

Relevant disclosures

- DTHF has received grants and research products from Johnson and Johnson, Gilead Sciences and ViiV Healthcare
- LGB has served on advisories for
 - ViiV Healthcare
 - Merck Pty LTD
 - Gilead sciences



Today my brief is: LA PrEP but oral PrEP lessons count too...

- What value does implementation science offer?
- What may we be interested to learn?
 - Differentiated: Products, Delivery systems, Users
- What are some of the lessons we have learned about
 - Uptake
 - Choice
 - Persistence
 - Switching
 - Tolerability and adverse effects
 - Effectiveness
 - Cost



2010

CAN A PILL A DAY PREVENT HIV?

10M

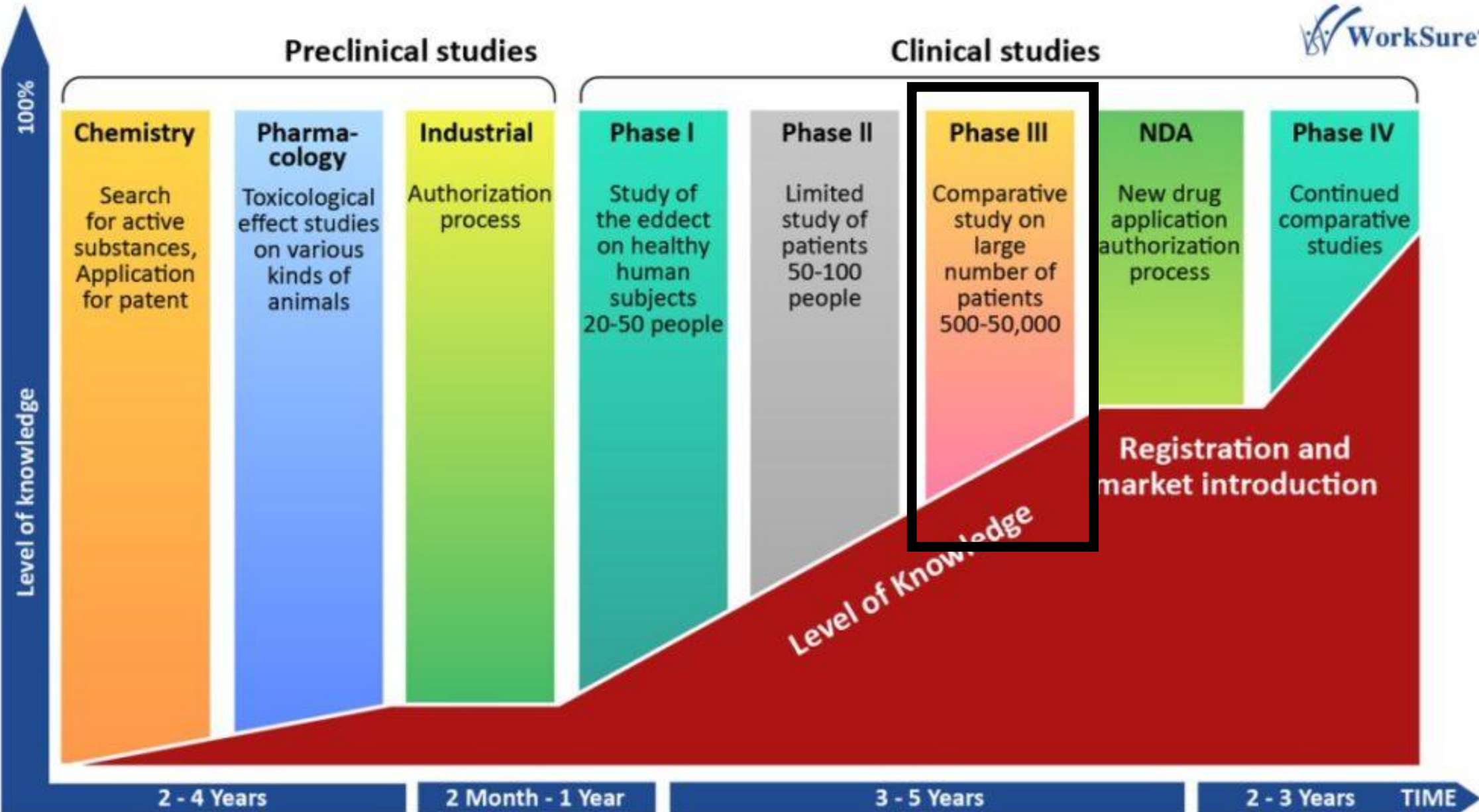
FOR INFORMATION ON THIS NEW AND
EXCITING HIV PREVENTION STUDY

SMS "Info" at no cost to 30060 or
e-mail MCMHP@hiv-research.org.za

All participants will be compensated for their time and transport.



The Process of Drug Development



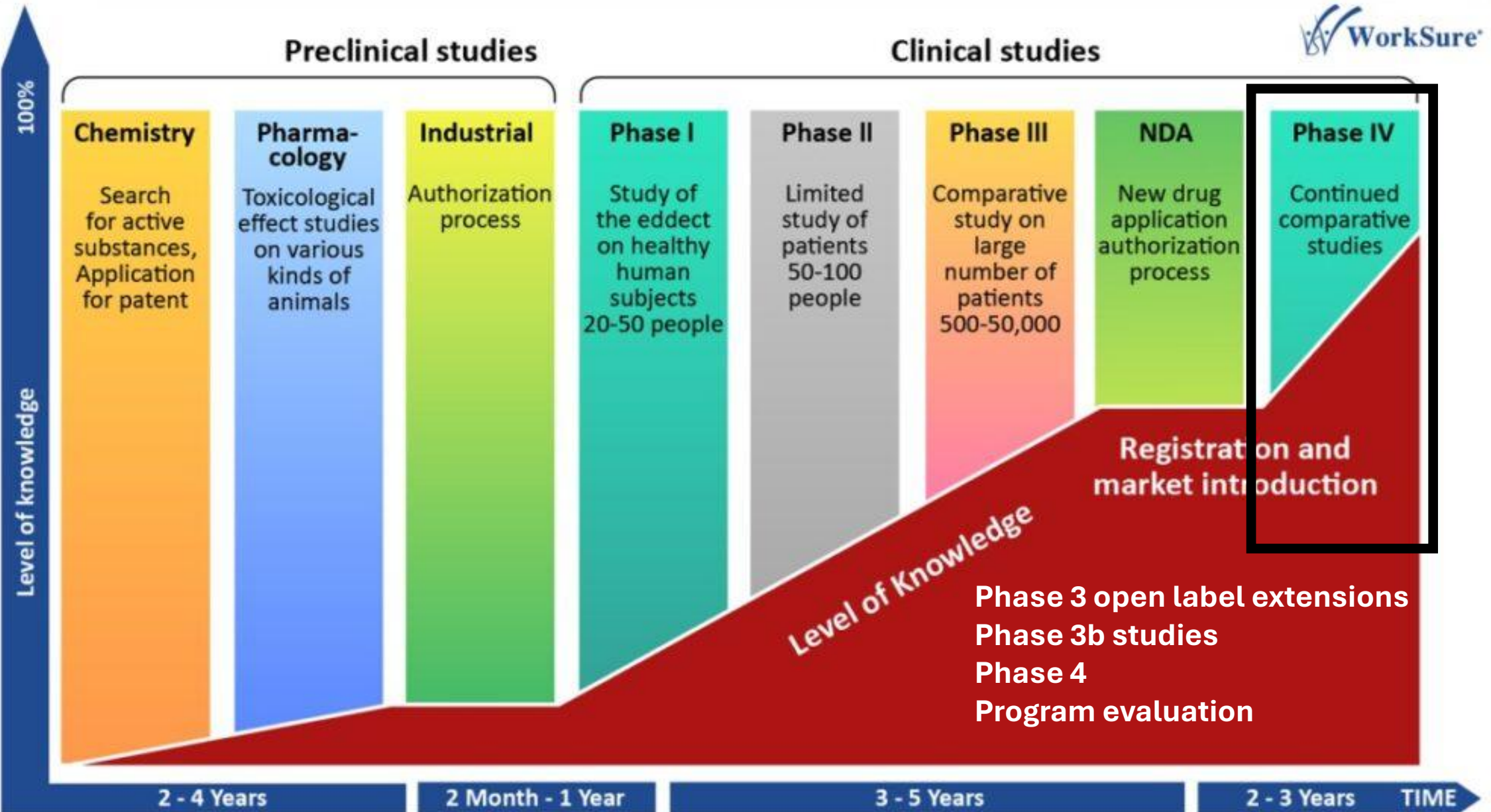
Considerations when introducing new HIV intervention

For each new intervention, explore, understand and evaluate:

Clinical	Policy & Programs	Personal
■ Biologic efficacy ■ Dosing/duration ■ Reversibility ■ Side effect profile ■ Systemic/Topical	■ Delivery channel(s) ■ Health system burden ■ Product cost ■ Program cost ■ Provider training ■ Demand creation	■ User effectiveness ■ User preference ■ User burden ■ Discretion of use ■ Contribution to stigma

It's never just “the product” – it's the program, users, context, providers, health system, supply.....

The Process of Drug Development



The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

DECEMBER 30, 2010

VOL. 363 NO. 27

Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men

Robert M. Grant, M.D., M.P.H., Javier R. Lama, M.D., M.P.H., Peter L. Anderson, Pharm.D., Vanessa McMahon, B.S., Albert Y. Liu, M.D., M.P.H., Lorena Vargas, Pedro Goicochea, M.Sc., Martín Casapla, M.D., M.P.H., Juan Vicente Guanira-Carranza, M.D., M.P.H., Maria E. Ramirez-Cardich, M.D., Orlando Montoya-Herrera, M.Sc., Telmo Fernández, M.D., Valdílea G. Veloso, M.D., Ph.D., Susan P. Buchbinder, M.D., Suwat Chariyaletsak, M.D., Dr.P.H., Mauro Schechter, M.D., Ph.D., Linda-Gail Bekker, M.B., Ch.B., Ph.D., Kenneth H. Mayer, M.D., Esper Georges Kallás, M.D., Ph.D., K. Rivet Amico, Ph.D., Kathleen Mulligan, Ph.D., Lane R. Bushman, B.Chem., Robert J. Hargrett-Nelson, M.D., Patricia Doherty, Ph.D., Brian Beattie, B.Sc., Emma Wood, M.D., J. Jeff McCAna, I. N.

Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial

Kachit Choopanya, Michael Martin, Pravan Suntharasamai, Udomsak Sangkum, Philip A Mock, Manoj Leethochawalit, Sithisat Chiamwongpaet, Praphan Kitisin, Pitikan Natrujirote, Somyot Kittimunkong, Rutt Chuachoowong, Roman J Gvetadze, Janet M McNicholl, Lynn A Paxton,

ORIGINAL ARTICLE

On-Demand Preexposure Prophylaxis in Men at High Risk for HIV-1 Infection

J.-M. Molina, C. Capitant, B. Spire, G. Pialoux, L. Cotte, I. Charreau, C. Tremblay, J.-M. Le Gall, E. Cua, A. Pasquet, F. Raffi, C. Pintado, C. Chidiac, J. Chas, P. Charbonne, A. Cheret, J. T. D. Thomps, J.-P. Aboulker

Pre-exposure prophylaxis to prevent the acquisition of HIV-1 infection (PROUD): effectiveness results from the pilot phase of a pragmatic open-label randomised trial

Sheena McCormack*, David T Dunn*, Monica Desai, David I Dolling, Mitzy Gafos, Richard Gilson, Ann K Sullivan, Amanda Clarke, Iain Reeves, Gabriel Schembri, Nicola Mackie, Christine Bowman, Charles J Lacey, Vanessa Apea, Michael Brady, Julie Fox, Stephen Taylor, Simone Antonucci, :Owan, Andrew N Phillips, Anne M Johnson, Brian Gazzard, Owen N Gill

Prenatal exposure to HIV pre-exposure prophylaxis and birth, growth, and social-emotional developmental outcomes throughout early childhood in Kenya: a prospective cohort study

Lauren Gómez, John Kinuthia, Felix Abura, Jared M Baeten, Julia Dettinger, Anna Larsen, Mary Marwa, Nancy Ngumbau, Ben Odhiambo, Pascal Omondi, Joshua Stern, Barbara A Richardson, Solphine Watayi, Grace John-Stewart, Jillian Pintye on behalf of the PrEP Implementation for Mothers in Antenatal Care (PHIMA) Study Team

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

AUGUST 2, 2012

VOL. 367 NO. 5

Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women

J.M. Baeten, D. Donnell, P. Ndase, N.R. Mugo, J.D. Campbell, J. Wangisi, J.W. Tappero, E.A. Bukusi, C.R. Cohen, E. Katabira, A. Ronald, E. Tumwesigye, E. Were, K.H. Fife, J. Kiarie, C. Farquhar, G. John-Stewart, A. Kakia, J. Odoyo, A. Mucunguzi, E. Nakku-Joloba, R. Twesigye, K. Ngure, C. Apaka, H. Tamooh, F. Gabona, A. Mujugira, D. Panteleeff, K.K. Thomas, L. Kidoguchi, M. Krows, J. Revall, S. Morrison, H. Haugen, M. Emmanuel-Ogier, L. Ondrejcek, R.W. Coombs, L. Frenkel, C. Hendrix, N.N. Bumpus, D. Bangsberg, J.E. Haberer, W.S. Stevens, J.R. Lingappa, and C. Celum, for the Partners PrEP Study Team*

ORIGINAL ARTICLE

Antiretroviral Preexposure Prophylaxis for Heterosexual HIV Transmission in Botswana

Michael C. Thigpen, M.D., Poloko M. Kebaabetswe, Ph.D., M.P.H., Lynn A. Paxton, M.D., M.P.H., Dawn K. Smith, M.D., M.P.H., Charles E. Rose, Ph.D., Tebogo M. Segolodi, M.Sc., Faith L. Henderson, M.P.H.,

JAMA Pediatrics

Home

Issues

Multimedia

Home | JAMA Pediatrics | Vol. 171, No. 11

Original Investigation

FREE

Safety and Feasibility of Antiretroviral Preexposure Prophylaxis for Adolescent Men Who Have Sex With Men Aged 15 to 17 Years in the United States

D³; et al

THE LANCET

This journal Journals Publish Clinical Global health Multimedia Events About

ARTICLES · Volume 396, Issue 10246, P239-254, July 25, 2020

Download Full Issue

Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis (DISCOVER): primary results from a randomised, double-blind, multicentre, active-controlled, phase 3, non-inferiority

Melanie A Thompson, MD · Prof Peter L Anderson, PharmD · more

THE LANCET

Child & Adolescent Health

This journal Journals Publish Clinical Global health Multimedia Events About

ARTICLES · Volume 4, Issue 12, P875-883, December 2020

Download Full Issue

Acceptability, safety, and patterns of use of oral tenofovir disoproxil fumarate and emtricitabine for HIV pre-exposure prophylaxis in South African adolescents: an open-label single-arm phase 2 trial

Katherine Gill, MBChB · Leigh Johnson, PhD · Janan Dietrich, PhD · Prof Landon Myer, PhD · Melissa Wallace, PhD · et al. Show more

JAMA

Home | JAMA | Vol. 331, No. 11

Original Investigation

FREE

HIV Preexposure Prophylaxis With Emtricitabine and Tenofovir Disoproxil Fumarate Among Cisgender Women

Jeanne M Marrazzo, MD^{1,2}; Li Tao, PhD³; Marissa Becker, MD, MSc⁴; et al

6 PrEP facts!

- #PrEP works in (young) women taken daily
- #PrEP works for safer conception
- #Time to Protection likely a few days (2-7)
- #PrEP is a lifestyle NOT a medication
- #PrEP doesn't cause STIs! But STIs need attention
- #PrEP on at least 4 days per week is effective for all



LA PrEP

Cabotegravir IMI PrEP (LAI)



Lenacapavir SC PrEP (LAI)



Dapivirine Vaginal Ring (Topical PrEP)



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Safety and Efficacy of a Dapivirine Vaginal Ring for HIV Prevention in Women

A. Nel, N. van Niekerk, S. Kapiga, L.-G. Bekker, C. Gama, K. Gill, A. Kamali,

ASPIRE

A Study to Prevent Infection
with a Ring for Extended Use

The NEW ENGLAND
JOURNAL of MEDICINE

ESTABLISHED IN 1812

DECEMBER 1, 2016

VOL. 375 NO. 22

Use of a Vaginal Ring Containing Dapivirine for HIV-1 Prevention in Women

J.M. Baeten, T. Palanee-Phillips, E.R. Brown, K. Schwartz, L.E. Soto-Torres, V. Govender, N.M. Mgodini,

Oral Late Breaker | 10:30–12:00 PET (GMT-5 hours) | Limatambo 3/Channel 1

“Pharmacokinetic superiority of a 3-month dapivirine vaginal ring (100 mg) compared to the 1-month dapivirine vaginal ring (25 mg)” (Abstract ⁷)

J. Nuttall,* L. Haddad, M. Plagianos, W. Kriel, J. Visser, L. Solai, A. Garg, J. Steytler, and B. Devlin

HIVR4P
2024



The Journal of Infectious Diseases

MAJOR ARTICLE



OXFORD

Assessing Per-Sex-Act HIV-1 Risk Reduction Among Women Using the Dapivirine Vaginal Ring

Randy M. Stalter,¹ Tracy Q. Dong,² Craig W. Hendrix,³ Thesla Palanee-Phillips,^{1,4} Ariane van der Straten,^{5,6} Sharon L. Hillier,^{7,8} Flavia M. Kiweewa,⁹ Nyaradzo M. Mgodini,¹⁰ Mark A. Marzinke,⁵ Linda-Gail Bekker,¹¹ Lydia Soto-Torres,¹² Jared M. Baeten,^{1,13} and Elizabeth R. Brown^{2,14}, for the MTN-020/ASPIRE Study Team

Perinatal outcomes associated with pre-exposure prophylaxis for HIV prevention during pregnancy: a systematic review and meta-analysis

Alison Erlwanger,^a Isabelle Rocroi,^a Shona Kirtley,^b and Joris Hemelaar^{a,*}



Cabotegravir for the prevention of HIV-1 in women: results from HPTN 084, a phase 3, randomised clinical trial

Sinead Delany-Moretlwe, James P Hughes, Peter Bock, Samuel Gurrión Ouma, Portia Hunidzarira, Dishiki Kalonji, Noel Kayange, Joseph Makhema, Patricia Mandima, Carrie Mathew, Elizabeth Spooner, Juliet Mpendo, Pamela Mukwekwerere, Nyaradzo Mgodli, Patricia Nahriya Ntege, Gonasagrie Nair, Clemensia Nakabiito, Harriet Nuwagaba-Biribonwoha, Ravindra Panchia, Nishanta Singh, Bekezela Siziba, Jennifer Farrior, Scott Rose, Peter L Anderson, Susan H Eshleman, Mark A Marzinke, Craig W Hendrix, Stephanie Beigel-Orme, Sybil Hosek, Elizabeth Tolley, Nirupama Sista, Adeola Adeyeye, James F Rooney, Alex Rinehart, William R Spreen, Kimberly Smith, Brett Hanscom, Myron S Cohen, Mina C Hosseinipour, on behalf of the HPTN 084 study group



THE NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women

R.J. Landovitz, D. Donnell, M.E. Clement, B. Hanscom, L. Cottle, L. Coelho, R. Cabello, S. Charialertsak, E.F. Dunne, I. Frank, J.A. Gallardo-Cartagena, A.H. Gaur, P. Gonzales, H.V. Tran, J.C. Hinojosa, E.G. Kallas, C.F. Kelley, M.H. Losso, J.V. Madruga, K. Middelkoop, N. Phanuphak, B. Santos, O. Sued, J. Valencia Huamaní, E.T. Overton, S. Swaminathan, C. del Rio, R.M. Gulick,



News About HIV About PrEP

Injectable & long-acting PrEP

Ultra-long-acting cabotegravir could be taken three times a year for HIV PrEP and treatment

Liz Highleyman | 12 March 2024 | Estimated reading time 6 minutes

SYSTEMATIC REVIEW

Open Access

The safety of cabotegravir in pregnancy: a systematic review and meta-analysis

Amber Jasper¹, Willem Fourie² and Sarentha Chetty^{1,2*}

Delany-Moretlwe S et al. *Journal of the International AIDS Society* 2025; 28:e26401
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.26401/full> | <https://doi.org/10.1002/jia2.26401>



Research Article

Evaluation of long-acting cabotegravir safety and pharmacokinetics in pregnant women in eastern and southern Africa: a secondary analysis of HPTN 084

Whether daily oral or injectable PrEP, choose the PrEP that's best for you.

PURPOSE 1 PURPOSE 2

HIV'S LONG SHOT

Science

2024
BREAKTHROUGH
OF THE YEAR

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 APRIL 3, 2025 VOL. 392 NO. 13

Twice-Yearly Lenacapavir for HIV Prevention in Men and Gender-Diverse Persons

Kelley,^{1,2} M. Acevedo-Quilones,³ A.L. Agwu,⁴ A. Avihingsanon,⁵ P. Benson,⁶ J. Blumenthal,⁷ C. Brinson,⁸ C. Brites,⁹ P. Cahn,¹⁰ V.D. Cantos,¹¹ J. Clark,¹² M. Clement,¹³ C. Creteas,¹⁴ G. Crofoot,¹⁵ R.S. Diaz,¹⁶ Hecki-Lewis,¹⁷ J.A. Gallardo-Cartagena,¹⁸ A. Gaur,¹⁹ B. Grinsztajn,²⁰ S. Hassler,²¹ J.C. Hinojosa,²² T. Hodge,²³

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 OCTOBER 3, 2024 VOL. 391 NO. 13

Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women

L.G. Bekker, M. Das, Q. Abdool Karim, K. Ahmed, J. Batting, W. Brumskine, K. Gill, I. Harkoo, M. Jaggernath, G. Kigozi, N. Kiwanuka, P. Kotze, L. Leбина, C.E. Louw, M. Malahleha, M. Manentsa, L.E. Mansoor, D. Moodley, V. Naicker, L. Naidoo, M. Naidoo, G. Nair, N. Ndlovu, T. Palanee-Phillips, R. Panchia, S. Pillay, D. Potlone,

HIV acquisitions, safety, and pharmacokinetics of lenacapavir for HIV pre-exposure prophylaxis in pregnant and lactating women (PURPOSE 1): a substudy of a phase 3, randomised controlled trial

Linda-Gail Bekker, Dhayendre Moodley, Daz on Dixon Diallo, Ishana Harkoo, Godfrey Kigozi, Noah Kiwanuka, Cheryl E Louw, Moelo Malahleha, Lillian Mworeko, Thesla Palanee-Phillips, Ravindra Panchia, Nishanta Singh, Sarah B Puryear, Priyanka Arora, Jared M Baeten, Andrea Brown, Christoph C Carter, Marjorie Imperial, John Ling, Renu Singh, Pamela Wong, Moupali Das, Flavia Matovu Kiweewa

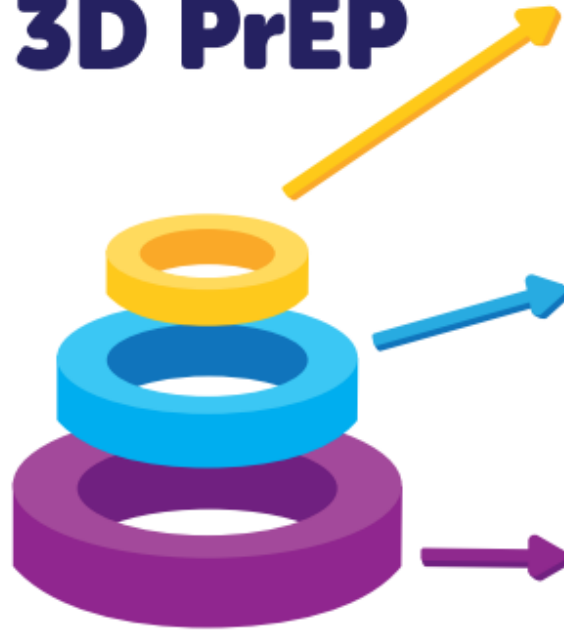
RESEARCH ARTICLE

Optimising scale-up of injectable lenacapavir for HIV pre-exposure prophylaxis in South Africa: A modelling study and economic evaluation

