



A healthcare worker prepares a dose of lenacapavir, the twice-yearly injectable HIV prevention drug, marking a new chapter in HIV prevention efforts in Uganda. PHOTO/COURTESY

Lenacapavir: Not a shield against STIs or pregnancy

Health experts say that while lenacapavir is a major advance in HIV prevention, the twice-yearly injectable drug does not protect users against sexually transmitted infections or pregnancy, urging continued use of condoms and other proven preventive methods.

BY ELVIS BASUDDE KYEYUNE

For many involved in Uganda's HIV response, the arrival of lenacapavir has sparked cautious optimism. Introduced in April 2026 after regulatory approvals and guidance from the World Health Organisation in 2025, the twice-yearly injectable HIV prevention drug is being hailed as a potential breakthrough.

By reducing reliance on daily pills, it offers a more discreet and convenient option that could help ease stigma and expand prevention choices for people at higher risk of infection.

But even as Uganda begins introducing the intervention in selected health facilities under a phased rollout, health experts are quick to temper expectations, warning that the innovation is still new in the local context and must not be misunderstood as a complete shield against

all sexual health risks.

Lenacapavir may offer powerful protection against HIV infection, they say, but it does not prevent pregnancy or protect against other sexually transmitted infections.

A breakthrough

Lenacapavir is a long-acting injectable medicine used as pre-exposure prophylaxis (PrEP) for people who are HIV-negative but at higher risk of infection.

Uganda received its first 19,200 doses through support from the Global Fund, marking the start of a phased introduction in selected health facilities, including regional referral hospitals. According to the Ministry of Health, the rollout is currently prioritised for high-risk populations such as sex workers, men who have sex with men, and people in serodiscordant relationships.

Dr Stephen Watiti, an HIV activist, says the injection represents an important shift in prevention strategy.

"When we started, we were encouraging abstinence, faithfulness, condom use, and circumcision. Later, we added ARVs, PEP, and PrEP. This injectable is a transformative step for people who struggle with daily pills," he says.

Uganda's HIV burden remains significant. According to Uganda AIDS Commission 2024 data, about 1.5 million people are living with HIV, with 37,000 new infections recorded annually,

about 71 new infections every day. Young women aged 15 to 25 account for a large share of new infections.

Against this backdrop, a long-acting injection that prevents HIV is being viewed as a significant scientific milestone.

But experts say the reality is more complex.

"It only blocks HIV"

At Kitigoma Care Clinic in Njeru, Dr Fred Mutekanga explains how lenacapavir works and what it does not do.

"The drug is designed to work only against HIV," he says. "It targets the virus's capsid, which is like its protective shell. It traps the virus so it cannot release its genetic material into human cells."

He describes the process as "lethal hyper-stabilisation," which effectively disables the virus before infection can occur.

However, he stresses that this precision is also its limitation.

"Because it is highly specific, it cannot act against other infections," he says. He outlines three key reasons:

First, target specificity; it is designed only for HIV prevention. Second, different organisms; STIs such as syphilis, gonorrhoea, and chlamydia are caused by bacteria or other pathogens unaffected by the drug. Third, no barrier protection, unlike condoms, it does not prevent the exchange of bodily fluids.

"So, people must understand: this is HIV prevention, not protection against all sexual infections," he says.

Pregnancy still a risk

Another misconception is that lenacapavir may prevent pregnancy. Doctors say it does not.

Dr Christopher Muwanga of Jinja Regional Referral Hospital is clear.

"It has no hormonal or mechanical effect on the reproductive system," he explains. "It does not stop ovulation, fertilisation, or implantation."

He adds that clinical evidence shows it does not interfere with fertility or embryonic development.

"For those who wish to avoid pregnancy, standard contraception is still required and this includes pills, IUDs, or condoms," he says.

THE BIGGER PICTURE

As Uganda cautiously expands access to lenacapavir, health officials face a familiar challenge in HIV prevention: innovation alone is not enough.

The success of this new injection will depend not only on its scientific power, but on how well it is understood, communicated, and integrated into everyday sexual health behaviour.

But alongside the promise, experts insist on one message that remains unchanged: No single drug can replace informed, protected, and responsible sexual health choices.

The "tail period"

Scientists are also monitoring what happens after the drug is discontinued. Lenacapavir has a long "tail period," meaning small amounts can be detected in the body for more than a year after the last injection.

During this period, drug levels may decline, which may leave some protection. If HIV exposure occurs in this stage, there is also a risk of developing drug-resistant strains.

For this reason, experts recommend continued condom use and regular testing even after stopping injections.

Not replacing old tools

Lenacapavir joins a growing "prevention arsenal" that includes condoms, voluntary medical circumcision, post-exposure prophylaxis (PEP), and daily oral PrEP.

Globally, it is being recognised as one of the most significant biomedical advances in HIV prevention in recent years. However, health experts caution against viewing it as a standalone solution.

Dr Watiti says it should be understood as part of combination prevention.

"No single method is enough on its own. The strength is in combining them, depending on risk and circumstances," he says. He also warns that biomedical breakthroughs can sometimes lead to a perceived risk.

"When people feel highly protected, risk perception can drop. That is where problems begin," he says.

Voices from the HIV community

William Matovu, a person living with HIV and activist, believes that prevention efforts still need strong engagement with people living with the virus.

"Prevention starts with us," he says. "If people living with HIV are not supported, transmission continues."

He argues that innovation should be matched with stronger attention to treatment adherence and prevention of onward transmission.

"If you ignore the source, you cannot continue the cycle," he says.

His concerns reflect ongoing debates within HIV advocacy circles about whether new technologies are sufficient to address the root drivers of infection.

Limited supply and cautious rollout

Uganda's rollout is still in its early stages. The initial 19,200 doses are expected to expand gradually, with projections targeting about 48,000 people in the first phase.

Health officials acknowledge that demand is likely to exceed supply, and funding remains a constraint.

International partners, including the United States government working with the Global Fund, have pledged long-term support to expand access to millions of people across high-burden countries by 2029. However, officials warn that supply must be carefully managed to avoid wastage and ensure prioritisation of high-risk groups.

A new tool, not a replacement

Despite excitement, experts repeatedly stress one central message: lenacapavir is not a replacement for existing prevention methods.

Antiretroviral therapy remains critical in reducing transmission among people living with HIV by suppressing viral load to undetectable levels. Condoms continue to protect against both HIV and other STIs. And behavioural prevention, abstinence, mutual fidelity, and regular testing remains essential.

Dr Watiti summarises it: "This is a new weapon, but we cannot throw away old ones."