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POLICY BRIEF

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Rising New HIV/AIDS Infections Among Women in Uganda and the Growing HIV Funding Gap

Executive Summary

While Uganda has registered significant progress in the fight against HIV/AIDS over the past decades, new HIV infections remain high, with some segments of the population disproportionately affected. This brief highlights the differences in the new HIV infections between women and men of different age groups, geographical locations, HIV testing and implications of growing HIV funding gap on the target to achieve zero new HIV infections by 2030. The results show that new HIV infections are on a rise among women and declining among men across all age groups, new HIV infections are higher among the cities, a higher proportion of men have never tested for HIV than women, and the growing HIV funding gap may slowdown efforts to achieve zero new HIV infections. Therefore, the government should strengthen efforts for women economic and psychological empowerment, shutdown commercial sex websites and applications, intensify sensitisation of the population to use condoms to reduce the risk of HIV infection, strengthen efforts for HIV awareness and prevention measures in cities and among young men and women, and increase Government HIV funding.

Introduction

Uganda has registered significant milestones in the fight against HIV/AIDS over the past decades. The HIV prevalence rate declined from 7.2 percent in 2010 to 5.1 percent in 2023, while the new HIV infections among adults and children reduced from 97,000 to 38,000 over the same period. This can be attributed to various interventions implemented by government with support from development partners to tackle the HIV/AIDS epidemic. The key interventions include mass awareness and education, voluntary counseling and testing, promotion of abstinence, faithfulness and condom use (ABC), prevention of mother-to-child transmission (PMTCT), voluntary male circumcision and scale-up of HIV care and treatment, especially antiretroviral therapy (ARVs).

Despite the achievements, some segments of the population remain disproportionately affected by HIV. According to the Uganda AIDS Commission (UAC), adolescent girls and young women as well as urban areas suffer higher HIV prevalence and new infections (UAC, 2024). To bring the HIV epidemic to an end by 2030, as per the Sustainable Development Goal (SDG) target 3.3, it is critical

to reduce the new HIV infections. Uganda has demonstrated commitment to achieve zero new HIV infections by 2030 through a roadmap often referred to as the "Acceleration of HIV Prevention in Uganda" plan launched in 2018.

This policy brief is based on data from the Uganda AIDS Commission and the Uganda Demographic Health Survey (UDHS) 2022 by the Uganda Bureau of Statistics (UBOS). It examines the variations in new HIV infections between women and men of different age groups, geographical location, HIV testing and implications of growing HIV funding gap on new HIV infections.

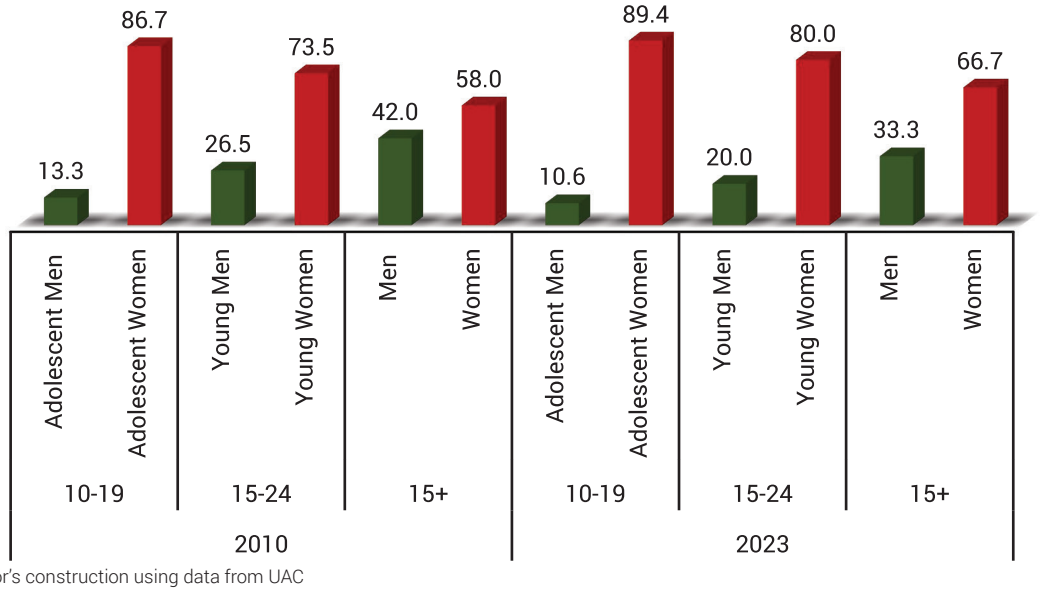
Evidence indicates that:

The new HIV infections are on the rise among women and declining among men across all age groups. Among adolescents aged 10-19 years, females made up the largest share of new HIV infections in 2010 (86.7 percent), and this increased to 89.4 percent in 2023 (Figure 1). Among young people (15-24 years), the new HIV infections among women increased by 6.5 percent from 73.5 percent in 2010 to 80.0 percent in 2023. Furthermore, among adults (15+ years), the share of new HIV infections among women increased by 8.7 percent from 58.0 percent in 2010 to 66.7 percent in 2023. By contrast, new HIV infections among males declined across all age groups.

The increase in new HIV infections among women is likely due to more men having unprotected sex with multiple partners, increasing the chance of an infected man spreading HIV to several women in the network. Evidence from the UDHS 2022 shows that 23 percent of men and 13 percent of women aged 15-49 years reported having sex with a person who was neither their wife nor lived with them in the last 12 months prior to the DHS survey. Unfortunately, only 3 percent of these men compared 14 percent of women reported using a condom during the last sexual intercourse with such a partner (UBOS, 2023).

In addition, women experience a higher share of sexually transmitted infections (STIs), and untreated STIs increase the risk of transmitting HIV. The UDHS 2022 shows that 35.4 percent of women aged 15-49 years had STI/genital discharge/sore or ulcer compared to 18.7 percent for men. Previous studies on Uganda show that untreated STIs can lead to increased susceptibility to HIV infection. This is due to the biological changes and inflammation caused by STIs, which can facilitate HIV transmission (Vandepitte et al., 2011). This is because the presence of STIs can cause inflammation and

Figure 1: Estimated new HIV infections by age group and sex (%)



Source: Author's construction using data from UAC

lesions, which facilitate the entry and spread of HIV.

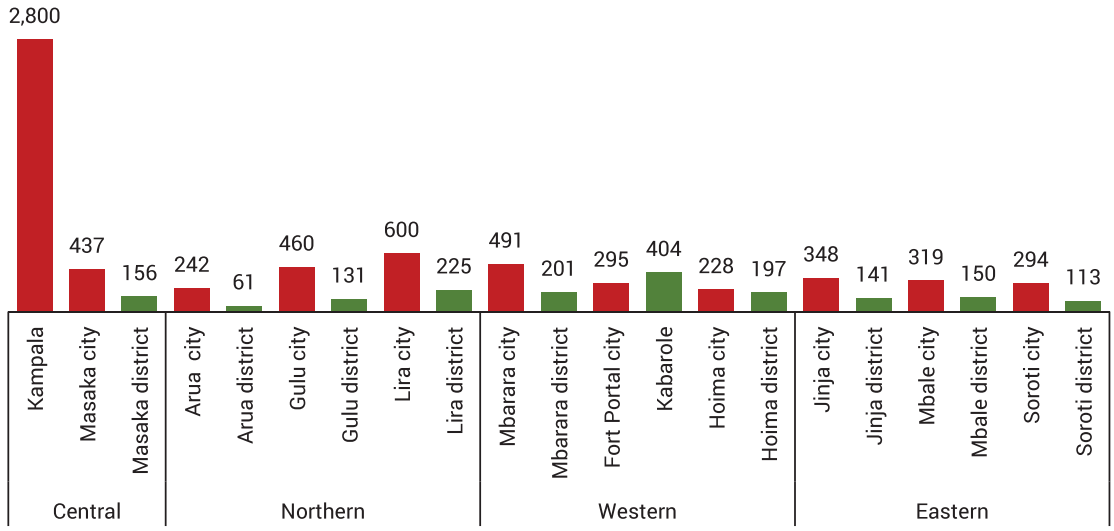
These findings suggest that a section of the population considers HIV/AIDS as not a serious life-threatening condition and has become reluctant to use preventive measures such as condoms. It is also probable that a married individual who is used to unprotected sex with a regular partner finds it difficult to use a condom with a non-regular sexual partner, which increases their risk of contracting and spreading HIV subsequently. Furthermore, the availability of antiretroviral (ARV) HIV drugs may have inadvertently reduced fear of HIV, especially among young people who did not witness the scourge of HIV in the 1990s. Some young women boldly claim that they fear pregnancy more than HIV, assured of ARVs that enable HIV patients to appear healthy and survive longer.