Lise Jamieson^{1,2*}, Leigh F. Johnson³, Jeffrey W. Imal-Eaton^{4,5}, Hasina Subedar⁶, Linda-Gail Bekker⁷, Gesine Meyer-Rath^{1,2,8}

Prevention is now 3-Dimensional

3D PrEP



DRUG DETAILS

Characteristics of different PrEP products	
Systemic / Topical	Long / Short acting PK
Pills / Ring / Injectable	Side effects / Tolerability
Daily / Event driven pill	Nurse / Self / Peer administered
2m / 6m Injectable	
1M / SC Injectable	Viral resistance profile



PrEP Product

DELIVERY

Implementation delivery modalities	
Health facility	Courier / Post bank
Mobile clinic	School / Collage
Community based	Pharmacy / Mall / Other outlet
Public / Discreet	Self-testing / POC / Lab testing



PrEP Provision

DISPOSITION

Motivations, affects, attitudes, information, perceptions, and user preferences towards product details and delivery modalities
Independent / Convenience / Discreet / Introvert / Social
frequent / Intermittent / Infrequent sex
Vaginal / Anal / Other sex
Sero+ / Sero-unknown partner
Regular / Shift / Irregular working
School / Tertiary / Collage



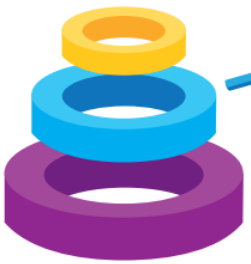
PrEP personality

3D PrEP

Drug

Delivery

Disposition



Longer PrEP refills

Differentiate, Simplify and De-Medicalize

An evolving landscape with the introduction of LA PrEP



Support by peers, experts clients, community health workers, nurses, pharmacists



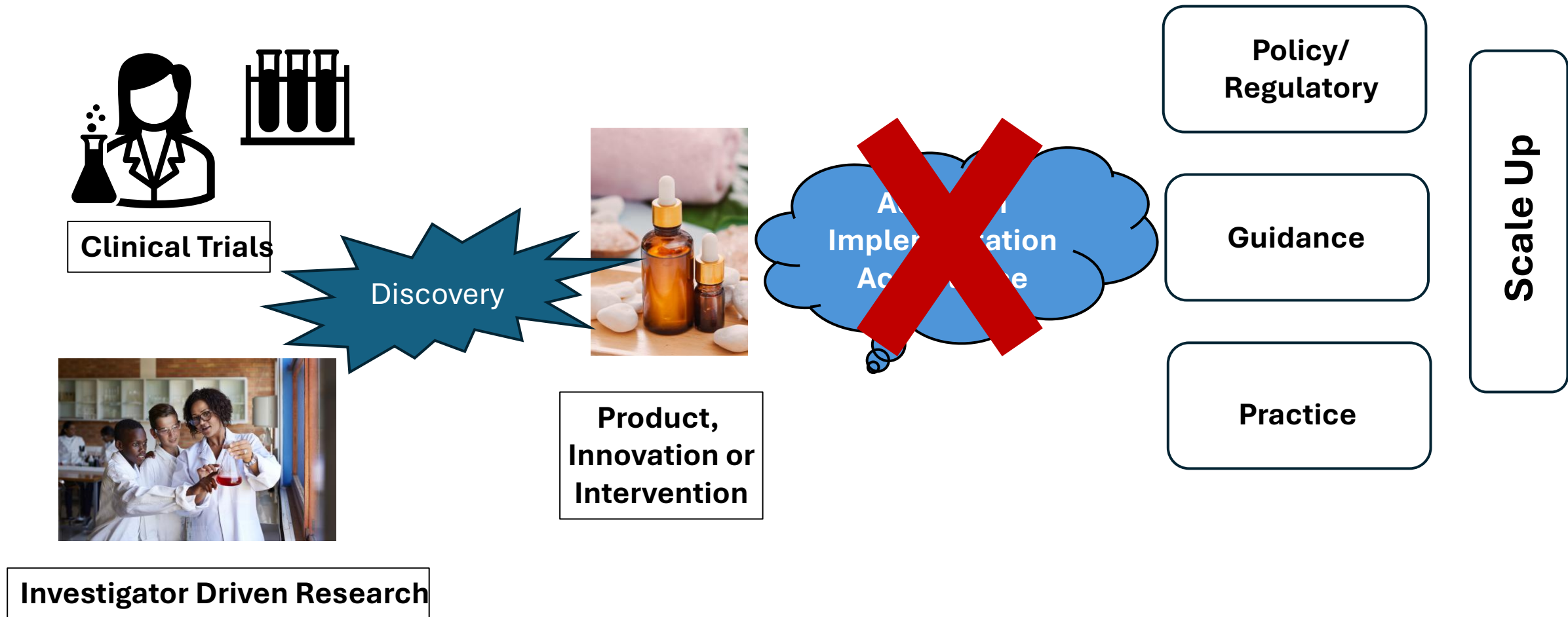
Decentralized and closer to home (e.g. drop-in center, pharmacy, at home, community-led)

PrEP refills and comprehensive health services



Kim Green, Bringing PrEP to the people: Democratizing access to PrEP through differentiated delivery before, during, and after COVID-19, R4P 2021

The challenge:



“....first get practice into research”

- **Embed** the operational research in **local** programs
- Focus on **local opportunities** for going to scale
- Base questions on understanding of the **barriers** to large scale access
- Interventions should be **realistic and appropriate**
- Research and program development should be **linked**
- Embedded research should improve **resource availability**
- Programs with embedded research **builds capacity**

A solution.....



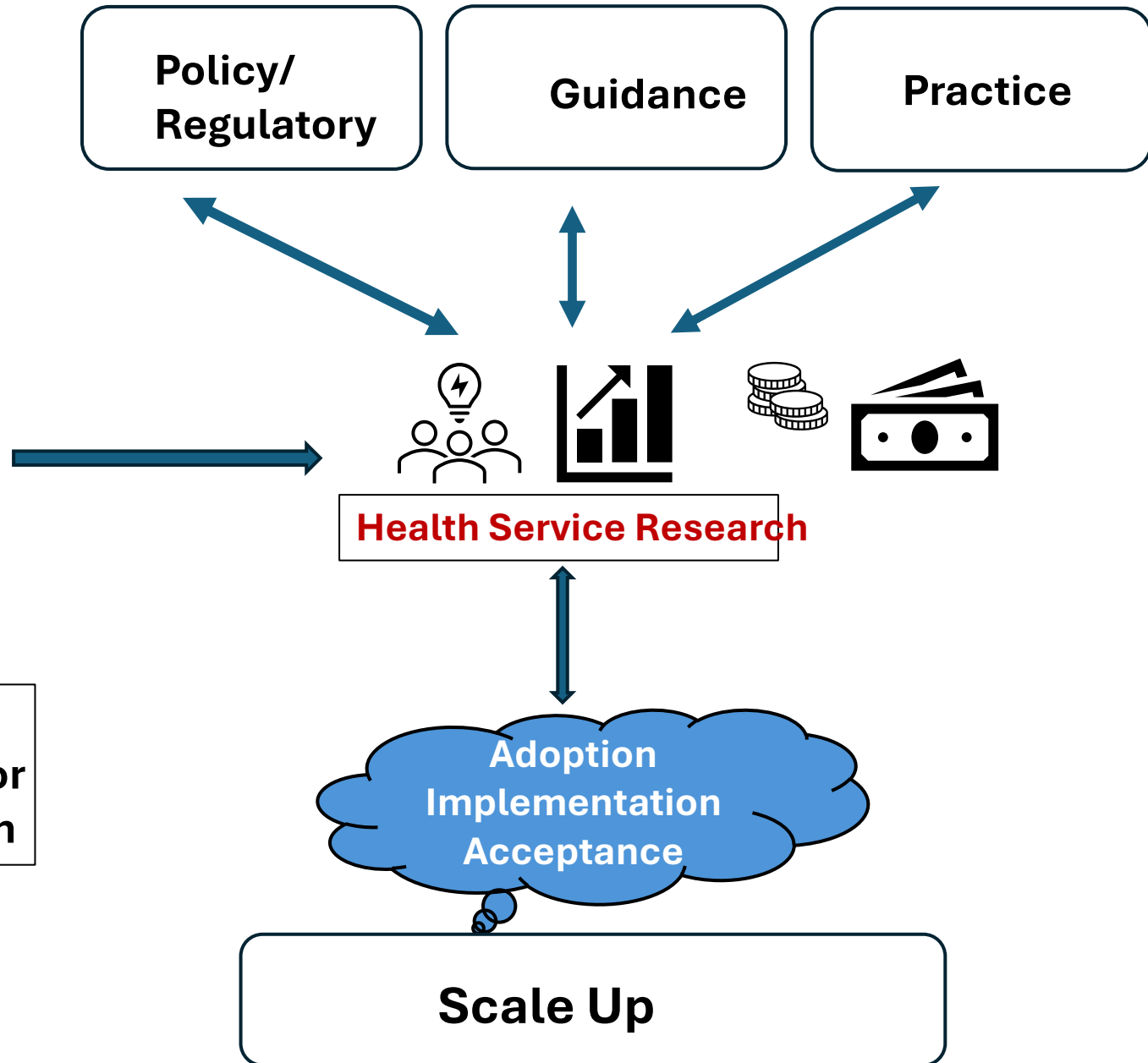
Clinical Trials



Investigator Driven Research



Product,
Innovation or
Intervention



For prevention impact: we will need wholesale offering, uptake, coverage and persistence

A Few Estimations:

Need 25 million people on PrEP to avert 260 000 in ESA young women
11.6 million people on PrEP from key pops globally

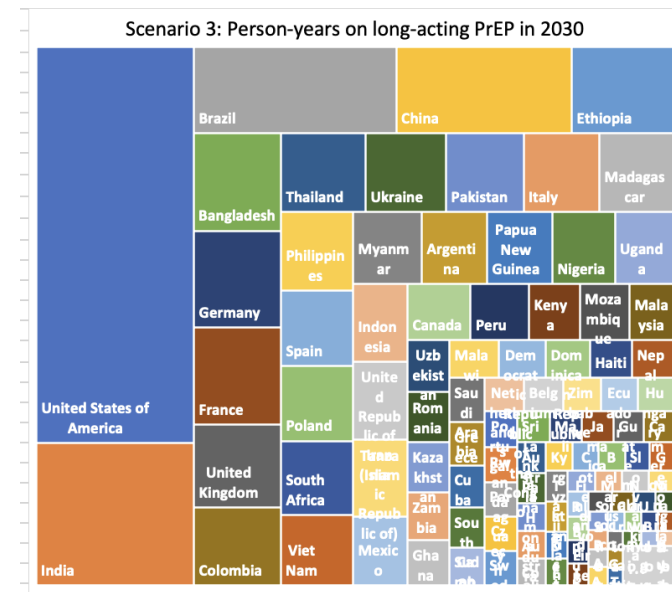
Clinical Infectious Diseases

MAJOR ARTICLE



A Human Immunodeficiency Virus Type 1 Risk Assessment Tool for Women Aged 15–49 Years in African Countries: A Pooled Analysis Across 15 Nationally Representative Surveys

Nora E. Rosenberg,^{1,2} Bonnie E. Shook-Sa,^{2,3} Amber M. Young,² Yating Zou,^{2,3} Lynda Stranix-Chibanda,^{3,4} Marcel Yotebieng,^{5,6} Nadia A. Sam-Agudu,^{6,7,8} Sam J. Phiri,^{8,10} Wilbrod Mutale,¹¹ Linda-Gail Bekker,¹² Manhattan E. Charurat,¹³ Sizulu Moyo,^{14,15} Khangelani Zuma,¹⁴ Jessica Justman,¹⁶ Michael G. Hudgens,^{2,3} and Benjamin H. Chi¹⁷

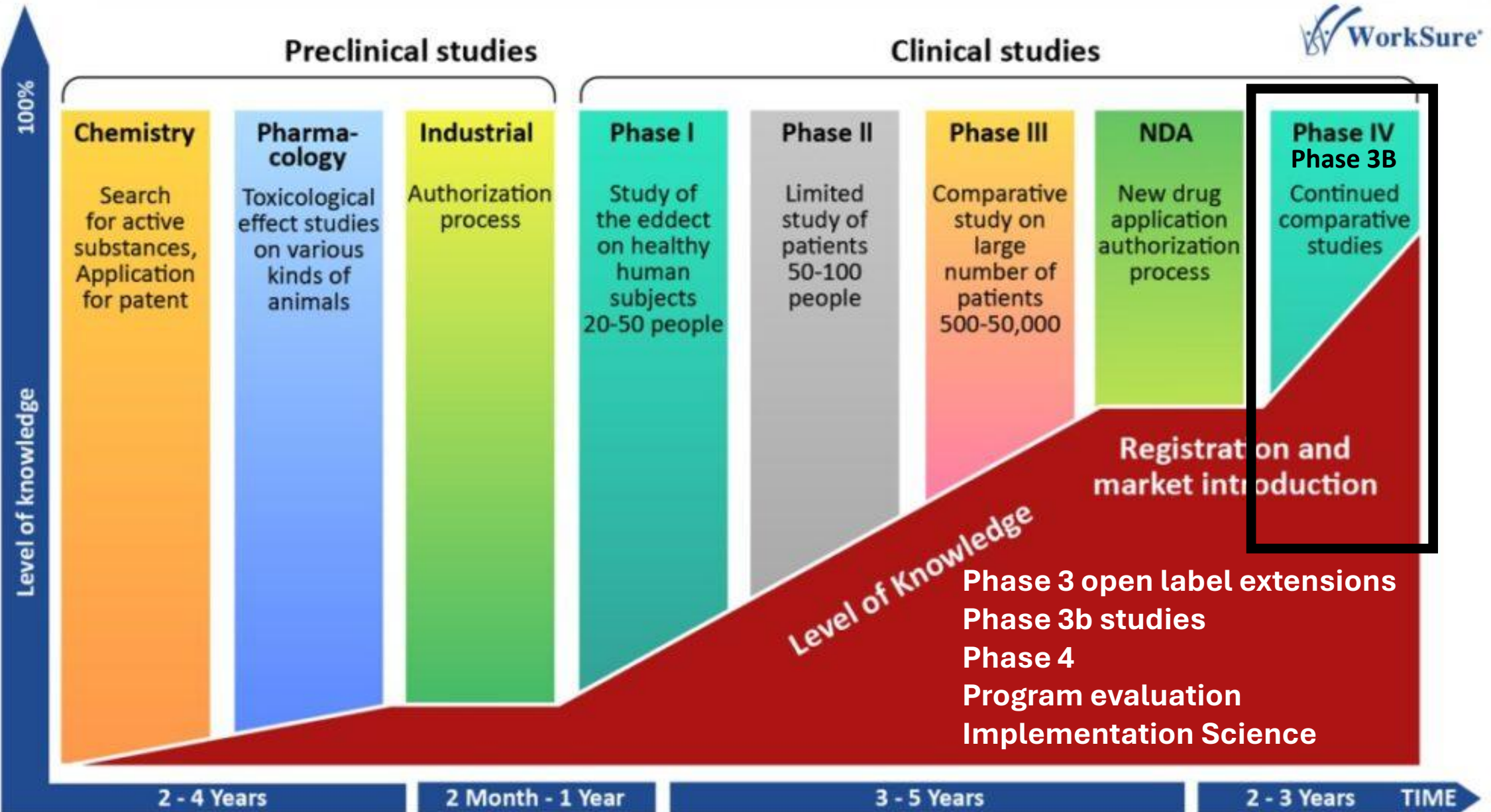


The Global Need for Long-Acting PrEP Among Key Populations: Forecasts of Global Demand 2025–2030

A Product of Long-Acting PrEP Power Project
October 2025

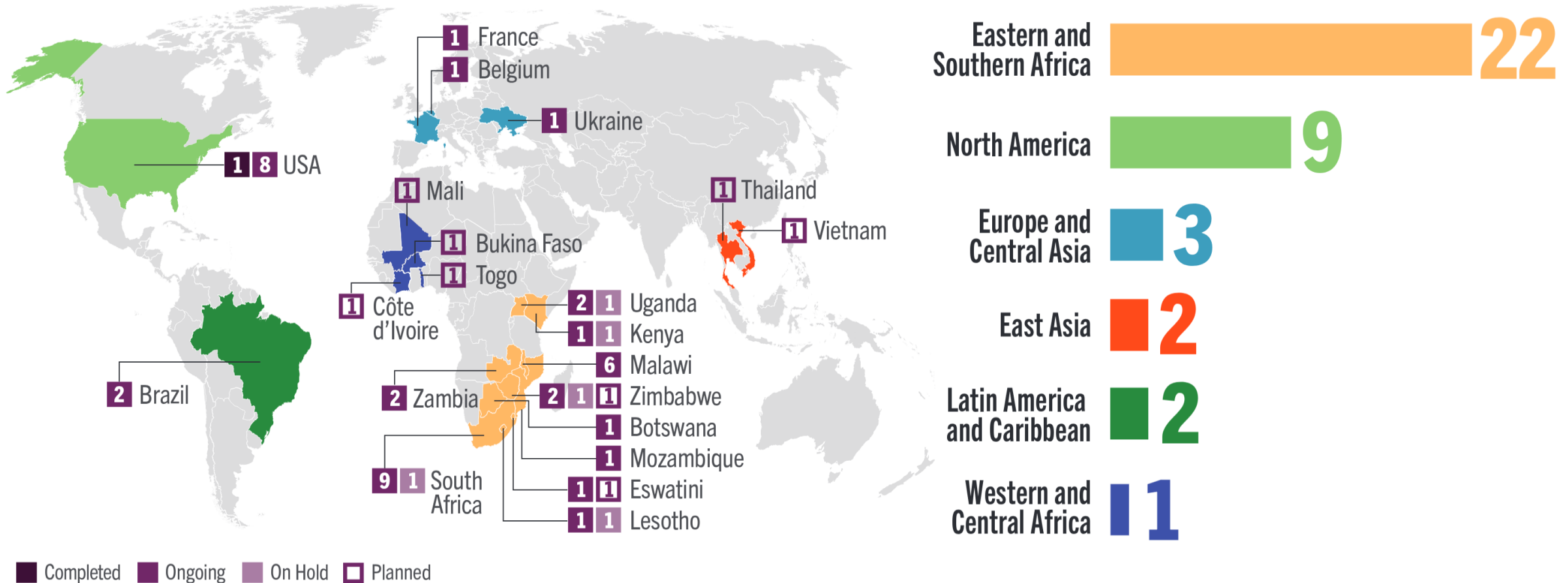


The Process of Drug Development



CAB Implementation Science Studies

38 completed, ongoing, or planned; and 2 on hold



Lenacapavir Implementation Studies

11 implementation studies ongoing in 5 countries, as of April 2026

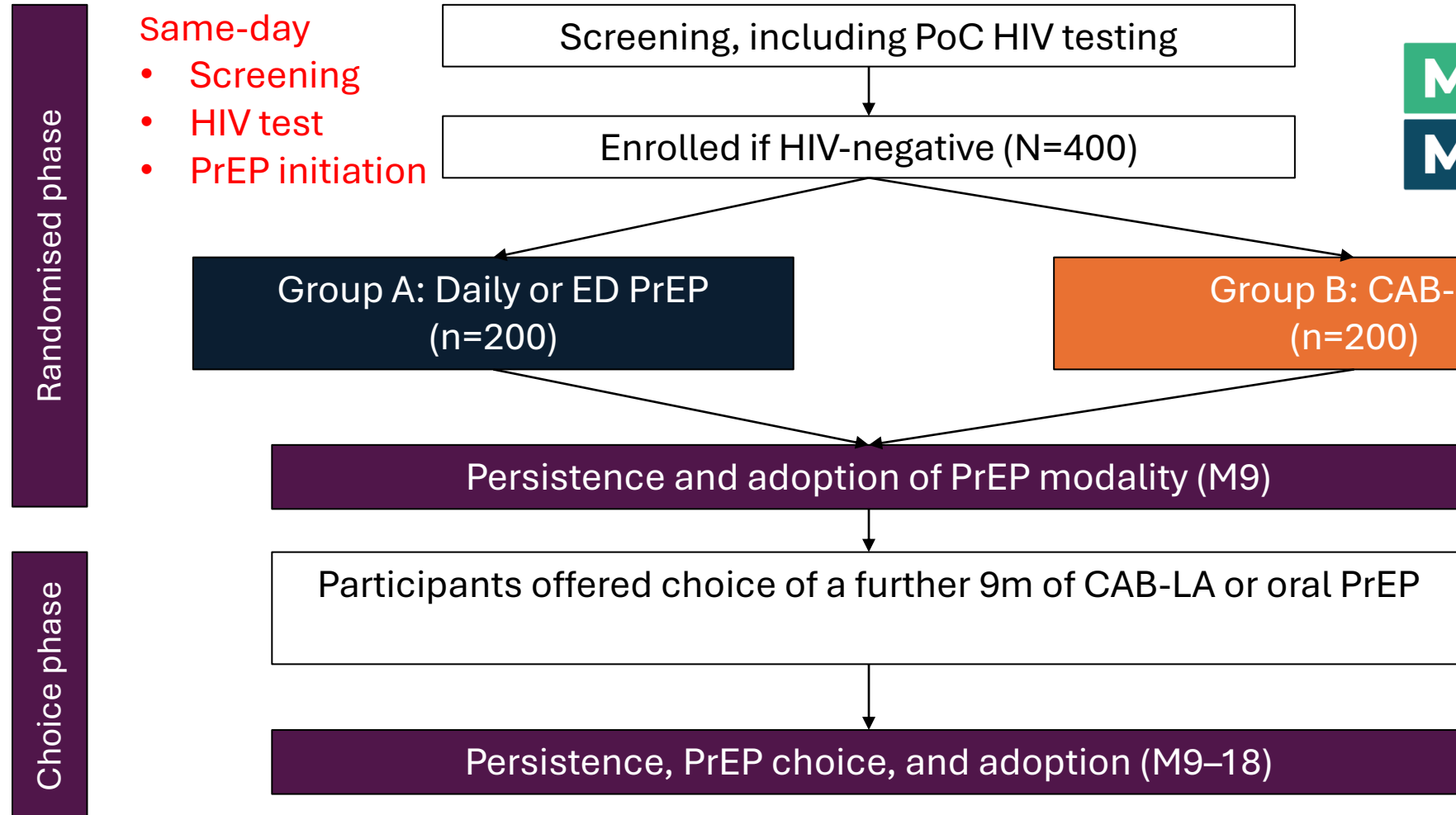


For more details, visit the integrated study dashboard at www.prepwatch.org/studies

Mobile Men Ph3b PrEP Trial:



 **AIDS 2026**



Uptake, persistence and preference for LAI versus oral PrEP among mobile men in Uganda and South Africa



