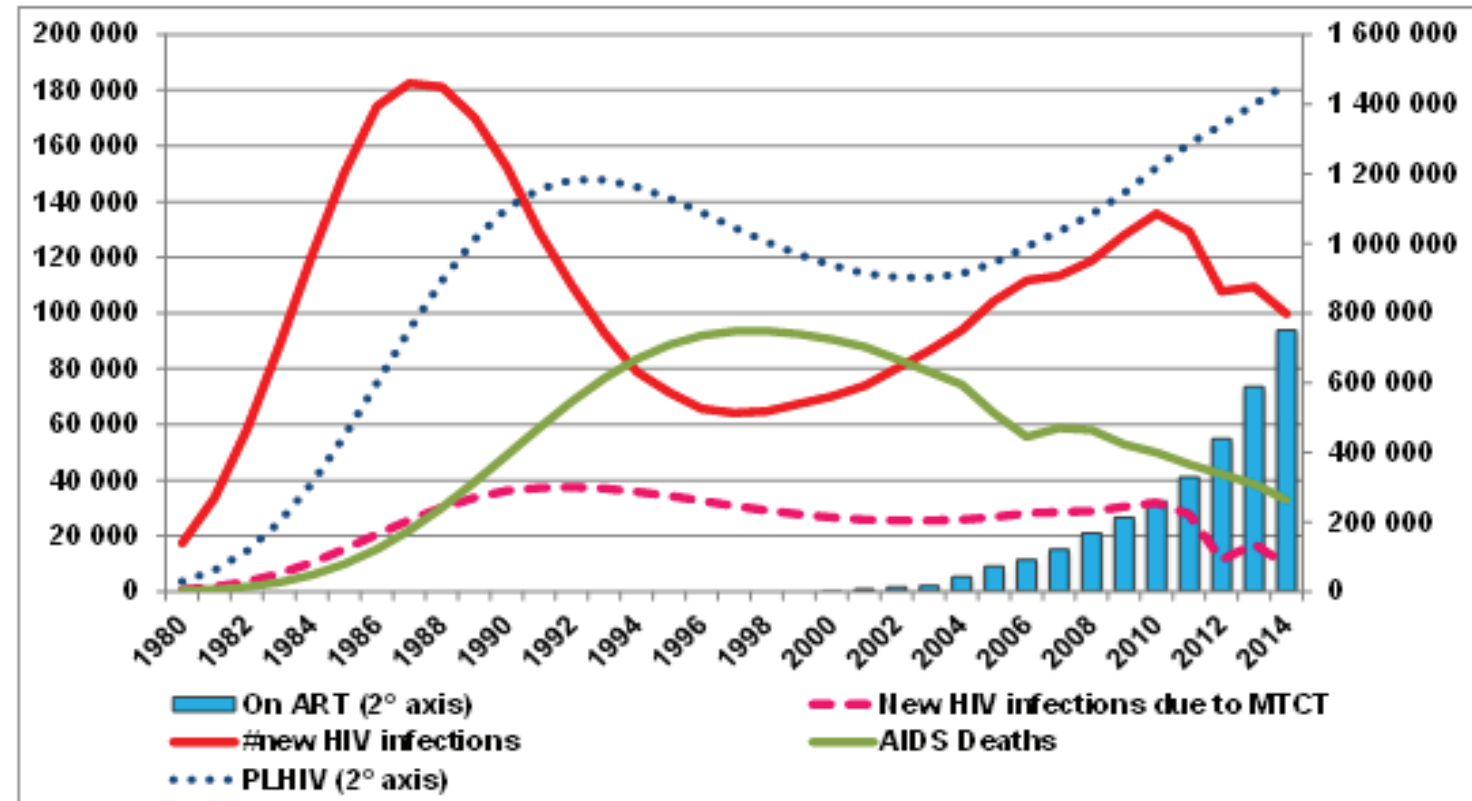
90-90-90 Cascade among all PLHIV



90-90-90 Cascade Among Children



PLHIV, new infections, deaths and treatment scale-up in Uganda



Challenges

- Funding gap for critical ARVs and other commodities (test kits, SMC kits condoms)
- Reaching and retaining key populations in care, at high levels of adherence in order to ensure no one is left behind is still a challenge
- The poor viral suppression especially among children (75%) compared to adults (90%)
- Inadequate attention to other prongs of PMTCT - high unmet need for family planning, and gaps in HIV prevention in the general population including women of reproductive age that might constrain attainment of targets for eMTCT.
- Maintaining long-term adherence to ART and retention for individuals starting treatment early in their disease - high LTFU
- Low HCT yield using traditional testing approaches

Conclusions

- Uganda has braved a severe HIV epidemic for nearly 30 years, significant progress has been made in recent years in reducing new HIV infections, and AIDS-related mortality, through massive roll out of HIV prevention and treatment services,
 - With annual ART enrolment over the past three years exceeding new HIV infections
 - Targets of 40% reduction of new infection during 2010-15 in the National HIV Prevention Strategy was met
- Uganda is now committed to realizing an *AIDS-Free Generation* and to *Ending AIDS by 2030* in line with the UNAIDS Fast Track Strategy that has very ambitious targets
- Ending AIDS by 2030 appears feasible but will require additional resources, concerted efforts and a well guided and coordinated response to make sure "No one is left Behind"

Original experience

- 29yr//F, saloonist,P3+0 HIV +ve since 2014,diagnosed at ANC,PMTCT started.
- Separated from spouse 3yrs ago following disclosure.
- On TDF/3TC/EFV ,from a health centre, MJAP.
- Got new partner in Jan 2016: tested together at an outreach.
- Rapid test revealed she was also negative.(Determine Rapid HIV test)
- Reports to clinic. V/L was undetected and CD4 was 1200.
- Conceive and had a child with new spouse.
- Not disclosed to new partner : fears of rejection again & stigma.
- 2months ago, diagnosed with PT.B: unsuppressed V/L of 5000.
- Issues:-TB risk to her children, infecting her new spouse, poor adherence, stigma,etc

2nd Experience

- HIV +ve 26yr/F, disclosed to new 32yr b/friend, dating for 7mths
- Use condoms sometimes; if they have unprotected sex, he takes PEP.
- She thinks she could infect him: Brings HIM for testing at MUJHU.
- HE tests NEGATIVE, but he is scared of losing her.
- He implores the clinician and counselor not to tell the girlfriend that he is NEGATIVE.
- Asks the medical team to tell her that he is POSITIVE, so that she stays with him.
- How would handle this in your setting?

