POLICY ISSUE PAPER

YOUNG PEOPLE AT THE CENTRE OF UGANDA'S HIV CRISIS:

DISPROPORTIONATE VULNERABILITY, PERSISTENT PREVENTION GAPS AND POLICY PRIORITIES

By

Eriya Turyamureeba

Eriya Turyamureeba Tel: +256755953400 Email: eriyaturyamureeba@gmail.com

List of Acronyms

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community-Based Organisations
CSOs	Civil Society Organisations
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
KCCA	Kampala Capital City Authority
MoFPED	Ministry of Finance, Planning and Economic Development
NGO	Non-Governmental Organisation
PDM	Parish Development Model
PEPFAR	United States President's Emergency Plan for AIDS Relief
PrEP	Pre-Exposure Prophylaxis
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TASO	The AIDS Support Organisation
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization
YLP	Youth Livelihood Programme

Abstract

Uganda continues to face a significant HIV burden, with young people, particularly adolescent girls and young women are disproportionately affected. Despite existing interventions, new infections persist due to factors such as poverty, unemployment, transactional sex, cross-generational relationships and drug and substance use. This policy paper examines gaps in Uganda's HIV response and proposes three policy priorities: mandating comprehensive SRH services in identified HIV hotspot venues, increasing domestic and international financing for youth-targeted HIV prevention and economic empowerment programmes, and expanding digital HIV prevention interventions.

Introduction

Uganda has made notable strides in addressing HIV over the past decades, since 1982 when the first cases were identified in Rakai District.[1] This has been through collective efforts to expand access to testing, antiretroviral treatment, and prevention services across the country, contributing to a decline from approximately 1.9 million people living with HIV that were registered in the late 1990s.

However, the HIV epidemic has continued to be an intractable public health and development challenge remains, especially among young people aged 15–24 years. Adolescent girls and young women are still disproportionately affected, raising concerns about gender inequalities, access to prevention services, and the effectiveness of existing interventions in protecting young people. Uganda recorded approximately 32,299 new HIV infections across all age groups in 2024, indicating that new infections remain a major concern.[2] Currently, the national HIV prevalence among people aged 15 years and above stands at 5.9%, translating to 1,496,000 people living with HIV. Particularly concerning, HIV prevalence among young people aged 15–24 stands at 1.5%, with young women experiencing a higher prevalence (2.0%) than young men (1.0%). This means that approximately 2 out of every 100 young women and 1 out of every 100 young men in this age group are living with HIV. [3] Alarmingly, the HIV prevalence estimates are reported to be nearly threefold higher in the 20 to 24 year age group than in the 15 to 19 year age group for both men and women, with a prevalence of 0.6 percent in men aged 15 to 19 years and 1.5 percent in men aged 20 to 24 years while HIV prevalence is said to be at 1.3 percent in women aged 15 to 19 years and 2.8 percent in women aged 20 to 24 years. These figures point to persistent inequalities in HIV vulnerability and the lack of gender-specific interventions that respond to the specific circumstances of young people, particularly adolescent girls and young women.

Methodology

This policy paper adopts a mixed-methods approach based on secondary data, drawing on national HIV statistics, government reports, academic studies and publications from development partners. It uses qualitative policy analysis to examine the social, economic and behavioural factors driving HIV vulnerability among young people. It also applies comparative policy analysis, drawing lessons from Namibia and Nigeria to inform evidence-based policy recommendations for Uganda.

