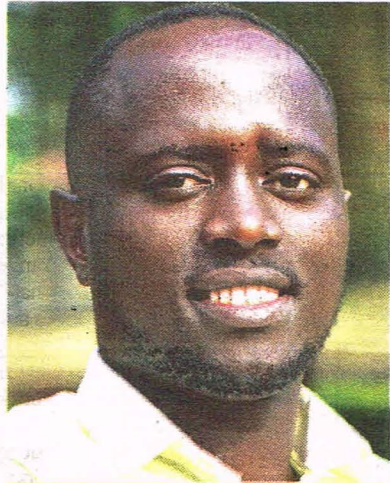


New six-month HIV prevention shot: How to prevent STIs from rising



MATHIUS AMPERIZE

Uganda has been at the forefront of the fight against HIV/AIDS worldwide and implemented various prevention measures, which include test and treat policy, condom use promotion, male circumcision, and targeted programs for key populations. Despite the efforts, an estimated 1.5 million people in Uganda were living with HIV in 2024, an increase from 1.2 million recorded in 2010.

While the national HIV prevalence among adults aged 15 – 49 years has declined from 7.2 percent in 2010 to 4.9 percent in 2024, the prevalence in cities remains high. For instance, Fort Portal City stands at 14.1 percent, Mbarara City at 9.9 percent, Gulu and Masaka City both at 9.6 percent, and Lira City at 9.1 percent, according to data from the Uganda AIDS Commission. Therefore, HIV/AIDS remains a public health threat in Uganda.

LENACAPAVIR: A NEW HIV PREVENTION INJECTABLE DRUG

As of 2026, efforts to introduce pre-exposure prophylaxis (PrEP) in Uganda, specifically lenacapavir, an injectable drug administered twice yearly, have gained momentum, with the ministry of Health (MOH) and development partners signalling plans to support phased rollout among priority populations.

Lenacapavir has emerged as a highly effective new tool to prevent HIV. Recent large-scale clinical trials, notably the PURPOSE 1 trial of 2024, demonstrated high protection against HIV acquisition, with over 99 percent of participants remaining HIV-negative during the study period. This strong protection comes from the fact that the drug stays active in the body for a long time, so a person doesn't have to take a pill every day, making it easier to adhere to the treatment and avoid stigma.

This new injectable drug will play a key role in strengthening HIV prevention

efforts and reducing new HIV infections among different key populations where most HIV transmissions in Uganda occur. These include sex workers, people who inject drugs, truck drivers, fisherfolk, and men who have sex with men. If implemented effectively, this approach could accelerate Uganda's progress towards ending HIV as a public health threat by 2030.

HIDDEN DANGER: PREP DOES NOT STOP OTHER STIS

While PrEP is extremely effective against HIV, the public must understand that PrEP does not protect against other sexually transmitted infections (STIs) such as gonorrhoea, chlamydia, and syphilis. Public health scientists should be concerned about risk compensation, which is a situation where individuals using PrEP may reduce condom use because they feel protected from HIV. This behavioural change could potentially increase the spread of other sexually transmitted infections (STIs) among different populations. Therefore, the challenge for Uganda's health sector is not whether to expand PrEP services but rather how to expand them responsibly.

A study by the Rakai Health Sciences Program, published in The Lancet Global Health in 2022, found that STI burden remains extremely high in southern Uganda. Chlamydia prevalence was estimated at 9.6 percent, gonorrhoea at 8.4 percent in fishing communities, and syphilis seropositivity reached 24.2 percent in fishing populations, which is a public health threat.

EXPANDING PREP RESPONSIBLY

PrEP programs should include regular STI testing every three to six months. This approach will ensure that STIs are detected early, treatment is provided promptly, and transmission chains are interrupted. Studies have indicated that frequent screening within PrEP programs

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can potentially reduce overall STI prevalence when properly implemented.

Additionally, efforts should be made to promote PrEP as part of combination prevention, not as a replacement for condoms. Health communication campaigns should carry clear messages such as: "PrEP protects against HIV, but condoms protect against HIV and other STIs." Such clear messaging is important among high-risk groups.

The efforts should indeed be targeted at people at increased risk of HIV transmission as planned by the MOH to improve both impact and cost-effectiveness. Priority groups in Uganda include: sex workers, men who have sex with men, serodiscordant couples, adolescent girls and young women, and mobile populations. Uganda could leverage the already existing targeted approaches in HIV programs, which could be strengthened for long-acting PrEP.

The MOH should avoid standalone PrEP clinics, but rather integrate it into different programs, including family planning services, youth-friendly health services, HIV testing centers, and antenatal clinics. Such an approach will improve access while also strengthening comprehensive sexual and reproductive health services.

In conclusion, the introduction of Lenacapavir represents a landmark milestone in HIV prevention in Uganda. However, its success will depend on combining this approach with existing ones such as health education, STI screening, condom promotion, and targeted prevention strategies. If implemented responsibly, it can significantly reduce new HIV infections without increasing the burden of other sexually transmitted infections.

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