



UGANDA AIDS COMMISSION



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Celebrating 40 years of progress in Uganda's fight against HIV

Uganda's HIV epidemic, first identified in 1982 as "slim disease," or *silimu* in Luganda brought fear and uncertainty to a population more familiar with curable illnesses. Over the past four decades, however, Uganda has transformed its response into one of the most recognized success stories globally. This progress has been driven by strong political leadership, community mobilization, and a multi-sectoral approach that addressed both prevention and treatment.

From the outset, the Government adopted bold and transparent strategies to confront HIV/AIDS. Public awareness campaigns helped break stigma and encouraged open dialogue, while the ABC strategy—Abstinence, Being Faithful, and Condom use—promoted behavioral change as a key prevention tool. The establishment of the Uganda AIDS Commission (UAC) in 1992 strengthened coordination across sectors, ensuring that policies, resources, and interventions were aligned toward a common goal.

Progress

The results have been significant. HIV prevalence, which stood at about 18% in the 1990s, has declined to 4.9% by 2024. New HIV infections have dropped by more than 60% since 2010, while AIDS-related deaths have reduced substantially. Access to life-saving antiretroviral therapy has expanded nationwide, with over 1.3 million Ugandans currently receiving treatment and achieving improved quality of life. Prevention efforts, including elimination of mother-to-child transmission, have also made notable gains, with infections among infants dramatically reduced.

These achievements have been supported by strong partnerships between government, development partners, civil society, and communities. Uganda has also embraced innovation, adopting new technologies such as long-acting HIV prevention methods and strengthening service delivery through digital systems and decentralized care.

Challenges

Despite this progress, challenges remain. The sustainability of HIV programs is under pressure due to declining external funding, while a growing youthful population, persistent stigma, and emerging health issues such as non-communicable diseases pose new risks. Recognizing this, Uganda has developed a sustainability roadmap to transition toward a more resilient, domestically driven HIV response. This includes integrating HIV services into primary health care, strengthening community systems, and aligning financing with national priorities.

Looking ahead to 2030, Uganda is focusing on reducing new infections, particularly among young people, and eliminating mother-to-child transmission. Efforts are also underway to enhance coordination at local levels, expand partnerships with the private sector, and improve accountability through digital tracking of resources and results.

In conclusion, Uganda's 40-year journey in fighting HIV demonstrates the power of leadership, collective action, and adaptability. Millions of lives have been saved, and the country has moved closer to ending AIDS as a public health threat. Sustaining these gains will require continued commitment, innovation, and shared responsibility across all sectors of society.