



Statement by

H.E Yoweri Kaguta Museveni,

President of the Republic of Uganda

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Your Excellency, Dr. Negaso Gidada,
President of the Republic of Ethiopia;

Your Excellencies, Heads of State and Government;

Your Excellency, Kofi Annan
UN Secretary General;

Your Excellency, Salim Ahmed Salim
Secretary General of O.A.U.;

Mr. K. Y. Amoako,
Executive Secretary, Economic Commission for Africa;

Ladies and Gentlemen:

Introduction

HIV/AIDS is the worst misfortune that befell Africa in the 20th Century. Although the visitation was worldwide, sub-Saharan Africa, with 10 per cent of the world's population, accounts for 24.5 million people or 71 per cent out of the 34.3 million people in the world estimated to be living with HIV. Out of the 18.8 million people who have died of AIDS, 14 million of them have died in sub-Saharan Africa. Out of the 13.2 million children who have been orphaned

by AIDS, 12 million are in sub-Saharan Africa. These grim figures clearly indicate that HIV-AIDS is, an overwhelmingly, African problem.

My country, Uganda was, until recently, synonymous with AIDS. By 1993, 1.5 million Ugandans, or 15 per cent of the adult

population, were living with HIV/AIDS. By 1998 the number of people infected with AIDS had reached 2,000,000 of which 800,000 had died and one million children had been orphaned by AIDS. This was the highest rate in the world. It is very little consolation that, since 1993, we have moved from number 1 to number 14. However, the decline in the prevalence of HIV in the last seven years in Uganda is a clear indication that, given the will, we can, ultimately, overcome the HIV/AIDS pandemic.

CREATING AWARENESS

When the first cases of HIV/AIDS were positively identified in Uganda in 1983, the people in the affected areas associated the disease with witchcraft and the religious regarded it as a punishment by God to the wicked. Those who carried the cross of HIV/AIDS and their relatives, given the stigma attached to the disease as a disease of shame, especially when it became clear that it was mainly sexually transmitted, did what they could to conceal and deny their condition. Moreover, in the tyranny and anarchy that reigned in our country at that time, nothing was done to respond to this serious visitation. When the National Resistance Movement took power in January 1986, we found a distressing hopelessness and resignation amongst those infected with HIV/AIDS. We had weathered many storms and we saw HIV/AIDS as one more challenge, admittedly a very serious one to confront. The immediate task was to bring HIV/AIDS out in the open - to give it a face.

Accordingly, in May 1986, Uganda's Minister of Health at the World Health Assembly in Geneva informed the delegates that we had an AIDS problem and needed support of the International Community to deal with it. This was shocking news to many.

Here we were owning up to a disease, which was associated with homosexuality and drugs; a disease of stigma and shame. This revelation did not go down well with some of our African friends. Sadly, however, this was the reality.

At home, we opened up the AIDS problem to public debate and began to develop a broad consensus on how to tackle the problem.

Government established an AIDS CONTROL PROGRAMME in the Ministry of Health, the first of its kind in the world; organized an International Conference of AIDS in Kampala to mobilize financial and material support for prevention and care activities, and set up the National AIDS Prevention and Control committee, composed of government officials and members of civil society. This committee was replaced in 1992 by a statutory body, the UGANDA AIDS COMMISSION based in the President's office for purposes of inter- departmental co-ordination.

In addition to the AIDS Control Programme in the Ministry of Health, AIDS Control Programmes were set up in other ministries and, by 1993, such programmes had been established in 12 ministries. We also encouraged the private employers to set up such programmes at places of work. Our approach, right from the beginning, has been multi-sectoral and players in both government and civil society have worked as a team to roll back the enemy.

THE POLITICS OF HIV/AIDS

The political leadership in Uganda is totally committed to the elimination of HIV/AIDS; and we believe that this has been critical for Uganda's successful response to the pandemic.

Once the leadership decided to take HIV/AIDS out of the closet, all opinion leaders, from the President to the village committees, mobilized to create awareness of the dangers of HIV/AIDS in the population. We explained what it was and it was not; how the infection spreads; and how it can be avoided. I called it the good disease because it is, largely, an infection of choice. It is a largely sexually transmitted disease and can, therefore, be avoided through proper sexual behavior.

The democratization that is on-going in our country also helped us greatly in our awareness campaign. The media, both electronic and print, is completely free and largely private. We encouraged them to join the struggle against HIV/AIDS and they carried very important messages from the fearsome ones such as "AIDS KILLS" to the destigmatizing ones such as "DO NOT POINT FINGERS AT PEOPLE WITH AIDS

Most important, has been the empowerment of women in our country. Today women participate at all levels of governance; and I am happy to report that they have become very assertive of their rights. This empowerment has liberated them from being merely sexual objects. They are now in full control of their lives and can make their sexual choices without coercion. In my view it is very difficult to confront the AIDS problem without empowering women.

As a result of our awareness campaign, close to 100 per cent Uganda know what HIV/AIDS is and how it is spread; the risks involved; and how it can be prevented. There are indications of positive behavior change. Uganda's estimated prevalence rate

reduced from around 30 per cent in the early 1990s to around 8 per cent in the late 1990s; the age of first sex among girls increased from 14 to 16 years; and from 14 to 17 among boys between 1995 and 1998; sex with non-regular partners has also considerably reduced; and condom use increased from 57.6 per cent in 1995 to 76 percent in 1998. Next year, we shall require 80 million condoms. Most important of all, the stigma attached to people living with HIV/AIDS has virtually evaporated.

