

HOW UGANDANS WILL ACCESS SIX-MONTH HIV PREVENTION INJECTION

By John Musenze

Uganda will begin rolling out the long-acting HIV prevention drug Lenacapavir on April 15, with the army and refugees among groups eligible under a targeted access plan for people at substantial risk, the Ministry of Health has said.

The injectable drug that protects one from HIV infection for six months will not be available to everyone, with eligibility determined through a structured screening process at designated facilities, according to the Ministry of Health.

Dr Herbert Kadama, the national coordinator for Pre-exposure Prophylaxis (PrEP) at the Ministry of Health, said only individuals who meet a defined risk threshold will receive the drug. This means most Ugandans will not immediately access the drug, despite high demand.

DO YOU QUALIFY?

Under the government-approved screening tool, individuals will be assessed based on their sexual behaviour and potential exposure to HIV. The categories to be considered include sexually active adolescent girls and young women aged 15–24, discordant couples, pregnant and breastfeeding women, female sex workers and their clients, fisherfolk, long-distance truck drivers and people with multiple sexual partners.

However, Kadama acknowledged that the system relies on self-reporting, raising concerns that some individuals may misrepresent their risk.

“We know that every person who is having sex is at risk of HIV infection, but there are those who have the highest risk. The screening tool will look at those mainly, we know every Ugandan would love to have it, but currently, what is available is for those at risk,” he clarified.

The total of Lenacapavir doses donated is expected to reach 94,000.

A PHASED ROLLOUT

Dr Kadama noted that given the limited supply, the rollout will be phased, starting with about 100 health facilities before expanding to roughly 300 sites nationwide, prioritising areas with higher HIV incidence.

“Every person within Ugandan borders at risk of HIV, including soldiers and refugees, will have access to Lenacapavir. Our mandate is to have all services for all people in Uganda. Some of these jabs will be at the army health facilities. Refugees will access it in facilities near,” he said.

Kadama revealed that some military health facilities will be included in the rollout, widening access to populations often left out of targeted HIV prevention programmes.

The Ministry of Health has also

19,200 doses
Of Lenacapavir initially received on February 24. An additional 30,000 are expected before December under Global Fund.

warned against potential misuse of the drug, stressing that it will be provided free of charge and administered strictly within health facilities.

“This drug is free. No one should be charged and we will ensure accountability for every dose administered. After six months, one will be required to be screened again and will be either given another shot or advised to use other HIV preventive options like condoms,” Kadama said.

FUTURE SUSTENANCE

Despite a structured rollout, the questions about how Uganda will sustain access once initial donor-supported supplies run out remain. While the government has committed to increasing domestic funding for HIV prevention, it is not yet clear how this will guarantee a steady supply of Lenacapavir.

Kadama said broader access could depend on the future availability of lower-cost generic versions, which would allow the private sector to supply the drug.

“At the moment, it is only available in government facilities because of limited supply and it is still very expensive globally. When generics become available, we will support the private sector to provide them,” he said.

“Lenacapavir is here alongside other preventive options like condoms. If you are not in the category to access it, please use other options to protect yourself,” Kadama advised.

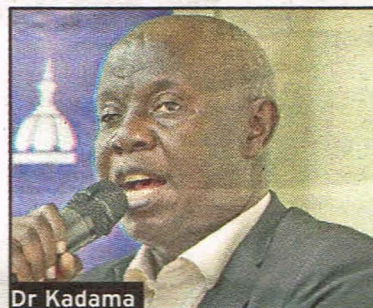
“About 800 participants who were part of the trials have continued receiving these injections and will do so until the drug becomes publicly available,” said Dr Flavia Matovu Kiweewa, the Ugandan principal investigator for the Lenacapavir trials in Uganda through the Makerere University–Johns Hopkins University Research Collaboration.

