Existing Strategies for HIV/AIDS Prevention in Bulgaria, Latvia, Sierra Leone, Slovenia and Uganda

Report

2010

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CONTENTS

1. SCOPE OF THE REPORT 3

1.1. Aim and structure of the report 3
1.2. Procedure for implementation of the survey for the purposes of the report 3
1.2. Template for survey questionnaire 4

2. MAIN ASPECTS OF HIV/AIDS PREVENTION STRATEGIES 7

2.1. HIV/AIDS prevention principles 7
2.2. Which types of HIV/AIDS prevention strategies are preferred at which age? 7
2.3. What are the main problems (to overcome) of your target group regarding the HIV/AIDS prevention topic? 8

3. EXISTING STRATEGIES FOR HIV/AIDS PREVENTION IN BULGARIA, LATVIA, SIERRA LEONE, SLOVENIA AND UGANDA 9

3.1. HIV/AIDS prevention strategies in Bulgaria 9
3.2. HIV/AIDS prevention strategies in Latvia 11
3.3. HIV/AIDS prevention strategies in Sierra Leone 13
3.4. HIV/AIDS prevention strategies in Slovenia 14
3.5. HIV/AIDS prevention strategies in Uganda 16

1. SCOPE OF THE REPORT

1.1. Aim and structure of the report

The ultimate aim of this report is to research the situation in the partner countries in the frame of "Youth e-collaboration in HIV/AIDS prevention", namely Bulgaria, Latvia, Sierra Leone, Slovenia and Uganda, as regards the topic of HIV/AIDS prevention. The report's main focus is the existing strategies for HIV/AIDS prevention in the above mentioned countries.

The report combines:

1. Findings from implemented survey within youth workers, youth leaders and young trainers working in the field of HIV/AIDS prevention among young people.

2. Desktop research on existing documents, strategies and other literature in the partner countries on the topic of HIV/AIDS prevention strategies.

1.2. Procedure for implementation of the survey for the purposes of the report

The report is implemented on the basis of a survey, carried out in each partner country. The results from the survey are summarized as separate reports for each partner country.

A special questionnaire has been developed to assist partners in acquiring information about the existing HIV/AIDS prevention strategies in their countries.

The template of the questionnaire, developed by the project partner "Youth against aids"/Latvia/, was distributed by each partner countries to youth workers, youth leaders and young trainers working in the field of HIV/AIDS prevention among young people.

The questionnaires were distributed to at least 20 target group representatives in each partner country. The number of received questionnaires by each partner country was as follows:

- Bulgaria – 15

- Latvia – 12
- Slovenia – 16
- Sierra Leone – 19
- Uganda – 18

The **main methods** of collecting the information were via:

- Posting questionnaires to a list of youth organization working in HIV/AIDS prevention;
- Sending an electronic version of the questionnaire via e-mail;
- Face-to-face meeting with target group and filling the questionnaires.

The main **methods of analysis** of the information obtained were:

- Content analysis of the information from the filled questionnaires;
- Summary of open questions;

1.2. Template for survey questionnaire

The questionnaire form consists of 11 questions – a combination of both "multiple choice" and open type of questions.

Here is how it looks like:

QUESTIONNAIRE

Report on "Existing Strategies for HIV/AIDS Prevention in Bulgaria, Latvia, Sierra Leone, Slovenia and Uganda"

/please, mark with a tick (√) your answer or fill in the open questions/

1. What type of youth activities do you organize?

a) Educational ☐
b) Entertaining (theatre, arts, café, etc.) ☐
c) Career consulting/ ☐
d) Mentoring ☐
e) Other types of youth exchanges ☐

2. What is your target group?

a) Students ☐
b) HIV-infected young people ☐

c) Young people from various social minorities ☐
d) Young people out of school (school leavers) ☐
e) Young people with disabilities ☐
f) Young people in general ☐

3. What is the age range of your target group?

a) Teens (12-16) ☐
b) Youngsters (16-25) ☐

4. Are there any statistics concerning the HIV/AIDS affecting young people in your country?

a) Yes. ☐
Please specify and provide a web link ……
b) No. ☐

5. Are there any institution or national structure working in the field of HIV/AIDS prevention in your country?

a) Yes. ☐
Please specify and provide a web link ……
b) No. ☐

6. What is the strategy you most often use in order to address the topic of HIV/AIDS prevention when working with young people?