Additionally, some younger women have resorted to negative coping mechanisms such as transactional sex, as a means of livelihood. There are currently online sites and applications where young women have paraded themselves for commercial sex. They post their naked bodies on these sites as a way of advertising themselves, with even telephone contacts for potential clients to reach them. The challenge with commercial sex is that wealthy older men often exploit relatively poor young women, who have limited power to negotiate safe sex and may even be coerced into unprotected sex for more money. The business of brothels and saunas has also boomed in recent times to provide stress relief services, including offering avenues for transactional sex.

Cities: Urban areas report a higher number of new HIV infections. As shown in Figure 2, the estimated new HIV infections were higher among the cities than their district counterparts in 2023. Most of the new infections are in Kampala city (2,800), followed by Lira city (600), Mbarara city (491), Gulu city (460) and Masaka city (437). We can attribute this to the booming night economy in cities; some people abuse substances (alcohol and drugs like shisha) and consequently have unprotected sex with HIV-positive individuals, including sex workers in those areas.

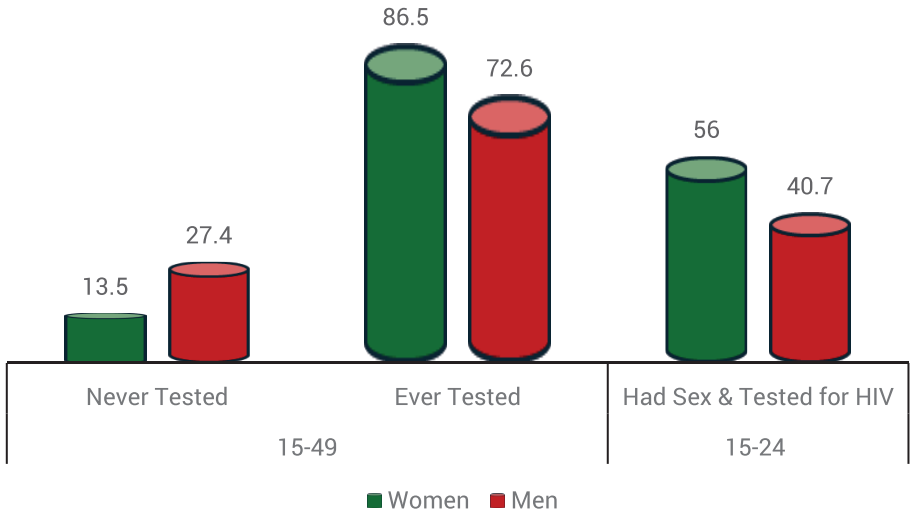
A higher proportion of men have never tested for HIV than women. As illustrated in Figure 3, a larger share of men had never tested for HIV (27.4 percent) than women (13.5 percent). Among young women and young men aged 15-24 who had sexual intercourse in the past 12 months, only 40.7 percent of men had tested for HIV

Figure 2: Estimates of new HIV infections by district and city in 2023



Source: Author's construction using data from UAC

Figure 3: HIV Testing among women and men (%)

