



Kenya Medical Association

NATIONAL EXECUTIVE

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KMA STATEMENT ON THE INTRODUCTION AND USE OF LENACAPAVIR AS HIV PRE-EXPOSURE PROPHYLAXIS IN KENYA

The Kenya Medical Association (KMA) is the umbrella professional association for doctors in Kenya. Established in 1968, KMA is mandated to champion the welfare of doctors and advocate for quality healthcare in the country. As a representative body for medical professionals, KMA is dedicated to ensuring the highest standards of healthcare delivery and advocating for necessary reforms within the healthcare sector.

The Kenya Medical Association (KMA) welcomes the recent licensure and introduction of lenacapavir (LEN) as an addition to the existing HIV prevention toolkit in Kenya. Following the findings of the PURPOSE 1 and PURPOSE 2 trials^{1,2}, which demonstrated substantial reductions in HIV acquisition when LEN was used as pre-exposure prophylaxis (PrEP) compared to oral options, KMA, being a firm proponent of evidence-based medicine, commends the clinical trial participants, investigators, industry partners, ethics bodies, and HIV prevention advocates for their invaluable contributions.

KMA is confident that this novel health technology will significantly contribute to ongoing efforts to reduce HIV incidence in Kenya and globally.

Lenacapavir is a long-acting injectable agent currently licensed for use as PrEP in individuals who are HIV-negative. It should not be used in persons already living with HIV who are on antiretroviral therapy. LEN is administered subcutaneously (into the adipose tissue of the abdomen or upper thigh) at a dose of 927 mg (two 1.5 mL injections) every 26 weeks. Initiation includes an oral loading dose of 600 mg (two 300 mg tablets) taken over two consecutive days, with the first dose administered on the day of the initial injection.

Priority populations for LEN eligibility assessment include men who have sex with men, people who inject drugs, individuals in correctional or other closed settings, sex workers, trans- and gender-diverse individuals, and persons in relationships or contexts associated with increased HIV exposure risk.

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In light of LEN being the first drug in its class, KMA highlights the following considerations to ensure optimal public health impact:

1. HIV Testing as a Core Component

HIV testing services remain fundamental to PrEP delivery. KMA strongly recommends the use of HIV rapid diagnostic tests (RDTs) and HIV self-testing (HIVST) for individuals initiating or continuing LEN. Testing frequency should be aligned with injection schedules to ensure timely detection of seroconversion.

2. Integration within Combination Prevention Strategies

LEN should be implemented as part of a comprehensive combination prevention approach. Findings from the PURPOSE trials^{1,2} indicate a high incidence of sexually transmitted infections (STIs) among participants. Accordingly, regular screening for STIs and hepatitis C, as well as hepatitis B screening and vaccination, should be incorporated into care packages. Individuals with hepatitis B infection should be transitioned to oral PrEP options that confer dual benefit for HIV prevention and hepatitis B management. Condom use and other behavioral interventions remain essential.

3. Accessible In all health facilities

The inclusion of all facilities, both in the public and private health sector in LEN rollout strategies is critical to achieving broad and equitable access.

4. Surveillance and Pharmacovigilance

Robust surveillance systems are necessary to monitor for breakthrough infections and potential resistance mutations, although current evidence suggests this risk is low. Additionally, given the still-limited but encouraging safety data in pregnant populations reported in the PURPOSE program^{1,2}, targeted surveillance in this group will be important.

5. Drug–Drug Interactions and Clinical Screening

Healthcare providers must carefully assess for potential drug–drug interactions, particularly with rifamycins used in tuberculosis treatment, certain anticonvulsants, ketamine, and medications used for erectile dysfunction. These interactions may reduce LEN efficacy or increase the risk of adverse events, necessitating thorough medication history-taking prior to initiation.

6. Sustainability and Health Financing

KMA underscores that the long-term success of LEN implementation will depend on sustainable financing. Kenya's HIV response has historically relied heavily on donor support; however, shifting global funding priorities necessitate a proactive approach to sustainability.

As a long-acting and potentially high-cost intervention, LEN introduction will require investment in procurement systems, supply chain infrastructure, workforce training, pharmacovigilance, and expanded testing services. KMA therefore recommends:

- Integration of LEN into national HIV strategic and financing frameworks
- Strengthening of domestic resource mobilization to reduce reliance on external funding
- Strategic price negotiations and pooled procurement mechanisms to enhance affordability

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- Prioritization of high-risk populations to maximize cost-effectiveness and public health impact
- Exploration of innovative financing approaches, including public–private partnerships and insurance-based coverage mechanisms Sustainability must be embedded from the outset to ensure uninterrupted access, program continuity, and long-term impact.

Conclusion

KMA stands ready to provide technical expertise and support to the Ministry of Health and all stakeholders in ensuring the safe, effective, and equitable implementation of lenacapavir as part of Kenya’s HIV prevention strategy.

References

- Lenacapavir for HIV Prevention in Cisgender Women (PURPOSE 1 Trial). N Engl J Med. 2024. Available at: <https://www.nejm.org/doi/10.1056/NEJMoa2407001>
- Lenacapavir for HIV Prevention in Diverse Populations (PURPOSE 2 Trial). N Engl J Med. 2024. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMoa2411858>

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