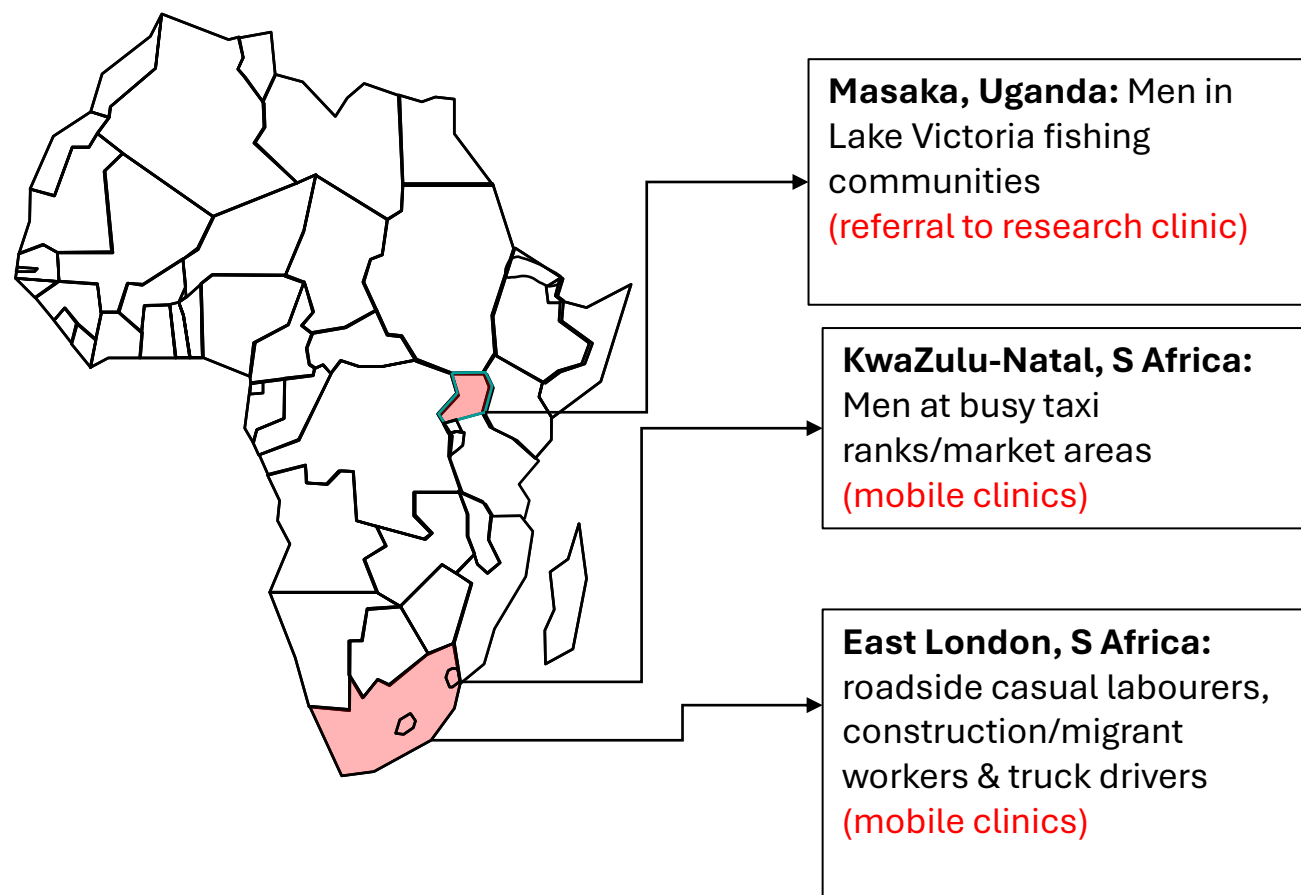
Mobile men participants



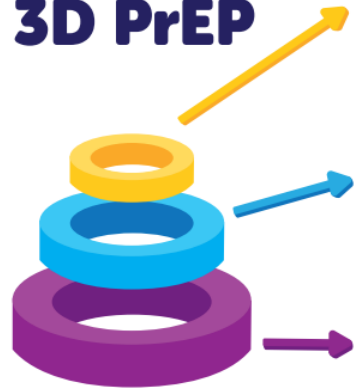
Key eligibility criteria

- Assigned male at birth, ≥ 18 years
- HIV-negative, willing to use PrEP
- Work-related travel in the past 6m, including ≥ 1 night away from home
- Willing to provide informed consent
- Excluded
 - confirmed HIV infection
 - body weight $< 35\text{kg}$
 - contraindicated medication

Enrolment: Aug-Nov 2024



3D PrEP



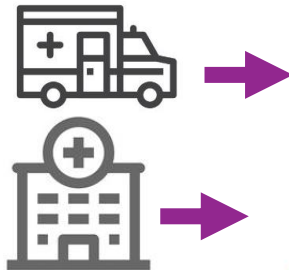
Delivery

In a single health subdistrict of 1 million people in Cape Town

PEER NAVIGATION

Follow-up

Initiation



Contraception
PoC STI screening and Treatment
HIV testing
PrEP
ART
mental health support



STUDY PROTOCOL

Open Access

FastPrEP: a protocol to evaluate uptake, coverage, and effectiveness of a youth-focused, decentralised and differentiated district-wide HIV pre-exposure prophylaxis program

E Rousseau^{1*}, DJ Davey¹, LS Fynn¹, M Wallace¹, P Macdonald¹, C Pike¹, N Mathola¹, F Little¹, K Lebelo¹ and LG Bekker¹

In consultation always with FP Youth Reference Group

Roll out to 25 000 people in 3 years

Target pop:

AGYW (15-29yrs)

PBFW (15-29yrs)

MSM (15-29yrs)

Male Partners (18yrs & older)

Wifi, hair braiding, clubs

Ph4 programmatic

HUB-and-SPOKES Approach

Rousseau E, et al FastPrEP BMC Public Health. 2025 Oct 31;25(1):3714.

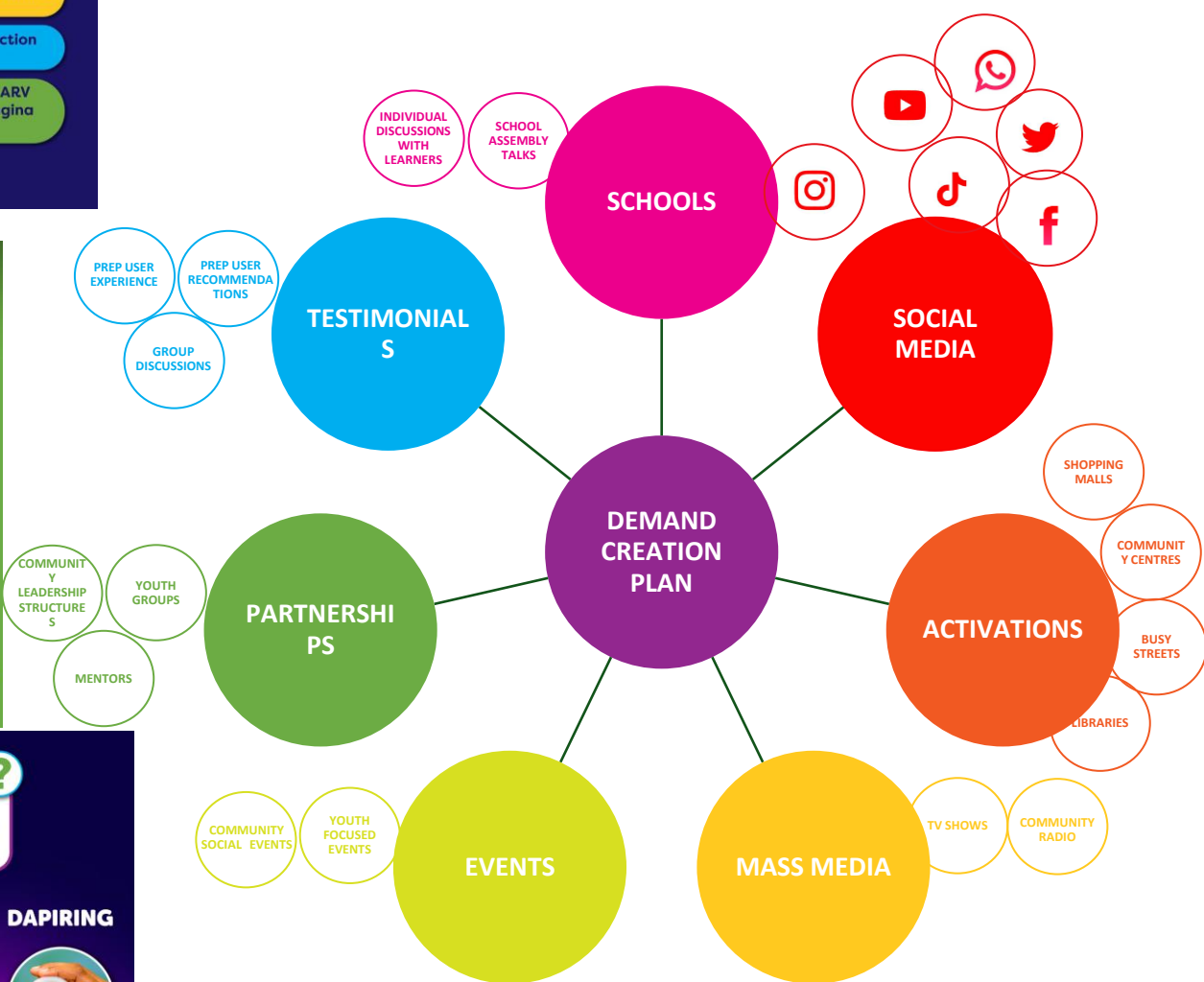


3 THINGS YOU SHOULD KNOW ABOUT THE DAPIRING

1. The Dapiring is inserted into the vagina & kept in for 28 days.
2. The Dapiring only provides protection from HIV during vaginal sex.
3. The Dapiring slowly releases the ARV dapivirine into the cells of the vagina providing protection from HIV.

FASTPrEP
Don't delay - get protected today!

FASTPREP DEMAND CREATION





Can I share my PrEP pills?





MAKE CHOICES. DON'T TAKE CHANCES.



FASTPrEP
Don't delay - get protected today!



PRIORITISE YOUR SEXUAL HEALTH



FASTPrEP
Don't delay - get protected today!



Set a reminder for 28-days for the replacement of the Ring.





fastprestudy
SHYY BEATS - Beautiful



Mark the date on which you inserted the new Ring on your calendar.



What do you prefer?

ORAL PrEP



OR

DAPIRING



FASTPrEP
Don't delay - get protected today!

In consultation always with Youth Reference Group

Fast PrEP: Implementation Programme (Phase IV Study)

Bill & Melinda Gates Foundation + Western Cape Provincial Health



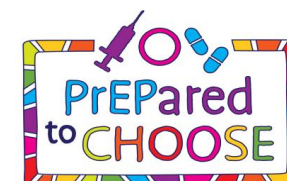
25,000 adolescents & young people
(15-29 years)

Klipfontein & Mitchells Plain health sub-district, **Western Cape Province**.

Oral HIV Pre-Exposure Prophylaxis
Delivered through **differentiated service delivery**

With intention to introduce new PrEP modalities as they become available

Evaluate the preference, use patterns & impact of **differentiated prevention services**



Nested phase 3B sub-study:
PrEPared to Choose

1800 FAST PrEP participants:
non-randomised allocation to 3 PrEP products



900 pts choosing injectable PrEP

300 pts choosing vaginal ring PrEP

600 pts choosing oral PrEP

1° outcomes:
persistence at
6 & 18 months

18 month passive follow up

– switching between PrEP products allowed at all time points.

PrEPared to CHOOSE



Adolescent & Youth Friendly PrEP Platform
AGYW, Het Men, Gender and Sexually Diverse Populations
Current and Naïve PrEP Users

Integrated PrEP and SRH service
offered from two sites



Site 1:
Mobile
Clinic



Site 2:
Government
Clinic



Structured HIV PrEP Choice Counselling



CAB-LA



DapiRing

Oral PrEP

Final PrEP choice with
same day administration

Primary Objective: Describe Patterns
of PrEP Use Over Time

Total Time on PrEP Product



Frequency of Discontinuations & Restarts



Frequency of Product Switching



PrEP Start

7 Months
Short-term

18 Months
Long-term

PASSIVE FOLLOW UP

Minimal Retention Efforts; No Reimbursement for PrEP Visits

ALIGN: A non-randomised study delivering injectable Len4PrEP within a PrEP choice context in Cape Town, South Africa (Ph 3B).



Gates
Foundation

To evaluate the **delivery strategies** (2 public health facilities and 2 community-based mobiles) and potential impact of Lenacapavir as PrEP, on the relative **persistence** of 3700 young people (aged 15-35 years) initiating on **LEN** compared to an alternative injectable product (**CAB LA**)(1500) and **oral PrEP** products (standard of care incl. 2-1-1 in men) (700).



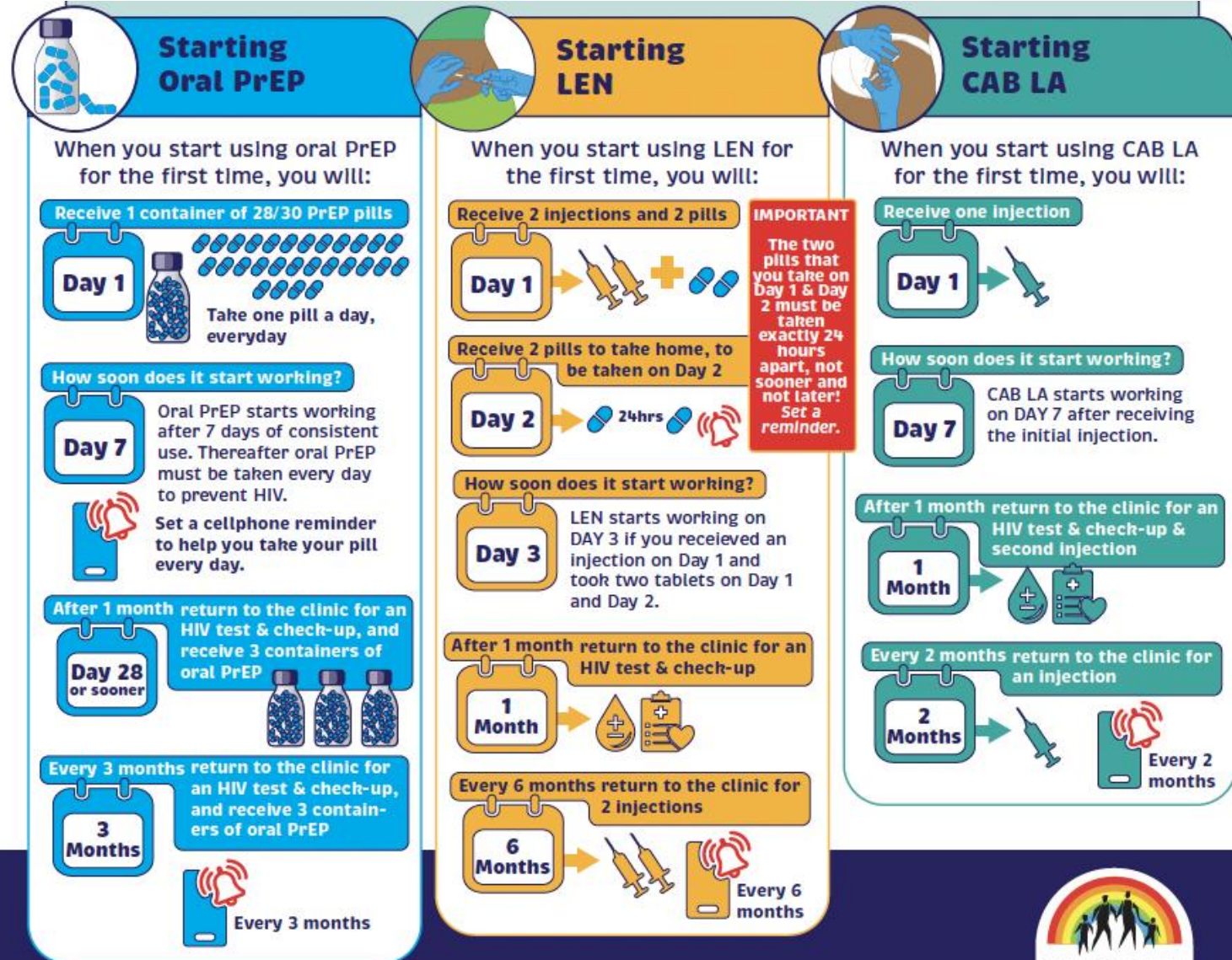
Government Facility



Mobile Clinic



Courier Delivery



REACH: Taking twice-yearly lenacapavir from efficacy to real-world impact (Ph 4)

A pragmatic implementation study supporting South Africa's public-sector introduction of long-acting lenacapavir for HIV prevention in the Western Cape.



Bringing PrEP choice closer to where people live, study and work



18,000 people
Adolescents and adults seeking HIV prevention, with a focus on populations with greatest prevention need.

Hub-and-spoke delivery
Public-sector clinics + mobile/community platforms + TVET colleges across Cape Town Metro and George.
Clinics| Mobile clinics| Community spaces| Colleges & universities

Choice + continuity
Twice-yearly lenacapavir or oral PrEP, supported by choice counselling, peer navigation and PrEP Companion digital platform.

What REACH will tell us
Can we translate >96% clinical-trial efficacy into sustained, equitable protection in routine care?
Primary: protected at 12 months | Co-primary: LEN continuation at 26 weeks.

WHAT ARE WE EVALUATING?



UPTAKE



CONTINUATION



EQUITY

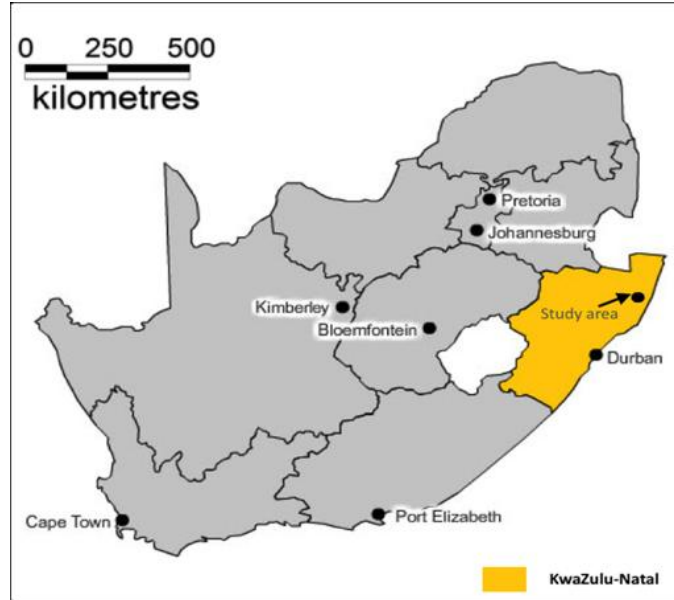


DELIVERY & COST



SCALE-UP

AHRI: Reaching populations at highest risk of HIV acquisition



Effectiveness of integrating HIV prevention within sexual reproductive health services with or without peer support among adolescents and young adults in rural KwaZulu-Natal, South Africa (Isisekelo Sempilo): 2 × 2 factorial, open-label, randomised controlled trial

Maryam Shahmanesh, Natsayi Chimbindi, Jacob Busang, Glory Chidumwa, Nondumiso Mthiyani, Carina Herbst, Nonhlanhla Okesola, Jaco Dreyer, Thembelihle Zuma, Manono Luthuli, Dumsani Gumede, Siphesihle Hlongwane, Simphiwe Mdluli, Sithembile Msane, Theresa Smit, Jean-Michel Molina, Thandeka Khoza, Ngundu Osee Behuhuma, Nuala McGrath, Janet Seeley, Guy Harling, Lorraine Sherr, Andrew Copas, Kathy Baisley

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Lancet HIV 2024; 11: e449–60

See Comment page e429

Africa Health Research Institute,



Journal of the International AIDS Society

Volume 28: Person-centred HIV prevention: supporting people vulnerable to HIV acquisition through tailored programming, service delivery and prevention products. Guest Editors: Andrew Mujugira, Iskandar Azwa, Marie-Claude Lavoie

Sep 2025

RESEARCH ARTICLE

Person-centred HIV care and prevention for youth in rural South Africa: preliminary implementation findings from *Thetha Nami ngithethe nawe* stepped-wedge trial of peer-navigator mobilization into mobile sexual health services

[View article page](#)

Jacob Busang, Nqobile Ngoma, Thembelihle Zuma, Carina Herbst, Nonhlanhla Okesola, Natsayi Chimbindi, Jaco Dreyer, Theresa Smit, Kristien Bird, Lucky Mtolo, Osee Behuhuma, Willem Hanekom, Kobus Herbst, Limakatso Lebina, Janet Seeley, Andrew Copas, Kathy Baisley, Maryam Shahmanesh

Maryam Shahmanesh

Ph 3b study

- Peer navigators promote long-acting and oral PrEP
- Sexual health clinics youth offer choice of oral PrEP or injectable CAB LA or vaginal Ring or PEP packs
- Peer navigators support refills and follow-up injection appointments

- Peer navigators promote PrEP
- Sexual health clinics youth will be offered oral PrEP only
- Peer navigators support refills

26000 AYA aged 15-30



Maryam Shahmanesh

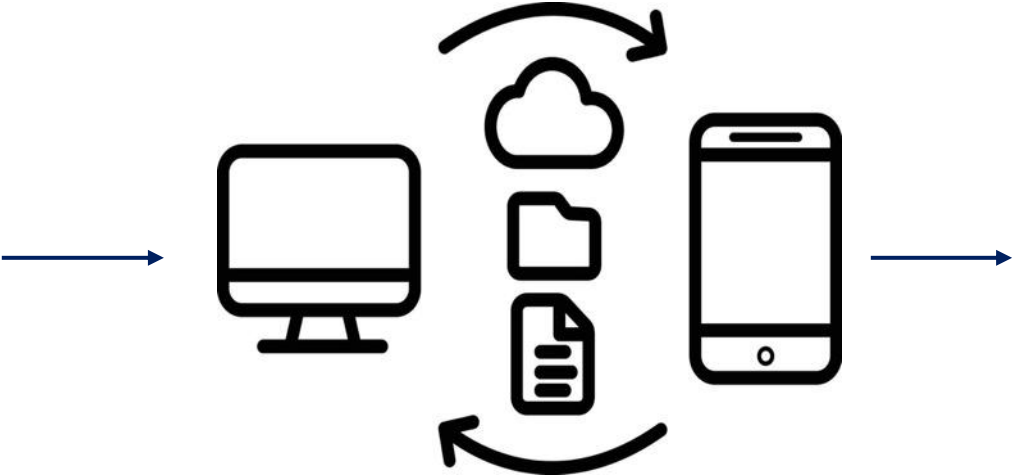
Long-Acting PrEP Implementation Study: The LAPIS cRCT



Peer-led tailored Assessment



Peer mentorship



Electronic Clinical management tool



Choice of PrEP product including long-acting compared to oral PrEP

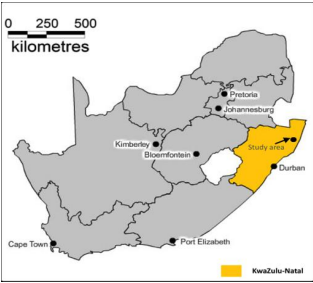


Along dusty roads in KZN, a push for a groundbreaking HIV prevention jab takes shape



The Africa Health Research Institute uses mobile clinics to bring health services to remote areas in northern KwaZulu-Natal. (Photo: Halden)

spotlightnsp.co.za



Mobile sexual and reproductive health (SRH) clinics For adolescents and youth aged 15-30 in rural KwaZulu-Natal

Maryam Shahmanesh

Accelerating Community-Centred Equitable Lenacapavir for 65000 key and priority populations in South Africa (ACCEL):

ACCEL INTERVENTION



HIVSA Peer-led Assessment



Electronic Clinical management tool



Mobile Clinic and KP mobilization



Peer mentorship



Choice of PrEP product



Aurum, Ezintsha and AHRI -
Choice of decentralised
delivery site



EVALUATION OF HIV INCIDENCE

HIV serosurveillance undertaken within the AHRI and USINGA HDSS and key population RDS at two time points

YEAR 1



Baseline
(Pre-intervention)

YEAR 3



Post-intervention



Incidence will be derived
using a recency algorithm

SOCIAL SCIENCE

HEALTH ECONOMICS

MATHEMATICAL MODELLING

LEN4PrEP: Integrating lenacapavir PrEP within multi-method HIV prevention services

Phase 3B



The study was designed to generate evidence on

- LEN uptake and continuation
- Switching patterns
- Provider training needs
- Service delivery requirements
- Acceptability and feasibility of fixed and mobile delivery models
- Demand generation and client preferences

LEN4PrEP has enrolled **1544 participants** between November 2025 and June 2026, predominantly young women.

Follow up will continue until June 2027, for a minimum of 12 months follow up for all

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG



WITS RHI



 **Unitaid**
SAVE LIVES FASTER

Saiqa Mullick, Wits RHI

LEN4PrEP is implemented in two primary healthcare facilities and one linked mobile clinic:

STUDY SETTING | GEOGRAPHIES



LEN4PrEP is implemented in two primary healthcare facilities and one linked mobile clinic, through an integrated nurse-led SRH service delivery model.