A TRANSFORMATIVE APPROACH

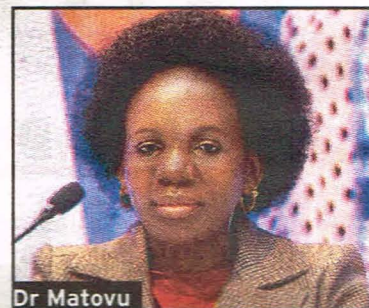
Flavia Kyomukama, the executive director of the National Forum of People Living with HIV/AIDS Networks Uganda, said the long-acting injectable presents a major opportunity for prevention, especially



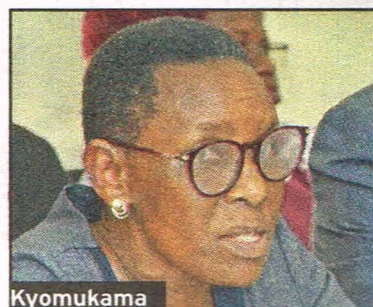
Part of the initial consignment of 19,200 doses of injectable Lenacapavir received on February 24



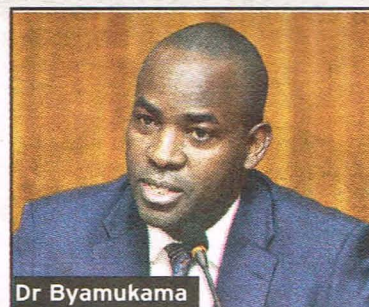
Dr Kadama



Dr Matovu



Kyomukama



Dr Byamukama

for individuals who struggle with daily oral PrEP, adding that this will transform HIV prevention among young people, a group that continues to face barriers with existing options.

“The impact will be very far-reaching because it does 100% effective prevention, especially for young people who find it difficult to adhere to pills, so we expect the new infections to go down to even less than 10,000 from 37,000; that’s if its rollout is maintained by the Government not just to stop on these donated doses,” she said.

DEMAND VS COST CONSTRAINTS

To change Uganda’s approximately 37,000 new infections each year, Byamukama said the country would require placing up to 1.8 million people on the drug, an investment he said, is currently unaffordable for the country since each jab will cost the Government \$40 (about sh150,000).

“Because of the high cost alone, the country can only afford to prioritise a

small number of people, particularly those at the highest risk. Lenacapavir’s contribution to reducing new HIV infections in Uganda will likely be marginal, at least in the short term,” he said.

During the announcement of the rollout last year, Dr Hudson Balidawa, a senior official overseeing Global Fund HIV investment, emphasised the significance of the approval and its implications for access.

He said Lenacapavir would not only be distributed through public HIV prevention programmes, but also made available in private-sector clinics, allowing individuals who can afford it to purchase the drug directly at the time when it becomes fully accessible.

Dr Balidawa noted that demand for the injectable is expected to far exceed initial projections. While the Government had budgeted doses for about 49,200 people this year, recent assessments suggest that up to 67,000 individuals could benefit from the drug

FOR HIV PREVENTION, NOT TREATMENT

Health officials warn that Lenacapavir is not a cure for HIV or AIDS, but a preventive medicine administered every six months to reduce the risk of acquiring HIV among HIV-negative individuals at substantial risk.

Flavia Kyomukama, the executive director of the National Forum of People Living with HIV/AIDS Networks Uganda, raised concerns about the lack of awareness and misconceptions surrounding the drug.

“People are still naïve about how it works. Some even think it is treatment. We have not done enough to explain what it prevents and what it does not. Many people, including the elites, think it is a vaccine and that is why almost everyone in this nation is excited. Government needs to do more awareness because we are likely to see a drop in HIV infection, but a spike in other sexually transmitted diseases due to misbehaviour,” she warned.

Kyomukama emphasised the need for targeted communication and careful rollout strategies to ensure the drug reaches those who need it most, including university students, sex workers, men who have sex with men and people in closed settings such as prisons.

“If the right information and implementation strategies are not in place, some communities will receive it without fully understanding it,” she said.

Dr Daniel Byamukama, the head of HIV prevention at the Uganda AIDS Commission, emphasised the importance of offering individuals a range of prevention choices, noting that what works varies from person to person.

“A key lesson in HIV prevention is that there is no magic bullet. Only a combination of behavioural, biomedical and structural approaches can stop continued HIV spread in any community. For some, the right choice could be abstinence or faithfulness, for others, it may be condoms or long-acting options like injectable Lenacapavir,” he said.

if more donations come in.

Uganda remains one of only two African countries, alongside South Africa, where Lenacapavir trials were conducted. The country continues to face a significant HIV burden, with about 37,000 new infections recorded in 2024, underscoring the urgency of expanding prevention options beyond existing tools.