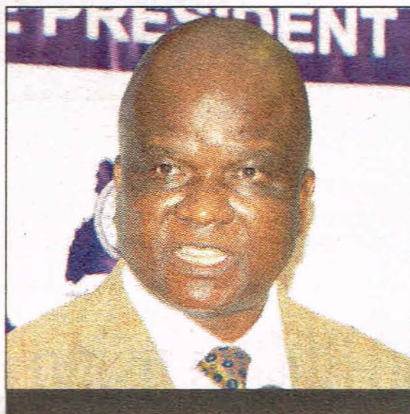
Interventions key to ending AIDS

Uganda has made significant progress in the fight against HIV/AIDS over the past three decades. New infections and AIDS-related deaths have declined and the country continues to move toward global targets, such as the UNAIDS 95-95-95 goals. *The Uganda AIDS Commission Report* shows that by December 2024, Uganda was at 94:90:97. Despite these gains, Uganda still records tens of thousands of new HIV infections each year. Achieving the goal of ending AIDS as a public health threat by 2030 will require confronting a critical reality: The epidemic is unevenly distributed and concentrated among key and vulnerable populations whose needs are not fully met.

The *Uganda Modes of Transmission* analysis shows that understanding who is getting infected is essential to ending the epidemic. A relatively small number of population groups account for a large share of new infections. Adolescent girls and young women, for example, contribute about 36% of new infections among adults aged 15-49. When combined with other high-risk groups, such as female sex workers, men who have sex with men and previously married individuals, these populations account for nearly 78% of new infections.

This concentration highlights an important public health principle: Interventions are most effective when they are targeted. A generalised approach is no longer sufficient to close the remaining gaps. Uganda must now adopt more focused strategies that prioritise those most at risk.

Key populations, including sex workers, men who have sex with men and people who inject drugs, experience much higher HIV incidence rates than the general population. Female sex workers, for instance, have



DR NELSON MUSOBA

significantly elevated rates of infection compared to national averages. These risks are not only driven by individual behaviour, but also by structural challenges, such as stigma, discrimination, criminalisation and limited access to appropriate health services.

Vulnerable populations, such as adolescent girls and young women face a different, but equally complex set of risks. Gender inequality, economic hardship, and harmful social norms increase their exposure to HIV. Transactional relationships, intergenerational partnerships, limited access to education, and gender-based violence all contribute to heightened vulnerability. Addressing these underlying drivers is essential, as biomedical interventions alone cannot fully reduce infection rates.

Stigma and discrimination remain major barriers to progress. Legal and social environments that marginalise certain groups discourage them from seeking testing, prevention and treatment services.

Another challenge is the mismatch between resource allocation and epidemiological need. Although Uganda has invested heavily in HIV programmes, funding for prevention has declined in recent years and not all high-risk groups receive adequate attention. Some populations with a high burden of infection still have limited access to essential services, such as testing, counselling and prevention tools. Aligning resources more closely with evidence will improve the efficiency and impact of the national response.

To accelerate progress, Uganda must adopt a more evidence-driven and client-focused approach. This includes scaling up access to pre-exposure prophylaxis (PrEP), condoms, harm reduction services for injection drug users and community-based testing.

Community engagement is equally important. Programmes that actively involve affected populations are more likely to succeed because they are better tailored to real needs.

Improving data systems is also essential. Gaps in data, particularly for marginalised populations, limit the ability to design effective interventions.

Sustained political commitment and increased domestic financing will be key to long-term success.

The writer is the director general, Uganda AIDS Commission