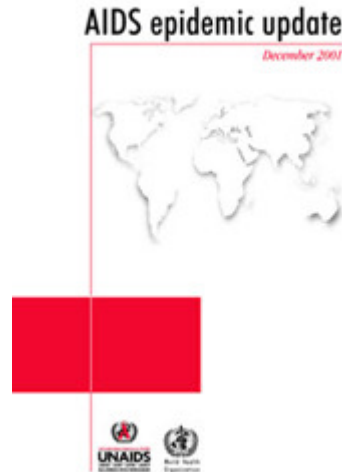


Global Overview

Twenty years after the first clinical evidence of acquired immunodeficiency syndrome was reported, AIDS has become the most devastating disease humankind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth biggest killer.

At the end of 2001, an estimated 40 million people globally were living with HIV. In many parts of the developing world, the majority of new infections occurred in young adults, with young women especially vulnerable. About one-third of those currently living with HIV/AIDS are aged 15-24. Most of them do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it.



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World Health Organization*

For a complete report on the HIV/AIDS epidemic see the reports below (from <http://www.unaids.org/en/>):

AIDS epidemic update - December 2001

Report on the global HIV/AIDS epidemic - June 2000

The United Nations Joint Programme on HIV/AIDS

AIDS IN UGANDA:

During the 1980s, Uganda developed the highest known incidence of acquired immune deficiency syndrome (AIDS), with an infection rate of over 15 cases per 100,000 population. By mid-1989, the Ministry of Health had reported 7,573 AIDS cases to the World Health Organization (WHO). In mid-1990, local officials reported that at least 17,400 cases had been diagnosed and the number of actual AIDS cases was doubling every six months. In Kampala health officials also reported that more than 790,000 people had positive test results for human immunodeficiency virus (HIV), the infectious agent believed to cause AIDS, a figure estimated at 1.3 million by late 1990. Over 25,000 children under the age of fifteen were HIV-positive, along with 22 percent of all women seeking prenatal medical care at Mulago Hospital, the nation's largest hospital in Kampala. Belgium's Institute of Tropical Medicine reported that an estimated 20 percent of all infant deaths in Kampala were related to HIV infections, and many tuberculosis patients were also infected with HIV.

Uganda's first officially recognized AIDS deaths occurred in 1982, when seventeen traders in the southern district of Rakai died of symptoms that came to be associated with the disease. Within a year, AIDS (then known as "Slim") was diagnosed in Masaka, Rakai, and Kampala, and by 1989, all districts of Uganda were affected. The disease appeared to spread by heterosexual contact, often along main transportation routes. Men and women were equally affected, although the death of a man was more likely to be reported to officials. The majority of AIDS cases occurred in people between sixteen and forty years of age, and by the late 1980s, an increasing number of babies were born HIV positive. These cases, more than adult deaths, shocked people into changing behavior that risked AIDS infection. Fewer than ten AIDS cases were reported among school-age children, who constituted nearly one-half of the population, prompting intensive efforts to prevent its spread into this age group.

Government health officials initiated an aggressive nationwide school education program to prevent the spread of the disease among the young, and they implemented nationwide blood screening and public education programs, including television, radio, and local press warnings in English and local languages. By the late 1980s, however, it was clear that the nation's beleaguered health care system could not cope with the increased health needs, and the government intensified efforts to gain international assistance to slow the spread of this deadly disease. The need to combat AIDS was urgent: according to one estimate, Uganda's population in 2015 could total about 20 million, rather than the 32 million that demographers anticipated, because of AIDS, and the number of orphaned children would rise dramatically throughout the 1990s and after.

The transmission of AIDS was complicated by economic decline and problems of national security. In many areas, warfare had destroyed communication systems and health care facilities. At the same time, AIDS slowed the pace of economic development, because skilled workers and young, educated Ugandans had high infection rates. A few people were able to capitalize on the tragedy of AIDS--a small number of local medical practitioners claimed to have cured AIDS victims and became wealthy fairly quickly. A few street vendors in Kampala sold vials of a liquid they identified as Azidothymidine (AZT), a drug being tested for possible AIDS treatment, at prices ranging as high as US\$1,000 per vial. They were able to reap fortunes from desperate AIDS victims and their families, despite government warnings that no AZT was available in Uganda.



Left: Once or twice a month we meet with groups of AIDS patients on the BMCF program.

We encourage them to live positive and meaningful lives; engaging in light income-generating activities.

Right: A picture of an elderly woman who has to look after her small grandchildren after losing a number of her own adult children.

This grandmother is one of the guardians for the orphans on BMCF program.

In the Ugandan society, it is expected that older people will die before the young ones. However, HIV/AIDS has changed a lot of people's thinking.

Many families now have grandparents looking after their grand children!!!

