



**ANALYSIS OF THE FY2025/26 HEALTH BUDGET:  
ADVANCING THE RIGHT TO HEALTH IN UGANDA'S FY2025/26 BUDGET: A HUMAN  
RIGHTS CALL TO PRIORITIZE INVESTMENTS IN HIV, TB & MALARIA IN UGANDA**

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## Introduction

The Uganda Network on Law, Ethics and HIV/AIDS (UGANET) has critically reviewed the FY2025/26 National Budget with a focus on the three key disease areas: HIV, TB and Malaria. These diseases remain major public health challenges, yet funding and implementation gaps persist, threatening progress towards Universal Health Coverage (UHC), epidemic control, and the realization of the right to health for all Ugandans as enshrined in the **Constitution of the Republic of Uganda, International Human Rights Instruments**, and the **Banjul Protocol (African Charter on Human and Peoples' Rights)**.

UGANET's recent national survey (**Jan–March 2025**) on the impact of the USAID funding freeze reveals the fragility of Uganda's HIV response and the urgent need for domestic financial resilience. It offers a sobering snapshot of the human consequences of funding shortfalls including widespread ARV stockouts especially third line, escalating stigma, mental health decline, and reduced HIV prevention access, making this year's budgetary decisions not only financial but a human rights imperative.

### **BUDGET CONTEXT AND DISEASE BURDEN FY2025/26: HIV, TB & MALARIA**

While the overall health sector budget has significantly increased from UGX 2.946 trillion (FY2024/25) to UGX 5.87 trillion in FY2025/26, and Government is credited for this, but allocations to HIV, TB, and Malaria programs remain disproportionately low, given the current challenges with the funding freeze, which has even made the need more apparent. The following issues persist:

However, **over 78%** of HIV, TB, and Malaria programming remains **externally under funded**, increasing vulnerability in light of donor withdrawals (e.g., USAID freeze).

According to official government figures published in the New Vision on June 13, 2025, the health sector allocation includes:

- **UGX 100 billion** for essential medicines
- **UGX 116.8 billion** for ARVs
- **UGX 2.9 billion** for anti-malarial medicines
- **UGX 17.8 billion** for immunization supplies
- **UGX 52.3 billion** for laboratory supplies
- **UGX 2.1 billion** for anti-TB drugs



While these figures demonstrate a commitment to essential health commodities, they fall short of meeting the full funding needs for HIV, TB, and Malaria programming. The budgetary allocations remain insufficient to close critical gaps in service delivery, prevention, diagnostics, and treatment access, especially in light of the USAID funding freeze and other external funding risks.

## HIV in Uganda

**Prevalence:** 5.1% (UNAIDS 2023) — approximately **1.4 million people** living with HIV.

**ART Coverage:** 89%, still below UNAIDS' 95-95-95 target.

### Key Gaps:

Community-led and prevention services face steep funding cuts.

Specialized HIV clinics are collapsing into general outpatient settings without adequate training or privacy safeguards.

**Budget Shortfall:** An estimated **UGX 423 billion** funding gap in HIV response (as of March 2025, MoH & partners).

## Tuberculosis (TB) in Uganda

**Annual TB Cases:** 90,000- 96,000 new infections yearly which gives a **TB Mortality** at 11,000 deaths annually (30 daily).

The Budget Allocation for FY2025/26 to NMS allocation for TB drugs retained at **UGX 7 billion**, same as previous year, However the **Health Committee** reports a **UGX 60.2 billion** shortfall for TB programming. This shortfall creates delayed diagnosis, treatment interruptions, rising DR-TB cases, and limited preventive therapy rollout.

## Malaria in Uganda

Over 16 million cases in 2023 were officially reported 2,793 deaths, though some estimates suggest up to 19,600 deaths, mostly children under five. 33% of outpatient visits, 22% of hospital admissions attributed to malaria and leading cause of child illness and mortality. Nearly 100% of Uganda's 45.5 million people are at risk. Malaria-specific funding shortfall of UGX 121 billion was reported.

Gaps in mosquito net distribution, indoor residual spraying, access to RDTs, and implementation of the R21/Matrix-M vaccine. Uganda's budget allocation FY2025/26: Government co-financing of Global Fund malaria grants amount to UGX 16 billion (~USD 4.4 million).



## Scorecard Against Human Rights Commitments

Uganda's progress must be assessed not only by health metrics, but also by its adherence to constitutional and international obligations to protect the right to health. The Banjul Protocol requires the state to ensure non-discriminatory access to healthcare services. Yet, UGANET's findings show that **89%** of respondents observed increased stigma and **73.9%** experienced discrimination, especially as specialized HIV clinics collapsed and care shifted to generalized OPD settings without adequate sensitization or privacy safeguards.

This underscores the urgent need for a **rights-based, equity-driven budgeting approach** that centres the lived realities of affected communities, rather than relying solely on donor risk mitigation or numerical coverage.



## UGANET's Key Recommendations Grounded in Human Rights

Consider Human Rights Based Approaches in decision making to enhance the right to health through the following;

1. **Prioritize Domestic Financing for HIV, TB & Malaria:** Shift towards more sustainable and equitable funding by increasing national budget contributions to essential disease programs to meet the gaps created by the funding cuts.
2. **Reinstate and implement the National Health Insurance Scheme (NHIS):** Introduce the NHIS as a strategic priority to reduce out-of-pocket expenditures for chronic and infectious disease management.
3. **Support Community-led, rights-based Responses:** Allocate specific funds for civil society and community networks delivering HIV, TB, and Malaria services, including stigma reduction, legal aid, and rights-based outreach.
4. **Strengthen Integrated Service Delivery for efficiency and accessibility:** Ensure HIV, TB, and Malaria services are integrated and delivered within a comprehensive, integrated primary healthcare packages, especially in underserved and high-burden districts.
5. **Improve Essential Supply and Commodity Chain & Commodity Security:** Invest in last-mile delivery, diagnostics, and data systems to avoid stockouts and ensure timely access to essential medicines and test kits.
6. **Bridge Human Resource Gaps:** Recruit and deploy more health workers, including community health workers, to support case management, follow-up, and referral.
7. **Protect Gains from Donor Transitions:** Develop a national transition strategy to safeguard services as external funding from PEPFAR and the Global Fund declines.

