Health Policy Newsletter

Volume 7, Number 3

September, 1994

Article 2

AIDS Palliative Care in Uganda: The Ugandan AIDS Project

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Suggested Citation:

Plumb JD. AIDS palliative care in Uganda: the Ugandan AIDS Project. Health Policy Newsletter 1994; 7(3): Article 2. Retrieved [date] from http://jdc.jefferson.edu/hpn/vol7/iss3/4

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The World Health Organization (WHO) estimates that there are over 12 million HIV positive people worldwide, 75% of them in Africa; and that by the year 2000, between 38-110 million adults and 10 million children will be HIV positive. Twenty million adults worldwide will have AIDS. In Uganda, a country the size of Oregon with 18 million habitants, 10% of the population are HIV positive and 10,000 cases of AIDS develop per month. Most cases of AIDS, known as SLIM in Uganda, because of extreme wasting and weight loss, involve 20-40 year olds and are contracted through heterosexual contact.

The Ugandan health care system is recovering from the effects of a lengthy civil war and is attempting to manage AIDS care with limited resources. In August of 1993, at the invitation of the Anglican Archbishop of Uganda, Yona Okoth, I visited Uganda with a group of hospice nurses to review and make recommendations to the Church of Uganda on the development of a palliative care program in rural areas (where major AIDS-related care takes place). We travelled throughout Uganda talking with physicians, community health workers and patients.

The Ugandan AIDS Project, with partial funding from The United States Agency for International Development, has concentrated initially on educational and preventive strategies to prevent sexual transmission of HIV, with minimal dependence on technology and resources. These programs, utilizing the existing church structure, focus on three components: condom promotion and distribution, change in sexual behavior, and control of sexually transmitted diseases, that appear to facilitate transmission of HIV.

The Ugandan AIDS Project, in coordination with the Department of Family Medicine at Jefferson, is now expanding to develop and implement a Medical Care Initiative with coordination among medical personnel in the United States, Great Britain and Uganda. The purpose of this Initiative is to provide palliative care to Ugandans with AIDS through a community-based effort emphasizing family care, supportive measures and control of symptoms such as pain, vomiting and diarrhea.

The Project is establishing an Office of Community Health, organizing community health conferences, developing model home care programs, helping to develop systems for drug procurement and distribution, and planning an exchange program for faculty, and medical and nursing students.

"The people of Africa are a tremendous resource for their own development and our own. Through governmental and private efforts, we must reach out to the people on the African continent with medical expertise, financial assistance, advanced technology and compassion."

References

- 1. Mann JM. AIDS in the 1990's: a global analysis. Pharos 1993 Summer: 2-5.
- 2. Goodgame R. AIDS in Uganda-clinical and social features. NEJM 1990; 323:383-389.
- 3. Serwadda D, et al. SLIM Disease: a new disease in Uganda and its association with HTLV-I infection. Lancet 1985. October 19.
- 4. Berkley SF, et al. Risk factors associated with HIV infection in Uganda. J Inf Dis 1989; 160:22-30.
- 5. Cohen MS, et al. A new deal in HIV prevention: lessons from the global approach. Ann Int Med 1994; 120:340-341.
- 6. Wasserheit JN. Epidemiological synergy: interrelationships between HIV infection and other sexually transmitted diseases. Sex Trans Disease 1992; 19:61-77.
- 7. AIDS Home Care Handbook. World Health Organization. 1993.
- 8. Sullivan L. A bridge to Africa: how health professionals can help in development. Acad Med 1991; 66:266-267.

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