a) Organizing workshops and discussion with the target group ☐
b) Theoretical approach – lectures, statistics, demonstrations ☐
c) Traditional games and other interactive approaches ☐
d) E-games and multimedia ☐
e) Other (please specify)…….. ☐

7. Which types of HIV/AIDS prevention strategies are preferred at which age?

8. What types of games are used in youth work in your center/services?

a) Video/Electronic/computer games ☐
b) Mimics (theatre, experience, improvisation, role plays) ☐
c) Group Games (team-building, sport, etc.) ☐
d) Hands-On Games (getting to do a task specified!) ☐
e) Simulation games; ☐
f) Other (please specify) ……. ☐

9. What are the main problems (to overcome) of your target group regarding the HIV/AIDS prevention topic?

10. In which aspect of the addressing the topic of HIV/AIDS do you find e-games most useful?

a) Education on the topic ☐
b) Prevention ☐
c) Anti-stigma measures that prevent discrimination against people with HIV/AIDS and vulnerable groups ☐
d) Communication ☐
e) I don't find e-games useful ☐

11. Are there any communities or projects concerning the topic of HIV/AIDS prevention in your country which have been initiated by the young people themselves?

2. MAIN ASPECTS OF HIV/AIDS PREVENTION STRATEGIES

2.1. HIV/AIDS prevention principles

Prevention is crucial for reducing HIV/AIDS. Non-formal education and youth work can play an important role in this process, especially in terms of human rights education, fighting discrimination and promoting gender equality. UNAIDS (2005) states that "All HIV prevention efforts/programmes must have as their fundamental basis the promotion, protecting and respect of human rights".

There are three main ways in which HIV can be transmitted: sexual transmission, blood transfusion and mother-to-child transmission (MTCT). Thus, prevention education, strategies and policies are concentrated mainly on prevention of these three modes for HIV transmission.

Africa is one of the most affected regions by HIV/AIDS. Young people in Africa need a lot of extra training activities in order to understand the prevention and identify different problems related to how to live in such areas (highly affected by HIV/AIDS), how to communicate with peers and how to prevent HIV/AIDS spreading. Although Internet and e-games are poorly developed in many regions in Africa, most of the youth organizations and centers are starting to use more and more the net in their training and in the youth information exchange. That is why online (and free) training tools are very important support for their work. Combating HIV/AIDS is one of the Millennium Development Goals (MDG 6).

2.2. Which types of HIV/AIDS prevention strategies are preferred at which age?

The answers from the questionnaire's open questions, provided by the target group in the partner countries can be summarized as follows:

- Young teens are interested in something active – sports, active games, also art activities (drawing, painting etc.).
- Older ones (16-18) still like active things, but they also like to share their thoughts, opinions, discuss, and they tend to like creative work in groups.
- We actually usually talk about HIV/AIDS related topics only with high school students, not younger audience, cause younger ones don`t quite understand it. But young people like informal way of talking, non-formal education methods, games, group tasks, discussions etc.

- @ Students are used to academic routine so they like lectures, statistics more, although if offered something interactive, they usually join in too.
- @ Teenagers (until the age of 15 or 16) like games, interactive and active tasks, young people in high school age are more prepared and open to discussions, theoretical info, also longer individual or group tasks

2.3. What are the main problems (to overcome) of your target group regarding the HIV/AIDS prevention topic?

The answers, provided by the youth workers from the partner counties, can be summarized as follows:

- @ Even if they understand what HIV/AIDS or other STIs are, how to prevent themselves from getting infected, they still think it is something that does not concern them or their friends;

- @ To make youth open up and talk is not always easy, also to say aloud their honest thoughts and to share with others without offending anyone can sometimes be difficult;

- @ Also to reach them is not always easy – to get to some smaller school outside town (transportation, money), to convince teachers that young people need this info and these activities is a challenge it is quite difficult to lessen the influence of society on young people (especially on topics like HIV/AIDS, drug-use, sexual orientation etc.) – youngsters often say what their parents or other close people think about these topics, they are hesitant to say their own opinion, thoughts to get rid of false myths – e.g., only bad people, criminals, homosexuals and drug-users get HIV/AIDS, or that you have to avoid these people otherwise you will get infected too. Loads of false myths also regarding contraception, condoms decrease the stigma towards HIV/AIDS infected people;

- @ to make them realize, understand that HIV/AIDS and other STIs are not far away, that they can affect them and their friends quite easily;

- @ to make them understand that sexuality, HIV/AIDS and STIs are not a taboo topic, that you can talk about them and you do not have to be ashamed to do so.

