

**AMBASSADOR'S REMARKS**

**Ambassador Natalie E. Brown**

**At the Release of the Preliminary**

**Ugandan Population HIV Impact Assessment Findings**

**Thursday, February 10, 2022; 11:20 a.m. (program begins at 11:00)**

**Uganda Media Centre Plot 36, Nile Avenue, Kampala**

Honorable Minister of Health, Dr. Jane Aceng {a-CHENG};

Ministry of Health Officials;

Uganda AIDS Commission Members;

ICAP at Columbia University Representatives;

Ugandan Bureau of Statistics Officials;

WHO and UN Officials;

Distinguished Guests;

Friends and Colleagues;

All protocols observed.



Good morning! I am delighted to be here today as we release the preliminary results of the Uganda Population-based HIV Impact Assessment (UPHIA) for 2020-2021, one of several studies to have been conducted in select long-term U.S. President's Emergency Plan for AIDS Relief (PEPFAR) strategy countries.

Hon. Minister, the PEPFAR Vision recognizes that scientific advances and their successful implementation in programming have brought the world to a tipping point in the fight against AIDS. Just a few days ago, on January 28th, PEPFAR celebrated its 19th anniversary. It has been a remarkable data-driven program. To date, PEPFAR has supported almost 19 million people on antiretroviral therapy (ART), supported 2.8 million babies to be born HIV-free, and supported 27.7 million men to undergo safe circumcision. Here in Uganda, PEPFAR has invested more than \$4 billion since 2003. One key area of investment, both here in Uganda and more broadly, has been the focus



on gathering data to inform the success of the HIV response. Around the globe, PEPFAR has provided funding to conduct population-based HIV impact assessments in 15 countries; in this part of the world, that includes Kenya, Rwanda, Tanzania, Ethiopia, and of course Uganda -- all in order to determine a country's progress towards the 95-95-95 goals of epidemic control.

Today's release of results is the culmination of several years of strategic planning and hard work by many individuals and organizations, including the Ministry of Health and other government of Uganda entities, especially the AIDS Control Program, as well as the U.S. Centers for Disease Control and Prevention, ICAP (I-CAP) at Columbia University, and the Office of the Global AIDS Coordinator in the U.S. Department of State that oversees PEPFAR. Despite setbacks due to the COVID-19 pandemic, the survey team persevered to complete UPHIA 2020-2021 and deliver valuable results to the Ugandan people, while



ensuring the safety and well-being of all survey staff and participants. This was no small feat and deserves special recognition. On the subject of COVID-19, we know that if you are HIV+, living with AIDS, or otherwise compromised, you are especially vulnerable to this awful disease. So, if you have not gotten your jab, please get it now. Vaccines are widely available. In fact, the United States has donated over 11 million doses, with more to come.

The UPHIA 2020-2021 survey builds on knowledge and information gained from the Uganda Population-based HIV Impact Assessment that was conducted in 2016-2017 as well as two previous national AIDS Indicator surveys in 2004 and 2011. Together, these surveys have provided national estimates of HIV prevalence, including regional differences and variation by age and sex. These data have been used to inform HIV prevention and treatment interventions, including



safe circumcision for men and prevention programs for adolescent girls and young women.

New findings from UPHIA 2020-2021 reveal remarkable progress made towards controlling the country's HIV epidemic and show the degree to which global HIV efforts are helping to curb the HIV epidemic and save lives. In addition to highlighting key successes, the findings from UPHIA 2020-2021 will continue to help provide public health professionals, policy makers, and Ministry of Health officials with invaluable insights into where additional efforts are needed.

UPHIA results, together with program data and other special studies, will allow us to see critical variation in the HIV epidemic not only within Uganda, but also compared with other countries. This more granular understanding of HIV epidemics allows us to focus efforts toward the geographic areas and populations in the greatest need as we



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