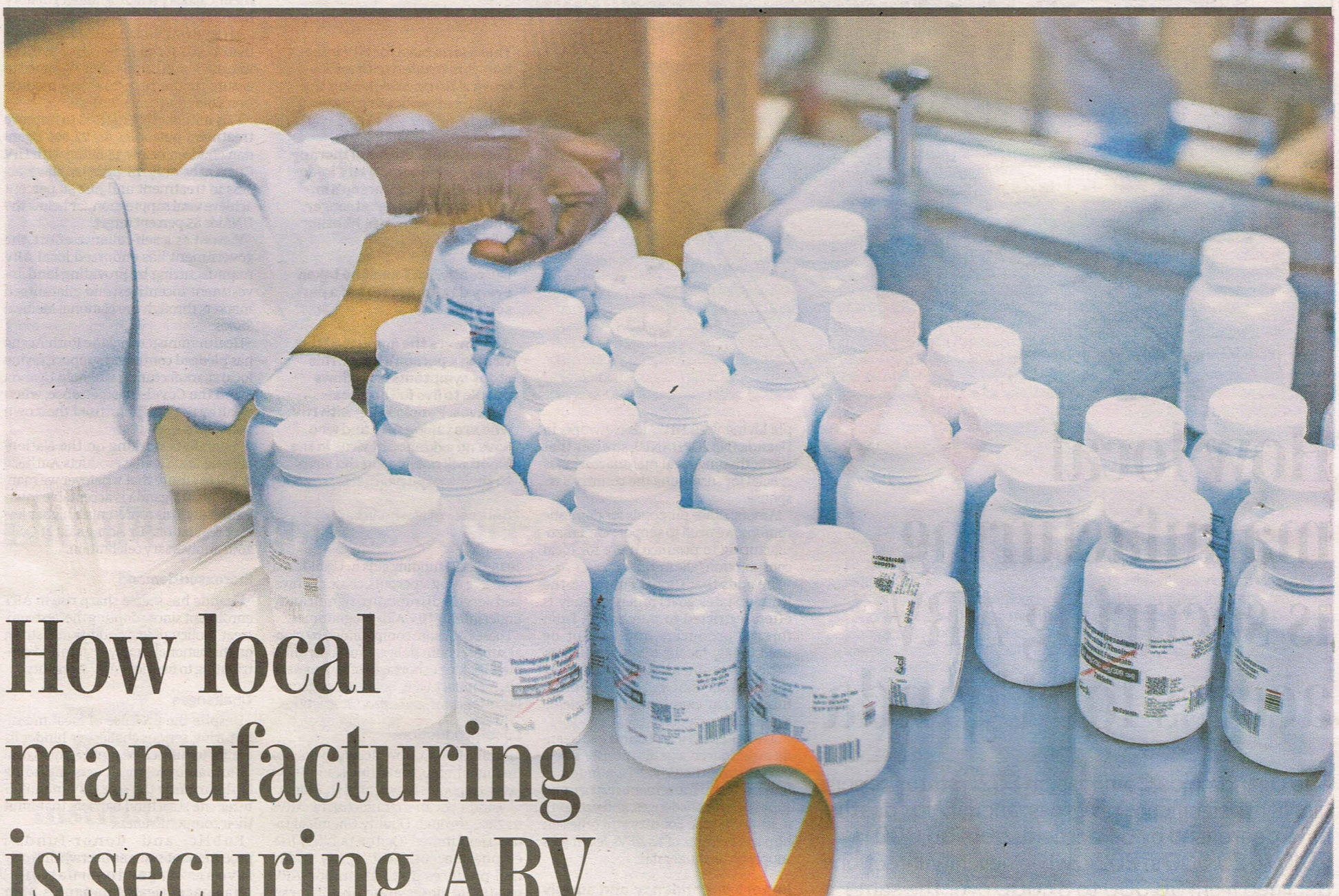
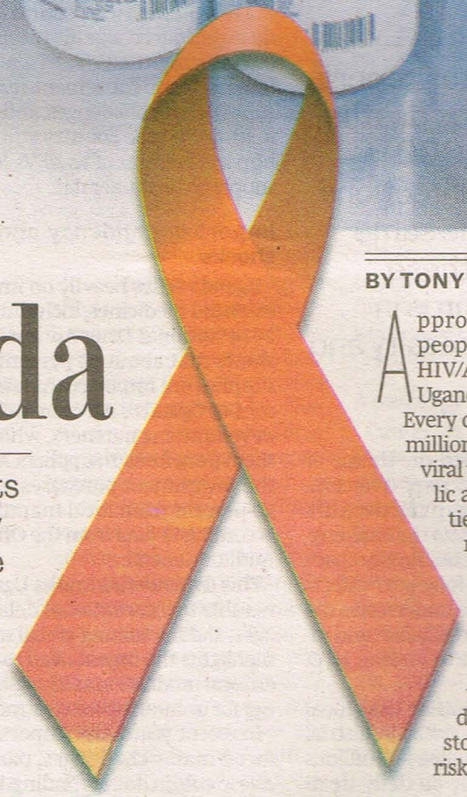


