



EUROPEAN UNION

DELEGATION TO THE REPUBLIC OF UGANDA

**Speech by Ambassador Attilio PACIFICI  
The Head of Delegation  
of the European Union to the Republic of Uganda  
at the Candlelight Day Memorial Event 2021  
Office of the President, 27 May 2021**

The Honourable Minister of the Presidency

The Chairperson of the Uganda AIDS Commission

The US Ambassador

The Representative from the Inter Religious Council of Uganda

Excellencies, Distinguished guests, ladies and gentlemen

It is a great honour for me to participate for the first time in an International Candlelight Memorial Day.

Let me express my deep appreciation to all of you who have come here today to participate in this very important opportunity for us to sympathize with those who lost loved ones to HIV / AIDS and also to reflect on our journey of fighting HIV / AIDS over the years.

Let me first of all take this opportunity to appreciate the work of the Uganda AIDS Commission and then applaud the Government of Uganda for having made a remarkable progress in bringing down the HIV/AIDS prevalence in the country from over 18% in the 1990s to around 6%. This success has been largely attributed to the high-level political commitment spearheaded by the President of the Republic of Uganda as well as the multi-sectoral approach adopted by Uganda in tackling the epidemic.

It is important when looking forward to seek the way out of a crisis also to look back to see where we come from. Uganda comes from very far and has covered a lot of ground. I was here in Uganda at the EU Delegation from 1993 to 1997 and remember very well how hard Ugandans fought a new and unprecedented crisis which had emerged few years before. President Museveni successfully led the fight against an elusive but devastating enemy and he did so supported by few partners. One of them was the European Union. Let me tell you a bit about it.

In the late 1980s, the rising HIV rates became increasingly evident and public health programmes were started everywhere in the world. The key strategy in Uganda was

based on reducing the risks by targeting all segments of the population through an “ABC” approach to sexual behaviour: delayed sexual debut for youth (A, abstinence), partners reduction (B, be faithful) and information regarding condom use (C, condoms). All these elements contributed, in different proportions, to the remarkable reduction in HIV/AIDS in Uganda at a time when HIV rates were escalating in the world. The key point was that the devastating impact of HIV/AIDS was acknowledged at the highest level of government and prevention programmes were established across the country by line ministries and non-governmental organisations. Therefore, information and calls for fundamental behaviour changes came from health workers but also from influential people even at the highest level. That left no room for doubts that most HIV infection occurred in Uganda through consensual sexual acts and that national HIV/AIDS rates would be affected if people avoided risky behaviours.

In addition to this crucial communication strategy implemented with strong determination by the Government of Uganda, which attracted admiration and recognition worldwide, crucial was also the help of partners such the EU.

For example, in February 1987, the then Vice-President of the European Commission, the late Lorenzo Natali, took the unprecedented step of inviting all ACP states (African, Caribbean and Pacific) signatories of the Second Lomé Convention on European aid at an assembly in Arusha, Tanzania, to take part in an EC/ACP AIDS control programme. Rapid actions using quick and flexible procedures were identified and almost all ACP countries positively responded – Uganda being among the loudest – to this initiative which remains unique in the history of the EC/ACP cooperation.

Dr Lieve Fransen - whom I met for the first time in 1992 - from the Institute of Tropical Medicine of Antwerp (Belgium) was immediately recruited to survey blood transfusion and HIV seropositive rates in Uganda and to help prepare a plan of actions to be financed by the EU. She reported that heterosexual activity was the major route of transmission of HIV in Uganda and that blood transfusions were also a very effective mode of transmission to a group of the population which would not be infected otherwise. Her central recommendation was that: *'the area of choice for long-term support by the European Commission would be to rehabilitate the blood transfusion facilities in Kampala and its*

*surroundings to provide HIV negative blood. This would achieve protection from HIV infection for the young, children, and not yet infected, and therefore be a major contribution in prevention of AIDS among future generations.'*

That is how the **Nakasero Blood Bank** was born! The restoration of a safe blood supply for Uganda became the EC's first major project in the AIDS field in Africa and the project was successful thanks to many visionary people including Dr John Watson-Williams of the Red Cross, Dr Sam Okware of the Ministry of Health, Dr Peter Kataaha, of Makerere University and Miss Judith Goddard technical assistant to the UBTS (Uganda Blood Transfusion Services).

These are success stories going back few years ago of people, friends and countries fighting together to address a common global problem. A way of working together and cooperating which no one should ever forget.

Looking at the support provided more recently, the EU has continued its global efforts in the health sector by joining the “Global Fund against AIDS, Tuberculosis and Malaria” when the fund was created in 2002. The EU and its Member States currently contribute to almost 50% of all resources received by the Global Fund.

In Uganda, the European Union also continues to work with the Government to mitigate the impact caused by workers in transport infrastructure projects. Activities around HIV/AIDS sensitization, provision of prevention materials and general health care services (including HIV testing and counselling) through an established clinic are built into the works contracts financed by the EU. Going forward, into the next programmes, we will continue to include support to Sexual and Reproductive Health and Rights and have youth and women as key stakeholders in our development programmes. In all areas, and even more so in the fight against HIV/AIDS, it is important that the voices of youth and women are taken into account and that they contribute to policy-making and implementation.

As I said earlier we laud the progress made, but the HIV/AIDS situation in Uganda is still worrisome and efforts need to be sustained. We also note with concern that new HIV infections occur 3-5 times more among adolescent girls and young women than among the males in the same age groups. This might be partly due to sexual and gender-based violence, high poverty levels, post conflict effects and displacement of populations in emergency situations. We also note with concern that there are high dropout rates of

people initiated on Anti-retroviral Treatment (ART); a situation, which has been exacerbated by the COVID 19 restrictive measures.

HIV and AIDS continue to pose a major public health and economic challenge and young people in Uganda are particularly affected. With youth representing 78% of Ugandan population, young people are the key to ending the HIV / AIDS pandemic in Uganda. However, the stigma among young people and adolescents needs also to be addressed, as this is a key factor limiting testing, visits to health centres and medication adherence.

As I conclude my remarks, I urge all stakeholders to walk a path that aims at reducing vulnerabilities and changing behaviours, especially among youth and women and make Uganda and Africa HIV / AIDS free.

Thank you.

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