Eriya Turyamureeba Tel: +256755953400 Email: eriyaturyamureeba@gmail.com

Rising HIV Infections in Kampala and Mbarara

In Kampala alone, troubling statistics from health experts indicate that approximately 211 new HIV infections are reported weekly, many of which occur among young people aged 15–24 years.[4] This translates to approximately one new HIV infection every 48 minutes, 30 infections daily, 914 monthly, and 10,972 annually in Kampala alone. In Mbarara District, a total of 1,678 new HIV infections were recorded in 2025. Of these, 448 cases (26.7%) were among young people aged 15–24 years, while 883 (52.6%) were among adults aged 25–39 years. Children aged 0–14 accounted for 42 cases (2.5%), and 305 cases (18.2%) were recorded among people aged 40 years and above[5]. These figures highlight the significant burden of new HIV infections among young people. National statistics also indicate that HIV prevalence among young women in southwestern Uganda stands at 11.3%, almost twice the national prevalence rate of 5.9%. This highlights the urgency of strengthening youth-targeted HIV prevention interventions and addressing the factors driving young people's vulnerability, especially in urban areas like Kampala and Mbarara, while also extending interventions to rural areas.

The costs of inaction

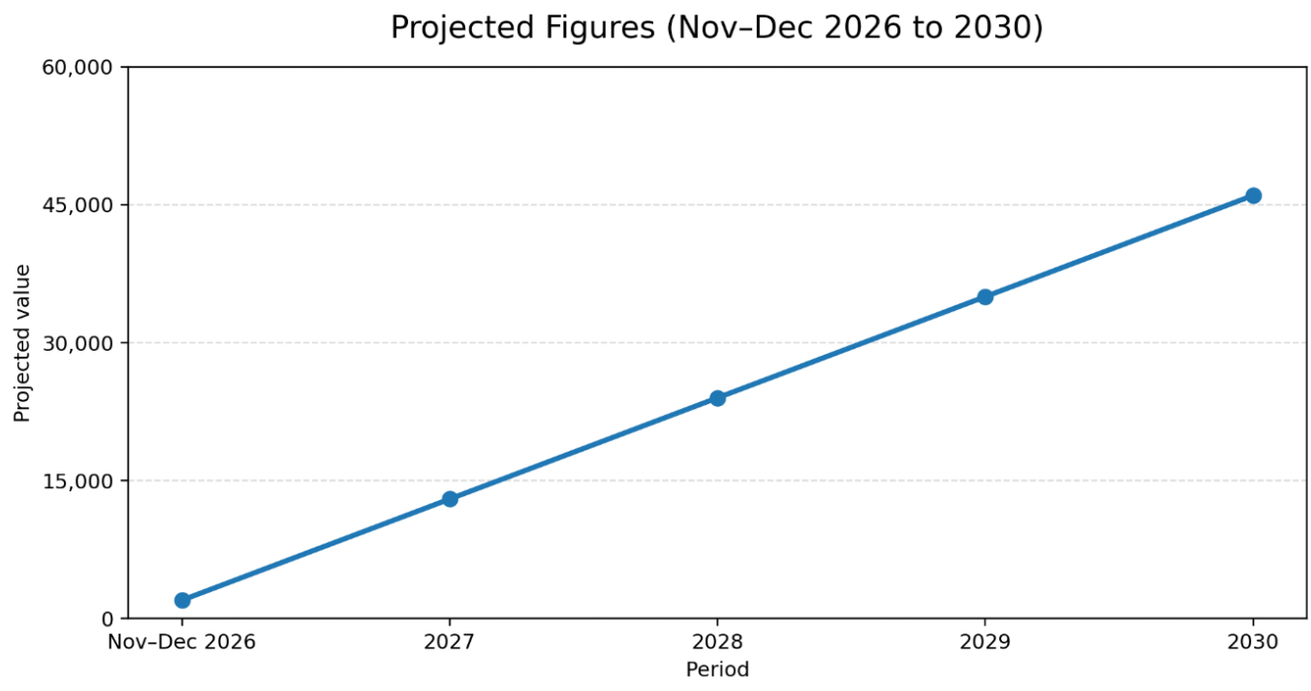
It is important to note that Uganda has one of the youngest populations globally, with approximately 78% of its population below the age of 35[6]. This demographic reality poses a serious developmental concern. Young people not only constitute Uganda's future workforce but are also central to its socioeconomic transformation. However, their potential to drive national development is threatened when their health and well-being remain compromised by preventable conditions such as HIV. Additionally, the HIV crisis among young people is not simply a health issue; it is also a social, economic, gender and public policy concern. Its implications extend far beyond individual health to education, employment, and family wellbeing. In fact, it undermines economic productivity and the country's broader human capital and development agenda as stipulated in the NDP III, NDP IV and Vision 2040. The HIV crisis among young people also hinders the global and national goal to end the HIV epidemic by 2030. Therefore, protecting the health of young people should be accorded utmost priority.

