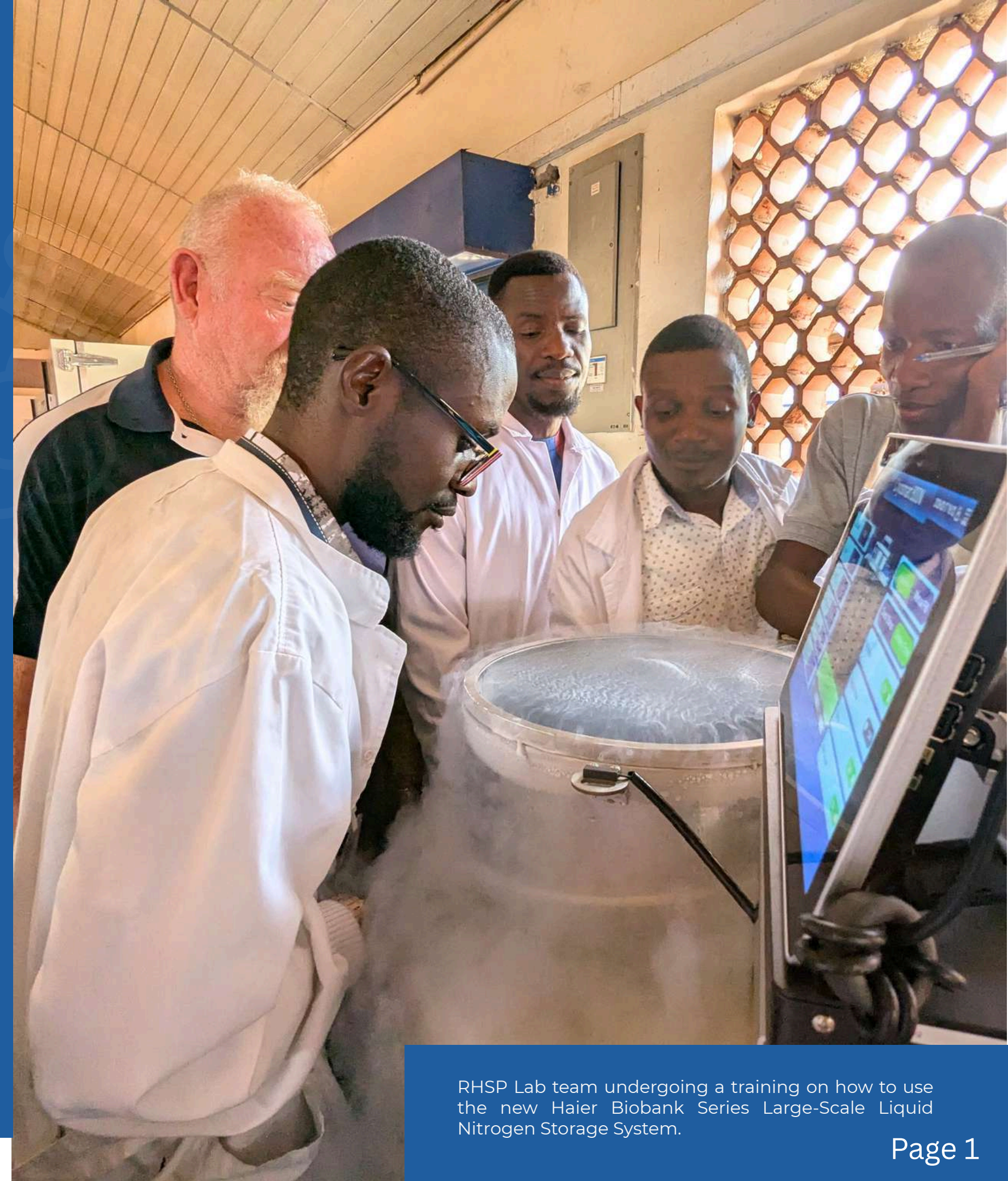


THE RHSP NEWSLETTER

The official Rakai Health Sciences Program Newsletter Jan-April 2026 / Issue 11

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RHSP Lab team undergoing a training on how to use the new Haier Biobank Series Large-Scale Liquid Nitrogen Storage System.

Strengthening Youth-Centered Research Partnerships Through Collaborative Engagement



RHSP collaborators from CUNY and Columbia University meeting with the RHSP Community Advisory Board.

In February, the Rakai Health Sciences Program (RHSP) was pleased to host partners and collaborators from Columbia University, the City University of New York (CUNY), and Mount Sinai University for a week-long visit focused on advancing adolescent-focused HIV prevention research in Uganda. The visiting team included Prof. John Santelli, Dr. Phil Kreniske, Dr. Holly Isenberg, and Prof. Mary Ott.

The visit centered on discussions around the Rakai Orphans in Community (ROC) study and the Improving Understanding of Capacity to Consent to Biomedical HIV Prevention Research among Adolescents in Rakai, Uganda (ICARE) study. Throughout the week, the team engaged with RHSP senior management and study teams to explore opportunities for strengthening collaboration with young people and enhancing meaningful youth participation in research processes.

Key discussions focused on strategies for engaging university students and adolescents more effectively, as well as strengthening Community Advisory Board (CAB) structures to ensure more inclusive, functional, and youth-responsive participation that supports study implementation and outcomes.