Since 1990 when the first Aids Information Centre was opened, 450,000 people have come forward for voluntary testing and counseling. Many people have come out openly to declare their sero status. HIV/AIDS is now almost regarded like any other chronic disease, albeit incurable. At the moment, the drugs we use have not yet removed AIDS affliction from the list of terminal sicknesses. However, I can inform you that some of our people who were found with AIDS in 1986 are still moving around, working and bringing up their families.

DEALING WITH PEOPLE ALREADY INFECTED WITH HIV/AIDS

People living with AIDS need love, care and understanding like everybody else. Therefore, the first task of leaders is to urge for their accommodation in their communities and equal treatment. The infected need to support their families, like everybody else; and for as long as they are capable of working, they should be allowed to continue working. They need to be counseled to better cope with their condition and here the role of civil society is paramount. They need medical care, especially the treatment of opportunistic diseases; and we should, therefore, increase our Health budgets to respond adequately to their needs.

Poverty compounds the problem of AIDS. It is not sheer coincidence that sub-Saharan Africa, the poorest region of the world, is also the most severely HIV/AIDS infected region of the world. Poverty has a lot of bearing on the HIV/AIDS visitation. We must, therefore, move simultaneously against both poverty and AIDS. We cannot wait to tackle HIV/AIDS after elimination of poverty; but as long as poverty persists at current levels in Africa, the eradication of HIV/AIDS will be an uphill task.

Today we are too poor to treat some of the opportunistic diseases. People, therefore, die prematurely, not from HIV/AIDS *per se*, but from conditions that can be treated successfully. Most of our people living with AIDS cannot afford the antiretrovirals drugs that have proved so effective. In Uganda it costs Shs. 8000,000/= (approximately US\$450) a month to give one patient a course of ARV drugs and, at the present level of science, the administration of these drugs must go on throughout one's life. ARV drugs can give people living with AIDS prolonged life; but neither governments nor many individuals can afford them in Africa. We do not manufacture these drugs here. The big pharmaceutical companies have invested in the research and manufacture of these drugs and they expect to make returns on their investments.

Since 24.5 million out of the 34.3 million people living with AIDS are in sub-Saharan Africa, we are, potentially, big customers. The market for ARV drugs is here. I do not agree with those who say that the drug companies should just reduce costs of these drugs. This would be counter productive as it would discourage further research. Instead, I propose that African countries plus the OECD countries should combine efforts and re-imburse the money the

successful pharmaceutical companies spent on research and development plus a negotiated profit level. Thereafter, the drug companies should lower the prices of the ARVS.

Oftentimes, we in Africa wait and expect solutions to our problems to come from elsewhere. Many of us are waiting for a cure for HIV/AIDS to come from somewhere and we are complaining that no one is coming up with a cure soon enough. We, indeed, sometimes impute sinister motives to the lack of innovativeness in the solution of our problems. Are we, therefore, prepared to remain mere objects of history and not its subject? We, too, have Our scientists; the problem is that they are not facilitated to come up with solutions to our problems. This must change. The leadership of Africa must be' committed to

Research and Development (R&D). We should commit more resources to R&D-, we must carefully rank our priorities and clearly HIV/AIDS research should rank first; we must pool our resources if, need be, and concentrate on a few problems at a time. If we are resolute, we can solve some of our seemingly insolvable problems. For instance, if all of us pooled our resources and set up one HIV/AIDS Research Centre, we could perform some of the miracles that the big pharmaceutical companies are now performing. We need to have confidence in our scientists and to put them to work. In Uganda, since many years now, we set up an ultra-modern AIDS laboratory which has made it unnecessary to send patients abroad. With others, we can expend this capacity for greater achievement.

Conclusion

Africa has weathered many storms. We survived the slave trade, we survived colonialism, we have survived famines, wars and various other pestilences; we shall survive HIV/AIDS.

In Uganda, where we were once synonymous with HIV/AIDS, we are now counted as a success story and people are coming from all over the world to find out and, possibly, emulate what we have done. We really have nothing to offer in Uganda (neither advanced science nor superior health facilities) but commitment. Political will exists and with it, we have brought about behavior changes vital to the reduction of infection. It is through political commitment, thorough knowledge of our country, compassion for our people that we gave HIV/AIDS a face and eradicated the stigmatization and ostracization of people living with AIDS and brought down the rate of prevalence.

The time has now come to move from commitment to action on the continental level. If all of us perceive this as a great threat to our survival as a people, we must work together to fight, possibly, the greatest threat to our very survival that we have ever had to face. Paradoxically, it is a quite easy to deal with. Unlike small pox, it does not spread through breathing. Unlike Ebola, it does not spread through handshakes. If we could work together in the liberation struggle against colonialism; if we could conquer apartheid together, why can't we conquer HIV/AIDS? While we are grateful for the help we are getting to fight the pestilence and should continue to be supported by international community, it is us who wear the shoe and, therefore, know where it pinches most. The onus is on us to play the major role in fighting HIV/AIDS; and we

shall be most effective if we fight it together. Let AFRICA DEVELOPMENT FORUM 2000 be remembered for our resolution to meet the challenge of HIV/AIDS as one family.

Thank you.

7/12/2000

ADDIS ABABA
