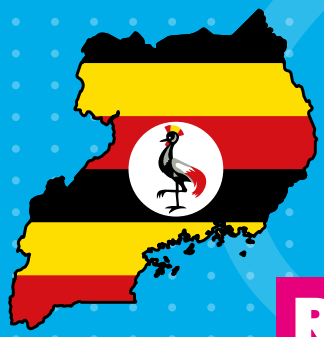


FRONTLINE AIDS

AT A CROSSROADS: RESPONDING TO A NEW AIDS EMERGENCY IN UGANDA

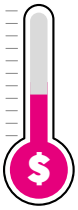
IMPACT AT A GLANCE

Uganda is at a critical turning point: one in 20 adults is living with HIV and prevention efforts are off track. Rising domestic investment is encouraging but weak coordination, service gaps and restrictive laws are fuelling stigma, undermining trust and threatening to reverse progress. Political leaders must urgently turn commitments into action to protect rights, sustain community-led services and ensure young people and high-risk populations are not left behind.

This year, the funding landscape for Uganda's HIV response has changed dramatically

70% of Uganda's HIV budget was funded by the **US government**. A significant proportion of this funding has been paused or terminated, and the future remains uncertain.

The **Global Fund** remains a key donor, but the current grant has also been **cut by 11%**.



The **domestic health budget allocation** has recently doubled to **8.1%**, although remains well below the 15% Abuja target.

Sources: UNAIDS, Global Fund, Social Health Protection Network

As a result, vital programmes for high-risk populations and adolescents have been scaled back or shut down

Approximately **260,000** people from high-risk populations could **lose access to tailored HIV prevention services**.

PEPFAR-funded DREAMS programme, providing services to **young people** in all their diversity, has **completely halted**.

Sources: Global Black Gay Men Connect, UNAIDS

The funding cuts have directly impacted people's access to life-saving HIV treatment and new prevention technologies

Around **100% of people accessing HIV treatment** in Uganda relied on services supported directly or indirectly by PEPFAR.

Oral PrEP services have been **reduced**, especially for marginalised people.

Studies to support the roll-out of new technologies **have stopped**, further limiting the options available to communities.

Sources: Health and Human Rights Journal, PrEPWatch

STATUS OF THE HIV RESPONSE: A COMMUNITY ANALYSIS

Uganda's HIV response is facing a major challenge following the withdrawal of US government funding, which previously accounted for around 70% of the national HIV budget. The cuts have severely impacted the supply chains for prevention and treatment commodities, and have brought programmes addressing stigma, discrimination and human rights to a halt. These developments threaten to reverse progress on HIV in Uganda, and will be catastrophic for high-risk populations, disrupting access to life-saving treatment and potentially cutting off more than 260,000 people from tailored prevention services.

Urgent action is needed to stabilise and sustain Uganda's HIV response. The Uganda AIDS Commission has developed a National Multi-sectoral HIV & AIDS Resource Mobilization Strategy, valid until 2030, which needs to be implemented without delay. Uganda is also in the process of developing a new National HIV and AIDS Strategic Plan, with input from civil society and communities. Civil society has engaged in the ongoing HIV and AIDS policy review and are participating in the UNAIDS-led Sustainability Roadmap and Transformation Plan. The HIV Prevention Technical Working Group, which guides national prevention strategies, has not been meeting regularly. Strengthening its coordination is critical to reducing fragmentation and ensuring strategies achieve real impact on the ground.

Following the donor cuts in early 2025, Uganda took the bold step of announcing an increase to the national health budget, doubling it from 4% to 8.1% for the 2025/26 financial year. This increase is significant, despite remaining below the Abuja Declaration target[2] of 15%. Uganda is also considered at risk of a public debt crisis. In 2025, the government paid 12.6% of its revenue on debt repayments, with this debt burden naturally limiting the domestic resources available for healthcare. Uganda remains reliant on the Global Fund, although its budgets are also being reduced by approximately 11% across three disease areas as part of ongoing reprioritisation. Through proactive engagement in the repriorisation negotiations, advocates in Uganda were able to protect vital interventions, such as drop-in centres for high-risk populations[1] and programming for trans people.

