Who gets access and how fast will determine Lenacapavir's impact

Uganda has earned the right to be proud. In the 1980s, when HIV was decimating communities and stigma silenced many into death, Uganda chose a different path. Government leadership mattered. President Museveni's administration openly confronted the epidemic when many countries remained silent. The Ministry of Health and the Uganda Aids Commission built systems and mobilised a national response.

But it was communities that carried the heaviest burden. People living with HIV stepped forward when fear was overwhelming. Community health workers, peer educators, faith leaders, and civil society organisations fought stigma village by village, restored dignity where there was shame, and made prevention and treatment humane. That collective courage helped drive prevalence down from nearly 30 percent in the early 1990s to 5.1 percent today, one of the most remarkable public health turnarounds in modern history.

That legacy makes the events of early 2026 all the more significant. On January 5, Uganda's National Drug Authority approved Lenacapavir, a twice-yearly injectable medicine that clinical trials showed to be up to 100 percent effective in preventing HIV among cisgender women and 96 percent effective across broader populations. On February 24, the first 19,200 doses arrived, donated by the Global Fund. A national rollout is set to begin on March 25. This is not a minor regulatory update. It is a historic step in HIV prevention.

The Uganda AIDS Commission continues to provide the strategic backbone of the national response. Our international partners, especially the United States Government through PEPFAR, the world's largest bilateral HIV programme, deserve acknowledgement. Working alongside the Global Fund, the US government has committed funding to provide Lenacapavir to up to two million individuals by 2028 across countries most burdened by HIV.

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> HIV/AIDS

But approvals and shipments are only the beginning. Uganda still records approximately 38,000 new HIV infections every year. Young women aged 15 to 24 account for 78 percent of new infections among adolescents. Female sex workers face an HIV prevalence of 37 percent. Fishing communities face 29 percent. These numbers reveal a hard truth. The epidemic is not distributed equally, and neither can the response be.

Long-acting HIV prevention options like Lenacapavir are a genuine game changer for communities facing stigma, legal barriers, and daily adherence challenges. For a young woman navigating an abusive relationship, or a sex worker afraid to be seen at a clinic, a twice-yearly injection removes many of the barriers that daily prevention pills cannot overcome. Science has delivered a tool that fits the reality of people's lives. The question now is whether our systems will do the same.

This is where communities must lead. Community-based organisations and key population networks have always carried the weight of HIV responses where formal systems could not reach. They built trust where institutions could not enter. They counselled, tested, and accompanied people when the healthcare system turned them away. The rollout of Lenacapavir must be community-led, not as courtesy but as a strategic imperative. Data must drive distribution so that high burden districts, key and priority populations, and marginalised communities are prioritised.

Stigma remains the invisible barrier that no injection can dissolve. If people fear being seen accessing HIV prevention services, they will not come. Government agencies, development partners, and civil society must work together urgently to create an enabling environment in which Lenacapavir can fulfil its promise.

The path to ending AIDS by 2030 is narrow. It requires speed, equity, and rights. It requires fast access, affordable pricing, and a commitment to reaching those most at risk. Generic versions are expected to cost around $40 per person per year starting in 2027, but sustainable domestic financing must still be planned before donor commitments shift. Uganda has walked this road before and shown the world what is possible. Science has delivered. The tools have arrived. What we do with them is our responsibility and our generation's defining test.

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