In Kenya, barriers to PrEP/PEP remain that could be addressed with pharmacies

Damary Rehema Chora, Kenya Medical Research Institute; on behalf of Pharm PrEP study team

Dominant PrEP/PEP delivery model:



**Public
HIV clinics**

Barriers to client access:



Stigma

Associated with visiting HIV clinics when HIV uninfected



Limited hours of operation

Closed on weekends when prevention (especially PEP) needed



Long wait times & travel distance

Associated w/ overcrowding, many stops, limited PrEP/PEP clinics

New PrEP/PEP delivery model:



**Private
community
pharmacies**

- ✓ **Health services commonly sought here** (~50% of individuals in low- and middle-income countries)
- ✓ **Long operating hours** & operate on weekends
- ✓ **Quick, discreet services** (No HIV stigma)
- ✓ **Large purveyor of SRH products** (e.g., condoms, emergency contraception)

In Kenya, >5000 licensed pharmacies overseen by a regulatory board, with annual renewal & continuing professional development requirements.



Let's talk about PrEP clients: preferences, outcomes and costs

Cheryl Hendrickson, PhD

July 29, 2026



The Price of Prevention

How Much Does It Cost to Deliver PrEP?

Refiloe Motaung

July 29, 2026

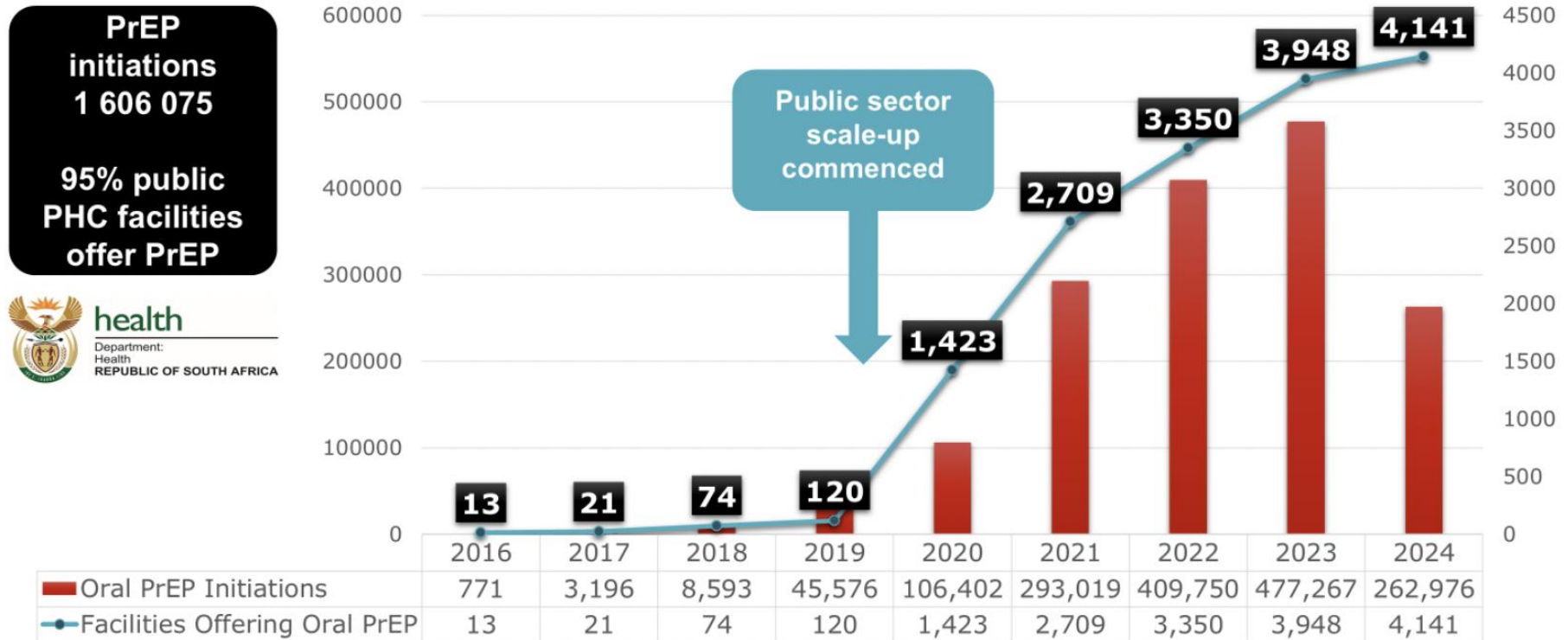
Uptake: Who is offered PrEP? National Guidance

	Eastern Africa						Southern Africa								West-central Africa				Number of countries with any guidance prioritizing the population for PrEP		
	Burundi	Ethiopia	Kenya	Rwanda	Tanzania	Uganda	Botswana	Eswatini	Lesotho	Malawi	Mozambique	Namibia	South Africa	Zambia	Zimbabwe	Cameroon	Cote d'Ivoire	DRC	Nigeria	n	(%)
People who request PrEP	No	No	No	No	No	No	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	No	No	7	(37%)
People who are migrant/mobile	No	No	No	Yes	No	Yes	No	No	Yes	No	No	Yes	No	Yes	Yes	No	No	No	No	6	(32%)
Young men	No	No	No	No	No	No	No	Yes	No	No	No	No	No	Yes	No	No	No	No	Yes	3	(16%)
People in "high-risk" occupations (not sex work)	No	No	No	No	No	Yes	No	No	No	No	Yes	No	No	Yes	No	No	No	No	No	3	(16%)
People experiencing violence or abuse	Yes	No	No	No	No	No	No	No	No	No	No	Yes	No	No	Yes	No	No	No	No	3	(16%)
People who identify as part of the LGBTQ community	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	1	(5%)
Men with young female partners	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	1	(5%)
Men in high-incidence geographies	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	1	(5%)
People with disabilities	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	1	(5%)
People with mental health conditions	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	1	(5%)
Orphans	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	1	(5%)
Homeless children	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	1	(5%)
People who live in rural areas, informal settlements and inner cities	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	1	(5%)
Number of populations prioritized for PrEP	8	5	13	10	9	13	11	12	12	9	12	12	14	13	13	9	9	9	9		

Abbreviations: LGBTQ, lesbian, gay, bisexual, transgender and queer or questioning; PrEP, pre-exposure prophylaxis; STI, sexually transmitted infection.

Oral PrEP available free at >95% of primary public facilities

Oral PrEP Scale-up progress in South Africa June 2016 to August 2024



6 – 10 October · Lima, Peru and virtual

hivr4p.org

Optimizing PrEP access: simplified, de-medicalized, community based.

- **Scale-up** PrEP comprehensively wherever HIV is found.
- **Scale out** PrEP to places that reach people in unrestrictive and inclusive ways that are convenient, non-judgmental and demedicalized.
- **Scale deep:** products AND services that suit the user.

Rousseau E : IAS 2025



Nairobi

Drug vending machines revolutionise fight against HIV in Sao Paulo

City becomes the first in the world to dispense the life-saving HIV prevention pill through self-service machines in metro stations



Verity Bowman is The Telegraph's Foreign and Global Health Security Reporter, covering conflict, human rights abuses, global development and international health issues, with a particular focus on Ukraine. See more ▾

26 November 2025 8:21am GMT

Related Topics
Global Health Security, HIV, Medicines, Brazil, South America, Pandemics and epidemics

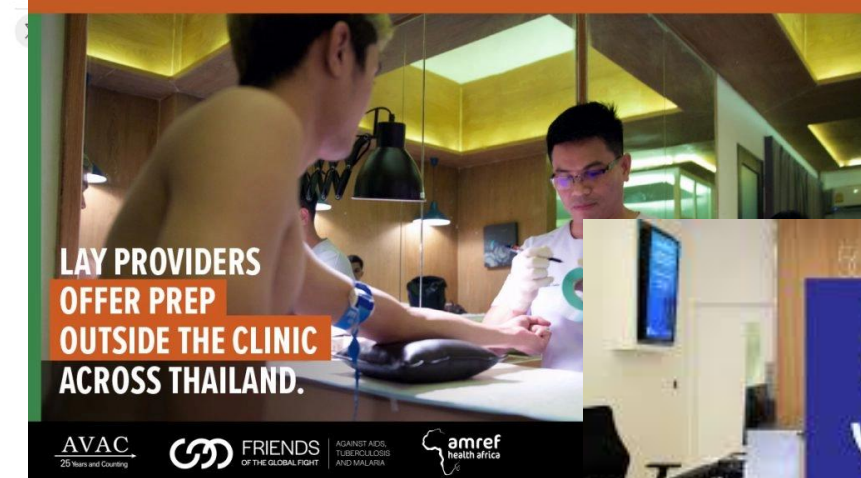


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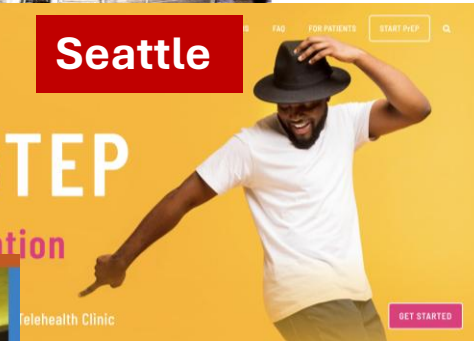
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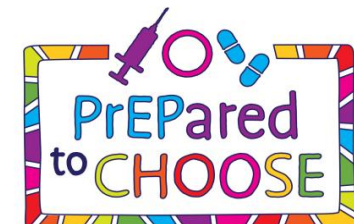
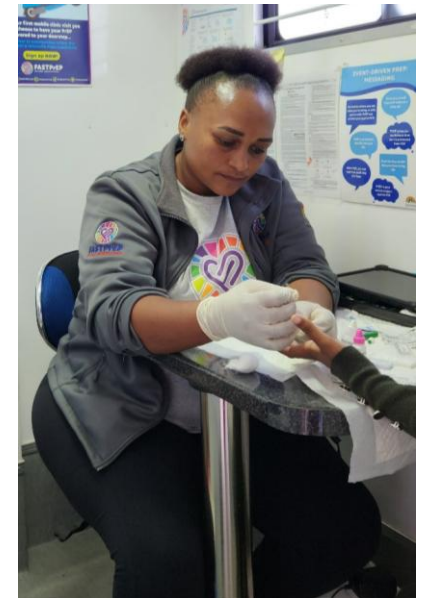
London

Community PrEP : Mobile clinics

Most youth (78%) initiated PrEP from mobile clinics compared to primary health facilities.

Factors significantly associated with initiating PrEP at mobile clinics

- Being cis-gender male
- Having casual sex partners
- Presence of STI symptoms
- Displaying hazardous alcohol consumption (AUDIT-C score)
- People with signs of moderate/severe depression/anxiety (PHQ4 score)



PrEP Delivery –Mobile Clinic site (peri-urban)

Rousseau E, et al FastPrEP BMC Public Health. 2025 Oct 31;25(1):3714.



Nurses station



Counselling room



Registration station



Transport cooler boxes

Types of injectable products currently in use



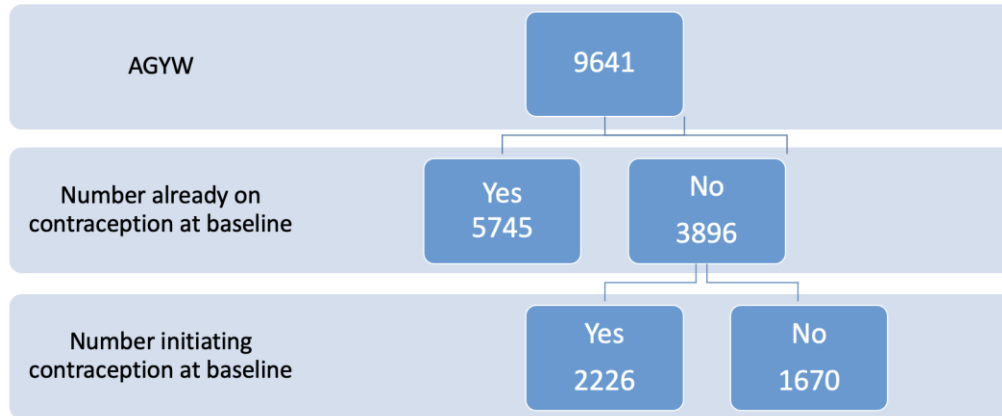
When SRH access was offered PrEP uptake and persistence increased



Contraception and PrEP use in AGYW at the FastPrEP mobile clinics

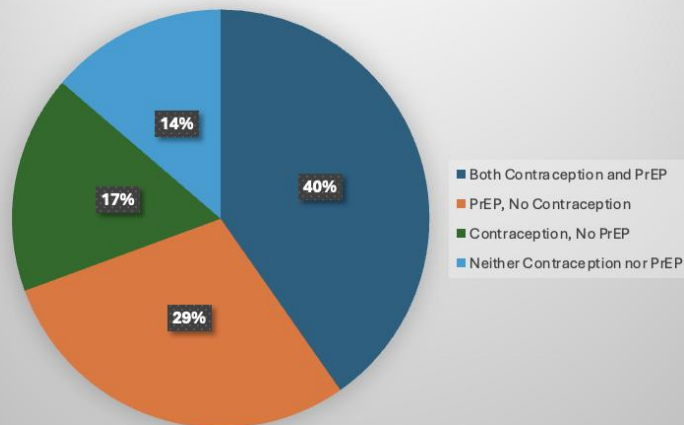


CONTRACEPTION USE IN AGYW

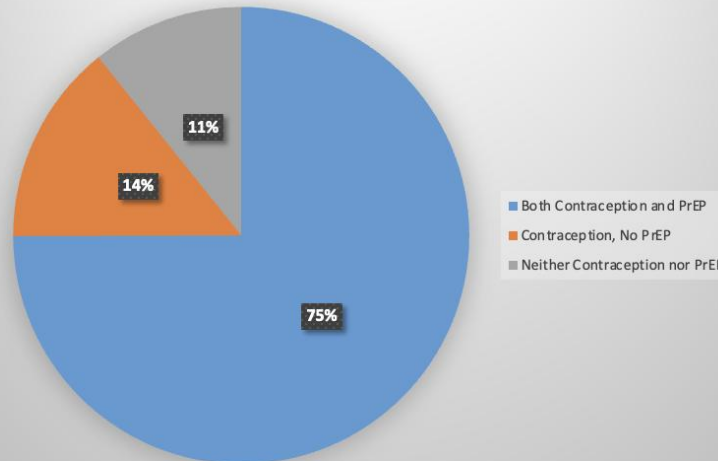


83% of AGYW (aged 15-29) received contraception with 23% initiating contraception for the first time at their initial visit.

Comparison of Contraception Initiation and PrEP Initiation among those naïve to contraception at Baseline* (n=3896)



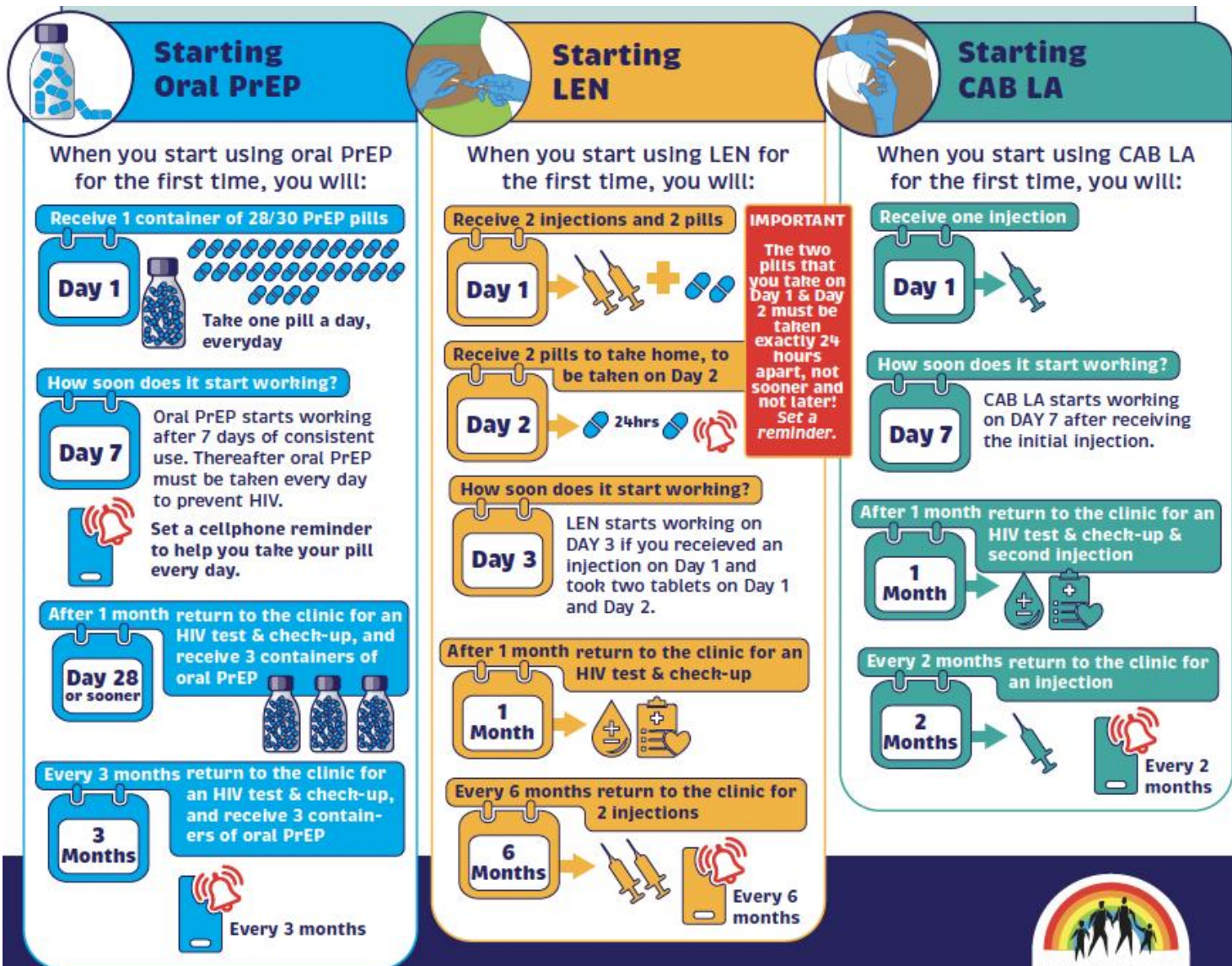
Comparison of Contraception Uptake and PrEP Initiation among those already using Contraception at Baseline (n=5745)



Providing integrated SRH (contraception) was an opportunity for PrEP initiation in both AGYW already on contraception (75% taking both PrEP and contraception at that visit) as well as AGYW (40%) naïve to both PrEP and contraception.

*not on contraceptive at the beginning of baseline visit

To describe the **SRH package** and frequency of clinic visits, testing, screening, contraception use per population group in the context of long-acting injectable PrEP methods and long-acting contraception methods (including the 3 monthly DMPA-SC).



The Pill



The Shot

Depo-Provera®



Implant

Nexplanon®



Condom External



Condom Internal



Introducing DMPA-SC in ALIGN



Self-injection journey

Reaching populations at highest risk of HIV acquisition

- **Sexual reproductive health is a gateway to HIV prevention:**
 - Isisekilo Sempilo RCT showed Sexually Transmitted Infection testing and SRH increases demand for HIV prevention amongst adolescents and young adults in rural South Africa, **aOR 1.6** (95%CI: 1.3-2.0)
- **Peer-navigations mobilise highest risk AYA:**
 - Peers reached three-quarters of AYA with tailored health and social support
 - Half of AYA aged 15-30 mobilised by peers to clinics needed PrEP or ART
 - PrEP uptake was higher among high-risk* than low-risk AYA, **aOR 5.4** (95%CI:3.6-8.0)



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Sep 2025

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Maryam Shahmanesh, Natsayi Chimbindi, Jacob Busang, Glory Chidumwa, Nandumiso Mthiyani, Carina Herbst, Nonhlanhla Okesola, Jaco Dreyer, Thembelihle Zuma, Manono Luthuli, Dumsani Gumede, Sipheshile Hlongwane, Simphiwe Mdluli, Sithembile Msane, Theresa Smit, Jean-Michel Molina, Thandeka Khoza, Ngundu Osee Behuhuma, Nuala McGrath, Janet Seeley, Guy Harling, Lorraine Sherr, Andrew Copas, Kathy Baisley

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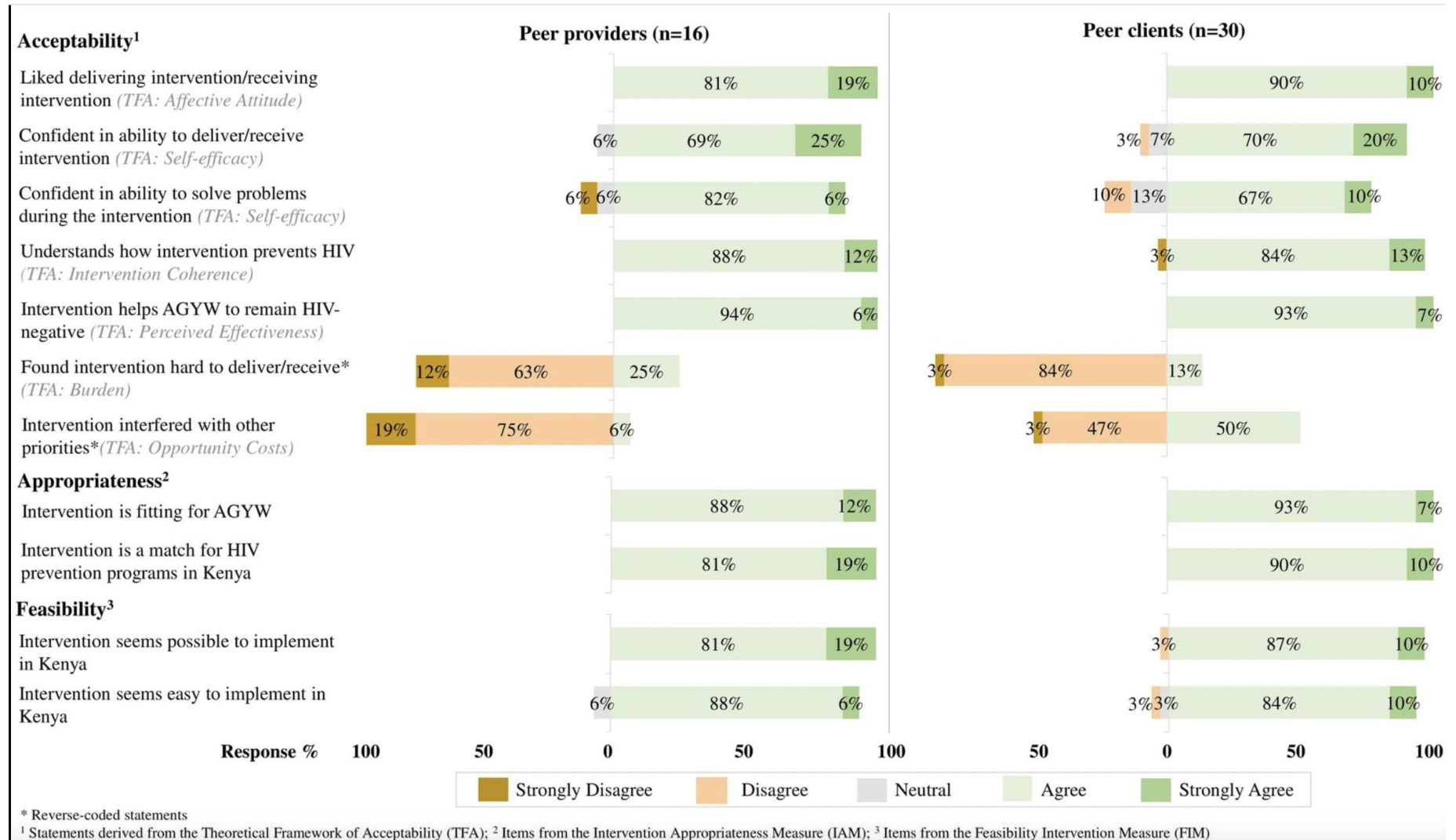
Lancet HIV 2024; 11: e449-60
See Comment page e429
Africa Health Research Institute,

Maryam Shahmanesh

Peer-model: referral for PrEP supported with HIV self-testing

Kenyan Model

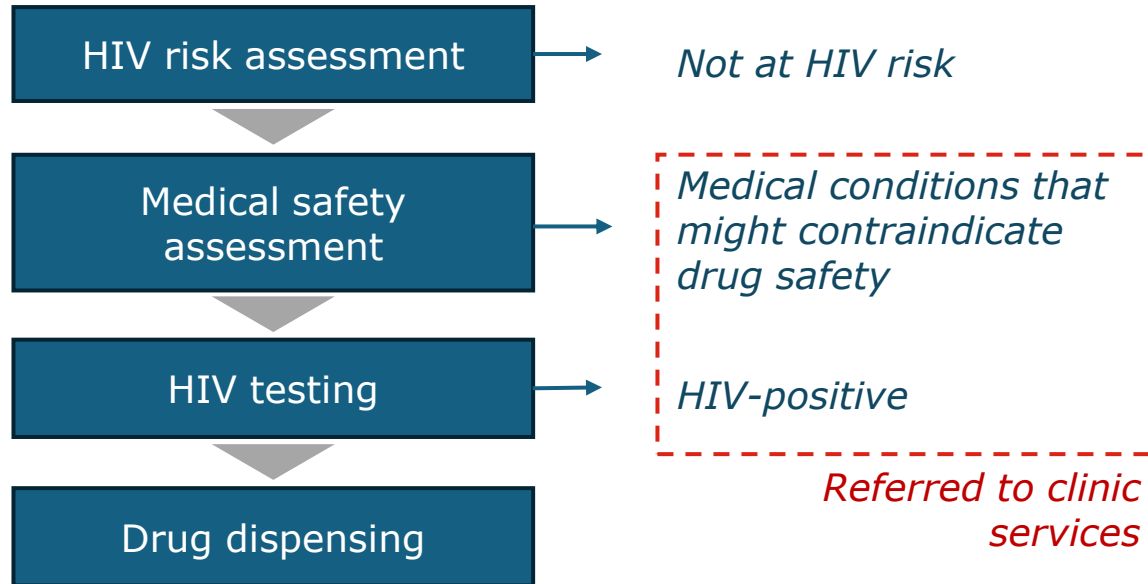
- 95% of peer clients used the HIVST
- 78% of peer clients initiated PrEP



We have demonstrated the feasibility of pharmacy-delivered PrEP/PEP in pilots

Care pathway for pharmacy PrEP/PEP:

Utilizes prescribing checklist w/ remote clinician oversight



→ Tested in 12 pharmacies in Western and Central Kenya over ~18 months

Key findings

- Pharmacies **reached PrEP/PEP naïve clients** with HIV risk not often engaged in clinic-delivered PrEP/PEP services
- Delivering public drugs in a new private settings was **feasible**; services delivered with high fidelity
- PrEP **continuation was comparable** with that observed at public clinics



Photo used with permission.

