

## STRATEGIC FOCUS

In 1991, the U.S. Centers for Disease Control and Prevention (CDC) started work in Uganda focused on HIV and AIDS research. 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 delivery of high-quality HIV and TB services. Currently, CDC supports Uganda’s Ministry of Health (MOH) and numerous implementing partners (almost all of them local institutions) to strengthen HIV/TB prevention and control efforts and public health emergency preparedness and response. Using an integrated service delivery model, CDC focuses on finding more people living with HIV (PLHIV), linking and maintaining PLHIV to antiretroviral therapy (ART), and scaling up viral load testing to monitor for viral suppression. CDC also supports TB diagnosis, preventive therapy, and treatment among PLHIV.

## 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 69,303 PEPFAR-supported pregnant and lactating women with HIV infection identified in 2022, 57 percent (39,559) received services at CDC sites. Of these, 100 percent were enrolled on ART, enabling infants to be born HIV-free. Early mother-to-child transmission of HIV has dropped from 7.5 percent in 2014 to 1.9 percent in 2022. Through a robust key populations program, CDC also supports policy advocacy, surveillance, community-led monitoring, and tailored services for female sex workers, men who have sex with men, transgender persons, persons who inject drugs, and the incarcerated populations. The Medically Assisted Therapy program, which treats and rehabilitates people who inject drugs, has enrolled 424 individuals since October 2020.

### Comprehensive HIV & TB Care and Treatment:

In 2022 CDC supported ART optimization among adults and children living with HIV, transitioning 96 percent to optimized regimens; 94 percent of these individuals were virally suppressed. CDC’s use of differentiated service delivery models has improved retention of HIV and TB clients, with the proportion of interruptions in treatment reduced from 2.4 percent to 1.9 percent. CDC-supported services prevent TB among PLHIV through scale-up of TB preventive therapy (TPT)—achieving 58 percent of TPT enrolment target and 92 percent TPT completion among all PLHIV in 2022. Among TB patients diagnosed with HIV, 97 percent started ART, and 99 percent of PLHIV diagnosed with TB initiated TB treatment. CDC also supports other clinical services for advanced HIV disease, including access to cryptococcal treatment. In 2022, CDC supported MOH to expand cervical cancer screening and treatment services for pre-cancerous lesions for women living with HIV, reaching 299,640 women (106 percent of the annual target) and reaching 75 percent of all age-eligible women in 2 years.

### Laboratory systems strengthening:

CDC-supported laboratory system strengthening efforts focus on HIV and TB testing, diagnostic interventions for emergency preparedness and response, as well as laboratory services for multiple non-communicable diseases. CDC conducts lab network capacity strengthening and improvement through staff skilling programs, robust laboratory quality management framework, personnel safety and environment programs, laboratory information systems, innovation supply chain, and equipment management initiatives to ensure access to timely, accurate, and reliable laboratory results. In July 2023, over 40 laboratories in Uganda were internationally accredited, compared to only seven in 2015.

### Use of data for improved impact:

CDC supports program monitoring and evaluation, disease and case-based surveillance, information systems, and public health research to generate up-to-date data to drive evidence-based HIV, TB, and other global health programs and policies. CDC supported MOH and partners in conducting national surveys for the children (Violence against Children - VACs), adults (Uganda Population-based HIV Impact Assessment – UPHIA), and refugees (Refugee Uganda Population-based HIV Impact Assessment RUPHIA) that have 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:  
William W. Popp

CDC Director:  
Stella Alamo (Acting)

DGHT Program Director  
Sharon Daves

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

Per Capita GNI:  
\$930 (2022)

Population (million):  
47.24 (2022)

Under 5 Mortality:  
42.1/1,000 live births  
(2021)

Life Expectancy:  
62.7 years (2021)

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

Estimated HIV Prevalence  
(Ages 15–49): 5.1% (2022)

Estimated AIDS Deaths  
(Age ≥15): 14,000 (2022)

Estimated Orphans Due to  
AIDS: 660,000 (2022)

Reported Number  
Receiving Antiretroviral  
Therapy (ART) (Age ≥15):  
1,153,135 (2022)

[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:  
199/100,000 population  
(2021)

TB patients with known HIV  
status who are HIV  
positive:  
32% (2021)

TB Treatment Success Rate:  
85% (2020)

**DGHT Country Staff: 120**  
Locally Employed Staff: 106  
US Direct Hires: 13  
Fellows & Contractors: 1

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

September 2023 | 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