- @ As a key problem, which should be overcome, when working with HIV infected people, did interviewed organizations and associations indicated a lack of interest in testing, lack of information, lack of cooperation between the infected and the general population, and also a problem in our country's approach to this problem.

- @ The problem also represents a lack of speech about HIV/AIDS problematic in general and the fact that young people are not taking the problem seriously enough.

3. EXISTING STRATEGIES FOR HIV/AIDS PREVENTION IN BULGARIA, LATVIA, SIERRA LEONE, SLOVENIA AND UGANDA

On the basis of the desktop research and the findings from the distributed questionnaires, we developed a small report for the situation in each of the partner countries. Each report for each country begins with some general information which is followed by a more detailed statistical data. At the end of each article there is information on the challenges and policies related to the HIV/AIDS issue in the respective country. Special attention (where possible) is paid to the situation and measures undertaken regarding prevention of young people.

3.1. HIV/AIDS prevention strategies in Bulgaria

As of 15.05.2010 Bulgaria officially recorded to the Ministry of Health a total of 1160 HIV-positive persons (population 7.5 million). This is 89 persons more compared to the results from 15.11.2009 when registered HIV-positive people in Bulgaria were 1071.

This number, however, does not reflect the real picture of HIV prevalence in the country. One of the main features of HIV infection is the absence of symptoms for a prolonged period of time after infection (between 5 and 10 years), so a significant proportion of the infected are unaware of their status. Over the past two years the UN Program on HIV/AIDS (UNAIDS) has developed a system of models for scientific evaluation and forecast of the AIDS epidemic in the world and individual countries. These were used by a group of Bulgarian experts and with methodical assistance to UNAIDS in 2008 HIV prevalence in the country was estimated. The results showed that the likely number of infected with HIV are about 4000.

For the period 01.01 - 15.11.2009, the number of newly registered HIV-positive individuals was 133, of whom 102 men and 31 women.

The predominant modes of HIV prevalence in the country are: 1. through injecting drugs use; 2. homo/bisexual contacts among men.

Namely these two groups **(homosexuals and injecting drug users)** are the most vulnerable in terms of HIV infection in Bulgaria.

Over 65% of the newly HIV-infected persons in 2009 were found in **19 of the Cabinets for Anonymous and Free Counseling and Testing for HIV/AIDS (KABKIS)**. For the first nine months of 2009, there were a total of 44 724 persons tested, which is about 1.5 times more than 31 021 tested persons in 2008. During 2010, 3019 persons have received counseling and HIV testing in 13 prisons in the country.

HIV-positive persons have been registered in the very wide age range - 16 to 66 years. The average age for men is 31 years and for women it is 32 years. 69 people or **67% of the newly registered in 2010 are in the age group between 15-29 years.**

Regions with largest numbers of HIV-infected persons are Sofia - city (44) and Plovdiv region (20). **Nearly 60%** of the newly discovered during the first 11 months of 2009 HIV-positive persons come from these two regions.

Main prevention policies in Bulgaria are concentrated **under "Prevention and Control of HIV/AIDS" Programme** under Ministry of Health (www.aidsprogram.bg). The main objective of the program is to contribute to limiting the spread of HIV among the population and improve the quality of life of people living with HIV/AIDS in Bulgaria. The Programme aspires to achieve the following:

- Increase the scope of most risk groups with targeted, stable and proven interventions for HIV prevention. The planned increase is from 37% in 2007 to at least 60% in 2014. The purpose is to reduce the risk of infection and transmission of HIV.
- Increase of coverage of most at-risk groups with services for voluntary counseling and testing for HIV. The planned coverage increase is from 33% in 2007 to at least 75% in 2014. The purpose is to increase the percentage of people infected with HIV who know their status.

Target group of the Programme includes the following:

- Injecting drug users (IDUs);
- Men who have sex with men (MSM);
- Young people from Roma at the highest risk (IDUs, MSMs, sex workers, persons who have served a custodial sentence and mobile people);
- Persons deprived of liberty;
- Young people at risk;
- People living with HIV/AIDS.

Each year since 2004 "Prevention and Control of HIV/AIDS" Programme also organizes an **anti-AIDS campaign**. In 2009 the slogan of the campaign was "Be Informed". The slogan of the campaign for 2010 is "Condomize Yourself". The campaigns always try to be original so that they can reach their main goal – to attract the attention of the young people. The main objectives of these campaigns are to popularize the non-risk sexual behaviour and use of condoms as well as to fight stigma and encourage tolerance towards those living with HIV.