→ Research on implementation strategies to support scale-up needed

Kenyan Model

The reach and acceptability of pharmacy-delivered PrEP and PEP

≥75% of clients and providers agreed or strongly agreed with statements assessing acceptability of these models, indicating high acceptability

Brick-and-mortar pharmacies

“It is close to where I live and there is privacy.”

Male client, age 22

“It is easier to get PrEP here than in a hospital.”

Female client, age 25

“The clients are open, and this gives me an easy time to deliver PrEP.”

Female provider, age 27

“This will make the community that live near a pharmacy ... know about the preventive measures that they can take to prevent the spread of HIV.”

Male provider, age 35

Online pharmacy

“It was fast, I didn’t have to go and queue at any hospital.”

PEP client

“An online store is private and no one will be looking at you.”

PrEP client

“I can’t get [time] off to go to the [clinic], but I can easily call MYDAWA and get my medication delivered.”

PEP client

“[A consultation] is just a click away.”

Provider

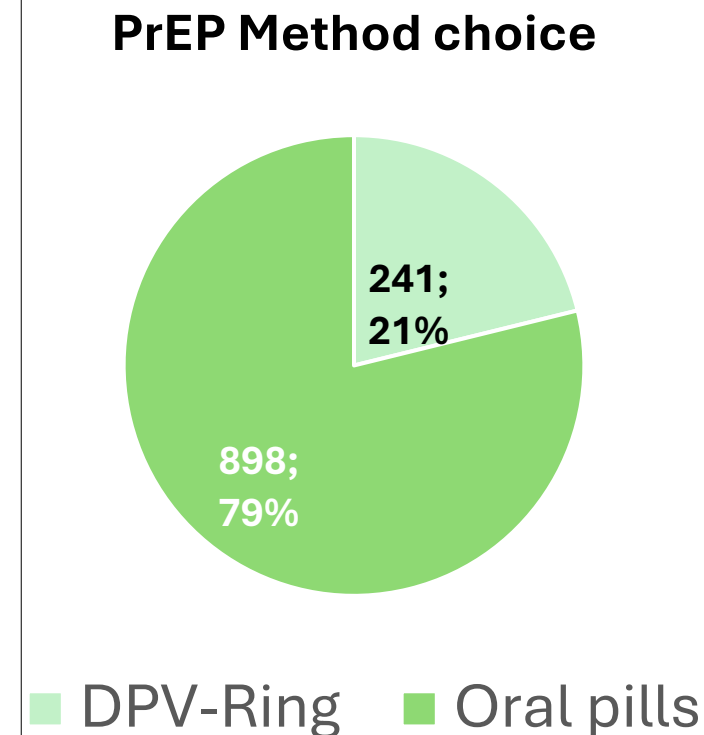
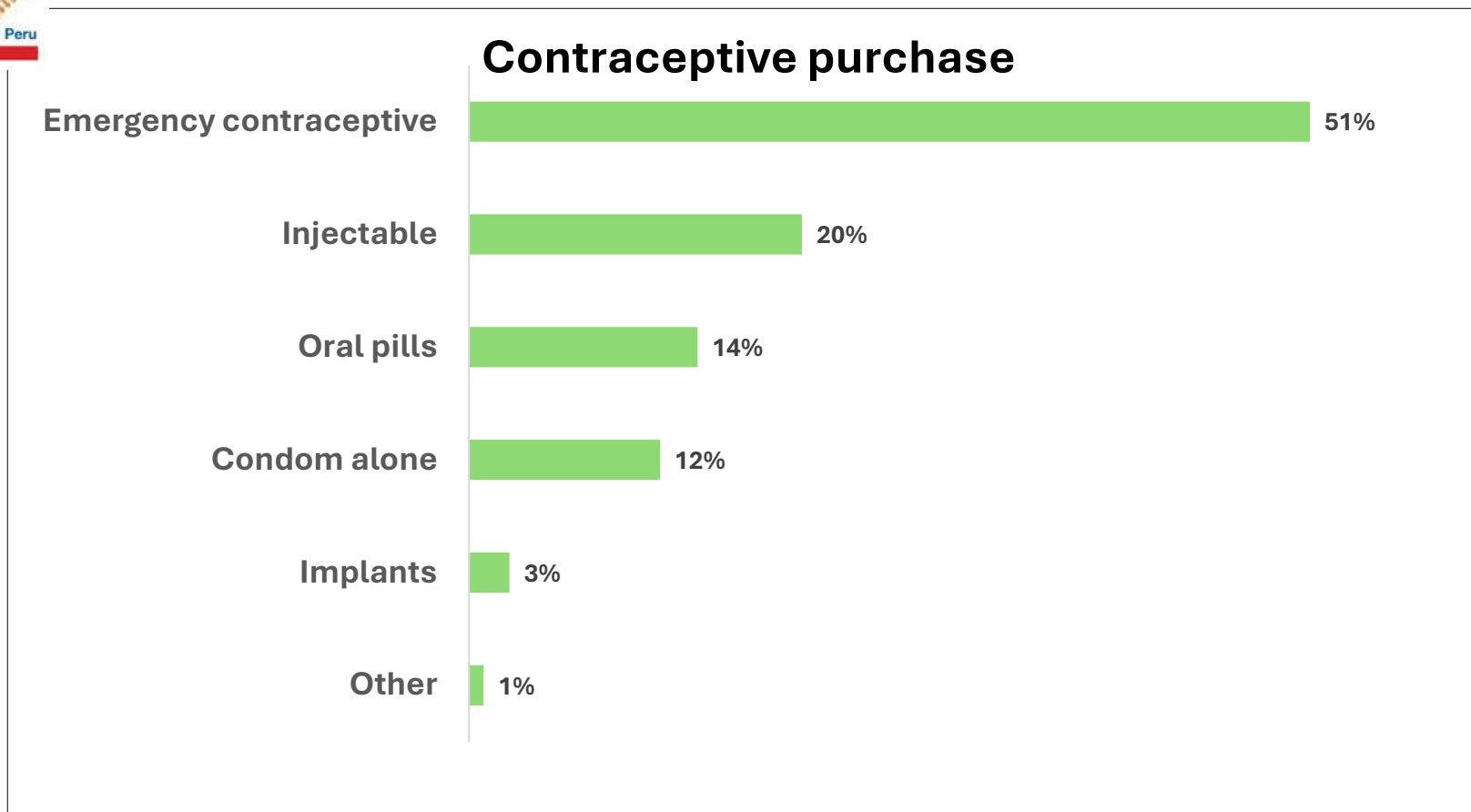
[Sources: Roche SD, AIDS and Behav 2021; Thuo N, unpublished]

SAVE LIVES FASTER



K Ortblad & D Were (2024)

Baseline contraceptive methods and HIV PrEP choice (N=1139)* AGYW



Contraceptive method mix and PrEP choice among young women seeking contraception at retail pharmacies in Kenya

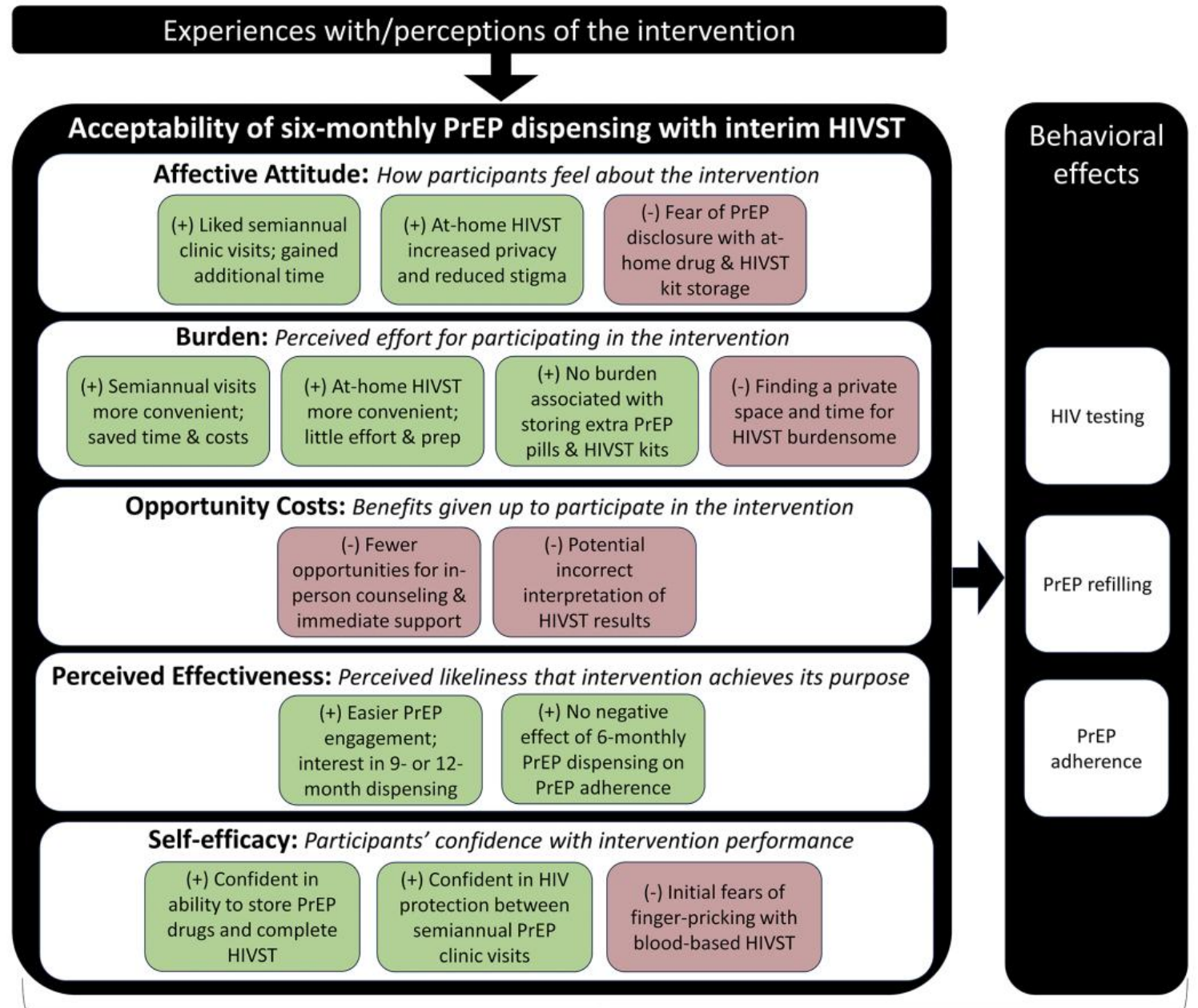
Convenience: fewer touchpoints

Six-monthly PrEP dispensing with HIVST

"It's a good thing and I like [six-monthly PrEP with HIVST] a lot ... I have the self-test kit which is an advantage to me because after the three months of taking PrEP I can test myself and I won't be living in fear. It offers privacy since many people fear that the doctor could expose them but with the self-test no one will." – Woman in a serodifferent relationship, enrollment visit.

"It can be difficult [to refill PrEP quarterly] given that we are in casual work because it will be difficult to get time off every time since the bosses will feel that you are disturbing. So, I think having time off work after every six months is better." – Man in a serodifferent relationship, six-month visit.

Kenyan Model



Automatic prophylaxis delivery machines in Brazil





Team: 3 physicians



Remote and decentralized work



Platform hosted in its own application

There **are four** options for consultation requests in the app:



1
I want PrEP



2
I want a PrEP follow-up



3
I want PEP



4
I have questions



SPrEP
(from June 2023 to September 2024)

955
PEP

1,129
PrEP

52%
prefer to have the medication dispensed at 24-hour units.

571
follow-up consultations

more than
2 MILLION
ACCESSES

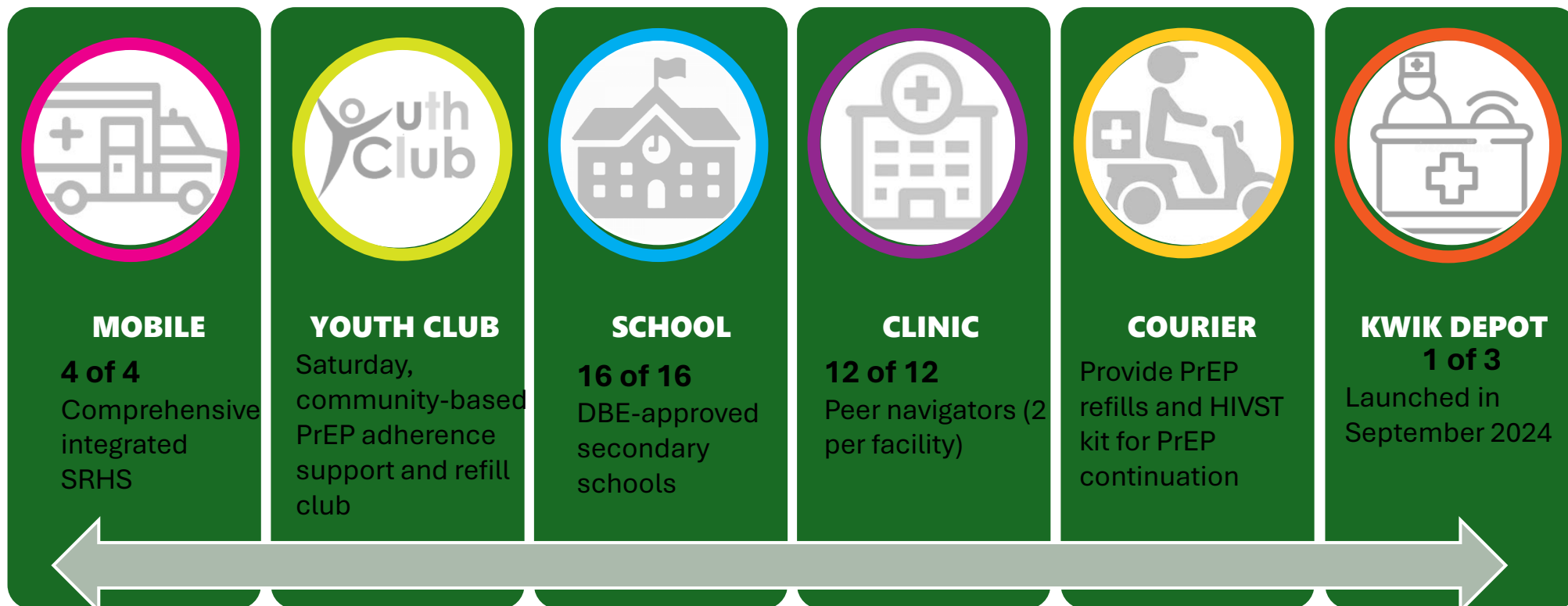
Adriano Queiroz da Silva (2024)



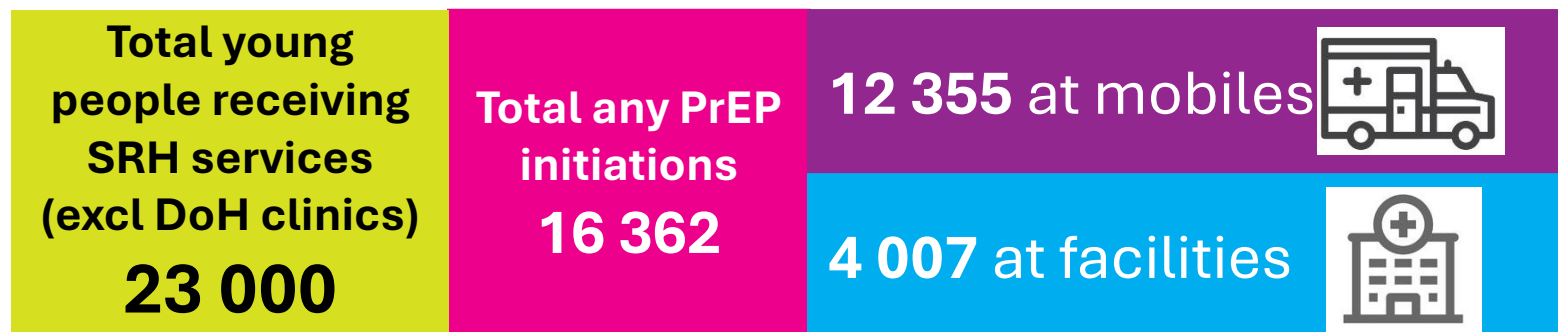
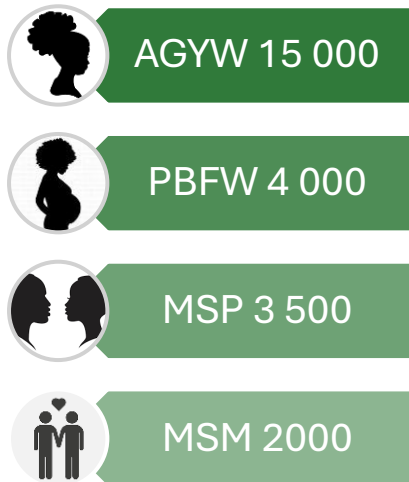
Source: e-saúdeSP, SMS/SP; SICLOM/Brazilian Ministry of Health, 2024



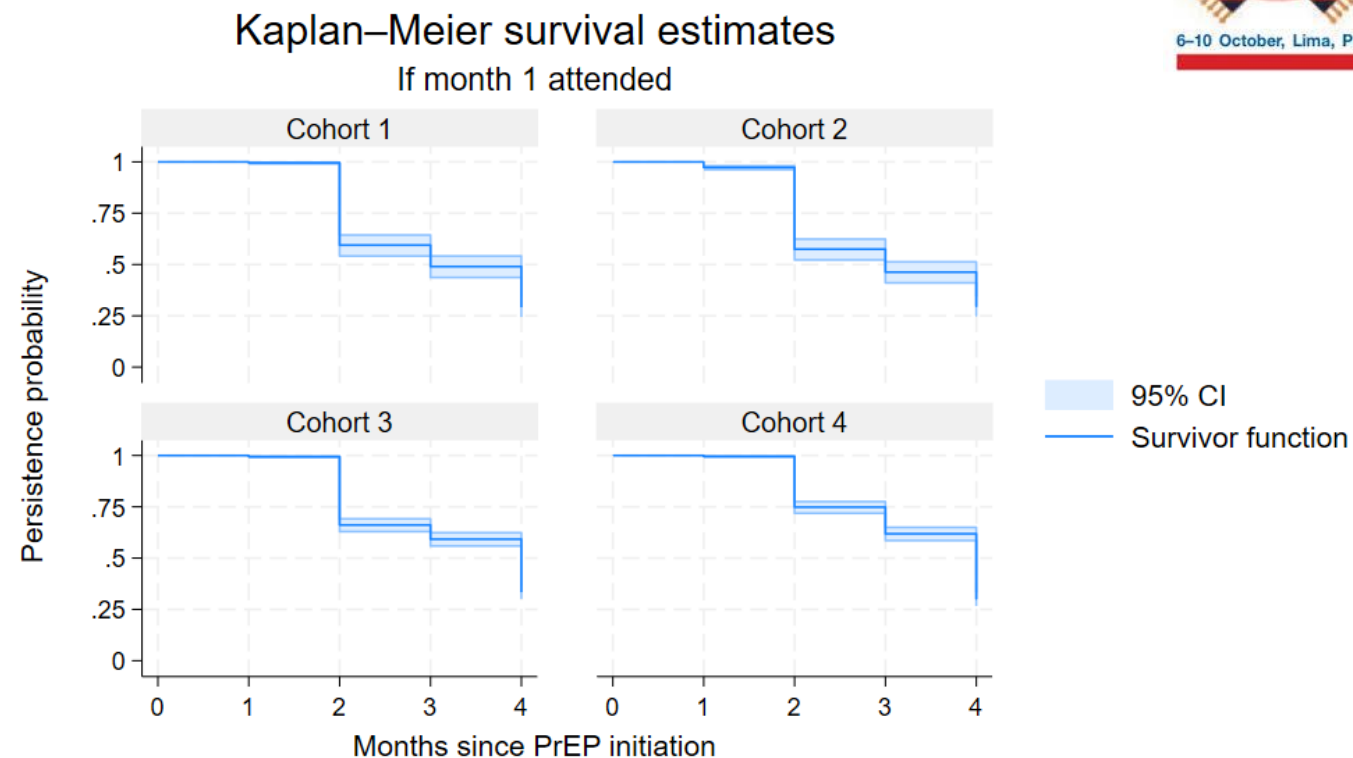
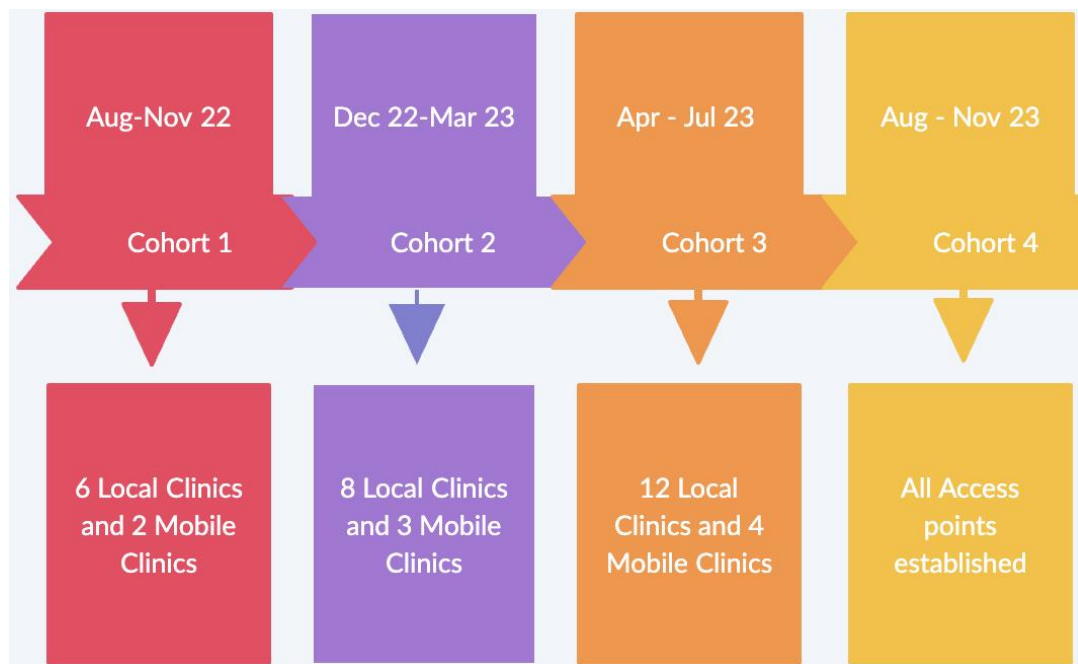
FastPrEP Current Roll-out (start July 2022)



Target reach:



Early lessons from FASTPrEP: Greater access options increased PrEP persistence in young people accessing community located sexual and reproductive services in CapeTown, South Africa



PrEP persistence at 3 months was 49.9% (95% CI: 44.5%-55.1%), 48.1% (95% CI: 42.6%-53.3%), 59.7% (95% CI: 56.3%-62.9%) and 62.5% (95% CI: 59.1%-65.6%) for cohorts 1-4, respectively.

