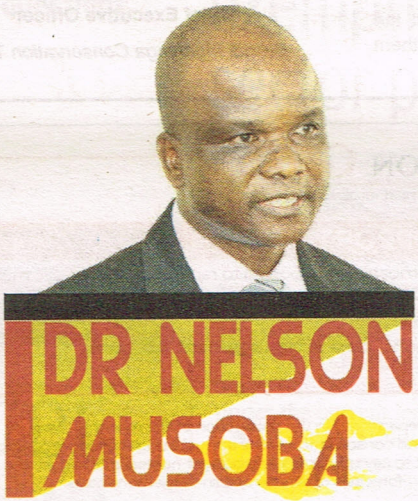
Uganda's path to zero new HIV infections



Uganda is rolling out a breakthrough HIV prevention tool – long acting injectable PrEP (lenacapavir) that could fast-track the goal of ending AIDS as a public health threat by 2030. Taken just twice a year, this new biomedical option brings renewed hope, especially to high risk populations and districts where new infections remain stubbornly high.

There are three main different types of HIV pre-exposure prophylaxis (PrEP): PrEP based on the oral antiretroviral drugs (oral PrEP). Under this category, we have:

i) The daily oral PrEP

ii) Event-driven PrEP (ED-PrEP) and

iii) Long-acting oral PrEP (which are still under research). Daily oral PrEP is up to 99% effective at preventing HIV acquisition from sex and at least 74% effective at preventing HIV acquisition from injection drug use.

It is for people who have possible exposure to HIV on a frequent basis, or an unpredictable basis. An important benefit of daily PrEP is that the person is always protected and can establish a daily habit of taking the medication. Uganda adopted and initiated oral pre-exposure prophylaxis (PrEP) as one of the biomedical HIV prevention tools in December 2016.

The Ministry of Health has made oral PrEP available and accessible at a total of 668 health facilities in all the regions, with the exception of the Karamoja sub-region (due to low prevalence of high-risk population groups).

There are currently up to 775,000 persons who have ever been initiated on oral PrEP in the country, with ever increasing numbers initiated on PREP every year, and up to 205,000 initiated on PrEP in 2024. PrEP should not be confused with post-exposure prophylaxis (PEP).

PEP is a 28-day course of antiretroviral drugs taken after a possible HIV exposure that may have been due to rape/defilement, unprotected sex, needlestick, or injury during surgery. The goal is to stop HIV infection after the virus may have entered the body of an HIV-negative individual. The drugs block viral replication in the short window (72 hours max) before the virus establishes infection. Administration should be started as soon as possible but within 72 hours of exposure. The recipient must be HIV-negative and have no allergy to the antiretroviral medicines.

If taken promptly, PEP reduces the risk of HIV infection by about 80% and not 100%. PrEP is for prevention why PEP is for emergency rescue.

In 2024, Uganda recorded 37,000 new HIV infections, most among adolescents, young women and key groups.

Keeping each person on lifelong treatment costs roughly sh700,000–sh800,000 ($200–$230) per year, while the estimated annual cost of injectable PrEP is sh140,000 and is expected to reduce further. This provides a much cheaper and efficient option given the rising number of people who need the service each year.

Injectable PrEP is a game-changer because it offers discreet and less stigma because only two injections a year removes daily pill burden and the fear of being seen taking medication. Studies showed higher adherence nearing 100% protection when doses are on schedule, overcoming the 30-40% dropout seen with daily pills.

Injectable PrEP is a cost effective intervention; preventing one infection saves huge lifetime treatment costs.

Two types of long-acting PrEP exist; Cabotegravir (CAB LA) – injected every two months in the muscle and Lenacapavir – under the skin, twice a year, blocking HIV at multiple stages. Trials reported zero infections among adherent participants.

Uganda's guidelines target sex workers, fisherfolk, truck drivers, uniformed forces, sexual minorities, adolescent girls and young women in transactional sex, as well as HIV discordant couples where the positive partner is not virally suppressed.

The Ministry of Health will embed PrEP within primary healthcare, offering it alongside vaccines (HPV, Hep B) and family planning services to normalise the intervention and reduce HIV-related stigma.

The rollout will start with a pilot in 2026, scaling to high burden districts thereafter.

Challenges include ensuring cold chain, trained staff for deep and under the skin injections; eliminating stigma by ensuring that clinics are not perceived as "HIV only" spaces; mobilising domestic resources from the Government to ensure sustainability and minimising relying solely on donor funding. Long acting injectable PrEP is not a vaccine, but when taken on schedule it dramatically cuts new infections, protects youth, and eases the long term treatment burden. Uganda's leadership in HIV innovation, coupled with community involvement, positions the country to meet the 2030 target.

As a global leader in the fight against HIV and AIDS, rolling out the long-acting PrEP that protects and empowers young people, the most productive group of our population, is a decisive step bringing the nation closer to ending AIDS as a public health threat by 2030.

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