The partners also reviewed major study milestones, progress in data collection, published findings, manuscripts currently under review, and upcoming research outputs in development. As part of the visit, the team conducted field visits to observe research assistants carrying out data collection activities, providing valuable insights into ICARE's implementation approaches and community engagement efforts.

The visit further reinforced the strong partnership between RHSP and its international collaborators, while highlighting a shared commitment to advancing ethical, youth-centered biomedical HIV prevention research.

RHSP and University of Michigan discuss new frontiers for Sustainable Research



The RHSP leadership team pose for a group photo with collaborators from University of Michigan.

In February 2026, the Rakai Health Sciences Program (RHSP) welcomed a distinguished delegation of researchers from the University of Michigan for a two-day visit aimed at deepening collaboration and exploring opportunities for future partnership. The delegation included Professors Joe Kolars, Bilal Butt, Akbar K. Waljee, Joe Eisenberg, and Candace Kolars.

The visit provided an opportunity for the team to gain firsthand insight into RHSP's research infrastructure, including its state-of-the-art laboratories, robust data systems, and the far-reaching impact of the Rakai Community Cohort Study (RCCS), one of Africa's longest-running population-based health research platforms.

Discussions focused on the evolving global research landscape and the importance of building resilient, equitable partnerships that can sustain scientific progress amid changing funding environments.

RHSP leadership shared perspectives on recent challenges affecting international research collaborations, including shifts in global funding priorities. Speaking during the discussions, RHSP leaders emphasized that while these challenges have created uncertainty, they have also presented an opportunity for the organization to rethink strategies for preserving and strengthening RHSP's work for the next 35 years and beyond.

The University of Michigan delegation acknowledged the disruptions and uncertainties that have affected global health research partnerships in recent years. However, they encouraged RHSP to continue building on its strong foundation, highlighting the program's rich scientific legacy, exceptional talent, and unique position as a platform for impactful collaborations.

A key area of discussion centered on the long-term sustainability of the Rakai Community Cohort Study and strategies for diversifying funding sources while continuing to attract and retain highly skilled researchers. Both teams explored ways to leverage their respective strengths to address emerging public health challenges and advance research that improves health outcomes in Uganda and beyond.

Reflecting on the visit, members of the delegation expressed enthusiasm about expanding collaboration opportunities and identifying practical next steps to build momentum. They emphasized the importance of creating diverse and mutually beneficial partnerships where institutions can contribute value while learning from one another.



Ben Kakeeto, IT team member at RHSP taking Professor Akbar K. Waljee through cooling immersion system during the site visit at RHSP

“We hope to build bigger, equitable collaborations,” the visiting team noted, underscoring the vital role that African-led science plays in generating knowledge and solutions for global health challenges.

The visit reaffirmed a shared commitment to advancing research excellence, strengthening institutional partnerships, and fostering innovation that improves the lives of communities.

As RHSP continues to chart its path forward, collaborations such as these remain critical to ensuring that impactful science, grounded in community trust and engagement, continues to thrive for generations to come.

RHSP Hosts Gates Foundation's Dr. Sharon Achilles



The RHSP team joined Dr. Sharon Achilles for a group photo during her visit to RHSP.

On 6th April 2026, RHSP had the privilege of hosting Dr. Sharon Achilles, Deputy Director of Reproductive Health Technologies at the Gates Foundation, during a recent visit that reaffirmed the strong and growing partnership between the two institutions in advancing global health research.

The visit provided an important opportunity to showcase RHSP's longstanding contributions to HIV prevention and reproductive health research, as well as the organization's strength and capacity as a leading clinical research site in Uganda and the region.

Discussions centered on ongoing research efforts, community engagement approaches, and the critical role of collaborative science in addressing pressing public health challenges.

Throughout the visit, Dr. Achilles engaged with RHSP leadership, research teams, and clinical staff, gaining deeper insight into the breadth of work being implemented across the program. The engagement also highlighted RHSP's continued commitment to conducting high-quality, impactful research that informs policy and improves health outcomes for communities.

The visit reflected the strength of the ongoing relationship between RHSP and the Gates Foundation and the shared commitment to advancing impactful research. RHSP looks forward to building on this momentum through continued collaboration, innovation, and evidence generation that contributes to better health outcomes worldwide.



Left: Dr. Ronald Galiwango highlighting the INSTEP study during discussions with Dr. Sharon Achilles. **Right:** The RHSP team shares a meal with Dr. Sharon during her visit.

Safety first at RHSP



Hadadi Bwanika (Fire marshal) demonstrating how to use a fire extinguisher during training

With support from Uganda Fire Expert, the RHSP Safety Committee conducted a hands-on safety awareness and fire marshal training for staff.

The session covered key areas including fire classifications, common causes of outbreaks, and their potential impact. Staff were also guided through essential emergency response procedures—what to do, how to respond, and how to stay safe.

The highlight was the practical demonstrations, where staff actively engaged in using fire safety equipment and responding to simulated emergency scenarios. This hands-on approach helped build confidence and readiness across teams.

This training is part of RHSP's ongoing commitment to creating a safe, informed, and prepared workplace.