Other activities for fighting HIV/AIDS in Bulgaria are:

- @ national telephone line for free advice and consultations;
- @ foundations “Plus & Minus” and “i-Foundation” – www.aidsbg.info;

3.2. HIV/AIDS prevention strategies in Latvia

From 01.01.1987 to 31.12.2009 a cumulative total of 4614 HIV infections were registered in Latvia (population 2.3 million). However, the actual number of HIV-infected people may be higher than this. For example, international agencies estimated that there were 10 000 people living with HIV in Latvia at the end of 2007 according to UNAIDS. Latvia so far belongs to the countries in EU where HIV infection rates are high. With 157.6 cases per million populations in 2008, Latvia has doubled the EU average rate. The major HIV increase in Latvia was observed during 2001. Since then the numbers declined and stabilized during the period 2005-2009.

HIV infections are distributed unevenly through the regions of Latvia. Riga, the capital and the largest city in Latvia, appeared to be a central scene of HIV spread and drug use. Thus, Riga and the region show the highest HIV prevalence figures.

Injected drug users (IDUs) clearly dominate in the current Latvia’s epidemic and account for 58.3% of all registered cases. The figures as to the other modes of transmission are: heterosexual transmission – 21.1%, homosexual transmission - 4.4 %, mother-to-child transmission – 0.8%, and unidentified transmission - 15.5%.

Relatively stable HIV prevalence rates since 2002 among IDUs could present evidence that concentrated epidemic has reached its “saturation phase” and prevalence rates could decrease in following years.

Since 2001 there is also another tendency of decrease of the HIV infected IDUs and increase of the HIV infected men who have sex with men (MSM). This growing tendency means that special target attention has to be paid to this group at risk.

Over the course of recent years, infection is moving into female population, and in 2009 females contributed 60% of cases found among people 15-24 years, while in 2001 this group only accounted for 24% of HIV positive cases.

What is rather specific, however, concerning the situation in Latvia is that although the epidemic’s peak was caused by infected IDUs infecting their female counterparts, there is also an increase of the cases in which female IDUs infect their male counterparts. Thus, these infections would more accurately be categorized as sex with IDU partners and not just as heterosexual transmission.

Since 1993 **the national HIV/AIDS prevention policy** in Latvia has been developing. The national HIV/AIDS policy is based on the national Public Health

Strategy and four consecutive national programs to limit spread of HIV/AIDS in Latvia. The new Programme covering period 2009-2013, has been developed, agreed and formally adopted by Government in May, 2009.

Five strategic objectives were identified to reach the goal of the Programme:

- Reduce new HIV cases among main groups-at-risk (IDUs, prisoners) through
  targeted HIV prevention activities and through promoting changes in HIV risk related behaviour;
- Implement wider prevention strategies among general population;
- Improve quality of life of people living with HIV through provision of health and social care as well as avoiding stigma and discrimination;
- Generate and use evidence for response planning and implementation management;
- Strengthen national coordination capacity to respond to HIV and AIDS.

Currently **Infectology Centre of Latvia** is responsible for HIV case management and provides the following services:

- @ Diagnosis, laboratory and clinical monitoring of patients;
- @ HIV/AIDS treatment and care, including anti-retroviral treatment (ART);
- @ Provides ART in prisons;
- @ ART for prevention of mother-to-child transmission of HIV;
- @ Post-exposure prophylaxis for medical practitioners;
- @ Laboratory confirmation of HIV infection for the network of 24 laboratories performing screening on HIV;
- @ Management of HIV co-infection;
- @ HIV/AIDS hotline;
- @ Training of medical professionals.

One of the most notable achievements of the national HIV/AIDS response in Latvia is the introduction of **harm reduction programs for IDUs**. Evidence from other countries shows that HIV transmission through injecting drug use can be controlled by effective harm reduction interventions. These measures not only protect those who inject drugs but also the entire population. The reduced number of men infected annually through injecting drug use, since the peak in 2001 and stabilization of prevalence rates are evidence that these measures are beginning to have a positive effect in Latvia.