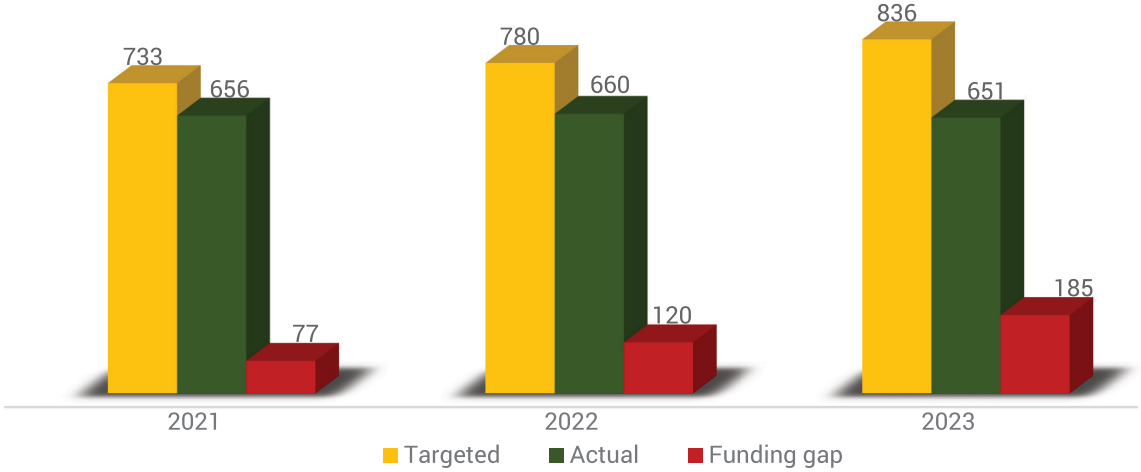


Source: Author's construction using data from UDHS 2022

compared to 56 percent of women. Young men may have less knowledge of where to get tested for HIV than women. For instance, among men aged 15-19 years, only 28.5 percent knew where to get an HIV test lower than 49.9 percent of the women of the same age group. Among the young men and women aged 20-24 years, 75.7 percent of men knew where to get an HIV test compared to 93.7 percent of women (UBOS, 2023). We can also attribute the limited HIV testing coverage among men to men's fear of a positive test, the stigma and discrimination associated with such a test, and worries about health workers disclosing their HIV status (Nangendo et al., 2020; Lofgren et al., 2022).

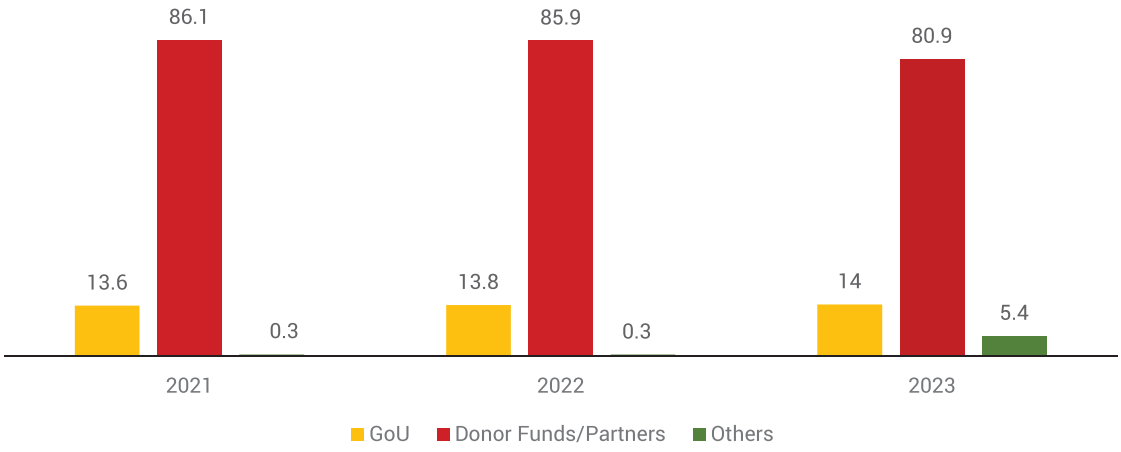
The growing HIV funding gap may slowdown efforts to reduce new HIV infections. As shown in Figure 4, the HIV funding gap has been widening over the last three years, from USD 77 million in 2021 to USD 185 million in 2023. In terms of the source of funding, HIV is largely funded by donors, although their contribution has declined in recent years from 86.1 percent of the total HIV funding in 2021 to 80.9 percent in 2023 (Figure 5). Specifically, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been a major contributor to HIV funding in Uganda and it contributed 61.5 percent of the donor funds in 2023. While the Government of

Figure 4: HIV funding (USD million)



Source: Author's construction using data from UAC

Figure 5: Source of HIV funding (%)



Source: Author's construction using data from UAC

Uganda (GoU) increased its funding slightly, from 13.6 percent in 2021 to 14 percent in 2023, this level is still insufficient; a halt to PEPFAR funding would create an HIV funding crisis in Uganda. As a result, it could become more challenging to achieve the target of zero new HIV infections by 2030.