Boosting Sample Preservation with New Liquid Nitrogen System

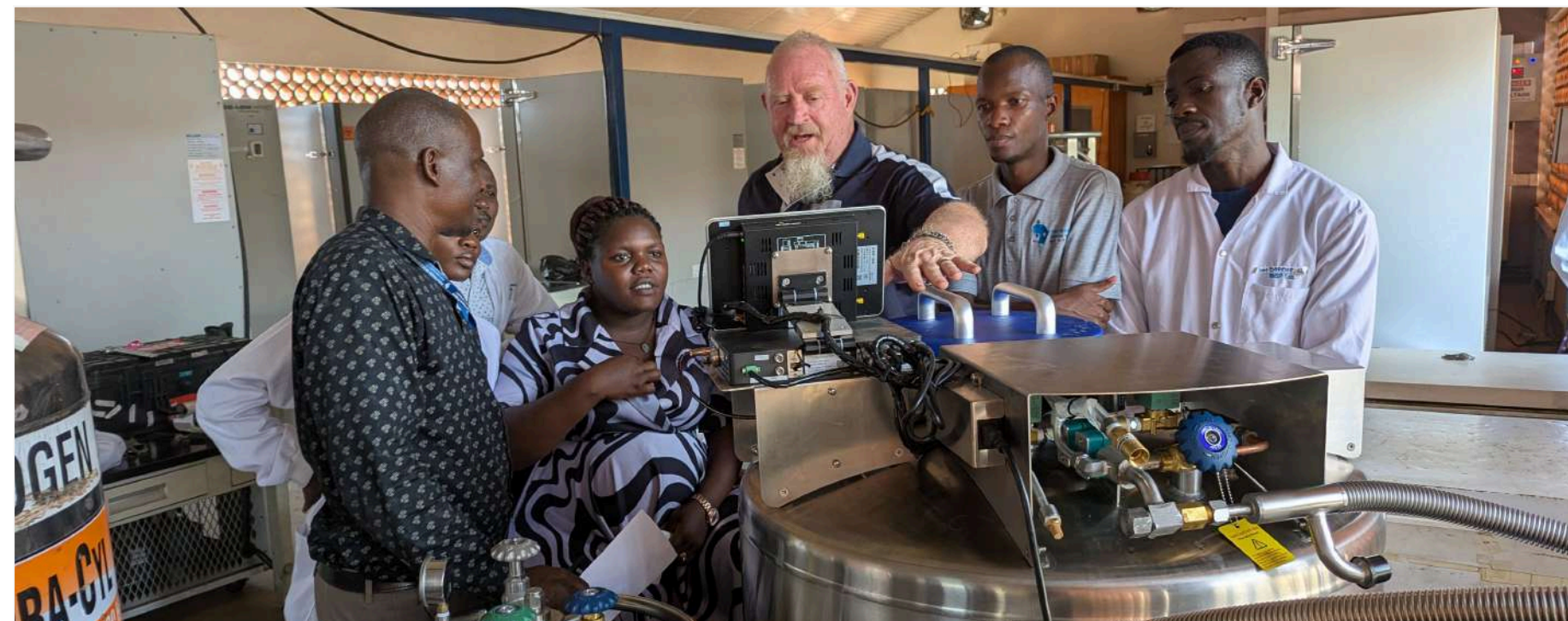
In February 2026, the RHSP Laboratory has received a state-of-the-art Haier Biobank Series Large-Scale Liquid Nitrogen Storage System from the National Institutes of Health (NIH), strengthening its capacity to safely store and manage critical biological samples.

Designed to maintain temperatures below -196°C , the system significantly expands RHSP's storage capabilities while enhancing the integrity and long-term preservation of samples for ongoing and future research.

Installation was led by Engineer Doc Delpert from Lasec, who also conducted hands-on training for laboratory staff. The training equipped the team with practical skills in operating and maintaining the system, including use of the Cryosmart display, monitoring real-time alarms, reviewing historical data and liquid nitrogen levels, as well as guidance on rack installation, nitrogen refilling, routine maintenance, and troubleshooting.

This addition marks an important step in strengthening RHSP's laboratory infrastructure and ensuring high standards in sample management.

We extend our sincere appreciation to the NIH team, especially Drs. Steven Reynolds and Andrew Redd, for their continued support and collaboration.



Engineer Doc Delpert taking the RHSP team through the LN2 installing process.