Eriya Turyamureeba Tel: +256755953400 Email: eriyaturyamureeba@gmail.com

Projected cumulative new HIV cases in Kampala (2026–2030)

Based on 211 new cases per week in Kampala, if the current rate persists without urgent intervention, Kampala alone could record more than 45,000 additional new HIV infections by the end of 2030. This projection highlights the urgency of strengthening HIV prevention, particularly among young people.

Projected Figures (Nov–Dec 2026 to 2030)



Why Are HIV Cases Still Rising Among Young People?

Uganda has established several institutional and policy mechanisms to coordinate the national HIV response. The Uganda AIDS Commission provides coordination, planning, and oversees the multi-sectoral national response to HIV and AIDS in Uganda[7]. The Ministry of Health provides technical leadership in HIV prevention, testing, treatment and healthcare delivery. The national HIV response is also supported by policies and strategies addressing HIV prevention, adolescent health, sexual and reproductive health, gender equality and digital health[8]. These frameworks have provided an important foundation for addressing the HIV burden among young people by different partners and actors like government agencies and the public sector, civil society and Non-Governmental Organizations (NGOs), international development partners and donors, and the private sector and Media.

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However, the persistence of new infections and inequalities in HIV vulnerability raises questions about implementation, coordination, resource allocation and the extent to which existing interventions respond to young people's lived realities. Socio-economic factors have contributed to this trend, and some of these include: transactional sex, drug and substance use, poverty among young people, intergenerational relationships, and harmful cultural practices[9].

Transactional sex and cross generational relationships have been reported to be key drivers for the HIV crisis among young people whereby, many young girls calmer onto older men because of the money one gets in return. Most older men who have money are the ones who determine whether the sex will be with a condom or not, which leaves most young girls disempowered to negotiate protection or safe sex. Transactional sex among Adolescent Girls and Young Women (AGYW) is reported to be at 24 per cent, and cross-generational sex among sexually active young girls at 60%[10]. High levels of poverty and youth unemployment, coupled with the rising cost of living, have increased the economic pressure on young people, pushing some of them to engage in transactional and cross-generational relationships as a means of survival.

Drug and substance use among young people has also contributed to the increasing HIV burden, particularly in bars and clubs. Reports and studies have identif iedbars, clubs, and massage parlours as common hotspots for casual and transactional sex[11]. Bars and clubs are known hang-out places for young people and this is where easy access to alcohol, shisha and other drugs and substances is readily accessible. Alcohol and drug use affect a person's ability to make informed decisions when they are intoxicated, especially when it comes to practising safe sex and protecting themselves from HIV infection.

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Examples from other countries

Namibia

Turning the tide against AIDS will require a more concentrated focus on adolescents and young people. Countries such as Namibia and Botswana have registered major strides in fighting HIV where over 90%[12] of people living with HIV in Namibia know their status unlike Uganda, where the figure stands at 85.3%. Namibia has adopted a multifaceted approach to addressing HIV among young people by making HIV prevention and care services more accessible in places where young people live, study, and interact or hang out, including bars[13]. These services include HIV testing, Pre-Exposure Prophylaxis(PrEP), condoms, STI treatment, mental health support and assistance for survivors of gender-based violence (GBV). Additionally, Namibia has also strengthened community outreach to reach young women and their male partners, while promoting awareness and challenging attitudes and behaviours that contribute to gender-based violence.

