Executive Summary

Advancing Access to LEN for PrEP in Kenya, Malawi, and Uganda

Lenacapavir (LEN) for pre-exposure prophylaxis (PrEP) is a highly effective injectable administered every six months, offering a new opportunity to expand prevention choice. Approved by the US FDA in June 2025, LEN began rolling out in December 2025, representing an unprecedented pace of planning and introduction of PrEP to date. The record speed of LEN introduction required intentional coordination and community engagement to facilitate successful uptake. From March to June 2026, AVAC, with support from the US Bureau of Global Health Security and Diplomacy (GHSD), partnered with Ministries of Health (MoH) and civil society organizations Lvcthealth in Kenya, Pakachere in Malawi and HEPS-Uganda in Uganda to advance early LEN introduction through community-led demand generation, capacity-building and evidence-informed implementation support.

By the end of the project, LEN for PrEP demand outpaced supply across all three countries, highlighting both the promise of LEN as a new prevention option and the value of early community engagement and government collaboration.



Kenya

LEN for PrEP launched February 2026

Lvcthealth

16,710 people reached with tailored HIV prevention materials; **189** champions deployed to conduct outreach activities in 15 counties; **77** Trainer of Trainers trained to scale-up training of champions



Malawi

LEN for PrEP launched July 2026

Pakachere Institute of Health and Development Communication (Pakachere)

50,000 PrEP communication materials disseminated; **3,600** radio & television spots to promote LEN introduction



Uganda

LEN for PrEP launched April 2026

HEPS-Uganda

246 Community Ambassadors from **115 sites across six regions** trained and deployed

The project demonstrated that successfully introducing a new HIV prevention method requires clear communication, meaningful community engagement, coordination with existing government structures and health systems, and ongoing learning. The project strengthened local capacity, established mechanisms for continued learning and ensured that partnerships would endure beyond the life of the project.

Key Achievements

This project supported strong, community-centered LEN launches in Kenya, Malawi and Uganda through:

Expanded access to trusted, contextually relevant information: Developed 56 demand-generation materials with community input, designed to present LEN alongside other available PrEP options to support informed prevention choice. In Kenya, 189 community champions were deployed across 15 counties rolling out LEN. In Malawi, partners disseminated more than 50,000 PrEP communication materials and more than 3,600 radio and television spots.

Strengthened community and media engagement: Trained 396 community members in HIV prevention outreach and mobilization across the three countries. In Kenya, 77 Trainer of Trainers trained on the HIV Prevention Ambassador Toolkit reached 16,710 people in communities, of whom 5,699 were referred for services and 2,391 accessed a PrEP method. In Uganda, 246 Community Ambassadors from 115 PrEP implementation sites across six regions were deployed, and four regional Media Science Cafés reached 86 journalists and media personnel, supporting accurate reporting on HIV prevention and LEN introduction.

Generation of evidence to inform implementation: In Kenya, technical assistance across 15 priority counties and a national learning forum for the 15 LEN rollout counties supported review of progress and opportunities for improvement. In Uganda, HEPS-Uganda assessed 54 health facilities delivering LEN across 41 districts to identify service delivery gaps and inform scale-up.

Lessons Learned

The project demonstrated that successfully introducing a new HIV prevention method requires more than simply making it available. It depends on clear communication, meaningful community engagement, coordinated health systems and ongoing learning. The project prioritized sustainability by integrating into existing government and community structures, strengthening local capacity and developing resources to support continued implementation beyond the project period. Collaboration with MoH partners from the outset supported alignment with national priorities, while community-informed communication reinforced a central principle: introducing a new product should expand prevention choice, not compete with other available options.

The experience underscored three key lessons for the introduction of LEN and future HIV prevention products:

Invest in sustainable, community-centered demand generation. Communication materials, outreach efforts and community networks must be integrated into national, regional and local structures rather than remain dependent on time-limited projects.

Engage diverse stakeholders from the start. Meaningful collaboration among government, civil society, communities, health workers and media is essential to effective introduction and sustained access.

Generate and share implementation evidence in real time. Community feedback and service delivery data can identify gaps, guide course corrections and inform broader scale-up.

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In addition to these common lessons, several country-specific lessons also emerged. In Malawi, using multiple communication channels to reinforce messaging – through print, broadcast and digital media – proved successful. In Kenya, government trainers and community champions reduced reliance on external support. In Uganda, aligning communication with service readiness was priority in planning to expand impact.

Looking Ahead

As LEN rollout continues, sustaining progress will require government leadership, integration of demand generation into routine HIV prevention programming, continued support for community-based cadres and health workers and attention to gaps between demand, supply and service readiness. The project provides practical lessons for translating promising HIV prevention innovations into accessible, community-informed services that expand choice and support lasting public health impact.

To learn more about achievements in each country, visit the country pages for Kenya, Malawi and Uganda.

Kenya



Lvcthealth
Read the Kenya snapshot

Malawi



Pakachere
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Uganda



HEPS-Uganda
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