PrEP users are diverse with diverse profiles



The “Convenient PrEP-user”

CHARACTERISTICS

- Platforms at easily accessible locations
- One-stop integrated SRH services
- Platforms that utilize minimum resources (time and money)

PrEP DELIVERY PLATFORM PREFERENCE



Mobile Clinic



Courier



Government Facility



The “Social PrEP-user”

CHARACTERISTICS

- Prefers PrEP pick-up in shared peer spaces
- Needs affirmation and social support for continued PrEP use

PrEP DELIVERY PLATFORM PREFERENCE



Youth PrEP Club



Mobile Clinic



The “Independent PrEP-user”

CHARACTERISTICS

- Seeks PrEP delivery outside of traditional medical environments
- Requires minimal PrEP adherence support
- Prefers HIVST to assess HIV status without having to talk to counselor/nurse about lifestyle

PrEP DELIVERY PLATFORM PREFERENCE



Courier & scheduled Mobile Clinic visits



The “Discreet PrEP-user”

CHARACTERISTICS

- Actively avoid PrEP delivery options that include groups of people waiting for a service
- Fear unintentional PrEP use disclosure
- Frequently report controlling sex partners

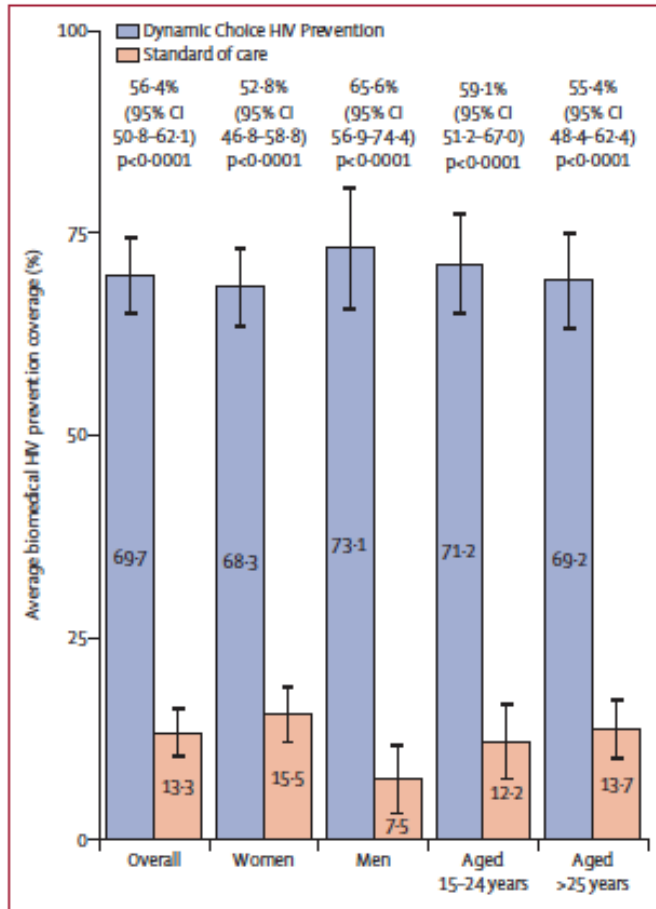
PrEP DELIVERY PLATFORM PREFERENCE



Courier

Coverage improves as we offer Choice

With TAILORED, ACCESSIBLE services and CHOICE we can expect better coverage of all people and better coverage of all exposures!



Dynamic choice HIV prevention with cabotegravir long-acting injectable in rural Uganda and Kenya: a randomised trial extension



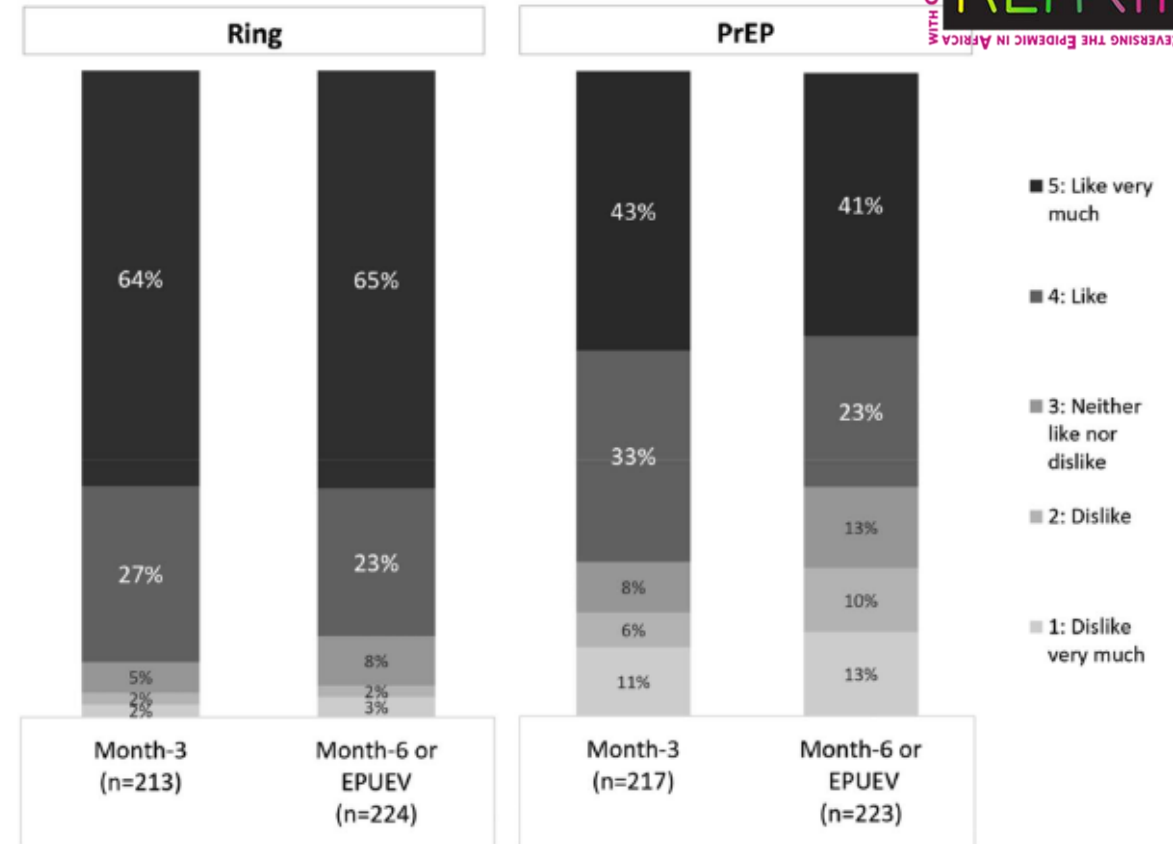
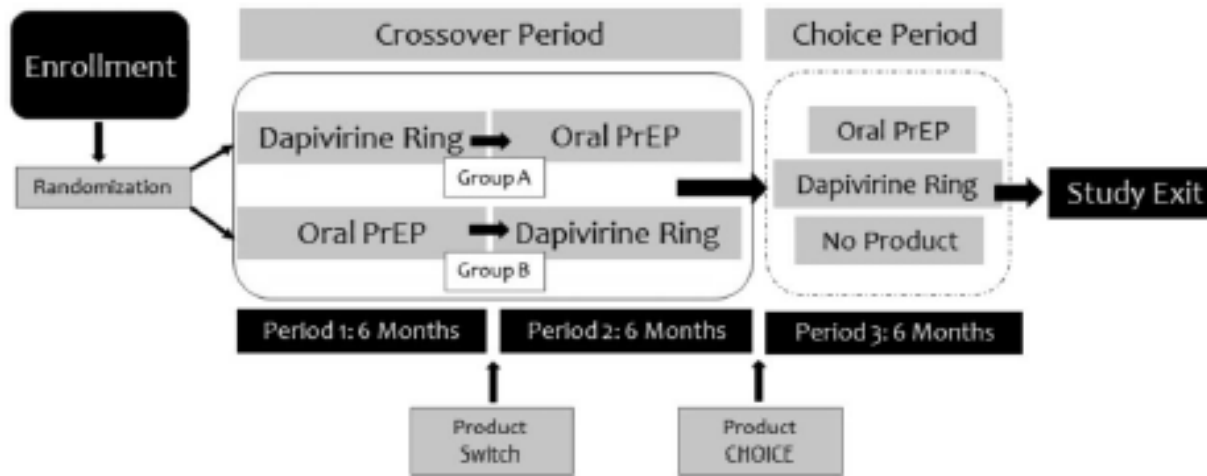
Moses R Kamya, Laura B Balzer, James Ayieko, Jane Kabami, Elijah Kakande, Gabriel Chamie, Nicole Sutter, Helen Sunday, Janice Litunya, Joshua Schwab, John Schrom, Melanie Bacon, Catherine A Koss, Alex R Rinehart, Maya Petersen*, Diane V Havlir*, on behalf of the SEARCH Consortium

*“offering structured choice between CAB-LA, oral PREP and PEP with option to change over time.....Prevention intervention increased **biomedical “covered” time by >5 fold to 69.7%** and reduced HIV incidence to 0% compared to 1.8% in standard-of-care.”*

OPEN

Higher Acceptability of the Monthly Dapivirine Ring Versus Daily Oral Pre-Exposure Prophylaxis Among Adolescent Girls and Young Women in Sub-Saharan Africa in the REACH Trial

Barbara A. Friedland, MPH,^a Erica N. Browne, MS,^b Sarah T. Roberts, PhD,^b Kenneth Ngunjiri, PhD,^c Rita Nakalega, MBChB,^e Pippa Macdonald, MBChB,^f Cynthia Nombeko Mpongo, BA,^f Siyanda Tenza, BSocSci,^g Nomsa Mhlana, MA,^h Danny Szyldo, MS,ⁱ Sherri Johnson, MPH,^j Tara McClure, MPH,^j Gonasagrie Nair, MBChB,^k Connie Celum, MD,^d Sharon L. Hillier, PhD,^l and Ariane van der Straten, PhD,^{m,n} on behalf of the MTN-034 REACH clinical trial team



Acceptability of the ring and oral PrEP, crossover period (n = 237).

The dapivirine ring was highly acceptable to twice as many AGYW than oral PrEP, although a significant minority rated oral PrEP highly, even after using the ring.

Fast PrEP: Implementation Programme (Phase IV Study)

Bill & Melinda Gates Foundation + Western Cape Provincial Health



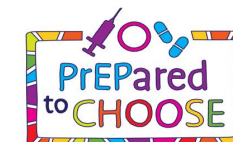
25,000 adolescents & young people
(15-29 years)

Klipfontein & Mitchells Plain health sub-district, **Western Cape Province**.

Oral HIV Pre-Exposure Prophylaxis
Delivered through **differentiated service delivery**

With intention to introduce new PrEP modalities as they become available

Evaluate the preference, use patterns
& impact of **differentiated prevention services**



Nested phase 3B sub-study:
PrEPared to Choose

1800 FAST PrEP
participants:
*non-randomised
allocation to 3 PrEP
products*



900 pts choosing injectable PrEP

300 pts choosing vaginal ring PrEP

600 pts choosing oral PrEP

1° outcomes:
persistence at
6 & 18 months

18 month passive follow up

– switching between PrEP products allowed at all time points.

BMGF funded implementation science

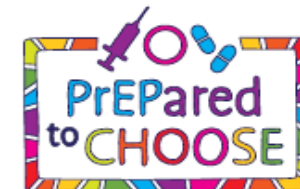
Expanded role of HIV counsellors

❖ PrEP choice counselling

- ❖ Built from formative workshops with YRG + PrEP providers + NDOH Guidelines + Choice literature (*framework is motivational interviewing*)
- ❖ 5 step multi-modal process: *Emphasis on:*
 - ❖ *Information provision (correction of misinformation)*
 - ❖ *Agency in choice*
 - ❖ *Appropriate exit points*
- ❖ Regular review: YRG and participant feedback + fidelity sessions with counsellors

PrEP product comparison table

Summarising basic information about oral PrEP, the Ring, CAB-LA and condoms.



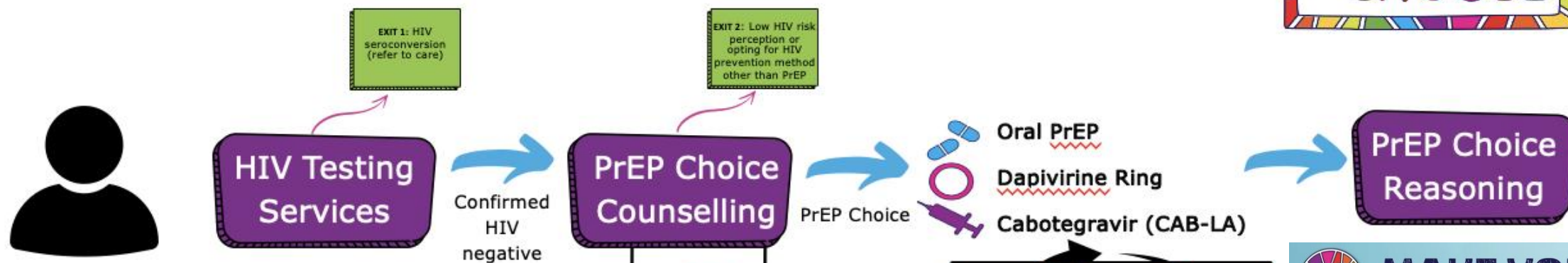
	Ring 	Oral PrEP 	CAB-LA 	Condoms 
Active Ingredients	Dapivirine	Emtricitabine and tenofovir (TDF/FTC)	Cabotegravir	No active ingredient
Description	Silicone vaginal ring	Single dose tablet	Single dose vial	Male - thin rubber (latex) Female - soft plastic (nitrile)
How is it given?	Inserted into vagina for 28 days	Tablet - taken orally daily	2 monthly injection	Male condom worn on penis (optional use of water-based lubricants if preferred); female condom inserted into vagina
How is it given?	Inserted into vagina for 28 days	Tablet - taken orally daily	2 monthly injection	Male condom worn on penis (optional use of water-based lubricants if preferred); female condom inserted into vagina
How does it work?	Slowly releases dapivirine into the vagina (at the site of potential HIV infection) and prevents HIV from making copies of itself inside healthy cells around the vaginal area thereby reducing the risk of HIV infection acquired during vaginal sex. Only works locally in the vaginal area.	Antiretroviral drugs (TDF/FTC) prevent HIV from replicating. Oral PrEP works systemically, so the drug is absorbed throughout the body and provides protection for HIV throughout the body.	An antiretroviral drug (cabotegravir) reduces the ability of HIV to replicate itself inside a healthy cell. CAB-LA delivers cabotegravir systemically, so the drug is absorbed throughout the body and provides protection for HIV throughout the body.	Provides a strong barrier to prevent the virus from entering the body - for anal, oral and vaginal sex. Needs to be used for each sex act
Who is it for?	HIV-negative individuals assigned female at birth, and willing to use the Ring correctly as prescribed ¹ for protection from HIV when having vaginal sex only; (and according to guidelines ² and medical eligibility ³).	HIV-negative individuals; weighing 35kg and more; willing to use oral PrEP correctly as prescribed; for protection against all exposure to HIV; and according to guidelines and medical eligibility.	HIV-negative individuals; weighing 35 kg and more; willing to return for injection appointments; for protection against all exposure to HIV; and according to guidelines and medical eligibility.	Anyone wanting protection against HIV (and STIs and pregnancy).
How frequently does it need to be taken, inserted, or injected?	Monthly, and changed every 28 days.	Daily pill.	1 month apart for the first two injections, then every 2 months.	Each and every time a person has sex.
How discreet/private is this method? Can it be used without others knowing?	Ring fits snugly top part of the vagina - few males reported feeling it in studies. Extra rings are visible, but can be hidden, if needed.	Pills and pill bottles are visible, but can be hidden, if needed.	Very private. There can be a swelling on injection site after injection on buttocks, but otherwise is invisible.	Not private. Requires both partners to agree to its use.

¹ As prescribed means as explained by the healthcare provider or package insert.

² Guidelines that are approved and adopted by Department of Health.

³ Medical eligibility means that you are able to use the medication safely according to your health and taking into account any medical conditions you may have.

PrEP Choice Counselling



TAKE THIS QUIZ!

To find out which PrEP method may work best for you!

PrEP Pill, PrEP Ring or PrEP Injection?

Make an X in the white blocks next to each of the statements that is true for you & leave the white blocks empty, if the statement is not true for you.

	PrEP Pill	PrEP Ring	PrEP Injection
I can take a pill every day			
I am comfortable with inserting something into my vagina			
I am ok with having an injection			
I want the least amount of clinic visits			
I am ok with having blood taken			
I am pregnant			
I want the best protection			
I inject drugs and share needles			
I want the least amount of side effects			
I have both anal and/or vaginal sex			
TOTAL number of X's			

Count all the X's in the white blocks under each method, the method with the most X's in the total, is the PrEP method that may work best for you.

PrEPared to CHOOSE

Complete this quiz and take it with you to discuss with the healthcare provider.

Adapted from South Africa national guidelines for CAB-LA PrEP Choice Counselling

FASTPrEP
Don't delay - get protected today!

- 1. PrEP Readiness assessment
- 2. PrEP Method Quiz
- 3. PrEP Product Comparison Table

Pike et al. 2024. HIVR4P conference

Participants are allowed to switch between products at any time.



PrEP

Choice: Self- reflection & quiz

- Participant administered
- Add up the scores
- Ask them if this score correlates with how they feel about the choice

At this stage, what is their preferred product?

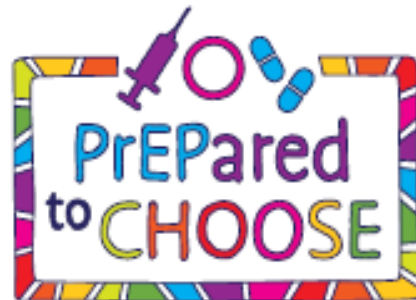
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I want the least amount of clinic visits			
I am ok with having blood taken			
I am pregnant			
I want the best protection			
I inject drugs and share needles			
I want the least amount of side effects			
I have both anal and/or vaginal sex			
TOTAL number of X's			

PrEP Pill 	PrEP Ring 	PrEP Injection 

Complete this quiz and take it with you to discuss with the healthcare provider.

Adapted from South Africa national guidelines for CAB LA PrEP Choice Counselling

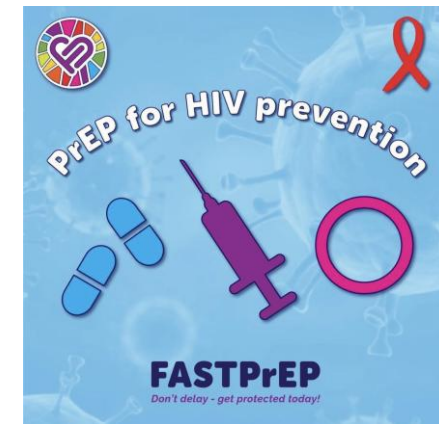


FASTPrEP
Don't delay - get protected today!



Image 1: PrEP providers and members of the Desmond Tutu Health Foundation Youth Reference Group role-playing PrEP counselling scripts (December 2023).

PrEP choice counselling: Interest and confidence in use



- 89.9% participants rated their **interest** in their chosen product $\geq 8/10$
- 91.4% felt **confident** ($\geq 8/10$) in their ability to use the product.
- 69.2% chose the product due to **compatibility with lifestyle**.
- Of those that rated interest or confidence < 5 , **59.2% never returned at month 1 and 37.0% product switched**. Only 1 participant continued with their initial choice.

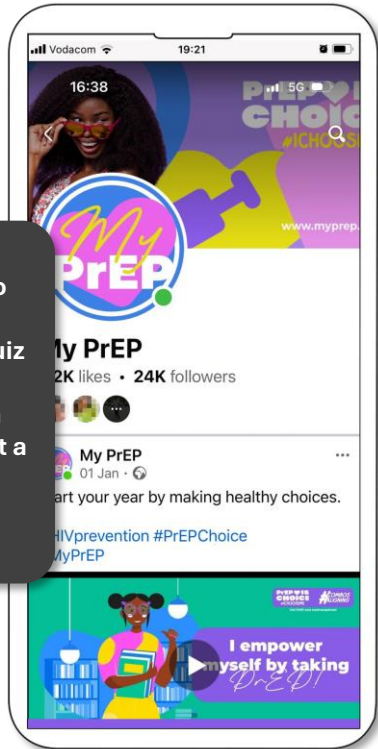


PrEP choice digital quiz

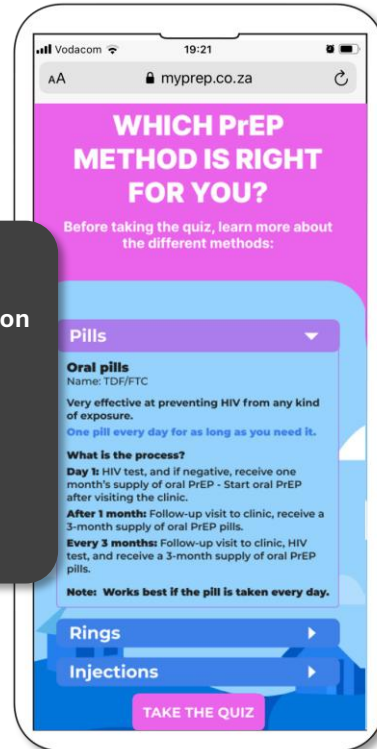


AIDS 2026

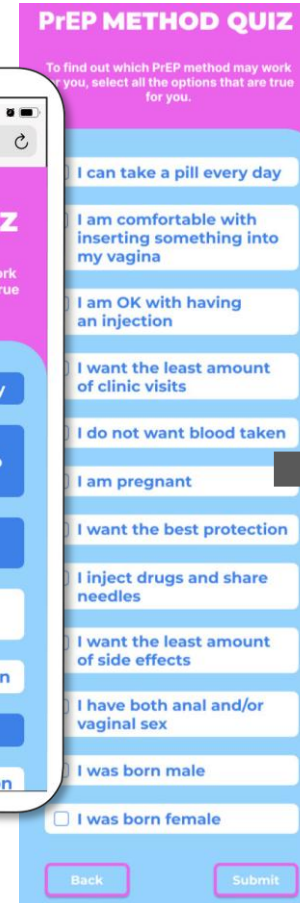
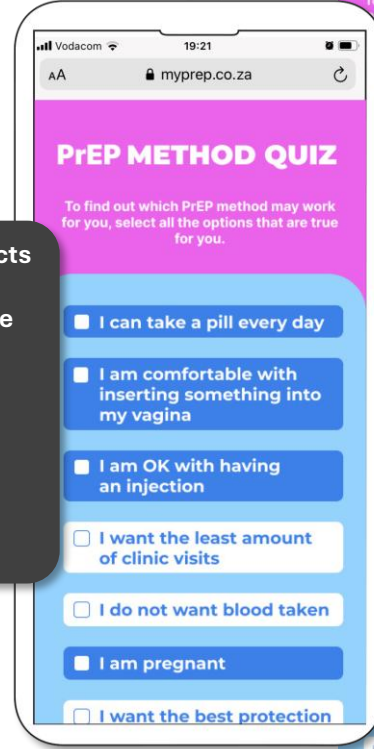
Users are directed to the PrEP method quiz via social media or a QR code at a health facility



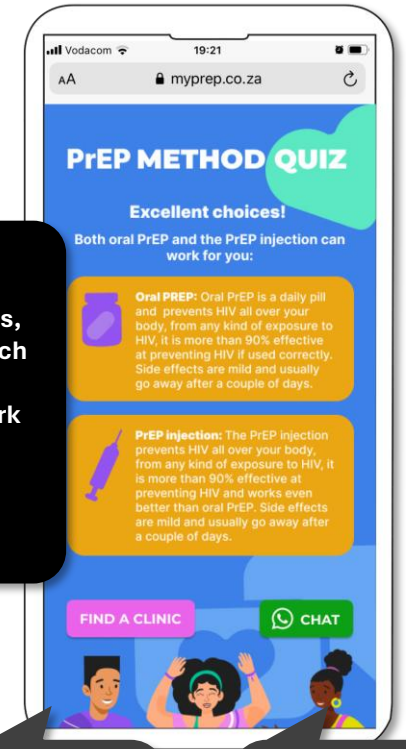
Start with more information on each available method Based on available methods



User selects their preference from 12 multiple options



Based on your selections, learn which methods might work for you!



