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Worry as HIV prevalence rate in Ankole surges

MBARARA. Uganda Aids Commission (UAC) is reviewing the implementation of HIV prevention, treatment and care services in western Uganda following a surge in the HIV/Aids prevalence rate in Ankole Sub-region.

The sub-region is composed of Mbarara, Ntungamo, Kiruhura, Rwampara, Ibanda, Kazo, Isingiro, Sheema, Bushenyi, Rubirizi, Mitooma, Buhweju and Mbarara City.

According to the UAC Presidential Fast Track Report 2024-2025, eight of the districts' HIV prevalence rate is way higher than the 4.9 national rate.

Prevalence rates stand at 11 percent, in Kiruhura, 10 percent in Mbarara City, 8 percent in Bushenyi, 7 percent Rwampara and Sheema while Ibanda, Rubirizi and Ntungamo are each at 6 percent.

This paints a grim picture of a growing danger in the region and calls for concentrated efforts to combat the increasing HIV prevalence rates in the sub-region.

UAC is now assessing the coordination of HIV response at district level

and engaging communities and beneficiaries to understand the challenges and successes in the response and identify policy and resource gaps that require national intervention.

According to the report, one of the reasons for the increasing prevalence rate is growing complacency and limited discussion on HIV prevention among communities. Some people believing that HIV is no longer a serious public health threat.

"This could easily reverse the gains made over decades in the fight against HIV/Aids. This is worsened by risky behaviours like multiple sexual partners, alcohol, drug abuse plus transactional and transgenerational sex which are still rampant, especially in urban areas," the report indicates.

The findings also indicated that some cultural practices and norms continue to hinder the progress in the fight. These include widow inheritance plus sharing of sexual partners among families and friends.

"This is made worse by reports of increasing cases of sexual and gender

based violence," Dr Nelson Musoba, director general of Uganda Aids Commission, said.

He added: "We were told women are more vulnerable to contracting the virus. That is because of the assumption that a woman must not shun sex advances, especially when married."

Development pains

Dr Musoba also attributed this prevalence rate rise to the rapid development

witnessed in these areas.

"Many districts have transformed from rural to urban centres. This is due to increased economic activities in some of these districts, they have attracted people from different backgrounds," he said.

Mr Frank Katwesigye, a member of Mbarara District People Living with HIV/Aids, said prostitution is no longer a preserve for large towns.

"Prostitution has taken root in some of the growing trading centres, which host several bars and lodgings. This is driven by increased economic activities like trading of agricultural produce," he said.

Redesign campaigns

Ms Sarah Oryashaba, a resident of Mbarara City, called for the redesigning of messages and strategies to curb the disease, which is no longer seen as life threatening.

"People now fear other diseases like cancer and malaria, while young girls fear pregnancy, trivialising HIV/Aids. We need to redesign messages and strategies," she said.

Ms Oryashaba added that there is a need for strong policies against risky behaviours like prostitution and drug abuse.

The Coordinator of Mbarara City People Living with HIV, Ms Joyce Tibaijuka backed this, saying there is a lack of comprehensive knowledge on HIV among young people.

"Despite investment in HIV prevention and treatment, comprehensive knowledge among young people is still very low. Therefore, the high illiteracy levels, stigma and discrimination plus poverty are some of the reasons the disease is on increase," she explained.

GRIM FIGURES

The UAC Presidential Fast Track Report 2024-2025 indicates that there are over 1.5 million people living with HIV/Aids. Of these 930,000 are women and 570,000 are men, 71,000 are children. The prevalence in Uganda is at 4.9 percent. Women are at more risk (6.4 percent) compared to men at 3.4 percent.

Disrupted supply. There is a disruption of HIV prevention services, particularly those previously supported by implementing partners. This is another cause of the surge. Some of these include Pre-exposure prophylaxis, condom programming, community outreach services and index training and prevention services for high risk populations." Canon Ruth Ssenyonyi, board chairperson, Uganda Aids Commission