Funding cuts have seriously hampered HIV prevention efforts led by civil society and community organisations. These groups are central to delivering services and monitoring the quality of services provided by others and pushing for accountability. Community-led monitoring has helped to improve services, including securing more resources for pre-exposure prophylaxis (PrEP), but many of these programmes have now stopped. The new funding context has reduced access to HIV testing, counselling and PrEP, disrupted outreach and peer-led services, and forced US-funded drop-in centres to close.

Access to new HIV prevention technologies is also more limited. Uganda participated in the Catalysing Access to New Prevention Products to Stop HIV (CATALYST) study, which offered injectable cabotegravir and the dapivirine vaginal ring,[3] but the study was terminated early. With support from the Global Fund, Uganda has now been selected for the early roll-out of lenacapavir, a new form of long-acting injectable PrEP.[3] Again, meaningful engagement of community-led organisations in the design and delivery of this roll-out will be critical to its success.

[1] UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main high-risk population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

[2] Under the 2001 Abuja Declaration, African Union member states pledged to allocate at least 15% of their national budgets to the health sector to strengthen financing and improve health systems.

[3] Lenacapavir, cabotegravir, and the dapivirine vaginal ring are long-acting HIV prevention options, giving people safer, easier protection without the need for daily pills.

The environment in Uganda remains particularly hostile for high-risk populations. The Anti Homosexuality Act[4] has made it extremely risky for organisations serving LGBTQ+ communities, as it bans any activities that can be construed as "promoting homosexuality", and requires health workers and others to report LGBTQ+ people.[5] Moreover, with the loss of US funding, many communities must now rely on government clinics for services, but this criminalised and stigmatising context makes LGBTQ+ people reluctant to access care. In 2025, the Human Rights Awareness and Promotion Forum reported that at least one person has faced a human rights violation every day because of their sexuality since the Act was signed.

Partners are working together to improve how HIV data is collected and tracked. Civil society has actively participated in data validation and quality assurance processes. Both the Crane Study and the Mode of Transmission and Prevention Analysis Study have been completed, but the findings have not been widely disseminated due to financial and political constraints.[6] The recent release of over $1.5 million for the roll-out of electronic medical records in public health facilities is a positive step. The Ugandan government has emphasised that this investment is critical to protect health data and ensure continuity of care amid ongoing funding shocks.

Work is happening to improve coordination between different sectors at both national and local levels. Since the US funding withdrawal, there has been renewed energy towards integration, with the Ministry of Health developing practical guidance to support partners to integrate HIV, tuberculosis and other chronic disease services at the primary healthcare level. An integration working group has been set up, and trainings on integration are underway, reaching over 1,000 healthcare workers so far. However, funding limitations have prevented this guidance from reaching the community level, resulting in inconsistent integration across the country, particularly in rural and lower-level facilities. In addition, integration can pose particular risks for high-risk and vulnerable populations and can only be done effectively alongside action on stigma and discrimination in the health sector and beyond.

Young people continue to be at high risk of acquiring HIV, and have been hit hard by the US cuts. The closure of programmes funded by PEPFAR[7] – such as DREAMS – has reduced critical support for adolescent girls and young women.[8] In response, a new framework for 'Adolescent Health and Well-Being' is being developed to address the needs of in-school and out-of-school adolescents, with a strong focus on life skills. However, the age of consent to access sexual and reproductive health (SRH) services is still 18, restricting young people's ability to access services or to make decisions about their own care.

[4] Uganda's Anti-Homosexuality Act (2023) criminalised same-sex relations and the promotion of LGBTQ+ rights, imposing severe penalties including life imprisonment and the death penalty.

[5] LGBTQ+ people are individuals who identify as lesbian, gay, bisexual, transgender, queer or other diverse sexual orientations and gender identities. This includes men who have sex with men and trans people.

[6] The 2021 Crane Study focused on female sex workers and vulnerable children. It was intended to include men who have sex with men, although findings for this community were not published. The 2022 Prevention Transmission Study examined new HIV infections by mode of transmission and key epidemic drivers. Again, results have not been widely disseminated.

[7] The US President's Emergency Plan for AIDS Relief (PEPFAR) is a US government initiative launched in 2003 to address the global HIV and AIDS epidemic through prevention, treatment and care programmes.