How local manufacturing is securing ARV access for Uganda

The Uganda Aids Commission 2025 status report highlights significant progress: annual Aids deaths have decreased by 64 percent, from 56,000 in 2010 to 20,000 in 2024, while new HIV infections declined from 96,000 to 37,000 over the same period. As the country works to sustain these gains, strengthening local ARV production is increasingly viewed as both a strategic necessity and a symbol of self-reliance.



BY TONY ABET

Approximately 1.5 million people in Uganda live with HIV/Aids, according to the Uganda Aids Commission.

Every day, thousands of the 1.3 million Ugandans on antiretroviral therapy (ARVs) visit public and private health facilities to refill their lifesaving medications and stay on track with treatment.

Their health depends on receiving medicine on time, every time. Any disruption, whether due to import delays, funding gaps, or stockouts, poses a serious risk to patients.

"This medicine is the reason I am alive," says a client at the Kiruddu National Referral Hospital HIV/Aids clinic, who requested anonymity due to stigma. The clinic manages more than 300 patients weekly and registers about 10 new infections each week. "Hearing about a stock-out makes people like me panic," he adds.

Missing just a few doses can weaken the immune system, reduce the effectiveness of treatment, and trigger drug resistance, which is more complex and costly to manage. These disruptions threaten the progress Uganda has made in controlling the disease and safeguarding millions of lives.

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Target

Uganda is close to achieving the 95-95-95 targets, with 94 percent of people living with HIV aware of their status, 90 percent on ART, and 96 percent of those on treatment achieving viral suppression, according to UNAids.

In light of frequent global disruptions, health-sector stakeholders argue that increasing local ARV production is essential to complement imported medicines. Local manufacturing, they say, provides a reliable buffer against global supply shocks that can interrupt treatment.

This view aligns with the theme of this year's World AIDS Day; "Overcoming disruption, transforming the AIDS response", which reflects the challenges caused by funding cuts, supply-chain breakdowns, and the long-term effects of Covid-19. The theme underscores the need for innovation, resilience, and renewed commitment to ending HIV/Aids.

Stakeholders emphasise that local ARV production is not just an industrial achievement; it is a lifeline for millions of Ugandans who rely on daily treatment.

Flavia Kyomukama, the executive director of the National Forum of People Living with HIV/Aids Networks in Uganda (NAFOPHANU), stresses that strengthening local manufacturing is crucial for sustaining the country's response.

"Among other proposals for domestic funding, we need to support local manufacturing to produce more for local consumption," she says.

She adds that Global Fund and the United States government money is often restricted to purchasing from foreign producers and cannot be used to buy locally made medicines. "The government should consider regulations that ensure incoming funds also support local procurement," Kyomukama explains.

Like other African countries, Uganda experienced significant ARV stockouts during the Covid-19 pandemic, largely due to movement restrictions, supply-chain challenges, and economic strain. Yet the country still relies on imports for most of its ARVs, leaving its supply chain vulnerable.

Import dependency and supply shocks

Uganda relies heavily on imports for essential medicines, including ARVs. A 2024 National Drug Authority report shows that about 90 percent of these supplies are imported. At least 80 percent of Uganda's ARVs are provided by development partners, who procure them from foreign suppliers. As a result, the government purchases only about 20 percent from local manufacturers, according to data from the Office of the Auditor General.

This dependence makes Uganda vulnerable to international delays, shortages, and fluctuating global markets. It highlights the urgent need to strengthen local production as a long-term strategy for uninterrupted treatment.

In recent years, ARV importation has faced major challenges, particularly due to cuts in donor funding. Freezes in USAID's PEPFAR funding have repeatedly destabilised procurement, threatening continuity of treatment. In early 2025, USAID funding cuts in Uganda led to severe drug stockouts, clinic closures, and service disruptions, significantly undermining HIV/Aids programmes.

These issues are compounded by global supply chain delays caused by shipping backlogs, shortages of raw materials, manufacturing bottlenecks, geopolitical tensions, and export restrictions.