RHSP at the CROI 2026 Conference



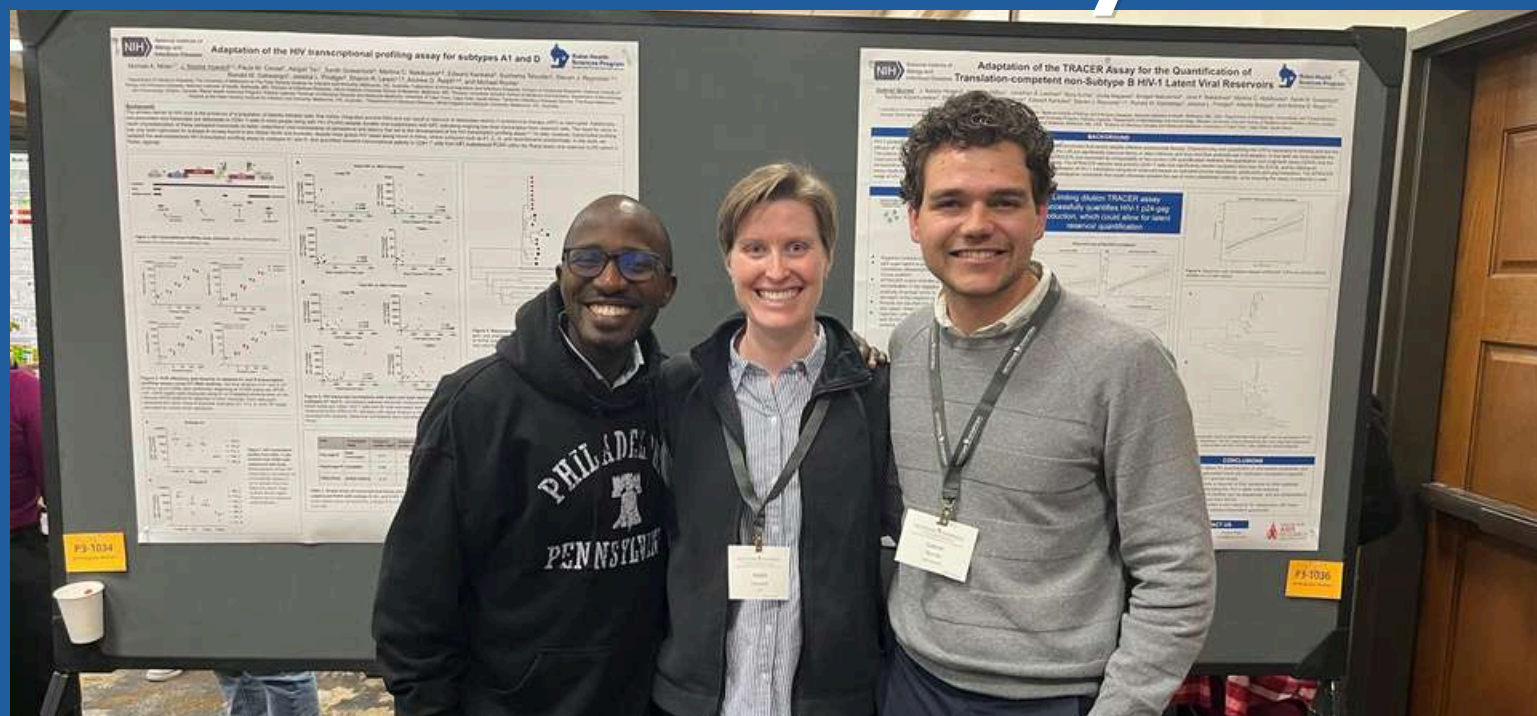
RHSP staff and collaborators showcasing their work during the this year's CROI conference that took place in Denver Colorado, USA, 22nd- 25th February 2026.

Rakai data and RHSP collaborations were well represented at CROI 2026, one of the major annual international conferences on virus research. The abstracts covered important areas including HIV transmission, mother-to-child transmission, drug resistance, HIV care, and new ways of understanding how HIV spreads and persists in communities.

Presentations using Rakai data included work by Edward Kankaka on estimating the time people live with HIV before viral suppression, Zoe Gotthold on vertical HIV transmission in Uganda, Victor Ssempijja on awareness of partners' HIV status and HIV risk, Michael Martin on transmitted HIV drug resistance and low-level viremia, and Kim Seungwon on HIV clustering and sources of infection in Rakai.

RHSP collaborator Chelsea Modlin also presented work on mobile phone applications and HIV care, and Greg Rosen presented work on drug use-related preferences. These presentations highlight the continued contribution of Rakai data and RHSP partnerships to HIV research that can inform prevention, care, and public health practice.

RHSP at the 2026 Keystone Symposia



From left to right: Drs Edward Kankaka, Natalie Howard and Gabriel Quiros posing for a photo during the conference.

Rakai Health Sciences Program was proudly represented at the Keystone Meeting 2026 in Breckenridge, Colorado(USA) where global leaders gathered to explore the future of HIV cure and vaccine research. Dr. Edward Nelson Kankaka joined colleagues from the NIAID Laboratory of Immunoregulation—Dr. Natalie Howard and Gabriel Quiros—in presenting two posters that showcased innovative methods tailored to African HIV subtypes..

These contributions highlight RHSP's commitment to advancing HIV cure research through strong international partnerships, ensuring that scientific breakthroughs are inclusive, relevant, and impactful for communities worldwide.

The Lifespan study – How Pregnancy Affects the Hidden HIV Virus that prevents HIV cure: A Study of Women in Uganda



Why this study matters

More than half of all people living with HIV worldwide are women yet pregnant women are almost never included in HIV cure research. HIV treatment keeps the virus under control but cannot eradicate it entirely. A small amount of virus stays hidden inside cells and is known as the “latent reservoir.”

This hidden/sleeping reservoir cannot be seen by the immune system and can’t be affected by ART thus is the main barrier to a cure. Early evidence suggests that a key female hormone (estrogen) may affect the size of the reservoir, particularly during the reproductive years. Notably, this hormone increases over 50 times during pregnancy.

