

HARM REDUCTION INFORMATION NOTE- UGANDA



This information note has been compiled by Harm Reduction International (HRI) in collaboration with Uganda Harm Reduction Network (UHRN) to highlight the impact of PEPFAR funding cuts in harm reduction in Uganda.

Last update: 10th March 2025

1. Epidemiological data

1.1 People who use drugs, HIV and HCV

- There are an estimated 9,500 people who inject drugs in Uganda.¹
- HIV prevalence among people who inject drugs in Uganda is estimated to be 17%² and the prevalence is 24% for women who use drugs.³
- A small-scale study among 67 sex workers who use drugs found an HIV prevalence rate of 31.3%.⁴
- HIV prevalence among prisoners: 2.3%.⁵
- Prevalence of HBV and HCV among people who inject drugs are 8.4% and 2% respectively.⁶
- HCV prevalence among prisoners is estimated to be 7%.⁷

1.2 HIV prevention and harm reduction coverage

- The East African Community Regional Policy on Alcohol, Drugs and Substance Abuse aims to scale up harm reduction programmes in the seven East African states, including Uganda.⁸
- People who inject drugs are included as a key population within the National HIV Strategic Plan 2020/21 – 2024/25. Guidelines for access to HIV services for people who use drugs and a draft standard operating procedure for police on interacting with people who use drugs have also been developed.
- NSP was introduced in 2018, closed in 2019, then resumed in 2021. The NSP is funded by the Global Fund through TASO and as of May 2024 was reaching 150 people who inject drugs in Kampala and Wakiso Districts.⁹
- There are two OAT programmes operational in the community (providing methadone and buprenorphine). Uganda opened its first OAT programme in 2020. One programme is established at Butabika, Kampala and funded by CDC/PEPFAR through Reach Out Mbuya and one clinic introduced since 2022 in Mbale, Eastern Uganda within the regional referral hospital funded by USAID through Baylor.¹⁰
- There are no OAT programmes within prisons.
- HIV testing and HIV status awareness among people who inject drugs: 45%.¹¹
- There is no access to naloxone through peer distribution. Injectable naloxone is available at the MAT clinics and administered by health workers.¹²

2. Harm Reduction programmes and funding source mapping

Funding agency	PEPFAR/CDC ¹³	Global Fund ¹⁴
Provinces/district covered	Butabika, Kampala; Mbale, Eastern Uganda (USAID via Baylor)	Kampala, Wakiso, Mbale and Mbarara
Implementing partners	Reach Out Mbuya	TASO
Key interventions	<ul style="list-style-type: none"> • MAT • Non-disaggregated • Condoms and lubricants <p>Other treatment and integrated interventions include HIV testing, HIV clinical services, HIV lab services, HIV/TB</p>	<ul style="list-style-type: none"> • PrEP • Condom and lubricants • Needle and syringe programme • OAT • Removing human rights barriers
Total reach	800 ¹⁵	
Total funding for People who use and inject drugs	USD 266,000 (2024) Prevention budget only: USD 200,200 (2024)	USD 632,050 (GC7)
Budget for OAT	USD 13,100 (2024)	USD 185,260 (GC7)
Budget for NSP	NA	NA
PreP	USD 49,700 (2024)	USD 182,156 (GC7)

- Harm reduction funding in Uganda has come from international donors channelled through national civil society organisations.
- The US government through the CDC supported the MAT clinic at Butabika Mental Referral Hospital. For 2024, it was reported through PEPFAR monitoring that the agency was supporting 418 people who inject drugs to receive medication-assisted therapy for at least 6 months.¹⁶ In early 2025, the Ugandan Harm Reduction Network reported that 800 people were accessing MAT.
- There has been no domestic financing for harm reduction and harm reduction is not yet included in the minimum package of interventions for Universal Health Coverage in Uganda.

3. Harm reduction programme gaps due to PEPFAR funding cuts

- The Ugandan Harm Reduction Network reported a drug overdose crisis following the “stop-work” order directive issued on January 20, 2025, that left the Kampala Region HIV Project (KHP) and the Butabika MAT clinic completely shut down.
- The sudden shutdown of the harm reduction drop-in centers (DIC) and the Butabika MAT clinic jeopardized access to daily life-saving medication-assisted treatment refills for over 800 patients on the programme. The abrupt discontinuation of all MAT patients on long-term treatment presented risk of serious withdrawal symptoms, drug overdose, and mortality.

- The funding pause also led to an increase in discrimination, loss of funding, staff laid off, inability to transport samples, fear and anxiety among both staff and clients. As a result, people who use drugs face higher risks of HIV transmission and overdose deaths.¹⁷
- People who use drugs are losing their lives through overdose, as they seek alternatives while access to OAT is interrupted. A shortage of commodities for needle and syringe programmes (NSP) is also of great concern.
- There is recognition within the Government that the resumption of OAT services is very important with some indications that domestic support for personnel to enable the continued delivery of MAT services may be forthcoming.

References

- ¹ HRI (2024) [Global State of Harm Reduction 2024](#). London: Harm Reduction International.
- ² HRI (2024) [Global State of Harm Reduction 2024](#). London: Harm Reduction International.
- ³ Uganda Global Fund GC7 funding request <https://data.theglobalfund.org/location/UGA/access-to-funding>
- ⁴ UNAIDS. UNAIDS data 2020. Geneva: Joint United Nations Programme on HIV/AIDS; 2020.
- ⁵ Country Factsheet Uganda 2023 <https://www.unaids.org/en/regionscountries/countries/uganda>
- ⁶ HRI (2024) [Global State of Harm Reduction 2024](#). London: Harm Reduction International.
- ⁷ Country Factsheet Uganda 2023 <https://www.unaids.org/en/regionscountries/countries/uganda>
- ⁸ Harm Reduction International (2022) [Global State of Harm Reduction 2022](#). London: Harm Reduction International.
- ⁹ HRI (2024) Global State of Harm Reduction survey response
- ¹⁰ HRI (2024) Global State of Harm Reduction survey response
- ¹¹ Country Factsheet Uganda 2023 <https://www.unaids.org/en/regionscountries/countries/uganda>
- ¹² HRI (2024) Global State of Harm Reduction survey response
- ¹³ The data on this column are from <https://www.dataetc.org/projects/pepfar/>.
- ¹⁴ The data on this column are from Uganda Global Fund GC7 funding request <https://data.theglobalfund.org/location/UGA/access-to-funding> and <https://data.theglobalfund.org/financial-insights>
- ¹⁵ Ugandan Harm Reduction Network programme data.
- ¹⁶ amfAR, Dataetc, PEPFAR & Global Fund Support for HIV Programs. <https://www.dataetc.org/projects/pepfar/>. Accessed 17 February 2025.
- ¹⁷ Response to AIDSFONDS, GNP+ and RCF survey 2025.