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Global health is evolving rapidly, with breakthroughs turning into medicine.

The latest advancement in viral research is Lenacapavir, an FDA-approved HIV injectable drug manufactured by American biopharmaceutical company Gilead Sciences.

Renowned as a convenient, long-acting alternative to daily pills, the new drug is licensed in Uganda only for preventive treatment (PrEP) and requires only one injection every six months to prevent the virus.

The first shipment of 19,200 doses, supported by the Global Fund, arrived in Uganda on Tuesday, February 24, 2026.

WHAT IS LENACAPAVIR?

Lenacapavir is a highly effective HIV prevention drug. Clinical trials showed it to be more than 99.9 percent effective. It can also be used as a long-lasting treatment option for HIV-1. Manufactured by Gilead Sciences, it is available as both an injection and oral pills.

In medical practice, ethical standards require that patients receive comprehensive information regarding the risks, benefits, and logistical requirements of any treatment to make an informed decision.

Concerns have been raised regarding whether current public communication fully reflects the side effects and logistical realities of Lenacapavir, given the high level of enthusiasm surrounding its approval. Technical data regarding new medications can be challenging for the general public to interpret, necessitating clear communication from health authorities.

A significant clinical consideration for Lenacapavir in HIV treatment is that it must be administered as part of a combination antiretroviral regimen, not as monotherapy, to avoid rapid resistance development.

This requirement means that, despite the advantage of twice-yearly injections, patients may still need to adhere to other, sometimes daily, oral medications. Additionally, potential injection site reactions and long-term pharmacological interactions require careful, ongoing management.

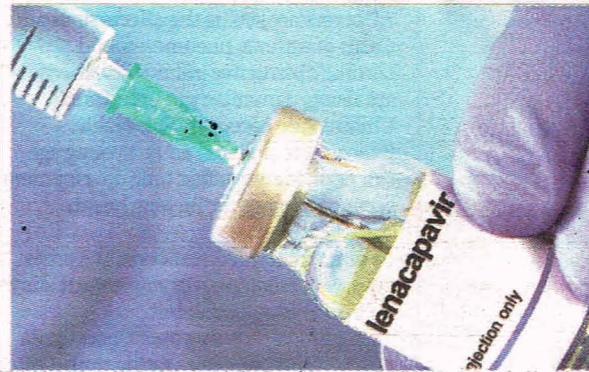
EFFICACY AND INTERACTIONS

Lenacapavir is highly effective in treating HIV-1, which is most prevalent in Uganda, but it is not effective in the treatment of HIV-2.

HIV-1 makes up 95 percent of the HIV population globally, while HIV-2 originated in West Africa and is found in the US, Europe, India, parts of Africa, and the Caribbean. Because HIV-1 is more contagious and progresses faster

The hidden complexities of HIV's Lenacapavir

Risks, Supply Concerns, and Side effects



Lenacapavir vaccine

to AIDS, Lenacapavir is not effective when administered as prevention to someone exposed to HIV-2.

There is a high prevalence of tuberculosis (TB) and fungal infections among people living with HIV. During clinical trials, it was established that Lenacapavir does not work well with anti-TB medication, especially rifampicin, which is the mainstay drug in TB treatment.

The drug's interaction with TB medication (specifically rifampicin) and certain antifungals is likely to decrease its effectiveness and potentially cause harmful adverse effects.

Additionally, it has a negative drug interaction with certain statins (medication for high cholesterol) and medications that treat erectile dysfunction, such as Viagra.

Because it is a long-acting injection, it can persist in the body for 12 months or longer, meaning potential drug interactions can persist for up to nine months after the injection has been administered due to residual concentrations in the system.

Common side effects of the drug include injection site reactions (swelling, pain), nausea, diarrhea, and headache.

Also, immune reconstitution syndrome, where a recovering immune system reacts to hidden infections, can occur, causing illness or death.

LOGISTICS AND SUPPLY IN UGANDA

According to the America First Global Health strategy, the U.S. State Department and partners are rolling out doses to high-burden HIV countries.

So far, 19,200 doses have arrived in Uganda.

However, the current supply is minute compared to the population that needs it. A report published by the Uganda AIDS Commission indicated that, as of late 2024, there were over 1.5

million people living with HIV in Uganda, with approximately 38,000 new registered infections annually.

With this burden, the initial supply of the novel drug is merely a drop in the ocean.

Drug access is currently contingent on policy compliance, raising questions about long-term availability should the U.S.-Uganda health MoU be breached.

Similar incidents of uncertainty surrounding AIDS drugs are currently unfolding in Zambia and Zimbabwe.

The cost of the drug is another concern. While Gilead Sciences has agreed to sign voluntary licensing agreements with local manufacturers, it is likely to be priced in the region of \$40 after voluntary pricing negotiations and heavy subsidization. This price point will limit access for many.

EXPERT INSIGHTS ON LENACAPAVIR

Dr. Flavia Matovu Kiweewa, Director of Research at the Makerere University-Johns Hopkins Research Collaboration, and lead scientist on the study of Lenacapavir at key Ugandan research sites, shed light on the administration of the drug, its negative interactions with tuberculosis medicine, and side effects.

"Rifampicin, an antibiotic primarily used to treat TB, speeds up the metabolism of Lenacapavir, causing drug levels to drop below effective levels, which leaves the person vulnerable to acquiring HIV."

"Recent clinical research has fortunately provided specific strategies to make it work. The key is that patients on Rifampicin should ideally complete TB treatment before starting Lenacapavir. If someone needs to start both, or starts Rifampicin while already on Lenacapavir, an extra dose boost strategy is used to keep Lenacapavir levels high enough to fight HIV."

"Once this boost is in the system, Lenacapavir can be taken normally for the six-month duration of standard TB treatment."

"Alternatively, other medications, specifically Rifabutin, can be used as a potential option if available. Rifabutin does not lower Lenacapavir levels as aggressively as Rifampicin, making it a safer companion."

Regarding long-lasting side effects of the drug, Kiweewa says, "It is important to note that any side effects, like headaches, do not last for 9 months."

"The most common long-term side effect of Lenacapavir is a small lump at the injection site (nodule), which is often palpable but not visible and usually dissolves prior to the next injection."

She concludes that "the trade-off of a small, temporary lump under the skin is a small price to pay for a 99.9% effective shield against HIV."

Kiweewa draws attention to the fact that the drug is currently only approved in Uganda for HIV prevention (PrEP).

And, "even within its approved use, Lenacapavir only works against HIV-1", she confirmed.

Kiweewa notes that Lenacapavir's greatest strength is "that it works against HIV-1 strains that are resistant to almost every other class of drugs."

CDC Uganda Country Director Dr. Mary Boyd agrees with Kiweewa on Lenacapavir's incompatibility with TB treatments and says, "... the Ministry of Health does not recommend co-administration of Lenacapavir with anti-TB regimens. Clients on TB treatment receive thorough counselling by healthcare providers and are offered alternative HIV prevention options that are safe and effective alongside TB treatment."

Concerning the side effects of the drug, Dr. Boyd said, "The most frequent adverse reactions associated with Lenacapavir injection are injection site reactions, the majority of which are mild and generally resolved within a week."

Regarding the uninterrupted supply of the drug, Mary Borgman, Director of Global Health and Diplomacy, reaffirmed that, "The supply and distribution of Lenacapavir are managed in collaboration with the Ministry of Health and guided by the terms of the health cooperation agreement."

"Any decisions regarding continued supply would be made in consultation with the Government of Uganda ... as the lead authority on the rollout and implementation of Lenacapavir in Uganda."