Also, many women living with HIV who are taking their ART medication desire to get pregnant. In this study, we want to better understand how the reservoir changes during pregnancy and how this can inform the design of an HIV cure that works for everyone.

What are we doing

In the Lifespan study we are enrolling 250 women aged 18–40 living with well-controlled HIV in the Rakai -Masaka region of Uganda. All participants must be on HIV treatment and not pregnant at the beginning BUT open to becoming pregnant.

A blood sample will be collected at enrolment to determine the reservoir size before pregnancy, then participants will be contacted monthly by phone for up to three years. Women who become pregnant will be requested to provide additional blood samples during pregnancy and 6-9 months after delivery.

What are we doing

Women who do not become pregnant complete their final visit between 18 and 36 months after joining the study. Blood samples are used to measure the hidden virus and track immune changes. Pregnant participants are compared to similar women who do not become pregnant. The study is conducted by the Rakai Health Sciences Program in Uganda.

What makes this study unique

This is the first study designed specifically to measure what pregnancy does to the hidden HIV reservoir. We follow women from before conception, through pregnancy, to after birth capturing a full picture of reservoir size at every stage, something no HIV study has done before.

We focus on young women in Uganda, a group that carries one of the highest burdens of HIV in the world yet is almost entirely absent from cure research. Our team has also developed new laboratory tests tailored to the subtypes of HIV found in Uganda, enabling far more accurate measurements than existing tools allow.

Early insights and expected impact

Our laboratory tools are proven and ready with demonstrated ability to quantify the hidden HIV reservoir Ugandan samples. We expect to find differences in reservoir size in women who become pregnant compared to those who do not.

This study will generate the evidence needed to include pregnant women in future HIV cure trials ensuring that any cure developed works for all people living with HIV, not just a few and may additionally show if pregnancy represents an ideal window to deliver a treatment capable of clearing the reservoir.



The VICINITY Study Reaches Major Milestone, Paving the Way for Groundbreaking TB Research



Dr. Larry Chang and Dr. Kate Grabowski during the end of study meeting with the VICINITY research team in the RHSP conference room.

In March, the Rakai Health Sciences Program (RHSP) has marked a significant achievement with the successful completion of data collection for the VICINITY Study, a landmark five-year research project examining how HIV, environmental exposures, and behavioral factors influence cardiopulmonary health among rural and urban populations in Uganda.

To mark this important milestone, the study team gathered to reflect on key lessons learned, recognize the dedication of staff, and discuss the study's contributions to science. The meeting was attended by study collaborators Dr. Larry Chang and Dr. Kate Grabowski, who commended the research assistants and field teams for their outstanding commitment throughout the study.

The collaborators noted that the successful completion of the VICINITY Study has provided the scientific foundation necessary for RHSP to advance the Causality of Post-TB Lung Disease Study, an important next step in understanding the long-term health effects of tuberculosis.

Launched in 2021 with funding from the National Institutes of Health (NIH) and implemented in collaboration with Johns Hopkins University, the VICINITY Study enrolled and followed 7,215 participants across Rakai and surrounding communities. The cohort included:

- 1,863 rural-to-urban migrants
- 1,722 rural-to-rural migrants
- 3,630 non-migrants residing within Rakai Community Cohort Study communities

This diverse population enabled researchers to compare health outcomes across different mobility patterns and living environments.

Participants underwent extensive assessments, including detailed social, behavioral, and clinical questionnaires, lung function testing (spirometry), 24-hour ambulatory blood pressure monitoring, GPS-based mobility tracking, and environmental exposure assessments. In addition, 2,847 participants received echocardiography examinations, providing detailed insights into cardiovascular health, while approximately 1,200 participants underwent air quality monitoring, allowing researchers to better understand the impact of environmental exposures on respiratory health.

By integrating clinical, environmental, and behavioral data, the VICINITY Study provides a comprehensive understanding of how people live, move, and interact with their environments—and how these factors influence long-term health outcomes.

VICINITY Study Progresses to Analysis and New TB Research

The study has already generated important scientific contributions, including the publication Association between HIV Infection and Arterial Stiffness: A Population-Based Cross-Sectional Study from Rakai, South Western Uganda and a doctoral dissertation examining air pollution and lung function associations in South Central Uganda.

As the study transitions into a comprehensive data analysis phase, researchers anticipate generating additional evidence to inform policies and interventions addressing the growing burden of cardiopulmonary diseases in Africa.

Most importantly, the completion of VICINITY marks the beginning of a new chapter. The study's success has enabled RHSP to advance the Causality of Post-TB Lung Disease Study, leveraging the robust infrastructure, expertise, and data systems established through VICINITY. This progression reinforces RHSP's commitment to conducting high-impact research that improves health outcomes in Uganda and beyond.



Top right: The VICINITY study team, together with other RHSP staff, pose for a group photo as they celebrate the study's key milestones. **Bottom:** Team members share a cake-cutting moment and reflect on their experiences in the field, including both the challenges and highlights, and how these shaped their work.