Uganda Versus Nigeria

Nigeria and Uganda present a striking contrast in the scale of their populations relative to their HIV burden. On one hand, Nigeria, the sixth most populous country globally and the most populous in Africa, has approximately 240 million people[14] and an estimated 2 million people living with HIV[15]. On the other hand, Uganda has a population of approximately 45 million, nearly five times smaller than Nigeria's, yet has an estimated 1.496 million people living with HIV[16]. The fact that Uganda has a nearly comparable number of HIV cases to Nigeria despite having a substantially smaller population raises important concerns about the intensity of the HIV epidemic and the effectiveness of prevention efforts. This comparison underscores the need for stronger, targeted and context-specific HIV prevention policies, particularly interventions that address the vulnerabilities of young people.

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Policy Options and Recommendations

To the Parliament of Uganda: Establish mandatory SRH service provision in identified HIV hotspot venues

Parliament of Uganda should enact a law requiring licensed high-risk social and entertainment venues, including bars, nightclubs, lodges and massage parlours, to provide or facilitate access to free comprehensive sexual and reproductive health (SRH) services to clients. These services should include free condoms, free HIV testing, access to PrEP, STI screening and treatment, and referral pathways to HIV treatment, mental health services and other SRH services. By so doing, this would help bring HIV prevention services closer to young people in environments where sexual risk may occur, reduce barriers to accessing SRH services. Where feasible, access to newer HIV prevention options, including long-acting PrEP such as lenacapavir, should also be provided with support from the Ministry of Health. The Ministry of Health, Uganda AIDS Commission, Kampala Capital City Authority (KCCA), Mbarara City Council and other urban local authorities should jointly develop implementation guidelines, establish licensing and compliance standards, and conduct routine inspections to ensure that identified hotspot venues meet these requirements.

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Increase domestic and international financing for youth-targeted HIV prevention and response programmes

To the Ministry of Finance, Planning and Economic Development

The Government of Uganda, through the Ministry of Finance, Planning and Economic Development (MoFPED), should prioritise increased domestic financing for youth-targeted HIV prevention and response programmes by strengthening budgetary allocations to the Ministry of Health, the AIDS Support Organisation (TASO) and the Uganda AIDS Commission. Increased funding should support the delivery of comprehensive, youth-friendly sexual and reproductive health and rights (SRHR) services, including HIV prevention, testing, treatment, counselling, mental health support and access to modern HIV prevention technologies. In addition, the government should increase funding for youth economic empowerment initiatives, including the Youth Livelihood Programme (YLP) and the Parish Development Model (PDM), with particular attention to improving young people's access to livelihood opportunities, skills development, entrepreneurship and employment among vulnerable young people. Addressing the economic vulnerabilities that expose young people to transactional sex and cross-generational relationships should form an integral part of the national HIV prevention response.

Eriya Turyamureeba Tel: +256755953400 Email: eriyaturyamureeba@gmail.com

To International Development Partners

International development partners and donors, including the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund, UNFPA, UNICEF, WHO, UNAIDS and other development actors, should increase financial support for youth-targeted HIV prevention and response programmes in Uganda. Greater funding should be channelled through civil society organisations (CSOs), non-governmental organisations (NGOs), community-based organisations (CBOs), youth-led organisations and research institutions, including Makerere University, to implement, evaluate and strengthen evidence-based interventions addressing HIV among young people. Particular attention should be given to supporting innovative youth-centred programmes, youth economic empowerment programmes, community outreach, digital HIV prevention initiatives, research and interventions targeting young women and other populations disproportionately affected by HIV. Digital HIV prevention initiatives like digital awareness campaigns on the different SRH services for young people, social media-based HIV prevention sources, and credible applications and websites would play a critical role in supporting young people to access timely and accurate SRH information that helps them to make informed decisions on matters concerning their sexual and reproductive health. Given that young people are highly tech-savvy, leveraging digital methods presents an important opportunity to strengthen HIV prevention efforts and reduce new infections among this population.

