

UGANDA

STRATEGIC FOCUS

In 1991, the U.S. Centers for Disease Control and Prevention (CDC) started work in Uganda focused on conducting HIV and AIDS research, and an official country office was established in 2000. With the launch of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) in 2003, Uganda became a focus country for the program delivering high quality HIV services. Currently, CDC supports Uganda’s Ministry of Health (MOH) and numerous implementing partners (most of them local institutions) to strengthen HIV and TB prevention and control efforts. Using an integrated service delivery model, CDC’s current focus is to find more persons living with HIV (PLHIV) by testing those most at risk; expanding antiretroviral therapy (ART) to all PLHIV in Uganda immediately upon diagnosis—irrespective of disease staging or CD4 cell count; and scaling-up viral load (VL) testing to monitor for viral suppression. CDC also supports TB diagnosis, preventive therapy, and treatment among PLHIV through systemically integrated screening of clients attending HIV clinics and linking them to HIV care and ART for TB/HIV co-infected clients—including pediatric services for TB/HIV co-infected children.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV prevention:

CDC supports efforts to reduce new HIV infections through prevention of mother-to-child transmission of HIV, voluntary medical male circumcision, peer-based programs for key populations, the PEPFAR DREAMS (Determined Resilient Empowered AIDS-free Mentored, Safe) program, prevention of gender-based violence, and pre-exposure prophylaxis (PrEP). Of the 76,815 PEPFAR-supported pregnant and lactating women with HIV infection identified in 2021, 58 percent (44,189) received services at CDC sites. Of these, 99 percent were enrolled on ART, enabling infants to be born HIV-free (PEPFAR 2021). Mother-to-child- transmission of HIV infections has dropped from 7.5 percent in 2014 to 1.6 percent in 2021. Through a robust key populations program, CDC also supports policy advocacy and tailored services for female sex workers, men who have sex with men, transgender persons, persons who inject drugs (PWID), and the incarcerated populations. The Medically Assisted Therapy program, which treats and rehabilitates PWID, has enrolled 214 individuals since its opening on October 1, 2020, with an appointment adherence of 80 percent.

Comprehensive HIV & TB Care and Treatment:

In 2021 CDC supported Uganda to quickly optimize ART regimens for both adults and children, transitioning 92 percent of children and adolescents >20 kg and 81 percent of adults to optimized ART regimens; 96 percent of these individuals are virally suppressed. CDC’s use of differentiated service delivery models improved retention of HIV and TB clients on treatment amidst the COVID-19 pandemic. CDC supported services prevent TB among PLHIV through scale-up of TB preventive therapy (TPT)—achieving 85 percent of TPT enrolment target and 92 percent TPT completion among all PLHIV in 2021. CDC supported TB diagnostic services to improve case-finding and found that 98 percent of diagnosed TB patients in 2021 were HIV positive. Of the HIV positive TB patients, 96 percent started ART, and 99 percent of the PLHIV diagnosed with TB initiated TB treatment. CDC also supported other services for advanced HIV disease, including access to cryptococcal treatment among identified clients (87 percent). In late 2021, CDC supported MOH in rolling out the first national cervical cancer screening and treatment program for pre-cancerous lesions for women living with HIV, reaching 111,055 women (43 percent).

Laboratory systems strengthening:

CDC supports HIV and TB testing, including early infant diagnosis and VL testing, to inform treatment decisions. While strengthening laboratory capacity improvement through staff training and facility accreditation, CDC helped ensure timely access to accurate and reliable diagnoses and infection control for health care workers and laboratory facilities in the face of COVID-19. CDC support resulted in 34 labs (including the HIV Early Infant Diagnosis-Viral Load, National Microbiology, and National Tuberculosis reference labs) attaining international accreditation by 2021, compared to only seven in 2015.

Use of data for improved impact:

CDC supports program monitoring and evaluation, health surveillance and information systems, and public health research to generate up-to-date data to drive evidence-based HIV and TB programs and policies. CDC supported MOH and partners in conducting the 2020-2021 Uganda Population-based HIV Impact Assessment (UPHIA) survey that has provided critical data to focus national HIV epidemic control efforts.

Key Country Leadership

President:
Yoweri Kaguta Museveni

Minister of Health:
Jane Ruth Aceng

U.S. Ambassador:
Natalie E. Brown

CDC/DGHT Director:
Lisa Nelson

[Country Quick Facts](https://worldbank.org/en/where-we-work)
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$840 (2021)

Population (million):
47.12 (2021)

Under 5 Mortality:
43/1,000 live births (2020)

Life Expectancy:
64 years (2020)

[Global HIV/AIDS Epidemic](https://aidsinfo.unaids.org)
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 5.2% (2021)

Estimated AIDS Deaths
(Age ≥15): 13,000 (2021)

Estimated Orphans Due to
AIDS: 790,000 (2021)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
1,109,120 (2021)

[Global Tuberculosis
\(TB\) Epidemic](https://who.int/tb/country/data/profiles/en)
([who.int/tb/country/data/
profiles/en](https://who.int/tb/country/data/profiles/en))

Estimated TB Incidence:
196/100,000 population
(2020)

TB patients with known HIV
status who are HIV
positive:
33% (2020)

TB Treatment Success Rate:
82% (2020)

DGHT Country Staff: 121
Locally Employed Staff: 108
Direct Hires: 12
Fellows & Contractors: 1

Our success is built on the backbone of science and strong partnerships.

September 2022 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