Inside the Study: Ongoing Research on the causality of Post-TB Lung Disease at RHSP



The enrollment process

Why this study matters

Tuberculosis (TB) remains one of the leading infectious causes of death worldwide, accounting for approximately 1.3 million deaths annually. However, surviving TB does not always mark the end of illness. Many individuals continue to experience long-term respiratory complications, reduced lung function, and an increased risk of chronic diseases even after successful TB treatment.

Although post-TB lung disease (PTLD) is increasingly recognized as a major public health concern, it has remained difficult to determine how much of the lung damage is directly caused by TB itself and how much may result from pre-existing vulnerabilities such as chronic respiratory conditions, indoor and outdoor air pollution, smoking, HIV, or poor nutrition.

Most previous studies have only assessed patients after TB treatment, limiting the ability to establish true causality. This study seeks to address that critical gap by examining lung health before, during, and after TB at a population level.

Our work at a glance

Recently, the Rakai Health Sciences Program (RHSP), in collaboration with the Johns Hopkins Bloomberg School of Public Health, officially launched a five-year NIH-funded prospective population-based cohort study investigating the causal impact of TB on long-term lung health.

The study leverages two large ongoing research platforms — the Rakai Community Cohort Study (RCCS) and the Epidemiology and Impact of the HIV, NCD, and Urbanization Syndemic in Africa (VICINITY) study

— enabling the follow-up of approximately 24,500 participants with pre-TB lung function testing and extensive demographic, behavioral, and clinical data. Study activities are already underway, and participants are currently being enrolled and monitored across the study communities.

Core scientific objectives

The study is focused on three primary aims:

- i. Characterizing how lung function changes before and after TB by comparing individuals who develop TB with matched community controls, while also examining differences by HIV status.
- ii. Identifying baseline risk factors and biological markers associated with TB-related lung function decline.
- iii. Estimating the long-term burden of post-TB lung disease that could potentially be prevented through targeted interventions such as TB prevention, earlier diagnosis, smoking cessation, improved HIV care, and nutritional support.

Key study activities

Participants enrolled in the study undergo baseline lung function testing and are monitored every three months for TB symptom assessment and diagnosis.

Individuals who develop TB are followed alongside matched community controls and receive detailed clinical assessments, including repeat lung function testing, biomarker analysis, and respiratory quality-of-life evaluations. These participants continue follow-up for at least one year after completing TB treatment.



Game-changing contributions

This study is among the first in a high TB burden setting to collect standardized lung function data before TB develops, providing unprecedented insight into the true causal impact of TB on long-term respiratory health.

Importantly, the study also includes individuals with subclinical TB — a population frequently missed in routine healthcare despite contributing significantly to ongoing community transmission and disease burden.

Using matched cohorts and longitudinal biomarker profiling, the study is expected to generate critical evidence on how TB shapes lifelong respiratory health outcomes.

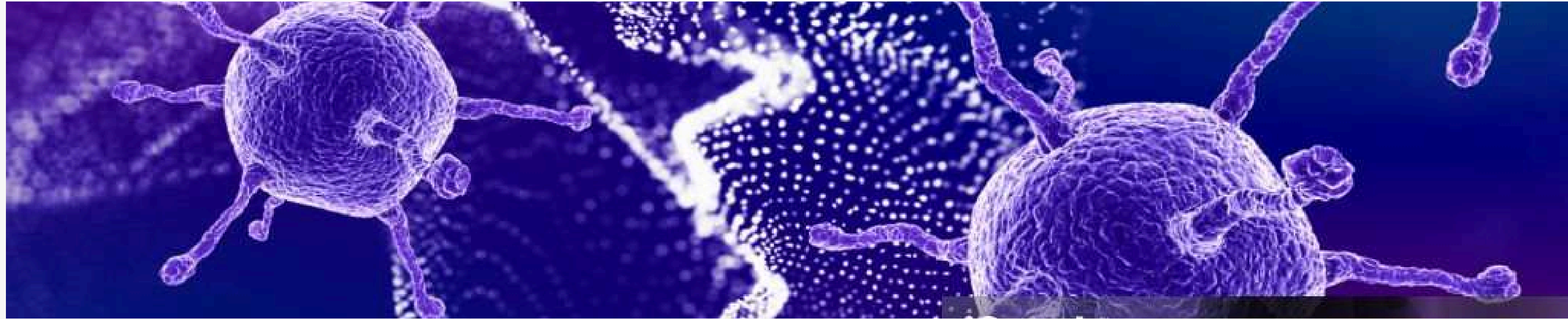
Expected impact

The findings from this study are expected to:

- Guide national and global policy on post-TB care and long-term lung disease management.
- Inform prioritization of high-impact interventions such as preventive therapy, smoking cessation programs, nutritional support, and enhanced HIV care.
- Strengthen community health through early identification of symptomatic and undiagnosed TB cases.
- Provide a foundation for modeling the lifetime burden of PTLD and evaluating the benefits of targeted public health interventions.

Ultimately, the study positions RHSP as a leader in advancing research on post-TB outcomes and improving long-term community health in Uganda and beyond.