A **pilot needle-exchange program** was opened by the AIDS Prevention Centre (a former state's institution under Ministry of Health) in Riga at the end of 1997 as an early response to the emerging HIV outbreak among IDUs. This project was aimed at establishing a primary contact with the hidden IDUs population and interrupting chains of new infections at their start. In the next stage of the project (1999) street outreach activities were introduced. Previous drug users, familiar with the natural environment of IDUs, were employed as street workers. The street work proved to be particularly efficient and the capacity of the program increased a lot. The program expanded its operation beyond the initially expected syringe and needle exchange and was transformed into Low Threshold Centres for Affected Population Groups offering low-threshold services for IDUs.

Major **challenges** for HIV/AIDS Prevention Programme in Latvia:

- Limited, inadequate funding available for the implementation of the Programme;
- Limited involvement of NGOs particularly in service provision for key vulnerable populations;
- Weakness of prison health system;
- The need to expand ART and support services for people living with HIV and AIDS;
- Greater integration of government services with those provided by NGOs.

3.3. HIV/AIDS prevention strategies in Sierra Leone

Sierra Leone's HIV/AIDS infection rate has not reached pandemic proportions. However, the infection rate is on the increase. The majority of infected persons live in the urban and semi urban centers of Freetown, Bo, Kenema, Makeni and Koidu.

The estimated adult rate (15-49) of people living with HIV and AIDS in Sierra Leone is 1.6 (2009). The number of children living with HIV/AIDS is 2 900.

The majority of the Sierra Leoneans know little about the virus - its causes and prevention. Studies done in 2003 among Sierra Leoneans and adolescents reveal that although 72% of the sample studied have heard about HIV/AIDS, 47% do not know any of the modes of transmission. Only 48.6 % believe that any one could be at risk of infection. 10.5% would use a condom and 20% would use abstinence as a means of prevention. These figures show that a great deal of work needs to be done to impact behavioral change that would slow down and reverse the prevalence rate.

The Government of Sierra Leone has taken the lead in HIV/AIDS education and dissemination of information on its prevention and combating stigmatization. **The National HIV/AIDS Secretariat (NAS)** in collaboration with the Global Fund for HIV/AIDS in Geneva is organizing a response to the growing threat of HIV/AIDS. They established partnership in the field of HIV/AIDS Prevention and Impact Mitigation with the workers association.

The overall goal of this collaboration is to assist the Sierra Leone Labor Congress in establishing a **Joint Management Committee to address HIV/AIDS within all work places** in the country. The Committee members need to be trained to Training of Trainers. Further, a joint action plan to address HIV/AIDS in all work places, where union representatives are present, needs to be developed and implemented.

A Committee was established to supervise and manage the response within work places. NAS in collaboration with the union has come up with Terms of Reference detailing the roles and responsibilities of this Committee, some of which are as follows:

- @ Spearhead in the preparation, resource mobilization and implementation of the unions' Action Plan on HIV/AIDS;
- @ Designating HIV/AIDS focal points in all organized work establishments;
- @ Advocating for the review of labor laws to incorporate HIV/AIDS;
- @ Monitoring all union activities on HIV/AIDS;
- @ Establishing partnerships with local and international affiliated unions on HIV/AIDS;
- @ Reviewing monthly and quarterly activities of all HIV/AIDS focal points;

The basic **challenges** for combating HIV/AIDS in Sierra Leone can be summarized as follows:

- @ Funding – HIV/AIDS Response is under-funded. The Sierra Leone HIV/AIDS Response Programme is funded by the World Bank and was designed to be active in 4 districts. The funds, however, were transferred to serve the needs of the whole country thus making the funding situation even more acute. NAS is constantly trying to find additional funding.
- @ Low level of literacy – Provided the statistics of literacy rate of 38.1 (United Nations Development Programme Report, 2009) as a whole Sierra Leone population lacks knowledge and understanding of HIV/AIDS including people living in the Western Area incorporating the capital Freetown.
- @ Low availability of reliable data – there is a lack of large-scale studies and biological data on HIV/AIDS where these are vital for the planning of an effective national programme to combat HIV/AIDS.
- @ Low levels of care and support for HIV positive people – people who are tested HIV-positive need care and support – medical, psychological, and economic. When obtaining this support HIV-positive people can afford a better life. However, very few are the organizations providing such support for people who are already HIV-positive. **Moreover, very few can afford antiretroviral drugs.**
- @ No sufficient resources to provide support to AIDS **orphans** – this is **one of the most vulnerable groups** in terms of HIV/AIDS in Sierra Leone. Children of single-parent families very often end up in the street. The resources for providing support to AIDS orphans are not sufficient.

