

WATCH OUT

Experts have warned girls against getting into sexual relationships with older men since they could be infected

By John Agaba

A report released yesterday indicates that Uganda has made 'tremendous progress' in the war against HIV since 2011, but it also revealed a worrying trend. This time round, men between 45 and 49 years are the worst hit compared to five years ago, when it was women.

The Uganda Population HIV Impact Assessment (UPHIA) presented at the Media Centre in Kampala, revealed that older men aged 45 to 49 posted 14% prevalence, while women in the same age bracket had frequencies of 12.9%. It was almost the same occurrence seen in women between 35 and 39 years at 12.9%.

Young women between 15 to 24 years had a 3.3% prevalence.

The director general of health services, Prof. Anthony Mbonye, said the high HIV prevalence rate among older people (35 to 49 years among women and 45 to 49 in men) was related to unprotected sex.

"Most of these (men and women in the 35 to 49 age bracket) are married or individuals who are expected to be married and are having unprotected sex. Then, men rarely test for HIV," said Mbonye. He warned girls against getting into sexual relationships with older men.

Mbonye also said the high prevalence (3.3%) among young women between 15 and 24 years was related to socio-economic dilemmas, where they give in to older men, so they can survive.

"It is a practice we have to discourage. Some of these (older men) are divorced or have issues with their wives and they are looking at younger women to only satisfy their sexual needs. Because they have some money, they can afford to sleep with more than 10 women," he said.

Regions

Southwestern Uganda posted the highest prevalence at 7.7% among geographic regions. It was followed by the central region I (or Greater Masaka), which had 7.6% prevalence. Central region II (Greater Mubende, Luwero and Mukono) came third with a 7.4% incidence rate, while Kampala posted 6.6%.

The 2016 survey indicates that West Nile has the best indicators at 2.8%, followed by the northeast region at 3.4%.

But despite the 'few areas of concern', the report, the first of its kind since 2011, revealed that Uganda was on the right path in the fight against HIV, and, in a way, indicated the first real possibility of the country meeting the global target of ending AIDS by 2030.

The total population living with the virus dropped to 1.3 million in 2016, compared to over 1.6 million five years ago. Close to 60% (of the approximate 1.2 million patients on ARVs achieved viral suppression).

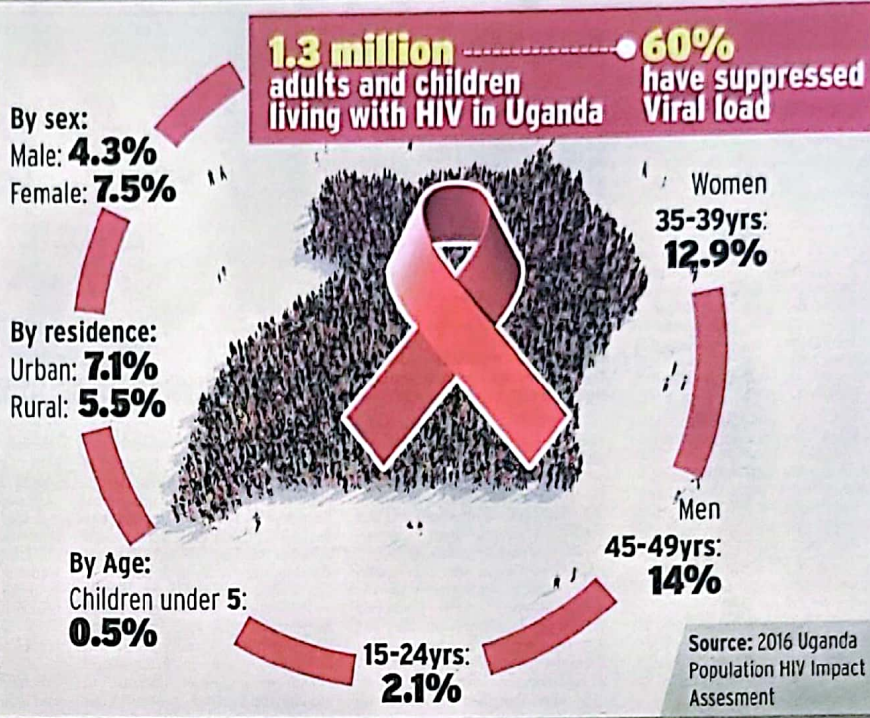
"We might still be having a few areas of concern (the high prevalence among men aged 45 to 49 and women between 35 and 49 years and younger women), but this (reduced numbers of people living with HIV and viral load suppression) is a big marker of effective treatment," said health minister Dr Jane Ruth Aceng. "It means people are taking medication and adhering to treatment regimens as prescribed."