Quantitative measurement and correlates of the Latent HIV Reservoir in virally suppressed Ugandans (LEIDOS Latent HIV Reservoir study)



Despite prolonged antiretroviral therapy (ART), HIV -1persists as transcriptionally inactive proviruses in resting memory CD4 T Cells. This Latent reservoir has a long half-life, preventing cure by ART alone. A major approach to eradicating HIV-1 involves reversing latency in patients on ART so that Cells harboring induced proviruses could then be lysed by HIV-1 specific cytolytic T lymphocytes while ART blocks new rounds of infection. This suggests that a functional cure is possible and may likely benefit a large group of people BUT this continues to be an elusive goal. The vast majority of HIV-infected individuals currently live in sub-Saharan Africa where fully suppressive ART is widely used but limited or no HIV cure research is currently undertaken.

Hypothesis of the study

As such, a large number of Africans will be eligible candidates for cure treatment when one comes available and it is important to ensure that subtype or host genetic differences do not hinder it's utilization among persons/Africans. This study will measure and quantify the systemic latent reservoir in HIV infected Africans and decay rate over time while on ART and pilot novel approaches towards reservoir re-activation and eradication.

The objectives of the study are.

- 1-Examine and measure the levels of latent HIV reservoirs in virally suppressed Ugandans at baseline and then annually thereafter for a total of 20 years'
- 2-Determine the role of endemic infectious disease, nadir CD4 count, length of exposure to viremia, and length of fully suppressive therapy on latent HIV reservoir size at each measurement.
- 3-Explore the level of immune activation in virally suppressed HIV-infected Ugandans in correlation with the size of the reservoir and its decay rate.
- 4-Evaluate in vitro potential latency reversal agents

This is a longitudinal descriptive study. It analyses the blood sample of 90 virally suppressed males and females once a year. The volunteers were recruited through the RHSP Center for Excellence Research site and followed up once a year for a period of 15 years now. This follow up is to continue up to 20 years since enrollment. At all visits volunteers are screened for eligibility and a blood sample of 180mls is drawn after answering a few study questions.

RHSP Laboratory Maintains ISO 15189:2022 Accreditation with Outstanding Performance



On March 19th 2026, the Rakai Health Sciences Program Laboratory has successfully completed its annual surveillance by the South African National Accreditation System (SANAS), reaffirming compliance with the International Organization for Standardization (ISO) 15189:2022.

The assessment recorded outstanding performance, with no non-conformances registered, resulting in an unconditional recommendation to maintain accreditation.

Well done to the entire laboratory team for this outstanding achievement.

RHSP research in the news

This quarter, our landmark study on orphanhood in Rakai District received wide attention. The findings were featured internationally by NPR, which highlighted the dramatic decline in orphanhood linked to expanded HIV programs, and locally by New Vision, underscoring the study's relevance for Ugandan communities.

These mentions reflect the growing recognition of RHSP's work and the importance of sustained investment in health and social support systems.

Read the full article here: <https://www.npr.org/2026/01/14/g-s1-105877/orphans-hiv-aids-uganda-pepfar>



RHSP research in the news

The New Vision (National News, April 15, 2025) shows encouraging progress from the Rakai Health Sciences Program (RHSP): recent findings highlight a significant decline in the number of AIDS orphans in Rakai, reflecting the impact of sustained HIV prevention, expanded access to antiretroviral therapy, and strengthened community support systems.

NUMBER OF AIDS ORPHANS DROPS – REPORT

NATIONAL NEWS **NV15**
Wednesday, April 15, 2025

By Agnes Kyotalengerire

The number of children who have lost one or both parents to HIV/AIDS in Rakai and the neighbouring districts has reduced sharply over the last three decades, a new report has revealed.

Findings from a Ugandan study by the Rakai Health Sciences Programme dubbed *Incidence and Prevalence of Orphanhood in Rakai, Uganda*, revealed a steep drop in the number of orphaned children from 21.5% (5,421 out of 15,941 children) in the 2003-2004 period to 6.3% (1,449 of 23,082 individuals) in 2022.

Among orphaned adolescents aged 15 and 17, the reduction was even bigger. In 2002-2003, 49% (1,057 out of 2,138 children) had lost at least one parent. By 2020-22, the figure had dropped to 14.4% (526 out of 3,661).

Notably, the number of new orphans also declined sharply; double orphanhood declined from 5.13% in the 2003-2004 period to 0.68% in 2020-2022.

The proportion of new cases of paternal orphanhood attributed to HIV declined from 67% in 2004 to 11% in 2022, while on the maternal side, it was from 71% to 12%.

REASON FOR REDUCTION

Dr Robert Ssekubugu, a public health researcher at Rakai Health Sciences Programme, attributed the decline to availability antiretroviral therapy (ART) in the management of HIV/AIDS.

He added that due to ART treatment availability, parents with the virus are living longer and taking care of their children.

"The share of orphanhood linked to parental HIV infection fell dramatically over time," Ssekubugu said.

Apart from living longer, ART treatment ensures that an HIV positive

NATIONAL TREND

The Rakai Health Sciences Programme findings come less than a month after a Uganda Bureau of Statistics report indicated a general decline in the number of orphans. According to the report released on March 19, orphans now make up 12.9% of the population, down from 13.2% in 2002.