[8] The Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) programme was funded by PEPFAR as a multi-sectoral HIV prevention initiative for adolescent girls and young women.

COMMUNITY IMPACT

At the heart of delivering HIV services to marginalised communities is the relationship between the service provider and the communities they serve. The sudden withdrawal of programmes from these communities has shattered trust and destroyed relationships that were built up over many years.

Marginalised communities across Uganda, including high risk populations and young people, have had safe spaces ripped away, and the community members who supported and understood them suddenly removed from their positions. Hundreds of community members employed by US-funded programmes now have no income or access to services. Communities have been left in panic due to a lack of clear information about which services were ending, why they were being cut or where people could go for help.

In Uganda, high-risk populations are facing increased stigma and discrimination following the closure of tailored drop-in centres. LGBTQ+ people, sex workers and other criminalised populations are being pushed into mainstream public health clinics, where fear of discrimination, breaches of confidentiality and harassment have deterred them from seeking care. Restrictive laws and stigma are key drivers of these challenges.

> *The funding loss has made daily life a fight for survival. Without ARVs or PrEP, we live in fear for our health and [for] our families. The closure of drop-in centres has stripped away safe spaces, leaving us isolated and exposed. Stigma and discrimination are constant barriers to care, and the mental strain is overwhelming.* ***We're not just numbers, [but] people whose lives are unravelling because of this crisis."***
>
> **LGBTQ+ community member**

> *I used to know every number, how many doses, how many lives. Now, I just count the days since the money stopped… and the people who'll die because of it. The impact isn't just organisational, it's deeply personal.* ***Communities that once had access to medical support, legal protection and a sense of dignity have been abandoned."***
>
> **Community implementer working with people who use drugs**

> *The mental stress is growing due to worries of financial resources to support my livelihood and to support my family. [I also] fear for my family members who are positive living and* ***how they will continue to access ART amidst this loss of funding."***
>
> **Woman living with HIV**

Adolescents and youth are reporting an increase in mental health challenges due to the loss of youth-friendly services and tailored care, while the age of consent continues to limit their access to services in public facilities. Communities of people living with HIV have raised concerns that the loss of treatment literacy and psychosocial support could undermine adherence to treatment. Peer educators have also been losing their jobs, making treatment adherence even more difficult. This situation is compounded by supply chain disruptions and stockouts for antiretrovirals (ARVs) and PrEP, as well as shortages of needles and syringes for people who inject drugs and the closure of opioid agonist maintenance treatment[9] programmes, further limiting access to essential prevention and treatment services.

While these experiences provide very worrying insights, the full impact of these cuts on communities in Uganda is hard to measure because nobody is tracking how many people are being left behind. The data gathered by UNAIDS, community networks and other agencies is fragmented, and a national picture is unavailable. What is certain, however, is that recent cuts have reduced the number of tailored, community-led services available across the country.

The impact of these cuts for high-risk and vulnerable populations is absolutely devastating. Uganda is now at a crossroads: without urgent action to ensure that these communities can access services that are safe and appropriate, the impact of these reductions could mean the difference between life and death.

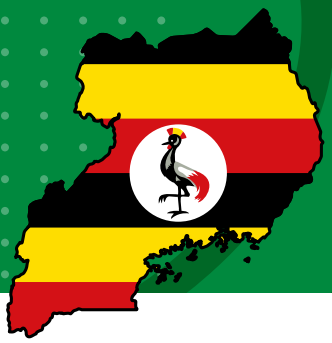
EVEN IF FUNDING RETURNS, THE BREACH OF TRUST IS IRREVERSIBLE.

THE IMPACT OF THESE CUTS WILL BE FELT FOR YEARS TO COME.

> ***The loss of funding has made life harder, not just for me but for many young people in my community living with HIV.*** *Before, we had drop-in centres where we felt safe, where we could meet others like us, get our medication, talk to counsellors and not feel judged. Now, most of those places are closed or barely running... We've lost more than services, we've lost safe spaces; we've lost hope in some ways. This isn't just about medicine. It's about dignity, safety and being treated like we matter. The loss of funding has shaken that for all of us."*
>
> **Youth advocate and beneficiary**

[9] Opioid agonist maintenance treatment (OAMT) is a therapy for opioid dependence that uses prescribed medications like methadone or buprenorphine to help manage withdrawal symptoms.

