

Community-level interventions are under strain as funding cuts disrupt treatment and outreach.

Aids Day: Foreign aid cuts threaten Uganda's HIV fight

BY TONNY ABET

As Uganda marks World Aids Day today, leaders in the HIV/Aids response warn that steep cuts in donor funding are undermining community-level interventions, leaving persons living with HIV (PLHIV) vulnerable to anxiety, treatment interruptions, and increased infections.

Ms Flavia Kyomukama, the head of the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU), said the impact is already visible.

"Stock-outs of anti-retroviral drugs (ARVs) continue, not because medications are unavailable, but due to distribution challenges worsened by funding shortfalls," she told *Daily Monitor*.

"Previously, the US government, through USAID, supported procurement and distribution and assisted community-led organisations. Now, National Medical Stores and Joint Medical Stores are trying to catch up, but districts still report stock-outs," Ms Kyomukama added.

Community-led organisations played a vital role by providing counselling, tracing patients lost to care, and delivering medications to vulnerable PLHIV. Uganda currently has around 1.5 million PLHIV, amid rising annual infections.

"Treatment education through community health workers has largely stopped. About 8,400 workers were cut off, and we are seeing increasing losses to follow-up and rising viral non-suppression," Ms Kyomukama said.

Many PLHIV are missing counselling, and being lost to follow-up raises risks of severe illness, death, and higher transmission.

She added that outreach inefficiencies threaten to increase infections further.

"An estimated 200,000 people are not in care. With reduced funding, many are left alone in the community, unaware of their status and continuing to spread HIV," she said.

Ms Jacqueline Makokha, the UNAIDS

country director, echoed the urgency: "Civil society is facing a significant threat we haven't seen since the epidemic began. Many organisations are losing funding or closing offices, even though they are the backbone of the HIV response."

NAFOPHANU has lost its national offices in Kampala, hampering coordination, education, and mobilisation. In response, the organisation and Uganda Aids Commission (UAC) have launched a Shs10 billion fundraising drive to build a complex housing offices, wellness centres, and income-generating activities.

"If we don't maintain these structures, we risk losing vital community support," Ms Kyomukama warned.

"Village Health Teams and community health workers are good, but we bring lived experience, passion, and understanding of trauma and stigma," she added.

She also criticised the closure of stand-alone HIV clinics without sufficient client sensitisation. "Integration into general health facilities often overlooks the role of recipients of care and community engagement," she said.

Dr Nelson Musoba, the UAC director general, acknowledged the turbulence but framed integration as a planned, necessary step.

"We anticipated donor withdrawal

DISEASE AT A GLANCE

• Annual new infections: 37,000.
Total PLHIV: 1.5 million.

• Infections among babies born to mothers 15–24 years: 3.7 percent.

• Infections among babies born to mothers 25+ years: 1.4 percent.

• Annual new HIV infections in babies: 4,700.



Ms Flavia Kyomukama, the head of NAFOPHANU, addresses journalists in July. PHOTO/TONNY ABET

and started planning to ensure gains are not reversed. A sustainability roadmap is being developed for 2030," he explained.

Dr Musoba reassured patients that ARVs remain available. "More than 95 percent of those on treatment are on locally produced first-line drugs dis-

pensed every three to six months. Second- and third-line drugs are more complex and centrally managed, sometimes requiring longer travel," he said.

Despite these assurances, patients worry about stigma and confidentiality in integrated facilities. The Minis-



Key challenges.

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try is preparing guidelines and training workers to mitigate these concerns.

Funding gaps remain significant. In 2022/23, \$651 million was mobilised for HIV/Aids out of a targeted \$836 million, with only \$81 million (14 percent) from domestic sources.

Ms Mary Borgman of PEPFAR noted that US support will continue but urges Uganda to gradually assume financial responsibility.

Dr Vincent Bagambe, UAC director of planning said domestic funding towards HIV response is increasing.

"Last year, about Shs250 billion was allocated (by the government) for the HIV response and in this financial year budget, there is an additional Shs100 billion for drugs, laboratory tests and for distribution of these drugs to these facilities," he noted.

Dr Peter Mudiope of the Ministry of Health's AIDS Control Programme pointed to new prevention tools such as oral and injectable PrEP, and soon the six-monthly Lenacapavir injection as evidence that the response is modernising.

But prevention cannot substitute for the daily retention work now under challenge at community level.

Both Ms Makokha and Ms Kyomukama called for social contracting, where the government pays community groups or civil society organisations to deliver services, a model already working in other countries.

Ms Kyomukama added that, despite limited funds, NAFOPHANU continues weekly engagement meetings, small district grants, and WhatsApp groups, but resources remain insufficient to fully support PLHIV.