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Uganda has dramatically faced over the last 15 years the socio-economic impact of the TB /HIV dual epidemic.

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The background situation:

- The prevalence of TB infection is high (70% of the adult population is infected).
- The prevalence of HIV infection is also high (12% of the adult population is infected).
- The association between TB and HIV is strong (50% of notified TB patients are also HIV sero-positive).
- The age group most affected by both TB and HIV/AIDS is also the productive group (15-50 yrs).

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- The National TB & Leprosy Programme was reactivated in 1990 and attained national coverage in 1995.
- The trend of TB notification is a reflection of both better reporting and actual rise in burden of disease.
- The sharp rise is in congruity with the advent of HIV/AIDS epidemic in the country.

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Uganda has a high population growth (2.5% per annum), but life expectancy has been steadily declining since the start of the HIV epidemic. This has almost cancelled gains in health status attained over the previous decades.

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The recent statement from the director of one of the organizations supporting People living with AIDS challenges all of us.

Peter S. is a counselor for many years in TASO, two years ago he lost his brother who had 4 children. Last year he lost the mother of these children. Peter now finds the burden of running the two homes squarely on his shoulders. He visited them last weekend and found the pit latrine had collapsed, he contracted some one to fix that. This week while he was in his office in TASO, his sister who now stays with and care takes these orphans come to him on haste and reports that the work on the pit is over and the laborers are demanding for pay, she also hesitantly adds that the children have come home with bank payment slips for school fees. Peter has not completed payment for his own children. Another relative is reportedly taken ill with TB and the elders request that he visits because the patients is not able to travel to the distant health unit for TB treatment daily. Such is the scenario in most villages in Uganda.

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The impact of TB and HIV / AIDS on households and communities is manifold:

- Decreased labour supply.
- Loss of skilled labour.
- Increased generation of orphans.
- Loss of school time.
- Loss of work time leading to lower incomes and lower food production.
- High financial costs to the family during illness and burials.
- Family livelihood disruption and panic following death of bread winners.

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We are:

- Revisiting our social and welfare policies.
- Re-orienting our intervention strategies to Community-based care with complete Community Involvement.
- Strengthening the already existing good collaboration between Ministry of Health and NGOs and volunteers'
- Strengthening the National and International collaboration.