UGANDA RECOMMENDATIONS



These recommendations were developed by a coalition of 10 civil society organisations, community networks and diverse affected populations across Uganda, reflecting the current state of the HIV response and the impact of recent funding cuts on communities. They are directed to the Government of Uganda, including the Ministry of Health, Ministry of Finance and the Ugandan AIDS Commission.

To effectively support and strengthen Uganda's HIV response and prevent a potential new AIDS emergency, these recommendations require the active engagement of key development partners. The Global Fund, other donors and UN agencies, including UNAIDS, will be critical in helping the country to strengthen its HIV response and stay on track to achieve the global goal of ending AIDS by 2030.

POLITICAL LEADERSHIP AND ACCOUNTABILITY

1. Align the HIV resource mobilisation strategy, the new National Strategic Plan (NSP) and the UNAIDS-led Sustainability Roadmap and Transformation Plan; and continue to build on the recent positive engagement with civil society and communities in these processes.
2. Ensure that national coordination bodies, such as the HIV Prevention Technical Working Group, meet at least quarterly and that adequate resources are available to ensure these forums are inclusive, transparent and able to guide evidence-based decision-making.

FINANCIAL SUSTAINABILITY

3. Build on recent progress and further increase the health budget allocation to 15% of the total national budget for 2026/27, in order to meet the Abuja target.
4. Fast-track the development of social contracting mechanisms to support community-led HIV responses, with clear guidelines, capacity-building and dedicated sources of domestic funding.

ENABLING ENVIRONMENT

5. Urgently revise the age of consent for accessing sexual and reproductive health (SRH) services from 18 to 15 years old to enable more adolescents and young people to access comprehensive HIV and SRH services, including HIV testing, without parental consent.
6. Urgently roll out staff sensitisation training across all public healthcare clinics serving high-risk populations, including rural and hard-to-reach areas, in collaboration with civil society and communities.
7. Strengthen rights-based legal frameworks to ensure equitable, non-discriminatory healthcare for all, including those in rural and hard-to-reach areas.

SERVICE DELIVERY

8. Collaborate closely with implementing partners and civil society to secure funding for community-led services and monitoring through current and future Global Fund grants.

9. Reinstate key HIV prevention programmes within integrated service delivery packages to ensure sustained access and impact for high-risk populations.

RESEARCH AND DATA

10. Set a clear timeline for the validation and dissemination of the Crane Study and Mode of Transmission and Prevention Analysis Study, and incorporate these into the new NSP and the Sustainability Roadmap and Transition Plan, to ensure limited resources are targeted where needs are greatest.

11. Allocate funding for community-led monitoring to ensure services are stigma-free and responsive to community needs.

INTEGRATION

12. Expedite the finalisation and dissemination of the national integration framework to subnational levels to facilitate timely and effective implementation.

13. Strengthen the linkages and integration between HIV prevention and treatment services and SRH, gender-based violence and adolescent and youth-friendly programmes to ensure holistic, wrap-around care while taking proactive steps to ensure appropriate services for high-risk populations.

BACKGROUND AND METHODOLOGY

UNAIDS has set ambitious goals to end AIDS by 2030 but progress towards these goals in Uganda is now under threat. Cuts in US funding and shifts in other donor support have weakened national health systems and disrupted HIV prevention programmes, potentially triggering a resurgence of new HIV infections.

Following the funding cuts, Frontline AIDS – together with advocates and civil society partners across Uganda – reviewed national policy documents and strategies, and consulted government officials, civil society leaders and community stakeholders. The process aimed to capture the perspectives of those most affected and assess how funding changes are impacting both communities and government responses.

This report highlights key achievements and gaps, as well as experiences from community members, showcasing how the shifting financial landscape is undermining access to health and HIV services, community leadership and the ability for civil society and communities to engage with the government on transition arrangements. Drawing on community priorities, it offers practical recommendations to promote greater national ownership of the HIV response and to support the development of a more resilient and sustainable health system in Uganda.

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OUR PARTNERS

Not all organisations and networks that contributed to this report are represented in the logos displayed above.

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