

Uganda is grappling with dangerously high HIV prevalence rates among sex workers, with recent figures painting a grim picture across several regions.

BY YAHUDU KITUNZI

Uganda's fight against HIV is facing a critical challenge as prevalence rates among sex workers continue to rise, threatening to reverse gains made in the national response. Health experts warn that unless urgent action is taken, the epidemic could spiral further, particularly among vulnerable groups who already face stigma and limited access to healthcare.

Sex workers, fisherfolk, truck drivers, prisoners, uniformed service members, drug addicts, and men who have sex with men are identified as groups most likely to be exposed to HIV or to transmit it. Their engagement is considered central to the success of Uganda's HIV response, yet they remain disproportionately affected due to a mix of behavioural, structural, and social factors.

Uganda is grappling with dangerously high HIV prevalence rates among sex workers, with recent figures painting a grim picture across several regions. Mbarara leads with 54 percent, followed by Masaka City at 45 percent, Fort Portal at 44 percent, and Lira at 42 percent. Other hotspots include Jinja (32 percent), Gulu (32 percent), Arua (30 percent), Buvuma (29 percent), Kampala (31 percent), Tororo (32 percent), Busia (29 percent), and Mbale (26 percent).

The Modes of Transmission (MOT) study highlights behavioural factors fuelling the epidemic, including multiple sexual partnerships, discordance and non-disclosure of HIV status, transactional sex, low condom use, and low rates of male circumcision. Alcohol and drug abuse further increase vulnerability, while complacency due to the availability of antiretroviral therapy (ART) has led some individuals to underestimate the importance of prevention.

**Losing ground**

Experts warn that without addressing these intertwined factors, Uganda risks losing ground in its fight against HIV.

"Uganda's HIV response must prioritise key populations if the country is to make meaningful progress toward reducing prevalence rates and ultimately ending the epidemic," Mr Joseph Byamugambe, a health expert, told *Weekend Monitor*, stressing the importance of scaling up prevention programmes, ensuring widespread access to condoms and HIV testing, expanding male circumcision initiatives, and addressing substance abuse.

Speaking during a capacity building workshop for people living with HIV (PL-HIV), HIV focal persons, and other district leaders from the Teso and Bugisu sub-regions in February, Mr Charles Otai, the monitoring and evaluation officer at the Uganda Aids Commission (UAC), said structural and social drivers continue to compound the HIV crisis.

"Stigma and discrimination against key populations create barriers to accessing health services, and socio-cultural norms often discourage open discussions about sexuality and HIV. Inequality and poor access to healthcare," he said.

According to the UAC, Uganda currently has an estimated 1,530,000 PL-HIV, including 930,000 women, 530,000 men, and 72,000 children. The national HIV prevalence rate stands at 4.9 per-



UAC Board Commissioner Grace Mary Akiror, addresses people living with HIV/Aids, and other leaders from the Bugisu Sub-region during a capacity-building workshop in Mbale City on February 25. PHOTO/YAHUDU KITUNZI

# Sex workers' HIV rates soar to alarming levels

cent, with women at 6.4 percent and men at 3.4 percent. Each year, Uganda records approximately 37,000 new HIV infections: 21,000 among women, 11,000 among men, and 4,700 among children. Aids-related deaths remain a significant challenge, with about 20,000 deaths annually: 8,300 women, 8,700 men, and 3,100 children.

"Access to antiretroviral therapy has expanded, prevention programs have been strengthened, and the survival and quality of life for people living with HIV have improved," Dr Sister Grace Mary Akiror, the Board Commissioner of the UAC, said. "In 2021, UNAIDS launched the Global Aids Strategy (2021-2026), aligned with the Sustainable Development Goals (SDGs), to end Aids as a public health threat by 2030, and with less than five years to go, Uganda must focus on protecting adolescent girls and young women who account for nearly half of new infections."

**Plugging the gaps**

Uganda's HIV prevalence has dropped significantly—from 18 percent in the 1980s to 4.9 percent today. Of the approximately 1,530,000 people living with HIV, more than 1,300,000 are receiving treatment, thanks to the Government of Uganda and its partners. However, new infections continue to occur, particularly among young people, key populations, and vulnerable groups. Nearly half of new infections occur among adolescent girls and young women aged 15 to 24.

Uganda's HIV response is heavily donor-funded, particularly for medicines, condoms, and testing kits. Treating one person costs the government about Shs700,000 annually. Donor priorities have shifted, and recent policy changes have reduced funding. Uganda is developing a Sustainability Road Map to ensure domestic financing of the majority of the HIV response.

Dr Akiror said that despite reduced financing, the government reassures Ugandans that free HIV treatment ser-

**ISSUE**

Globally, an estimated 15 percent of HIV infections are attributable to sex work, with sub-Saharan Africa having the highest fraction at 17.8 percent. In Kampala, a cohort of high-risk women—most of whom reported engaging in sex work—had a baseline HIV prevalence of 37 percent. Sex work in Uganda is illegal, which likely contributes disproportionately to the overall burden of disease. Indeed, the MOT study estimated that sex work-related HIV transmissions may account for 10 percent of incident infections.

vices will continue. HIV services have been integrated with TB, Hepatitis B, hypertension, and diabetes care to improve efficiency. Stocks of ARVs are sufficient, and people living with HIV are encouraged to continue accessing services without disruption.