The report, titled *Orphans and Other Vulnerable Children Monograph 2024*, was unveiled during a dissemination workshop at Uganda Bureau of Statistics headquarters in Kampala.

Findings show that the Madi sub-region, comprising Moyo,

Adjumani and Obongi, has the highest prevalence at 20.1% (about one in five children), followed by Karamoja at 19.3% and West Nile at 18.3%. Kampala and Teso recorded the lowest rates at 9.3% and 9.5%, respectively.

The report also highlights gaps in education and employment among orphans.

"Three in every 10 orphans aged three to five years are attending school, and slightly over half of those aged six to 17 are in school," it notes.

About 20% of orphans aged five to 17 are engaged in work.

Nearly 1% of children (0.7%) – equivalent to about 192,000 – do not know the survival status of their parents.

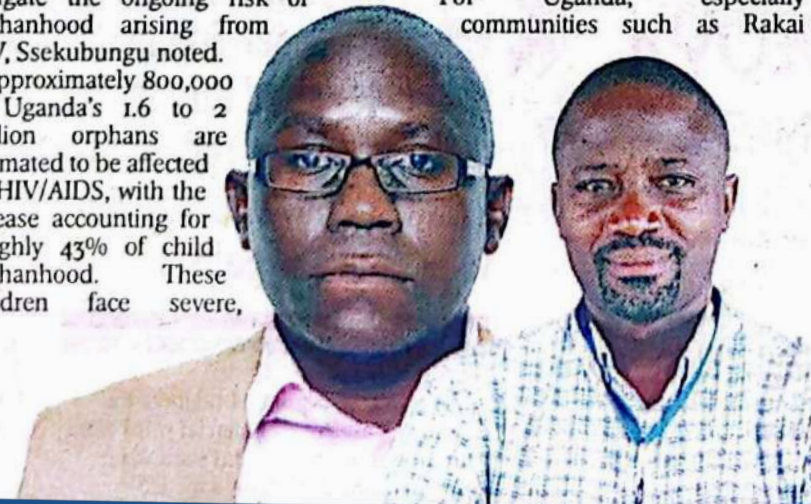
hence preventing the infection of their partner (mother or father of the children).

To consolidate the gains, sustained investment and adaptation of HIV programmes are crucial to mitigate the ongoing risk of orphanhood arising from HIV, Ssekubungu noted.

Approximately 800,000 of Uganda's 1.6 to 2 million orphans are estimated to be affected by HIV/AIDS, with the disease accounting for roughly 43% of child orphanhood. These children face severe,

long-term consequences, including psychological distress (anxiety and depression), poverty, educational disruption and increased vulnerability to abuse or neglect, especially in child-headed households.

For Uganda, especially communities such as Rakai



that were once at the epicentre of the epidemic, these findings matter deeply. They confirm what many families already know from lived experience: HIV treatment is not just about saving individuals; it is about keeping families together and giving children a fair chance at life.

Sarah Nakalembe, a community leader in Lyantonde district, agrees with the new findings.

"Parents who are HIV positive and have taken their medication religiously have managed to see their children grow up, get educated and live productive lives," she says.

Nakalembe says Rakai and the surrounding districts, including Lyantonde, lost many people to HIV in the 1980s and 1990s, leading to a spike in orphans.

"However, the number of people dying started reducing gradually after the Government introduced antiretroviral treatment in early 2000s. We embarked on encouraging people to take their medicines while ensuring healthy diets and good lifestyle habits. As a result, people started living longer," she says.

Notably, through patient support groups, individuals battling stigma and cannot go to health facilities to get their refills are able to have their medicine delivered to them by peers in the same community.

The HIV prevalence in Lyantonde district currently stands at 7.9%, higher than the national figure of 4.9%. By December 2024, about 6,400 people were living with HIV and of these, only 83.1% were on treatment.

Moses Mayombwe, a peer educator at Kasensero Health Centre II in Kyotera district, said unlike in the past where people living with HIV were discriminated against, lately those infected with the virus are taken care of well and also equipped with

livelihood skills. This, according to Mayombwe, has enabled them earn income to take care of themselves and their children.

Mayombwe commended the government efforts, noting that availability of ARVs coupled with sensitisation on the importance of adherence to medication has enabled HIV-positive couples suppress the virus and not infect babies.

"We no longer see people die of HIV or babies born infected with HIV," he notes.

Kyotera district health officer Dr Edward Muwanga confirmed that more people living with HIV in the district are on treatment (ARVs) compared to the past, hence living longer.

The 2025 National HIV Survey estimates reveals that in 2024, Kyotera recorded an HIV prevalence of 12.6% second to Kabarole district with a 14%. In the same year, a total of 19,380 people (85.0%) out of the 22,800 who were living with HIV in Kyotera district were on treatment.

HIV TRENDS

Uganda has made significant progress in the HIV fight. Prevalence has dropped to 4.9% from 18% in the 1980s and 1990s.

Approximately 1.5 million people are living with HIV in Uganda and 1.3 million of these are on treatment. New infections fell from 94,000 in 2010 to 37,000 in 2024, while AIDS-related deaths declined from 54,000 to 20,000 in the same period. However, women remain disproportionately affected, forming the bulk of infections, while men face higher treatment gaps and mortality.

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