

# High uptake: Gulu hospital runs out of injectable PrEP

Medics attribute the success to mass sensitisation and operations of its clinic and community outreach programme.

BY SUSANACHOLA

In August 2025, Gulu Regional Referral Hospital was among the seven health facilities that started administering the injectable pre-exposure prophylaxis in the country.

The hospital received 133 doses of cabotegravir (CAB-LA) injection from the Ministry of Health (MOH), which was meant to maintain 19 clients, but due to the overwhelming reception, it was offered to 51 clients.

Ms Christine Akwiya, the assistant nursing officer, told *Daily Monitor* that medics are currently giving clients tablets because the facility has run out of the injectable PrEP.

"MOH brought 133 doses. Basically, it was meant for around 19 clients to keep them up to date. We surpassed the target that we were given. So the doses that were meant for 19 people, we gave to 51 clients. That is why right now we don't have the injection. We are just giving tablets to bridge the gap as we wait for the injection," she said.

Ms Akwiya also attributed the high demand for the injection to mass sensitisation and running a clinic at the facility.

"We have peer outreach workers, and people have been trained. They normally have their hotspots where the key populations stay. So when it comes to community-based models, we normally go for outreaches. When we reach there, we start by giving health education. We talk about PrEP, talk about HIV testing, and PrEP services. Then we do the testing. It is from there that we



Ms Christine Akwiya says 51 clients, instead of a target of 19 for 133 doses, have got the monthly injectable PrEP at Gulu Regional Referral Hospital due to high demand. PHOTO/SUSAN ACHOLA

screen them for PrEP eligibility and we initiate them," she explained.

Efforts to get a comment from Mr Emmanuel Ainebyoona is the senior public relations officer at Ministry of Health, were futile by press time.

The CABLA injection, a recent HIV prevention measure, is pre-exposure prophylaxis given at the start. The next injection after one month is known as a load dose, then after every two months, one is given an injection.

In case one is unable to take subsequent injections, one is given tablets to bridge the gap until one resumes injections.

"We give you tablets depending on the

## BACKGROUND

In September 2024, Uganda rolled out PrEP, which was meant to be one of the milestones in the country's battle against HIV.

The approach selected health facilities to offer these alternatives, which included oral PrEP, vaginal ring and the injectable.

These developments highlight the critical progress being made as Uganda intensifies efforts to end Aids as a public health threat by 2030. Uganda Aids Commission latest figures show 1.5 million people are living with HIV.

Uganda has made commendable progress in reducing the spread of HIV, but the challenge remains significant. The HIV prevalence among adults aged 15-49 years is currently at 5.5 percent, with an estimated 38,000 new infections reported in 2023, according to UNAIDS. Currently, oral PrEP is available to over 700,000 individuals across 635 health facilities in Uganda.

number of days that you will be away. Then, when you come back, we give you the injection, and you continue. But for someone who is starting, and if the patient is not able to come back after one month, we don't start you [on treatment]. Because we want to start you and load you. You come back after one month to get the loading injection. So we have injection one and re-injection two," Ms Akwiya explained.

As of January 2025, Uganda had the third-highest number of PrEP initiations in Africa, totalling 743,696. South Africa led with 1,342,154 initiations, followed by Zambia with 895,585.

But in Uganda, PrEP discontinuation rate is also high (67.9 percent), according to the 2025 report by Jonathan Lukubuya and colleagues titled: "Willingness to use long-acting injectable pre-exposure prophylaxis among key populations at a large HIV prevention clinic in Kampala, Uganda: a cross-sectional study".

Last August, the hospital also started offering tablets for people at risk of getting infected on a daily basis, and people with HIV positive partners. It is, however, not a long-term medication.

The hospital has also given the dapivirine vaginal ring, which releases the antiretroviral drug into the vagina over a 28-day period, to offer additional prevention choices for women at substantial risk of HIV infection as part of a combination HIV prevention strategy.

Medics said out of the 50 doses of the vaginal ring that the hospital received, only 15 clients have taken these rings, which are removed and replaced after 28 days, at the facility.

Challenges such as the risk of infertility and other sexual practices, including anal sex, have, however, contributed to the low uptake of the vaginal ring, medical practitioners said.

The Gulu District HIV coordinator, Ms Beatrice Acan, said: "The vaginal ring has issues. I find that some people even prefer anal sex, and yet the ring is not there. The ring is only at the cervix, in the vagina. So when somebody may prefer to use the anal, they will get HIV. So they are not protected. But with injection, the whole system is protected. When they narrated that certain couples and some commercial sex workers prefer to use the anus rather than the vagina, I felt so bad."