Find your nearest clinic: MyPrEP service finder

Chat to Sister Unathi chatbot for more



health

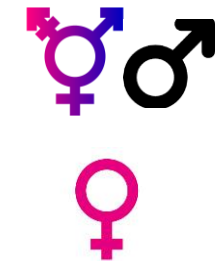
Department:
Health
REPUBLIC OF SOUTH AFRICA

Developed with support from:

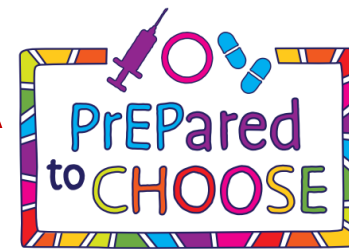
Gates Foundation
aids2026.org

Unitaid
SAVE LIVES FASTER

University of the Witwatersrand
WITS RH



PrEPared to Choose: 77% chose Cab-LA (of which 62% were PrEP naïve at initiation)



	Oral PrEP	DVR	CAB-LA	Total
N (%)	125 (22.4%)	5 (0.9%)	429 (76.7%)	559 (100.0%)
Age m(IQR)	23(20-28)	23(22- 24)	24(21-28)	24 (20-28)
Weight (kg)	70(58-83)	67.4(63- 70)	71.2(60.5 86)	71 (60-86)
Gender				
Male	49 (39.2%)	0 (0.0%)	136 (31.7%)	185 (33.1%)
Female	73 (58.4%)	5 (100.0%)	289 (67.4%)	367 (65.7%)
MSM	3 (2.4%)	0 (0.0%)	4 (0.9%)	7 (1.3%)
PrEP experienced				
No	102 (81.6%)	2 (40.0%)	267 (62.2%)	371 (66.4%)
Yes	23 (18.4%)	3 (60.0%)	162 (37.8%)	188 (33.6%)

Cab-LA roll-out highly feasible at public facilities and mobiles with Cab-LA being most popular choice

	mobile truck	Vuyani Clinic	Total
N (%)	402* (71.9%)	157 (28.1%)	559 (100.0%)
PrEP Products at baseline			
Oral PrEP	98 (24.4%)	27 (17.2%)	125 (22.4%)
DVR	5 (1.2%)	0 (0.0%)	5 (0.9%)
CAB-LA	299 (74.4%)	130 (82.8%)	429 (76.7%)

Commenced February 2024

862 started CAB-LA;

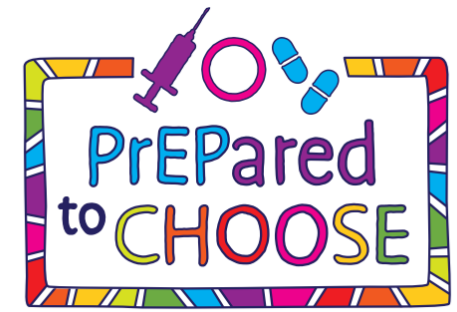


PrEP persistence at M1: 59% for Cab-LA compared to 21% for oral PrEP

Oral PrEP (attended/due)	DVR (attended/due)	CAB-LA (attended/due)
15/70 (21%)	0/2 (0%)	125/209 (59%)

**attended within 7 days of scheduled visit as per ViiV protocol*

Reasons for choosing PrEP method

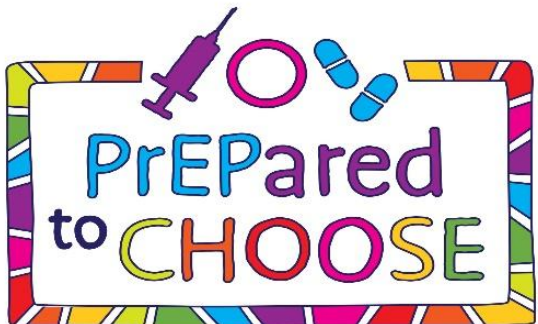


Participants primarily chose PrEP option based on fit with lifestyle (70%), product safety profile (13%), and route of delivery (8%)

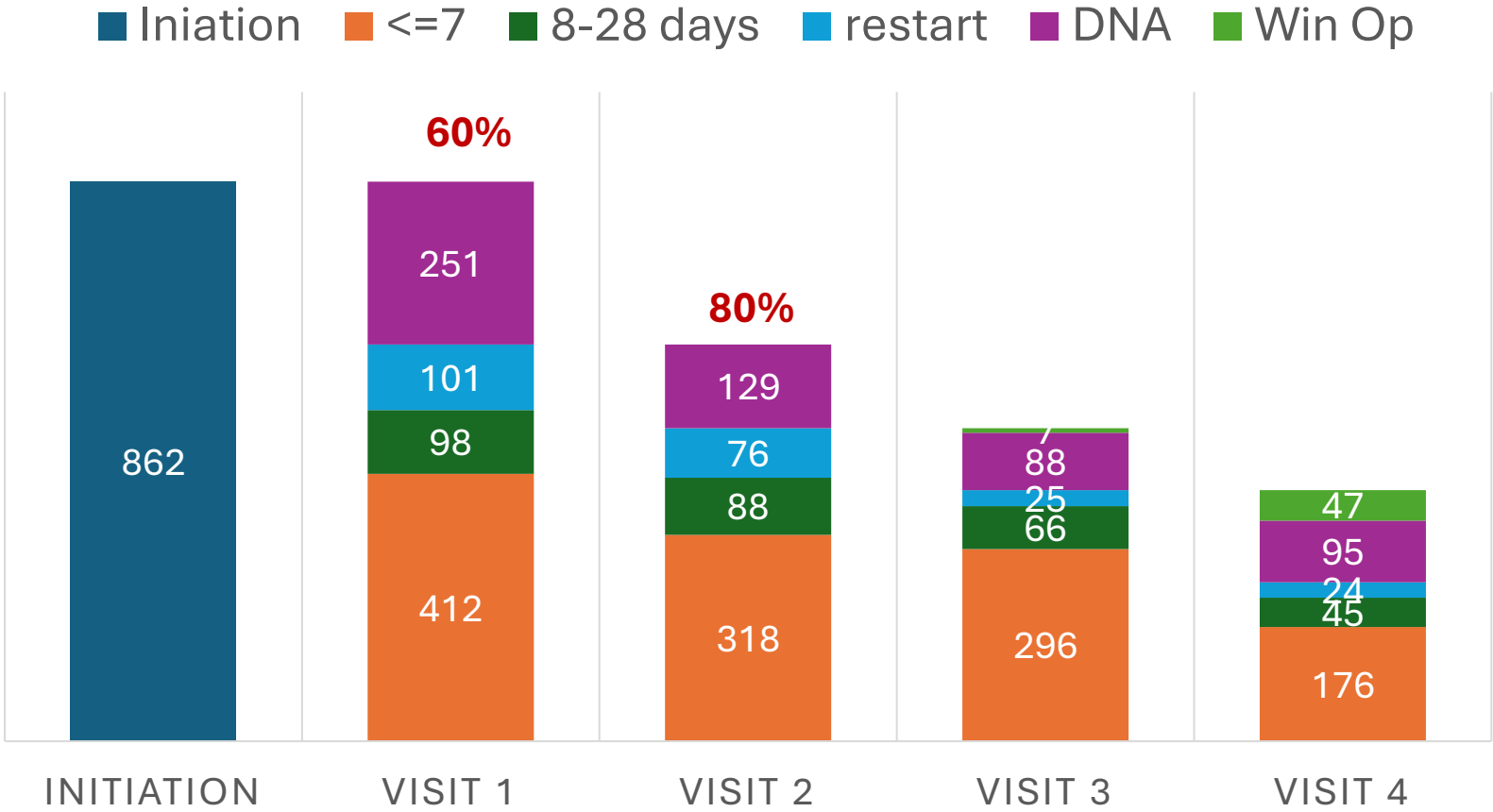
Reason for choosing PrEP method	At PrEP Initiation			
	Oral PrEP	DVR	CAB-LA	Total
Suits lifestyle	194 (67.6%)	6 (50.0%)	606 (70.4%)	806 (69.5%)
Preferred side effect profile	56 (19.5%)	3 (25.0%)	8 (0.9%)	67 (5.8%)
Preferred route of delivery	21 (7.3%)	0 (0.0%)	72 (8.4%)	93 (8.0%)
Discreet option	2 (0.7%)	0 (0.0%)	9 (1.0%)	11 (0.9%)
Perceived as the most effective	7 (2.4%)	1 (8.3%)	25 (2.9%)	33 (2.8%)
Perceived as the safest	7 (2.4%)	2 (16.7%)	141 (16.4%)	150 (12.9%)

What does peace of mind mean to you?

**A variety to choose from -
Oral PrEP, DapiRing & Injectable PrEP**



PtC Continuation (M0 → M5)



Until end Jan 2024.

Dynamic data as participants can return at any point within the 18-month period.

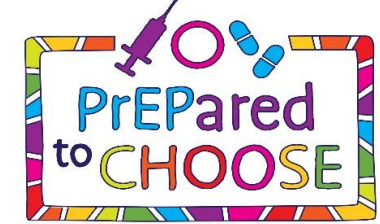
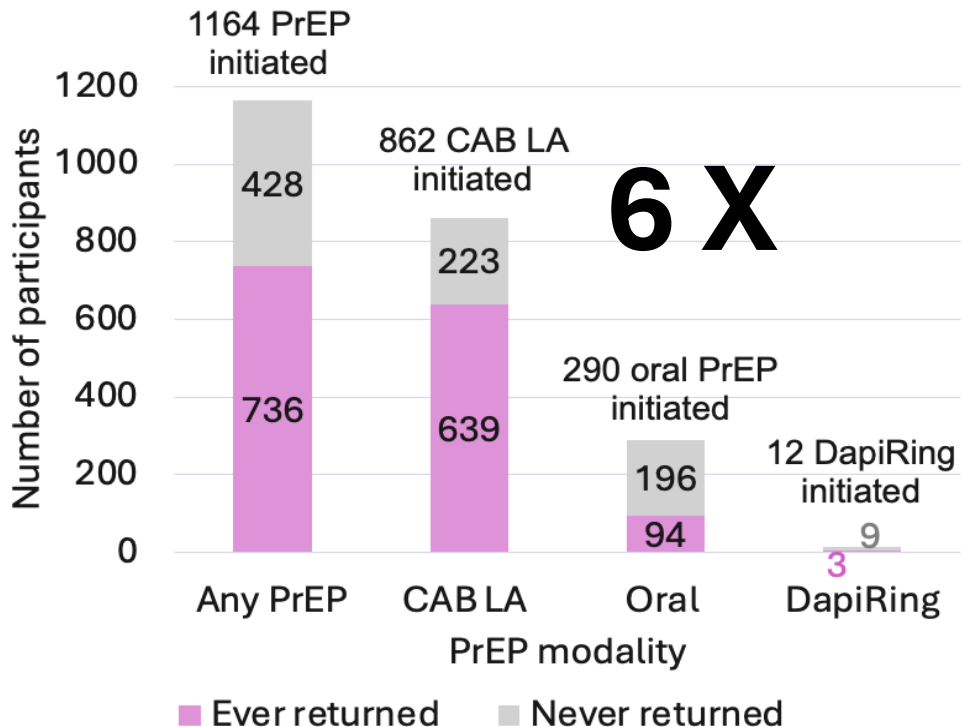
Characteristics of early persistors and non-persistors on Cab-LA

Pike et al (IAS2025), Bennett et al (AIDS Impact 2025)

Over a third (37%) of 1164 PrEP initiated participants did not return after the first visit.

26% of CAB LA initiators, 68% of oral PrEP initiators, and 75% of DapiRing initiators did not return for subsequent PrEP visits.

CAB LA initiators were **6.06 (OR, 95% CI: 4.55; 8.06) times more likely to ever return** compared to initiators on shorter acting agents (oral PrEP or DapiRing).



11% of CAB LA initiators that ever returned, returned >28 days from their scheduled visit and were required to restart the CAB-LA regimen.

CAB LA is a two monthly intramuscular PrEP injection. At initiation or restart an additional dose **after 1 month** is required.

A typical injection schedule:

Baseline → **month 1** → month 3 → month 5 → etc.



An injection schedule with a restart:

Baseline → **month 1** → month 3 → → → **month 7** → **month 8** → month 10 → etc.



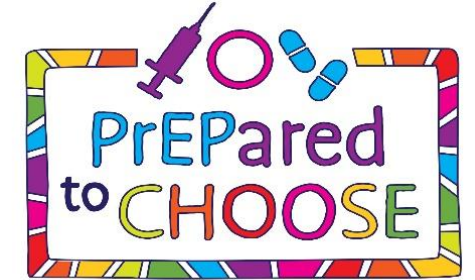
Tracking injectable PrEP use @ 7 months in

Persistence outcomes at 7 months

Table 1: Likelihood to discontinue PrEP or product switch depending on PrEP product initiation choice over 7 months of passive follow up.

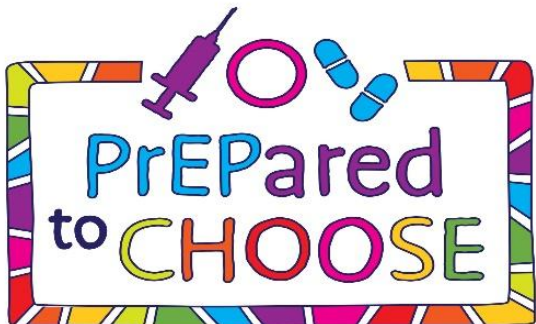
	Likelihood to discontinue PrEP (hazard ratio) as this type of PrEP user	Likelihood to product switch (hazard ratio) as this type of PrEP user
Initiated on injectable CAB LA	39% less likely (HR 0.61)	52% less likely (HR 0.48)
Initiated on shorter-acting PrEP (oral PrEP; DapiRing)	9.18 times more likely (HR 9.18)	12.27 times more likely (HR 12.27)

*Sensitivity analysis: outcomes remained unchanged when accounting for age, sex, or location of PrEP access.



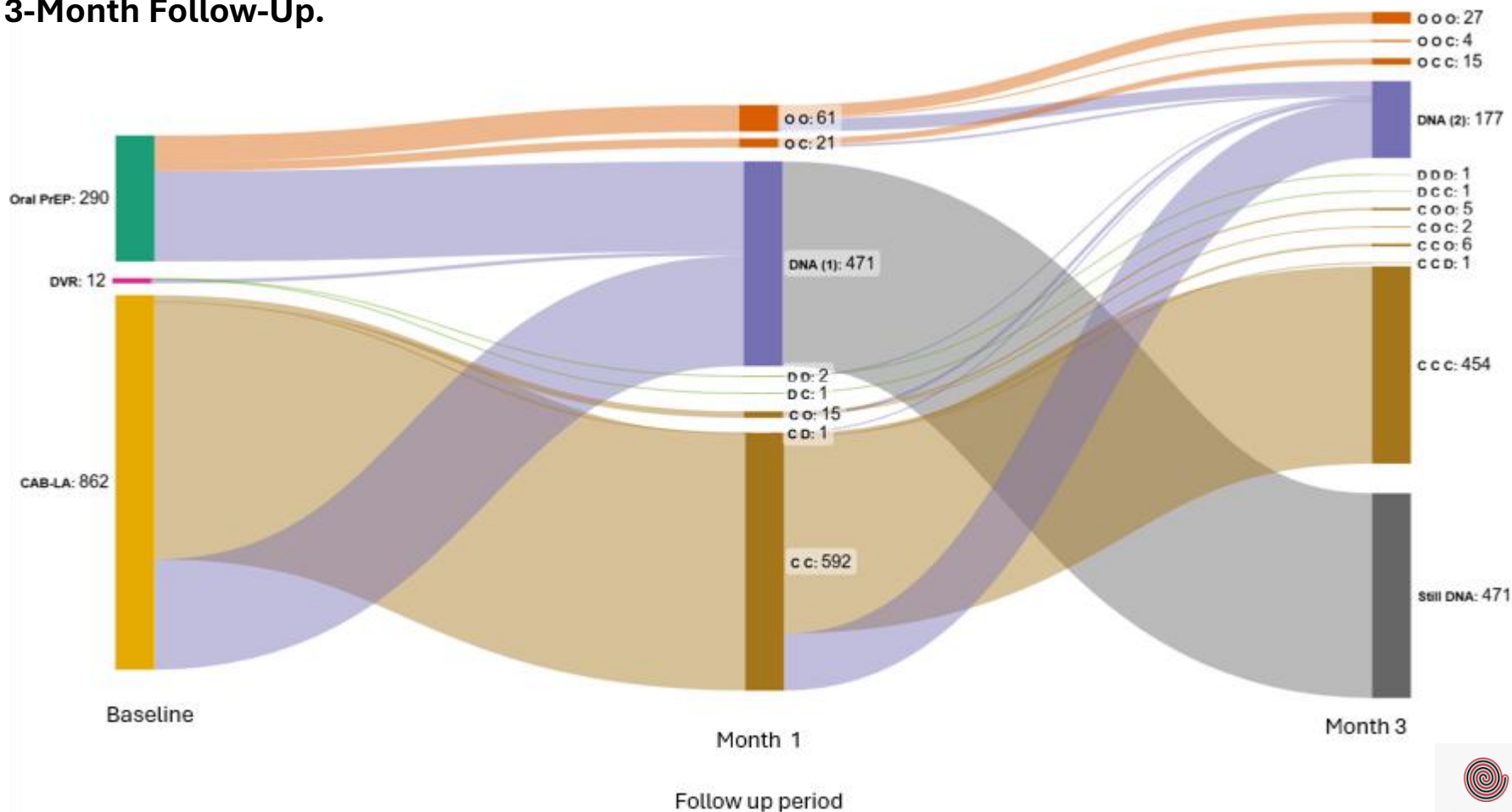
Median time on PrEP for injectable users was 208 days over a 7-month period compared to only 28 days when using oral or Ring.

Yet - no user showed continuous perfect persistence through 7 months.



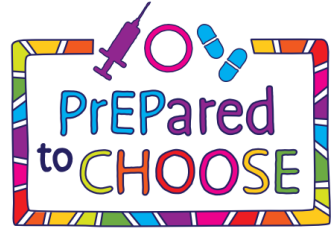
PtC Product Switching

Pathways of PrEP Usage: Transitions Between Oral PrEP, CAB-LA, and DVR from Initiation to 3-Month Follow-Up.



DVR (D) – Dapivirine-containing ring; CAB-LA (C) – Cabotegravir long-acting; O – Oral PrEP; DNA – did not attend. Numbers at each time point indicate the total number of participants in a given stream.

Characteristics of early persistors and non-persistors on Cab-LA



CAB LA user characteristics associated with an increased probability of return:

CAB LA initiating participants were more likely to ever return if they had these characteristics compared to never returned CAB LA initiators:

- **Age:** Older participants, >19 years (OR 1.5, CI 1.09-2.30) were more likely to ever return.
- **PrEP experience:** Participants with prior PrEP experience (OR 2.4, CI 1.53-4.09) were more likely to ever return.
- **Prior PrEP disclosure:** Participants that had disclosed their PrEP use (OR 2.59, CI 1.48-3.69) were more likely to ever return.
- **Location of PrEP access:** Participants that accessed PrEP from the mobile clinic (OR 1.42, CI 1.04-1.95) were more likely to ever return.

Characteristics that did not influence the likelihood of return

- **Sex:** similar between male and female participants (OR 1.12, CI 0.80-1.56)
- **Employment status:** similar between those who were employed or in education vs. unemployed (OR 1.03 CI 0.76-1.40).
- **Reason for PrEP use:** as assessed during choice counselling
- **HIV risk perception:** risk score during HIV testing and counselling
- Number of **sexual partners**
- Diagnosed with a **sexually transmitted infection** (*Chlamydia, Gonorrhoea, or Syphilis*)
- **Mental health score:** Positive or negative PHQ 4 assessment at baseline
- **Alcohol misuse:** Positive or negative AUDIT score at baseline.

CAB LA Early Discontinuation....

General: of the 29% of CAB LA users that did not return at month 1 for subsequent injections

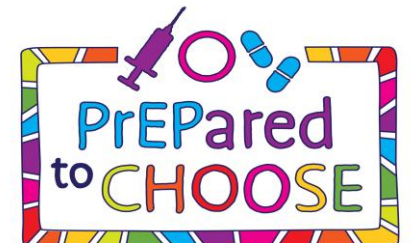
- 9/20 IDIs have been completed with 7 females and 2 males, ranging in age from 17 to 29 years.
- **8 participants switched** from Oral PrEP due to the oral PrEP side effects and/or forgetting to take their pills daily
- Most participants knew about the **PK tail** but some felt overwhelmed with information resulting in a lack of understanding around the duration and implications thereof.
- All participants were told to protect themselves using condoms and/ or oral PrEP if they stopped the injection, however **only 3 participants reported to using protection consistently**.

Reasons for discontinuation:

- PtC mobile too far or not in convenient location - "I was too lazy to walk" (4)
- Clash of time with personal/ work schedules (3)
- Pain at site (amongst other reasons) (2)
- Long waiting times (same as normal clinics or when at clinics) (2)
- Is currently abstaining (1)

Participant recommendations to improve understanding and retention:

- More time with counsellor/ nurse for further explanation
- Posting information online
- Videos explaining 'tail' and associated info
- Generic WhatsApp notification (in addition to automated SMS)



Testing to start CAB LA for PrEP

Check for HIV
exposure in past
72 hrs (consider
PEP)



Assess for AHI
(possible exposure
in past 14 days)

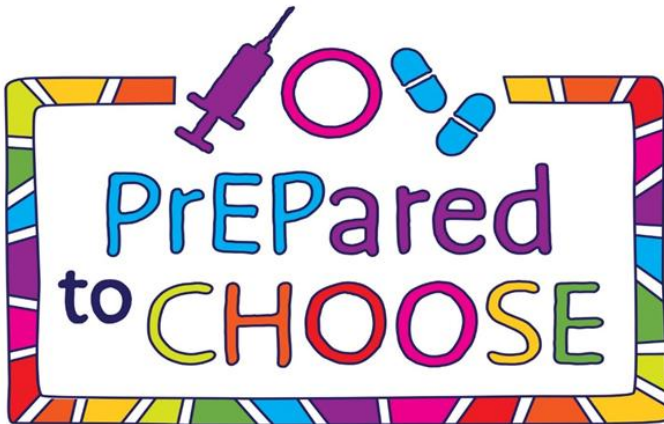


HIV RT
AND
NAAT (HIV RNA-1
viral load)

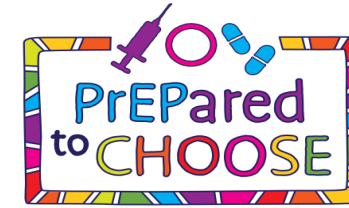
- A total of **3/862 (0.35%)** had a discrepant detectable VL at CAB-LA initiation:
 - 4th Gen HIV Ag/Ab RT: 1/588 (0.17%)
 - 3rd Gen HIV Ab RT: 2/666 (0.30%)

Participants with detectable VLs, were recalled for additional testing, including HIV confirmatory testing (Lab ELISA), and HIV-Drug Resistance testing.

