

HIV: Experts call for special attention for worst hit districts

GRAPHIC BY BRIAN SSEKAMATTE

By John Agaba

While Uganda has made major strides in the war against HIV/AIDS, experts are calling for special attention to be accorded districts along a corridor in north, central, and south Uganda, which still post the highest prevalence.

Districts of Masaka, Rakai and Lyantonde, according to the latest AIDS survey – the Uganda Population HIV Impact Assessment (UPHIA) – post the highest percentage (of persons living with the virus in the country). Eight adults in every 100 in these areas are HIV-positive.

These are followed by the districts of Kabale, Kisoro, Kanungu, Mbarara and Rukungiri in the southwest, which post a prevalence of 7.9%. Districts in central II, which include Luwero, Nakasongola, greater Mubende, and Mukono come third with occurrences of 7.6%. Thereafter, you have districts of Gulu, Pader, Kitgum and Lamwo in mid-north, with occurrences of 7.2%; and Kampala which posts a 6.9% prevalence.

Juxtapose these figures to those exhibited in other parts of the country (3.1% in West Nile, 3.7 in northeast, 5.1% mid-east, 4.7% east central, and 5.7% mid-west), and the picture is very clear. It is occurrences in aforementioned 'high burden' districts which actually soar up the national prevalence, estimated at 6%.

Dr John Ssali, the national medical director at AIDS Healthcare Foundation (also Uganda Cares) said the country needs to pay "special attention" to populations in these "high prevalence" districts.

"High prevalence in Rakai or Masaka or even Kabale and Kisoro is not news. These are the same geographical areas which have always had the most HIV infections," said the expert on HIV/AIDS. But maybe what could be new, he continued, would be the interventions government planned to avert prevalence in the areas.

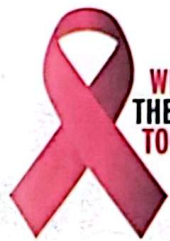
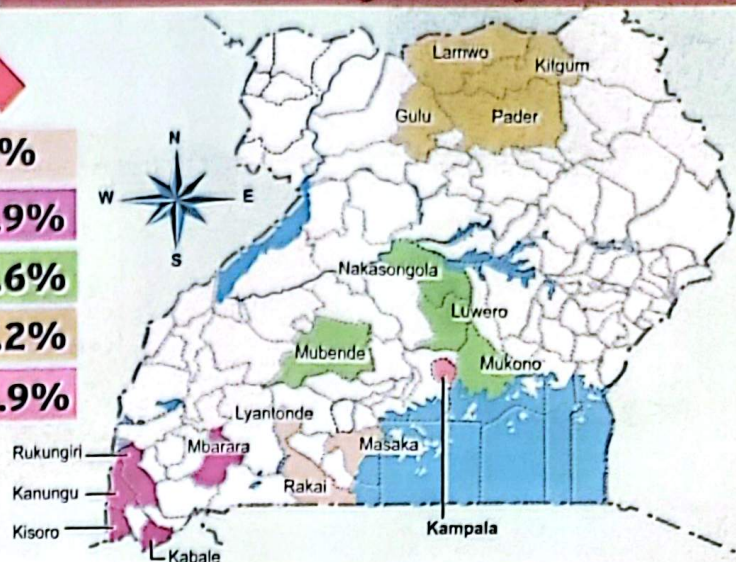
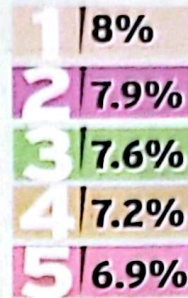
"Rakai is the place where the first HIV cases were reported. It is bordered by Masaka. For over 20 years, districts in northern Uganda suffered under the Kony war, ravaging any public health interventions in the region. There are many long distance truck drivers who make stopovers in south western Uganda. So, we need to come up with specific programmes that can address all these challenges," he said.

Dr Joshua Musinguzi, the AIDS control programme manager at the health ministry, said they were still "mapping" the areas with highest prevalence to "find out really" what caused the variations with the rest of the country. But he hinted that most districts where prevalence was highest, were dominated by fishing communities (known to have very high HIV incidences) and then others were the country's big towns. And HIV is synonymous with towns compared to villages.

"When you look at Rakai, there is the Kasensero landing site.



Districts with high HIV prevalence



WINNING
THE BATTLE
TOGETHER

Most of the districts in Central II are around Lake Kyoga. Kampala, Gulu, Mbarara, and Kabale are urban centres where commercial sex is mushrooming," said Dr Musinguzi.

When health minister Dr Jane Ruth Aceng released the UPHIA survey results at the Media Centre in Kampala in August, she said: "The battle against HIV will be won. It is not a matter of if, but when."

The survey showed how the country had reduced numbers who got infected with HIV to below 83,000 from over 88,000 the previous year. The country had also reduced the number of children born with the virus to below 3500 from over 28,000 five years ago and shrank prevalence (to 6% from 7.3% over the same period).

But still the country cannot afford to roll down her sleeves in the fight against the virus, not with soaring prevalence in key areas.

The report also indicated older men aged 45 to 49 posted a 14% prevalence, while women in the same age bracket had frequencies of 12.8%. It was almost the same occurrence seen in women between 35 and 39 years at 12.9%.

Figures are worrying

Then Director General of Health Services, Dr Anthony Mbonye,



Minister Jane Ruth Aceng

said older people (35 to 49 years among women and 45 to 49 in men) presented higher incidences because they were the more likely to engage in unprotected penetrative sex because they were most likely married compared to young populations.

"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 risky unprotected sex. Then, men rarely test for HIV. They just go having sex," Mbonye said.

Prevalence among young women between 15 and 24 years, which was estimated at 3.3% was mainly attributed to social-economic dilemmas, where the 'girls' give in to older men to survive.

Way forward

Dr Musinguzi said they were scaling up all interventions, including putting every Ugandan who tested positive on ARVs because "treatment is prevention".

He said when more people are on ARVs, they are less likely to infect their sexual partners. They had also scaled up safe male circumcision and were engaging all community leaders, including church reverends to speak about "how the virus is contracted and how it can be avoided".

Deborah Malac, the US ambassador to Uganda, said special focus should be put on men so that "they can test and know they also have a role in this fight against the virus."

"We need to engage everybody: most at risk populations, men who have sex with men, commercial sex workers, adolescents. We cannot win this war if we attempt to leave anybody behind," Malac said.

Margret Happy, an AIDS activist and person living with the virus, said much as special focus was needed on the areas with highest prevalence, the quality of the interventions would be paramount. "Counselling and testing has to improve. People have to know why they are taking medication. We cannot continue to have babies contracting the virus after they have been born without it. We cannot continue to have these cases of drug stock - outs."

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