Local production

Local ARVs improve access to quality treatment, reduce lead times, and allow faster responses to potential shortages.

Uganda began manufacturing ARVs in 2009 through Quality Chemical Industries Limited (Qcil), a publicly listed pharmaceutical company. Today, Qcil produces up to 23 million ARV treatment doses annually. Of these, 6.6 million are supplied locally to support 550,000 Ugandans living with HIV. These supplements complement imported medicines from India and China, which still supply the majority of ARVs on the Ugandan market.

Qcil exports the remaining production to 14 African countries, including Kenya, Tanzania, South Africa, Namibia, Zambia, Zimbabwe, Botswana, Angola, Comoros Islands, Cameroon, Ghana, Rwanda, the Democratic Republic of Congo, and Sudan.

The company, Africa's first to produce full triple-therapy generic ARVs, sells its locally manufactured drugs to the Ugandan government through the National Medical Stores.

This year, Qcil secured a $36 million (Shs133b) debt facility from Stanbic Bank Uganda to construct a second manufacturing facility. The expansion will scale annual capacity from 1.4 billion to 2.4 billion tablets, including paediatric HIV/Aids formulations.

"Our expansion will add one billion extra tablets per year, with 60 percent of this increased capacity dedicated specifically to HIV/Aids medicines," says Qcil CEO Ajay Kumar Pal.

"This substantial boost in production will significantly strengthen Uganda's ability to source treatment locally and reduce dependence on foreign suppliers and vulnerability to global supply chain disruptions," he adds.

The expansion aligns with the WHO and Africa CDC regional framework, which seeks to increase Africa's local production of medicines, vaccines, and health technologies through investment, capacity building, and regulatory harmonisation.

In October, Qcil launched a new paediatric ART formulation; Abacavir, Dolutegravir, and Lamivudine, designed to ensure children can take their medication safely and consistently.

This initiative is expected to improve treatment outcomes for 72,000 Ugandan children below 15 living with HIV. Currently, only 75 percent have access to treatment and just 50 percent achieve viral suppression, far below the UNAids 85 percent target.

Viewed as a self-reliance effort, the government has endorsed local ARV manufacturing by providing land, investment incentives, and guaranteed markets through the National Medical Stores.

Health minister Dr Jane Ruth Aceng has pledged continued support, saying local manufacturing will help Uganda avoid the Covid-19 experience, when wealthy nations prioritised their own populations.

"Uganda is working on the National Drug and Health Products Authority Bill to ensure that whatever we manufacture in Uganda is acceptable internationally. This represents a higher level of regulation," Dr Aceng said at Qcil's 20th anniversary celebration.

Increased demand

Uganda has seen a sharp rise in ART enrolment since adopting the "test-and-treat" policy, placing additional strain on the national supply system and contributing to frequent ARV stockouts.

Challenges

Despite the promise of local manufacturing, serious challenges hinder its ability to fully close supply gaps. Local pharmaceutical producers, including Qcil, currently the sole ARV manufacturer, cite structural barriers that limit their competitiveness.

Public and donor-funded procurement systems overwhelmingly favour large international pharmaceutical companies that produce ARVs outside Africa. With economies of scale and favourable export policies, these companies offer much lower prices, making it difficult for local producers to compete. Donor procurement also prioritises the cheapest global option, even when local manufacturers meet all quality and regulatory standards.

Dr Medard Bitekyerezo, chairperson of the National Drug Authority, blames liberal market policies that allow imported drugs to compete freely with locally produced medicines.

"Our local manufacturers struggle to compete because financing is expensive, while imports face no such constraints," he says.

To support local producers, he notes that the government imposes higher taxes to make imports less competitive. "Local manufacturers can sell their first three batches after we test them for free," he adds, explaining that testing is costly and the waiver is a major boost.

Viewed as a self-reliance effort, the government has endorsed local ARV manufacturing by providing land, investment incentives, and guaranteed markets through the National Medical Stores. PHOTO/FILE

TREATMENT

There is no cure for HIV infection. It is treated with antiretroviral drugs, which stop the virus from replicating in the body.

Current antiretroviral therapy (ART) does not cure HIV infection but allows a person's immune system to get stronger. This helps them to fight other infections.

Currently, ART must be taken every day for the rest of a person's life.

ART lowers the amount of the virus in a person's body. This stops symptoms and allows people to live full and healthy lives. People living with HIV who are taking ART and who have no evidence of virus in the blood will not spread the virus to their sexual partners.

Source: www.who.int