In Sierra Leone youth organizations are taking the lead in HIV/AIDS education and prevention through advocacy and other methods of information dissemination (both formally and informally). The informal sector has been commonly used. Examples are football Galla, drama performances in schools and some others.

3.4. HIV/AIDS prevention strategies in Slovenia

Slovenia is a quite small country with only 2 millions of population. Number of infected, according to recent statistics (2007) is 0.1% of total population. Because of that there are only a few associations that are primarily dealing with HIV infected people and people living with AIDS in Slovenia.

At the International Conference on AIDS in 1998 the results stated for HIV/AIDS epidemic in Slovenia showed that HIV/AIDS epidemic is rather minor. The annual AIDS reported incidence rate varied between 0.5 to 7 per million population during 1986 to 1997, being only 0.5 per million in 1997. Among the cumulative total of 62 reported AIDS cases the majority occurred in **men having sex with men (MSM)**. In addition a cumulative total 64 HIV infection cases without developed AIDS were reported. Although rapid and extensive spread among injecting drug users (IDUs) has not started, there has been fears that it might start in future.

By 2009 rates of HIV infected people have increased by more than 50% in Slovenia (WHO, HIV/AIDS Surveillance in Europe, 2009). Slovenia is in Central Europe and according to the same report the epidemic in Central Europe is characterized by its heterogeneity, with different transmission modes predominating in different countries. More than 50% of all diagnoses were reported among MSM in Slovenia. In conclusion, it can be stated that Slovenia is one of the countries which reported a higher rate of AIDS cases although the number is low – 17 cases.

Institutions dealing with HIV/AIDS in Slovenia are:

- National AIDS Committee at the Ministry of Health – established in 2009;
- IVZ (Institute for Health Prevention) - www.ivz.si
- Association DIH - www.dih.si
- Association SKUC - www.skuc.si
- Association Legebitra - www.legebitra.si
- UNICEF;
- project Positivo – anti AIDS performance www.mkc.si.

New Strategy for preventing and controlling HIV infection for the period 2010-2015 has been developed and adopted by the Government of Slovenia in 2009. The most important principle of the Strategy is to respect the human rights.

However, there is no national HIV prevention, treatment and care budget. HIV prevention, treatment and care have been mainstreamed into different governmental sectors' activities. For example, HIV testing, treatment and care is reimbursed through mandatory health insurance scheme and provided within outpatient and hospital care reimbursement mechanisms. How HIV prevention, care and support activities funds are spent and where they originate is not monitored on the national level.

In 2008, the Ministry of Health, the National Institute of Public Health, several MSM NGOs and the Faculty of Social Sciences formed a coalition to prepare **a communication campaign** primarily targeted to young people with the aim to encourage responsible sexual behaviour and use of condoms. In cooperation with all coalition members, the campaign was designed under the lead of 6 students of the Faculty of Social Sciences. The campaign implementation started at the end of 2009. The slogan used was "Spread the word, not the virus!".

Since 2007 NGOs working in the area of HIV prevention and care have formed a coallition **"STOP AIDS Slovenia"** resulting in better synergy in HIV prevention

efforts. Civil society representatives participated in the development and implementation of the most recent national HIV prevention campaign. In 2008, online HIV counselling was implemented by three main MSM NGOs. The project "Everywhere" started also in 2008 aiming to increase social responsibility of MSM.

Organizations and associations indicate as **key problems**, which should be overcome, when working with HIV infected people:

- the lack of interest in testing;
- lack of information;
- lack of cooperation between the infected and the general population;
- a problem in the country's approach to this issue.

In Slovenia, the Government supports the work and information dissemination for only certain target groups of population (MSM), but it does not inform the people in general. The problem also represents a lack of publicity about HIV/AIDS in general and the fact that young people are not taking the problem seriously enough.

3.5. HIV/AIDS prevention strategies in Uganda

In Uganda the HIV rapid spread throughout the country resulted in a **generalized heterogeneous epidemic**. Heterogeneous means that the epidemic is affecting different sub-groups of the population and generalized means that HIV is firmly established in the general population and the prevalence in the general population is enough to sustain an epidemic. In terms of the risk factors contributing to the spread of HIV in Uganda it can be claimed that on top of this list is the factor of the **"multiple partners"**. However, there has been **a shift in the epidemic** from spreading mainly in casual relationships to large proportions of new infections among people living in long-term stable relationships.