Conclusion

The continued rise in HIV infections among young people remains a major public health and development concern in Uganda. Despite existing interventions, poverty, unemployment, transactional sex, cross-generational relationships and drug and substance use continue to increase young people's vulnerability. Addressing this challenge requires stronger commitment from government and development partners through increased financing, improved access to youth-friendly SRH services in HIV hotspot areas, expanded digital HIV prevention interventions, and economic empowerment initiatives targeting young people. Prioritising these measures is essential to reducing new infections and achieving the goal of ending AIDS as a public health threat by 2030.

References

1. Uganda AIDS Commission Secretariat. (2002). HIV/AIDS in Uganda: The epidemic and the response. The Republic of Uganda.

2. Uganda Aids Commission. (2025). Joint AIDS review report 2025. The Republic of Uganda.

3. Ministry of Health Uganda. (2025). Press statement by the Minister of Health on the preliminary results of the 2025 Uganda Population-based HIV Impact Assessment. Republic of Uganda. https://mediacentre.go.ug/press-room/press-statement-by-the-minister-of-health-on-the-preliminary-results-of-the-2025-uganda-population-based-hiv-impact-assessment

4. Daily Monitor. (2026, August 23). New study reveals over 210 new HIV infections in Kampala weekly. https://www.monitor.co.ug/uganda/news/national/new-study-reveals-over-210-new-hiv-infections-in-kampala-weekly-5568136#story

5. Mugisha, I. (2026, March 10). Mbarara City records over 1,600 new HIV infections in 2025. Nile Post. https://nilepost.co.ug/health-2/326517/mbarara-city-records-over-1600-new-hiv-infections-in-2025

6. Uganda Bureau of Statistics. (2024). The National Population and Housing Census 2024: Final report (Vol. 1). Government of Uganda. https://www.ubos.org/wp-content/uploads/2024/12/National-Population-and-Housing-Census-2024-Final-Report-Volume-1-Main.pdf

7. Uganda AIDS Commission Act, Cap. 206 (Laws of Uganda, Rev. ed. 2023) (Uganda). https://ulii.org/akn/ug/act/statute/1992/2

8. Uganda AIDS Commission. (2021). National policy guidelines on ending HIV stigma and discrimination. Office of the President. https://uac.go.ug/images/2024/Policies/stigma-and-discrimnation-signed-printed-copy-2021.pdf

References (continued)

9. Daily Monitor. (2026, November 16). Health officials demand crackdown on bars as HIV rates surge among young women in Southwestern Uganda. https://www.monitor.co.ug/uganda/news/national/health-officials-demand-crackdown-on-bars-as-hiv-rates-surge-among-young-women-in-southwestern-uganda-5673358

10. Ministry of Health (Uganda). (2017). Adolescent health risk behaviours in Uganda: A national cross-sectional study. Government of Uganda. https://library.health.go.ug/sites/default/files/resources/Adolescent%20Health%20Risk%20Behaviour%20Study%20in%20Uganda-September%202017.pdf

11. The Independent. (2024, August 30). Experts blame massage parlours for fueling new HIV infections in Kampala. https://www.independent.co.ug/experts-blame-massage-parlours-for-fueling-new-hiv-infections-in-kampala/

12. Cullinan, K. (2026, August 9). US to phase out HIV support for Namibia after data-sharing impasse. Health Policy Watch. https://healthpolicy-watch.news/us-to-phase-out-hiv-support/

13. The Global Fund. (2025, September 10). Namibia: Transforming the HIV response for young people. https://www.theglobalfund.org/en/stories/2025/2025-09-10-namibia-transforming-hiv-response-young-people/

14. National Population Commission. (n.d.). Home. Retrieved November 18, 2026, from https://nationalpopulation.gov.ng/

15. Joint United Nations Programme on HIV/AIDS. (n.d.). Nigeria. Retrieved November 18, 2026, from https://www.unaids.org/en/regionscountries/countries/nigeria

16. Ministry of Health, Uganda, & Makerere University School of Public Health. (2026). Uganda Population-based HIV Impact Assessment (UPHIA 2025): Summary sheet. Makerere University News. https://news.mak.ac.ug/wp-content/uploads/2026/10/UPHIA_2025_SUMMARY-SHEET_FINAL-Version.pdf