She said the government has committed Shs50 billion annually to the HIV response. Additionally, HIV mainstreaming guidelines require all ministries, departments, and agencies to allocate 0.1 percent of their budgets to HIV-related activities. This initiative aims to secure a sustainable flow of resources for the national response for at-risk people like sex workers.

A survey by Makerere University School of Public Health conducted between 2021 and 2023 with support from the Ministry of Health, PEPFA and Centre for Disease control and prevention sampled 7,947 sex workers. The study indicates that nearly three in every 10 (29 percent) of commercial sex workers in the major cities and towns of Uganda are married or are living with a partner or spouse.

Overall, about 98 percent of the respondents engaged in commercial sex

work were Ugandans, with an average of four clients per sex worker per day, and an average of two sex acts per client per day. Per the survey at least eight percent (about 636) of the sex workers were married, while 21 percent (about 1,669) lived with their spouses or partners. The report also indicates that one in three female sex workers lived with HIV.

**Condom use**

The survey covered the 12 cities and districts of Buvuma, Busia, Kampala, Arua, Tororo, Gulu, Mbarara, Fort portal, Mbale, Jinja, Lira, Masaka. In Kampala, the survey among 1,589 sex workers aged between 15 and 49 who had sold sex to men in the last six months indicated that married women were engaged in the vice due to different challenges.

"What pains most is that most of these ladies don't use protective gears like condoms, and others are currently on ARVs. It's a big challenge to the country," Mr David Kizito, a clinical social worker, adding, "If we address the root causes of poverty and provide alternatives, we can break this dangerous cycle and protect the future of our youth."

According to research published in BMC Public Health on the burden and characteristics of HIV infection among female sex workers (FSWs) in Kampala, Uganda, a respondent-driven sampling survey revealed that by the end of 2014 there were nearly 37 million people living with HIV globally, with more than 5,000 new infections per day, the majority occurring in sub-Saharan Africa.

UNAIDS has set a bold vision to end the global HIV epidemic by 2030, beginning with the 90-90-90 "fast-track" targets by 2020. Experts emphasise that these achievements are only possible through comprehensive packages of prevention and HIV care services for all populations, especially those with the highest burden, incidence, and transmission rates.

A recent review estimated that female sex workers are 13.5 times more likely to be HIV-infected than other women. Tai-

lored public health interventions are therefore required to address gaps in prevention, testing, case-finding, linkage, retention, and adherence to antiretroviral therapy.

Although progress has been made in stabilising HIV prevalence and promoting condom use among sex workers in some areas, substantially greater gains are needed to reduce sexual transmission among sex workers and their partners. FSWs are at increased risk due to frequent sexual encounters with multiple clients, inconsistent condom use, anal sex, drug use, violence, stigma, discrimination, and limited access to HIV services.

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**Turning the corner**

As a socially hidden and highly mobile population, sex workers often transition in and out of sex work depending on economic needs. Mr Abdallah Ochoggia, Advocacy and Communications Specialist at the Aids Information Centre-Uganda (AIC-Uganda), noted that in the heart of the Teso Sub-region, a quiet revolution is underway.

"With funding from the US Centers for Disease Control and Prevention (CDC), AIC-Uganda is strengthening the health system across 112 government-established facilities, including Soroti Regional Referral Hospital, to reach and sustain HIV epidemic control by 2030. This ambitious effort combines cutting-edge prevention, stigma reduction, and seamless care, turning Teso into a beacon of hope," said Mr Ochoggia.

He added that HIV prevention has taken centre stage. PrEP tablets and the groundbreaking two-month CAB-LA injectable, available in only 16 facilities nationwide, are now accessible at Kichinjaji Health Centre III, the sole site offering them in Teso. "Soon, Lenacapavir (LEN) will be rolled out at Soroti Regional Referral Hospital, Ngora Hospital, and Kichinjaji HC III, providing even longer-acting protection. These innovations are complemented by reliable ARV provision from the National Medical Stores, viral load testing, and intensive community adherence counselling to keep clients virally suppressed and in care," he further told *Weekend Monitor*.

Mr Ochoggia said Teso's proudest milestone is the consistent achievement of zero babies born with HIV, signalling the elimination of mother-to-child transmission. AIC-Uganda has dismantled structural barriers, confronted stigma head-on, and integrated HIV services with non-communicable disease (NCD) management. Seven hubs now boast international SANAS accreditation, ensuring world-class standards.

He said community integration remains central. Sub-grants from AIC-Uganda empower all 10 districts and Soroti City, including the Iteso Cultural Development Foundation, to deliver holistic services such as school health programmes. This aligns closely with the UAC under the Presidential Fast Track Initiative, creating a united front against the epidemic. "As Teso sustains these gains, AIC-Uganda's model demonstrates that targeted partnerships can transform futures—one healthy community at a time."