What is the way forward?

In summary, the new HIV infections are on the rise among women, new HIV infections are higher in cities, HIV testing coverage is lower among men, and the HIV funding gap has continued to grow. Therefore, there is a need for government to:

Strengthen efforts for women economic and psychological empowerment. Strengthening initiatives that create jobs and provide women with sustainable income will achieve this, preventing their poverty and vulnerability to commercial sex. Additionally, the government should develop and implement interventions aimed at enhancing the psychological well-being of women to ensure that they have control over their lives, self-esteem and a strong sense of purpose. This will boost their confidence to refuse unprotected sex, buy condoms or ask their sexual partners to use condoms or test for HIV before any sexual affair.

Shutdown commercial sex websites and applications. The Uganda Communications Commission (UCC) should shutdown all commercial sex sites (websites, applications, etc.) because commercial sex is illegal according to the Penal Code Act that criminalises various activities related to sex work including prostitution, living on the earnings of prostitution, aiding and abetting prostitution, and operating brothels.

Intensify sensitisation of the population to use condoms to reduce the risk of HIV infection. The Ministry of Health should intensify sensitisation of the population about dangers of unprotected sex with partners they are not sure of their HIV status, especially non-regular partners. While some people have resorted to using HIV self-test kits to avoid using condoms, they have limited knowledge to use them effectively. They misinterpret results and engage in unprotected sex only to contract HIV. The Ministry of Health should also prioritise creating awareness among the population on how to effectively use HIV self-test kits.

Strengthen efforts for HIV awareness and prevention measures in cities. The Ministry of Health should intensify HIV awareness campaigns in cities with a booming night economy, characterised by bars and nightclubs. The Ministry of Health should design, post, and distribute appropriate messages in such places to discourage substance abuse and unprotected

sex that increase the risk of HIV infection. There is also a need to create more awareness among young women and men about where to get HIV test and the benefits of HIV testing, especially among young men.

Increase Government HIV funding. The recent suspension of PEPFAR HIV funding by President Donald Trump should serve as a lesson. The government should step up efforts to mobilise resources for HIV funding domestically.

References

Lofgren, S. M., Tsui, S., Atuyambe, L., Ankunda, L., Komuhendo, R., Wamala, N., Sadiq, A., Kirumira, P., Srishyla, D., Flynn, A., Pastick, K. A., Meya, D. B., Nakasujja, N., & Porta, C. (2022). Barriers to HIV care in Uganda and implications for universal test-and-treat: a qualitative study. ***AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV***, ***34***(5), 597–605.

Nangendo, J., Katahoire, A. R., Armstrong-Hough, M., Kabami, J., Obeng-Amoako, G. O., Muwema, M., Semitala, F. C., Karamagi, C. A., Wanyenze, R. K., Kamya, M. R., & Kalyango, J. N. (2020). Prevalence, associated factors and perspectives of HIV testing among men in Uganda. In ***PLoS ONE*** (Vol. 15, Issue 8 August). Public Library of Science. https://doi.org/10.1371/journal.pone.0237402

UAC. (2024). ***2024 Uganda HIV and AIDS Factsheet***.

UBOS. (2023). ***Uganda Demographic and Health Survey 2022***.

Vandepitte, J., Bukenya, J., Weiss, H. A., Nakubulwa, S., Francis, S. C., Hughes, P., Hayes, R., & Grosskurth, H. (2011). HIV and other sexually transmitted infections in a cohort of women involved in high risk sexual behaviour in Kampala, Uganda. ***Sex Transm Dis***, ***38***(4), 316–323.

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