

BASKET FUNDING MECHANISM

LOT 3: HIV/AIDS PREVENTION AND TREATMENT

United States funding cuts to HIV/AIDS programmes in many African countries could lead to hundreds of thousands of deaths on the continent, health experts and aid organizations have warned. About 1.5 million Ugandans live with HIV/AIDS according to the United Nations, and about 1.2 million of those people take antiretroviral drugs. The situation in Uganda is just a snapshot of the emerging crisis that is only bound to get worse as people lose access to the medicine they need to suppress or resist contracting the virus.

For years, People Living with HIV (PLHIV) in Uganda have led healthy, productive lives, supported by crucial global funding for antiretroviral therapy (ART) and other essential services. However, the executive order issued by the U.S. President Donald Trump on January 24 abruptly halted funding, leaving PLHIV and stakeholders stunned. The repercussions of this decision are far-reaching and threaten to reverse years of progress in HIV treatment and care.



The Impact on PLHIV; Interruptions in Treatment and Adherence

PLHIV have always been advised to start ART only when they are ready to adhere consistently. Joselyn, a PLHIV, shared her experience: “I was monitored for two months before being fully enrolled.” However, with the funding cut, many will be forced into dangerous practices, such as skipping doses to prolong their supply.

Additionally, some PLHIV may resort to sharing medications with loved ones, especially men who have historically been reluctant to seek healthcare. This could lead to treatment failure, increased drug resistance, and a rise in domestic tensions over medication access.

Decline in HIV Testing and Support Services

HIV Testing Services (HTS) have served as a gateway to essential healthcare. However, with dwindling resources, fewer people will be motivated to get tested and linked to care, leading to late diagnoses and higher mortality rates.

The multi-month drug refills (MMDR) strategy, which allowed PLHIV to receive ARVs for several months at a time, reducing transport costs and improving adherence, is also at risk. Facilities may revert to one-month refills, increasing the burden on both patients and healthcare providers.

Return to Unmonitored and Unsafe Treatments

Before ART was universally accessible, PLHIV relied on leftover medications from Europe, often without proper prescriptions or monitoring. Trump’s order could force some patients back into similar circumstances, jeopardizing their health. Uganda’s HIV treatment guidelines require a three-drug combination, while some regions, like the EU, have shifted to two-drug therapies. With limited options, patients may be forced to accept suboptimal treatments.

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Financial and Social Consequences

The high cost of ARVs estimated at UGX 70,000 per month for a single tin of 30 tablets will push many into desperate financial situations. Some may engage in risky behaviors to secure their medication. Others may turn to traditional medicine, despite the well-documented risks of drug interactions rendering ARVs ineffective.

Those who can afford it may seek ARVs from private providers, who often prioritize profit over patient care. Meanwhile, stigma and discrimination are likely to increase as PLHIV are forced to disclose their status to anyone who might offer financial support.

In short, the entire HIV response in Uganda is at a crossroads, and there is no guarantee that this suspension of funding will not become permanent.

Poverty is both a root cause and consequence of HIV and AIDS. Lack of access to income and basic services exacerbates susceptibility and vulnerability and in turn, the heavy social and economic toll exacted by the spread of HIV seriously undermines the capacity of individuals, communities and state to respond effectively.

