By John B. Thawite

Uganda, like other United Nations (UN) member states, is in the final push towards ending HIV and AIDS by 2030 – only five years away – the global target year for ending AIDS as a public health threat.

The country, thus, joins the rest of the world in marking this year's World AIDS Day today under the theme: Building a Sustainable HIV Response to End AIDS as a Public Health Threat.

Uganda was among the UN member states at a high-level UN General Assembly meeting in June 2021 on ending AIDS. The assembly, which met in the US, adopted a declaration to stop the immunodeficiency disease by 2030.

The declaration was in line with the Sustainable Development Goals, particularly Goal 3, which aims to ensure healthy lives and wellbeing for all.

THE 95-95-95 TARGETS

The declaration hinges on the 95-95-95 targets, a benchmark that had been set by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 2014. The targets seek to ensure that by 2030, 95% of all people living with HIV (PLHIV) know their HIV status, 95% of all diagnosed with HIV receive sustained antiretroviral therapy (ART) and 95% of all people receiving ART have viral suppression.

HIV viral suppression means that the level of HIV in a person's blood, also known as viral load, is very low, typically below 1,000 copies/ml. HIV viral suppression is achieved through consistent antiretroviral therapy (ART) or treatment.

The ultimate focus is to have zero new infections, zero HIV-related deaths and illnesses and zero discrimination on account of being HIV-positive.

PROGRESS ON 95-95-95 TARGETS

Statistics from the Uganda AIDS Commission (UAC) and the Ministry of Health indicate some remarkable progress toward the agenda of ending HIV/AIDS by 2030.

According to the current UAC performance indicators, the interventions are evidently yielding fruit.

Uganda scores 97% HIV suppression. The HIV viral suppression now stands at 97% or 2% above target across all categories.

This has been achieved with international support and targeted government programmes.

The US government, through the President's Emergency Plan for AIDS Relief (PEPFAR), remains a key partner in

UGANDA SCORES 97% HIV SUPPRESSION



Uganda's HIV response, providing significant assistance to health programmes and funding up 70% under PEPFAR. The Global Fund contributed 34% last year.

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In its 2025 factsheet, the UAC further reports that since the virus was first identified among members of a fishing community in Uganda's southern district of Rakai in 1982, the country has made remarkable strides in the fight against HIV and AIDS.

The factsheet shows that HIV prevalence has declined from 7.2% in 2010 to 4.9% last year among adults and children.

Although slightly above 1.5 million people (930,000 women and 570,000 men) in Uganda were living with HIV last year, more than 1.3 million (about 90%) are on treatment known as ART.

The commission dossier adds that annual AIDS-related deaths have also significantly dropped by 63%, from 56,000 in 2010 to 20,000 last year.

CIRCUMCISION, CONDOMS

The commission reports that up to 7.3 million circumcisions were performed between 2010 and last year.

There was an increase in the number of male condoms distributed, from 131,390,167 (2022), 138,662,280 in 2023, to 207,876,602 last year.

Female condoms distributed increased from 49,920 in 2022 to 197,500 in 2023, but declined to 132,520 last year.



Kasaija

STATISTICS

63%

The percentage by which AIDS-related deaths dropped (2010 and 2024 comparison)

4.9%

HIV prevalence among adults, children in 2024

YOUNG PEOPLE (15-24)

There was a 57% decline in new HIV infections among the young people, from 33,000 in 2010 to 14,000 last year. Among children under 15 years, deaths dropped from around 15,000 to 3,500, a 77% decline between 2010 and last year.

MOTHER-TO-CHILD TRANSMISSION Mother-to-child transmission declined from 20,000 in 2010 to 4.7 last year due to an aggressive prevention-ofmother-to-child transmission strategy

All HIV-exposed infants accessed ARVs for prophylaxis (preventive medicine). However, 6.12% of the infants acquired HIV during breastfeeding.

GAP

Yet, despite this progress, experts say, critical gaps remain in the country's fight against the disease.

For instance, an estimated 120,000 PLHIV in Uganda have reportedly not been tested to know their status and enrol on care.

Meanwhile, adolescent girls and young women continue to account for more than a third of new adult infections.

Men also remain underrepresented in testing, linkage to care and viral suppression outcomes.

These disparities are a call to action as the Government seeks to close the remaining gaps in its HIV response and end the epidemic by 2030 as

MODEL COUNTRY IN FIGHTING HIV The UNAIDS executive

director, Dr Michel Sidibe, described Uganda as a model country in the fight against AIDS.

"Ending AIDS is an investment in human dignity and not a charity," Sidibe said, adding the fast-track approach over the next five years was expected to allow the world to end the AIDS epidemic by 2030.

The UNAIDS boss emphasised the need to test males between the ages of 15-29 to curb transmission.

SH118.9B FOR ARVS, ANTI-TB DRUGS

In his budget speech, finance minister Matia Kasaija reported that in the 2024/25 financial year, the Government had provided sh721b for healthcare supplies, general and essential medicines, including sh116.8b for ARVs and sh2.1b for anti-TB drugs as part of "saving the lives of Ugandans".

The Government also budgeted a total of sh5.87 trillion next financial year 2025/26 for health services.

Whether Uganda will be celebrating or lamenting the loss of the battle against HIV and AIDS come December 1, 2030, World AIDS Day, only time will tell.

NEW WONDER DRUG

The country is set to introduce two new HIV drugs – lenacapavir (Yeztugo) and cabotegravir (CAB-LA) – which are expected to be game-changers in the fight against the epidemic.

Lenacapavir is a six-month injectable treatment offering 100% protection against HIV infection.

Developed by Gilead Sciences, it is expected to be available in Uganda in next year, thanks to a partnership with the US government and the Global Fund.

Cabotegravir is a two-month injectable prevention drug with 99% efficacy and is already approved by the National Drug Authority.

These innovative treatments are expected to significantly expand Uganda's HIV prevention options, particularly for high-risk groups like young women, pregnant and breastfeeding mothers, as well as key populations.

Additionally, Ugandan biotechnology firm Dei Biopharma plans to manufacture lenacapavir locally for under \$50 (sh180,000) per person per year, making it more affordable for the region.

HNIOHE RESEARCH

Besides five-year national HIV and AIDS strategic plans, the Government has undertaken the Uganda Population-based HIV Impact Assessment (UPHIA 2025) survey, the third of its kind since 2016.

It is aimed at tracking the progress and impact of the ongoing national response to the HIV epidemic.

Launched on May 29, UPHIA 2025 survey is also geared towards guiding future interventions and closing gaps.

For the first time, this survey also seeks to understand the burden of noncommunicable diseases, a growing public health concern in Uganda.

These include blood pressure, high blood sugar, cancer, heart disease and obesity among the general population and persons living with HIV.

The ongoing survey targets about 15,000 respondents aged 15 and above from about 6,700 randomly selected households in 191 villages.

It involves interviews, drawing blood samples and conducting householdbased HIV testing, as well as providing test results together with the related counselling services.

Diagnosed HIV-positive participants will be linked to care and treatment services of their choice.