AIDS began as an epidemic primarily spread by adults to adults through sexual activity but the disease did not remain among adults for long. Children and youths soon began to contract HIV through mother-to-child transmission (MTCT) and sexual contact. In 2004-2005, 3% of the young Ugandan women and about 1% of their male counterparts were HIV positive and this resulted into devastation of the youths economically, emotionally and socially in a very short time. More than one quarter (28%) of youths between 15-18 years of age were left with only one parent or without parents. This has made them more vulnerable to sexual abuse and living in the streets. (Guttmatcher, 2008)

The UNAIDS report (2008) estimates that in a projected total population of 32 million Ugandans, approximately 1.1 million people were HIV-positive in 2006 and about 120 000 had developed AIDS. Yet only 3% had been enrolled on antiretroviral treatment (ART) causing a threat that this rate might rise to 1.3 million people by 2012.

Sentinel surveillance figures indicate higher prevalence rates of HIV/AIDS infection in urban sentinel sites as opposed to those located in rural areas. Nearly

80% of those infected with HIV are in the 15 - 45 age group. This group is the most economically productive and often takes care of the family which fact in turn leads to certain economic problems.

The highest prevalence is in the Kampala, Central and North Central regions (over 8%). The lowest prevalence is in the North-Eastern and West Nile regions (below 4%). All in all the percentage of HIV positive women is higher (7.5%) compared to men (5%). Population in the West Nile region is least likely to be positive. Prevalence of HIV for both women and men increased with age reaching its peak for women at ages between 30 - 34 years (12.1%) and for men at ages between 40 - 44 years (9.3%).

Studies carried out by National HIV and AIDS Strategic Plan (2007/8-2011/12) found out that the overall prevalence was 2.9% for the young population with the female youth falling at 4.3%. The percentage of HIV positive female youth, however, rises rapidly with age compared to the male youth at 1.1%. The urban youths in general are more likely to be infected than those in rural areas with a ratio of 4.8% -2.5%.

Since the emergence of HIV/AIDS in Uganda, the primary emphasis has been put on prevention of the virus from spreading. In the year 2000, The Republic of Uganda developed a set of goals for the millennium among which combating the spread of HIV was strongly emphasized. In a bid to achieve this goal, special attention has been given to strategies such as: information dissemination, education and communication, promotion of condom use, surveillance, expansion of HIV screening laboratories and patient care services, (UAC, 2008).

Uganda's response to HIV/AIDS is widely viewed as a model for the rest of sub-Saharan Africa and comprises:

- @ strong public commitment;
- @ mass mobilization and education campaigns;
- @ political openness and vision;
- @ strong community involvement and recognition that HIV/AIDS is a threat to development apart from being a healthy hazard. (UNAIDS, 2008).

In Uganda, the **Multi-sectoral Approach to the Control of AIDS (MACA)** was adopted in 1992. This was in recognition of the fact that the dynamics and impacts of the epidemic are beyond the health sector though it is the most strategically positioned to respond. The MACA strategy mobilized concerted efforts from the public and non-public sectors, at national, district, community and individual levels. Since then the country had registered modest achievements demonstrated by declining HIV prevalence and incidence from 6.5% in 1998 to 4.1% in 2002 (Ministry of Health, 2004). However, after a few years, the prevalence rate started rising rapidly and by 2006 it was as high as 6.7% which was an indication that HIV is still a big challenge in Uganda.

MACA stipulated that all Ugandans had **collective responsibility** to be actively involved in the AIDS prevention and control activities in a coordinated manner at various administrative and political levels down to the grass root level.

Consequently, the MACA policy mobilized efforts through government ministries and departments, local and international civil society organizations, faith-based organizations, organizations working with people living with HIV/AIDS and development partners including the private sector.

As a result, a number of **policies** have been created: Health Care and Treatment; Routine Counseling and Testing/Voluntary Counseling and Testing; Anti Retroviral Therapy; Orphans and Vulnerable Children; Condom policy and strategy; Prevention of Mother to Child Transmission guidelines; HIV/AIDS in the World of Work.

These policies and guidelines have been so instrumental in the success of the national HIV/AIDS response for which Uganda has been internationally credited and recognized. The draft for HIV/AIDS policy is currently before Cabinet and this policy will address a multi-sectoral nature of the response by bringing together all sectoral HIV/AIDS policies into one document.