

# Update HIV/Aids prevention and Control Act

Imagine a truck arriving at your warehouse with goods you know you desperately need. They align with the future you have projected. They represent freedom, protection, and progress. They carry value that will transform your operations for years to come. But as you stand there receiving these goods, grateful for their arrival, you remain wary of a roadblock just outside your gate. A hinderance with the power to undo everything you have procured. An obstacle that does not care how far the goods have travelled or how important they are for your future.

That roadblock is Uganda's outdated HIV/Aids prevention and Control Act.

Despite the funding disruptions that have threatened Uganda's health system this year, we have been listed among the countries to receive support from the Global Fund and the United States government for the rollout of long-acting Lenacapavir, the twice-yearly injection that of-

ly reduces stigma because prevention becomes a private, dignified, and self-directed decision.

The economic benefit of Lenacapavir for Uganda's health budget is significant. Every infection prevented is treatment avoided. The more people who remain HIV-free because of long-acting prevention, the fewer resources the country will spend on lifelong HIV treatment.

Now this science arrives in Uganda and meets a law that criminalises having HIV. A law like this creates fear, which means people avoid testing because they do not want to be labelled criminals. When the law makes testing feel dangerous, people stay away from the very services that are meant to help them. If they do not test, they will not know their status. And if they do not know their status, they cannot make informed decisions about whether to start HIV treatment or whether to use HIV prevention tools, especially if they are at risk.

Science has already provided these tools: treatment that suppresses the virus, and prevention options that protect people before exposure. But without testing, none of this reaches the people who need it. Lack of testing also reduces disclosure, breaks trust, and eventually affects adherence because people operate in secrecy instead of safety.

The result is that the law ends up keeping people away from the systems that could protect them. Instead of slowing HIV transmission, it drives it underground. Instead of supporting prevention, it actively undermines it. The law creates the very silence that science is trying to break.

Uganda now stands at a moment when science is offering us a new beginning. Long-acting prevention is here. Global partners are ready. Communities are ready. Young women are ready. The only part of the system still living in 2014 is the law. If we want the goods at our warehouse to reach the people they are intended for, we must clear the road ahead.

As Uganda moves toward the polls to choose a new Parliament, this cannot be a forgotten issue. The HIV legislation must be at the top of the legislative agenda. Our next Parliament must decide whether Uganda will move forward with science or remain anchored to a past that no longer protects us.

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**Belinda Namutebi**  
HIV/Aids

fers six months of protection against HIV.

Science has delivered an HIV prevention tool that complements the options Uganda already has such as the ABC approach, oral PrEP, the dapivirine ring, and long-acting Cabotegravir.

Lenacapavir offers six months of protection, which means people at risk of HIV no longer need to take a daily pill. This convenience reduces the pill burden, which may in turn improve adherence, strengthen continuity of prevention, and ultimately lower new HIV infections, contributing to a better quality of life.

Lenacapavir is also discreet and offers genuine choice. Young women and girls who are exposed to HIV can now select a method that fits their realities. That freedom of choice is empowering, and it natural-