Persons living with HIV who have achieved viral load suppression live longer and have healthier lives and are less likely to infect their sexual partners or transmit the virus to their unborn babies.

Data was collected in all the 116 districts of

Men 45-49 years worst hit by HIV

HIV Prevalence



ACHIEVEMENTS

In urban areas, HIV prevalence declined from 87% to 71%, while in rural areas it fell from 70% to 5.5%

Uganda, from a sample of 12,483 households, which are representative of the country's population.

A total of 16,670 women and 12,354 men aged 15 to 64 years were interviewed and tested for HIV, syphilis and hepatitis B.

In addition, 10,345 children aged 0-14 years were tested, including 6,527 aged 0-4 years and 3,818 aged 5-14 years.

Overall, adult HIV prevalence was higher among women at 7.5%, compared to 4.3% in men. It was also higher among residents of urban areas (7.1%), compared to 5.5% in rural areas. The previous 2011 Uganda AIDS Indicator Survey estimated national HIV prevalence among adults at 7.3%, compared to 6.0% in 2016.

Among women and men, HIV prevalence declined from 8.3% and 6.1% in 2011 to 7.5% and 4.3% in 2016, respectively.

In urban areas, it declined from 8.7% to 7.1%, while in rural areas, it fell from 7.0% to 5.5%.

These 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

HIV Prevalence status report

REGION (S)	PERCENTAGE
West Nile	2.8%
North East	3.4%
East Central (Busoga)	4.4%
Mid East	4.8%
Mid West	5.5%
Kampala	6.6%
Central 2 (Mubende, Luwero, and Mukono)	7.4%
central 1 (Greater Masaka)	7.6%
South Western	7.7%
CIRCUMCISION	
15-49 (circumcised men)	43%
Circumcision by region	
Mid-Northern	14%
Mid Eastern	69%
Circumcision by age	
15-29	45%
OTHER DISEASES	
Syphilis	
15-49	1.9%
Hepatitis B	
Adults	4.3%

Survey was conducted in 12,483 households from Aug. 2016 to March 2017 to provide estimates of HIV incidence, prevalence, viral load suppression, syphilis, Hepatitis B infection

services in the country. US Ambassador to Uganda Deborah Malac described the survey findings as a "success

story" which needed to be told because Uganda has "come a long way" in its fight against HIV.

And that is true in some ways. First, Uganda was hailed after it reduced its prevalence to 6.4% in 2006, from over 16%. Then the prevalence soared again to 7.3% in 2011. Now, it has dropped to 6%.

The ambassador said the US, which has donated over \$3b towards the HIV fight in Uganda since 2004, would remain committed to eradicating the virus in the country.

The US Centers for Disease Control and Prevention country director, Dr Lisa Nelson, said the country needed to "consolidate gains" and up interventions, so children who are born without the virus (because of eliminating mother-to-child transmission) do not contract it when they become adults.

It was the same call from the civil society. AIDS activist Moses Nsubuga called upon the Government to procure all the required (AIDS) drugs, so that the country does not experience drug shortages at any one time.

He called on the ministry to start procuring third-line drugs for HIV patients who have developed resistance while on second-line treatment.

Joshua Musinguzi, the AIDS control programme manager at the health ministry, said they were planning to incorporate third-line drugs into the country's HIV treatment guidelines.

He said the same about the introduction of pre-exposure prophylaxis, Truvada, for persons in discordant relationships or those in most-at-risk populations.