All 3 participants were started on standard 1st line ART Tenofovir/Lamivudine/Dolutegravir (TLD), within 5 days of CAB-LA initiation.



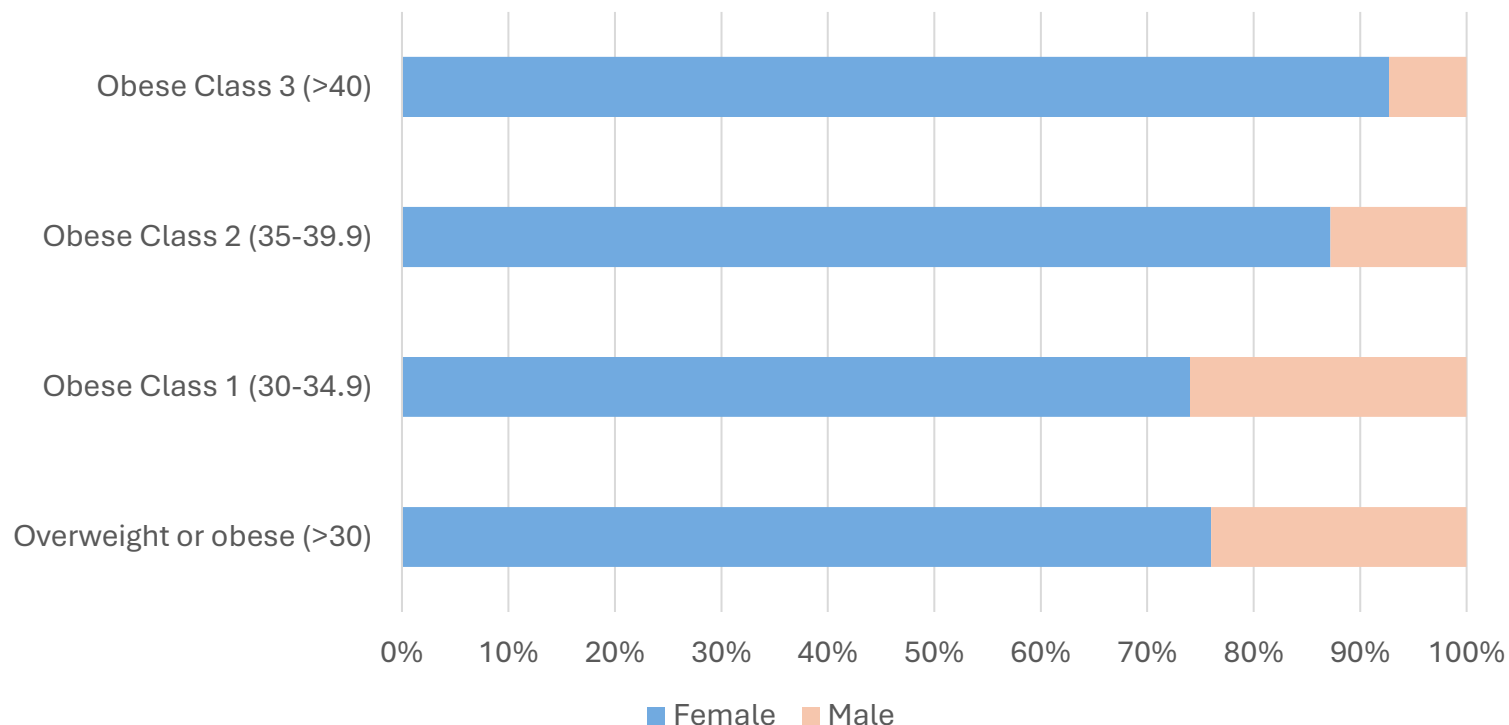
Weight in FASTPrEP program:



56% (657/1164) overweight/obese at baseline ($\text{BMI} \geq 25 \text{ kg/m}^2$). **30%** classified as obese ($\text{BMI} \geq 30 \text{ kg/m}^2$) → 30% required 2-inch needles.

These patients were predominantly **YOUNG & FEMALE**.

Sex proportion across classes of obesity



687 participants had complete follow up BMI data.

Among those who received at least two doses of CAB-LA:

mean BMI **decreased** over seven months (mean change -0.021; 95% CI: -0.034 to -0.009; $p=0.001$) → clinically insignificant weight change.

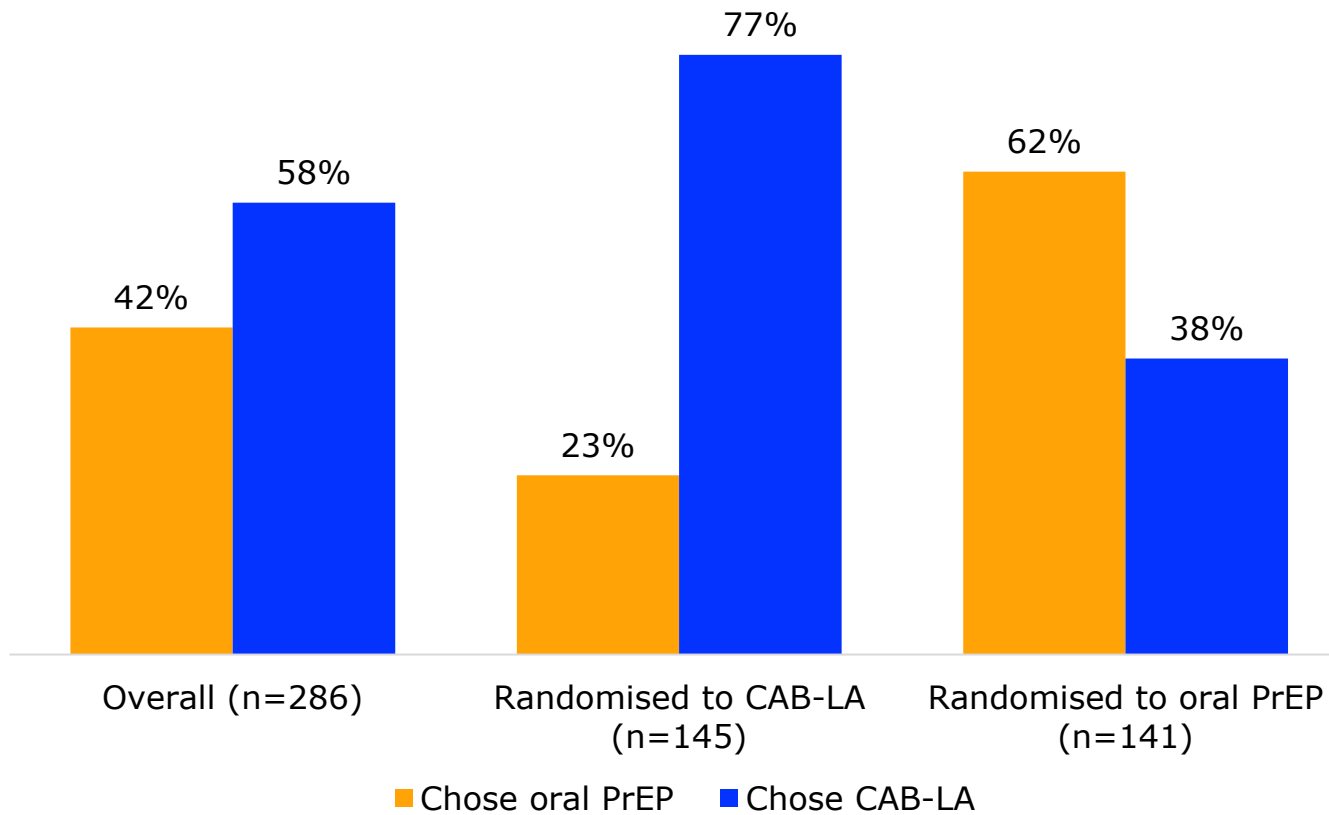
Among those with fewer or no doses:
No significant change in weight was observed

Baseline BMI was not associated with PrEP product choice (aOR 1.23; 95% CI: 0.76–2.01).

Mobile men: PrEP choice at month 9



AIDS 2026



- Overall, 58% chose CAB-LA vs 42% oral PrEP ($p=0.01$).
- 77% of men randomised to CAB-LA stayed on it
- 38% of men randomised to oral PrEP switched to CAB-LA

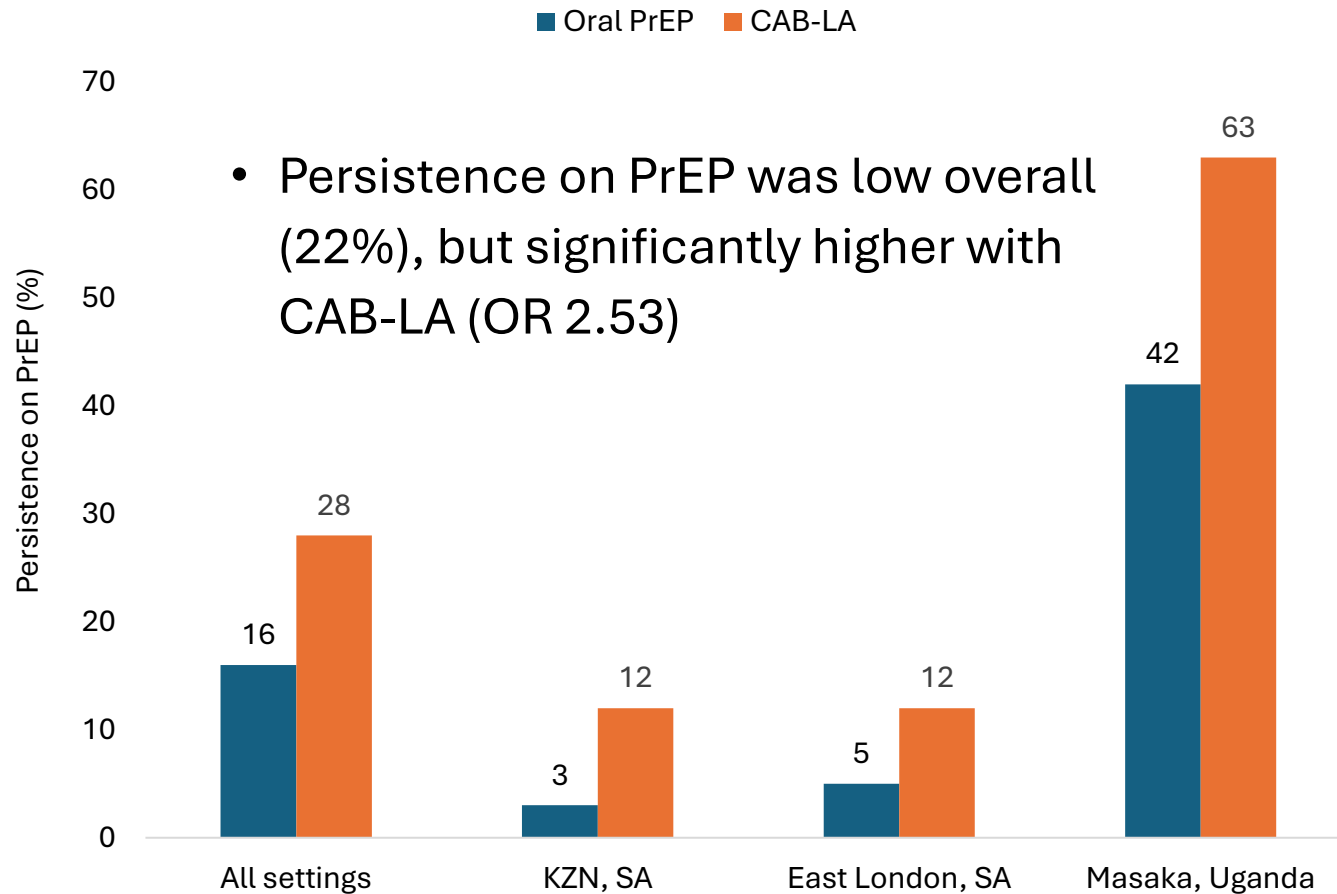
Mobile Men RCT: 9-month PrEP



AIDS 2026

**MOBILE
MEN**

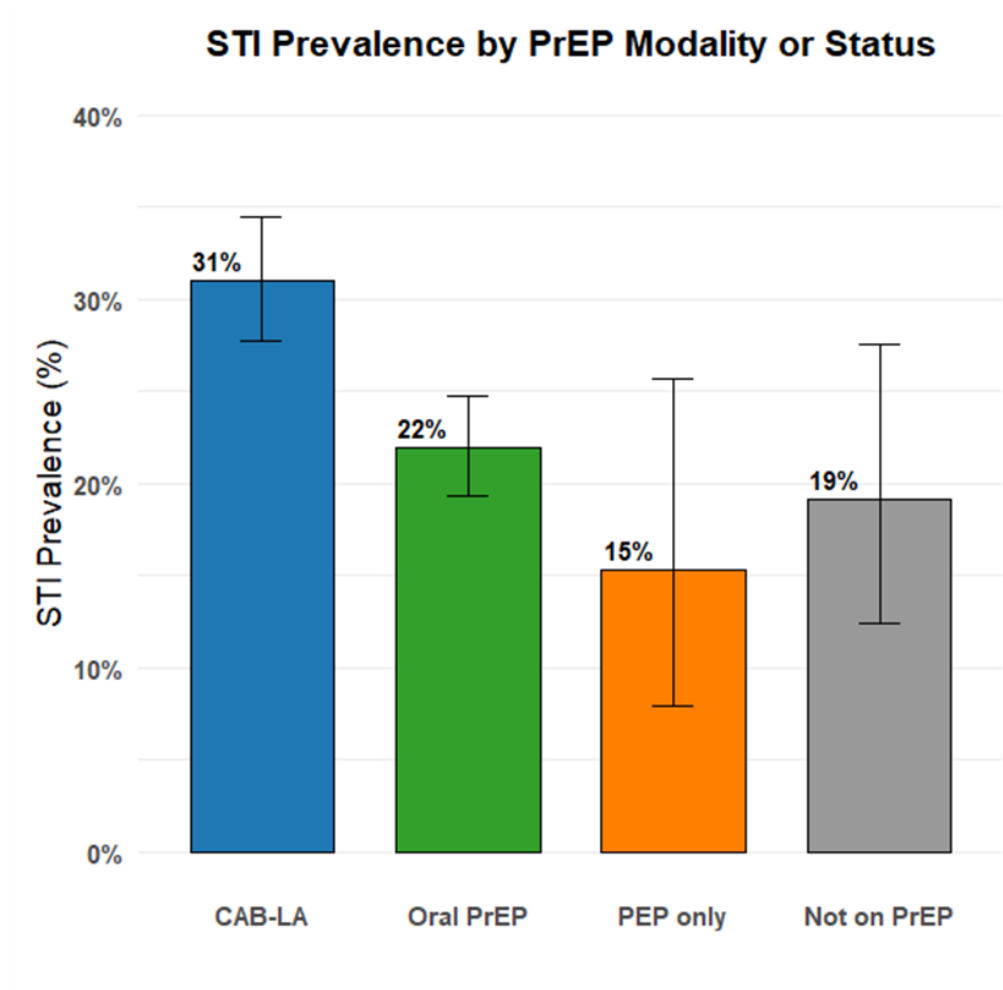
persistence



- Same-day PrEP delivery is feasible for mobile men in in Uganda and South Africa
- CAB-LA persistence was significantly higher than oral PrEP at month 9, though persistence remained low overall.
- CAB-LA was the modality most men actively chose and preferred once offered a free choice.
- Real demand for choice remains: men without prior CAB-LA exposure split fairly evenly across daily, ED and injectable options.

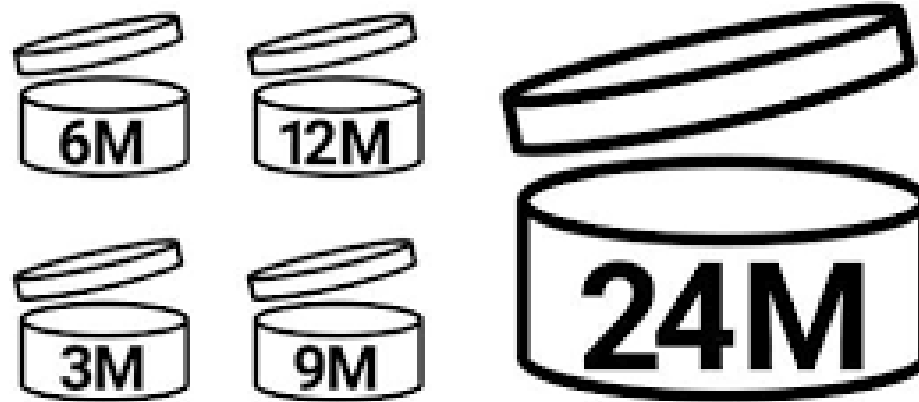
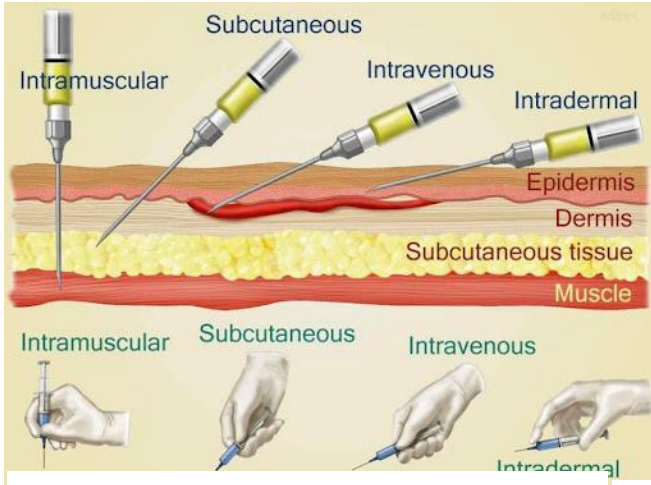
LAPIS: Early lessons

- Delivering long-acting cabotegravir through peer led mobilisation into mobile sexual health services was safe and feasible
- Choice of long-acting cabotegravir alongside oral PrEP/PEP increased uptake (60% to 90%) and PrEP retention (20% to 60%) among AYA
- Those who chose long-acting PrEP were higher risk:
 - STI diagnosis was associated with CABLA uptake: **aOR 2.0** (95%CI: 1.2-3.3).
 - STI diagnosis was associated with PrEP persistence: **aOR 1.2** (94% CI 1.0, 1.5)
- HIV Self Testing for monitoring (7 days and missed appointments) was feasible and acceptable



Early lessons: needles? nodules? dosing frequency?

Delivery preferences? Len 4 PrEP and ALIGN



Updated perspectives from injectable PrEP users.

PtC participants initiating on CAB LA (n=57: 11 males; 46 females. 40 mobile; 17 clinic; 38.6% first time PrEP users)

Benin F, et al DTHF 2025

Previous injectable experience:
Contraception, annual vaccines
(**33% no injectable experience**)

60% (34/57) ideally wanted a product that lasts ≥ 6 months.

- Reduced clinic and/or injection frequency
- Convenience/ difficult to get leave from work / school/ childcare duties

Some liked shorter duration that allows for more frequent HIV checks (reassurance) and concern of long-lasting side effects)



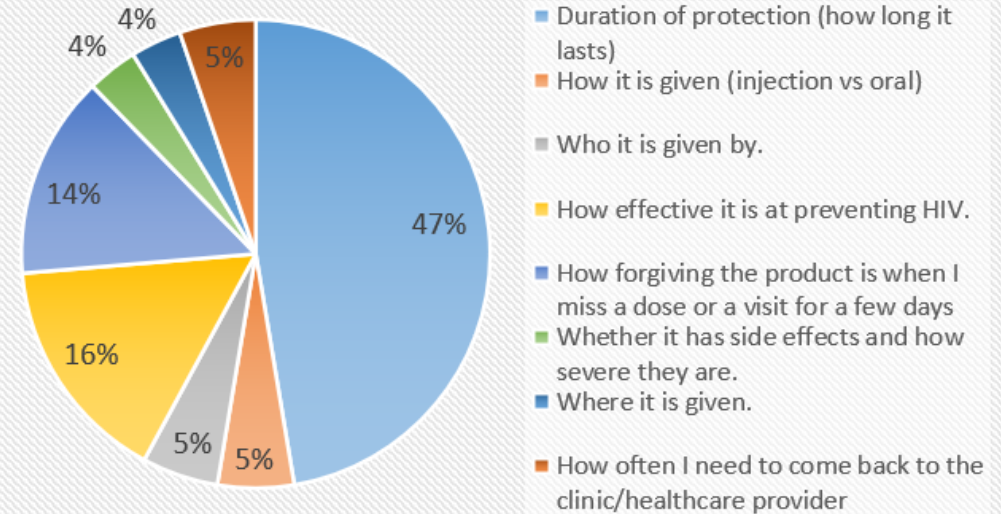
72% were **very comfortable** with IMI;
9% said they would only have it if very necessary



Only 25% were **very comfortable** with SC
21% wouldn't have SC.
30% would only do it if very necessary.

60% said they **would likely or very likely** use a 6mo SC product

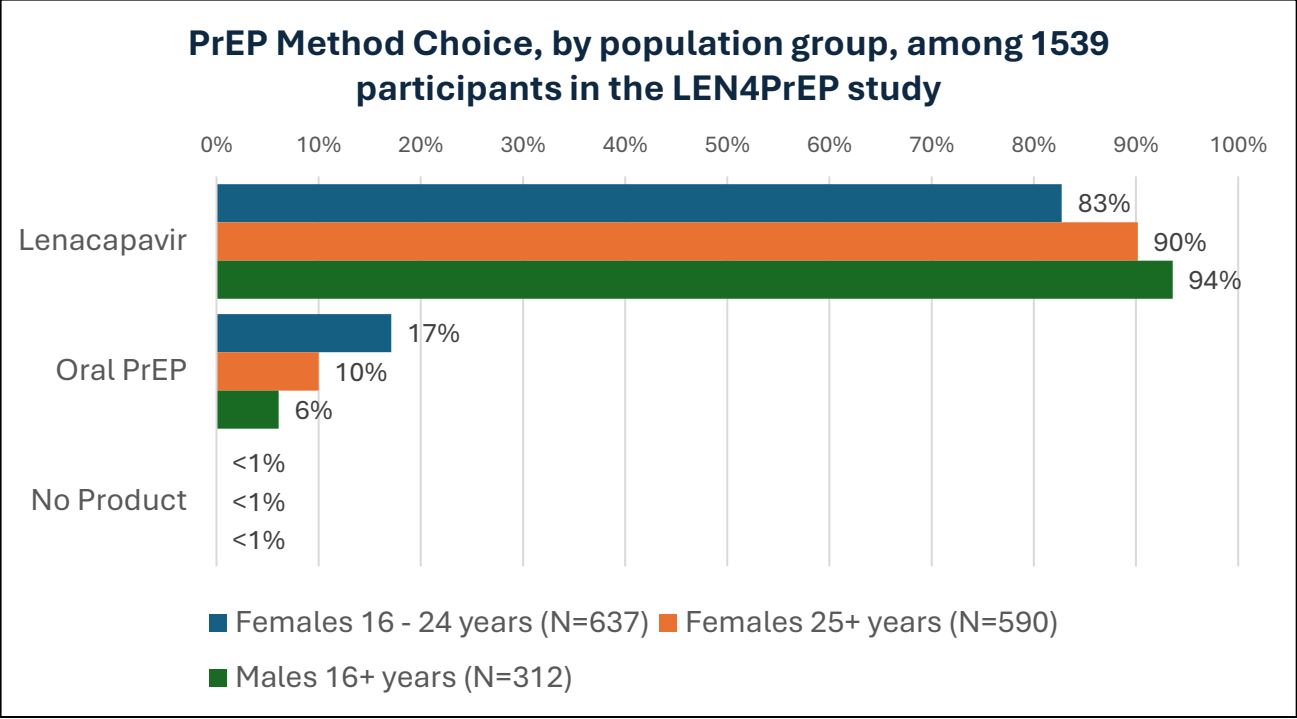
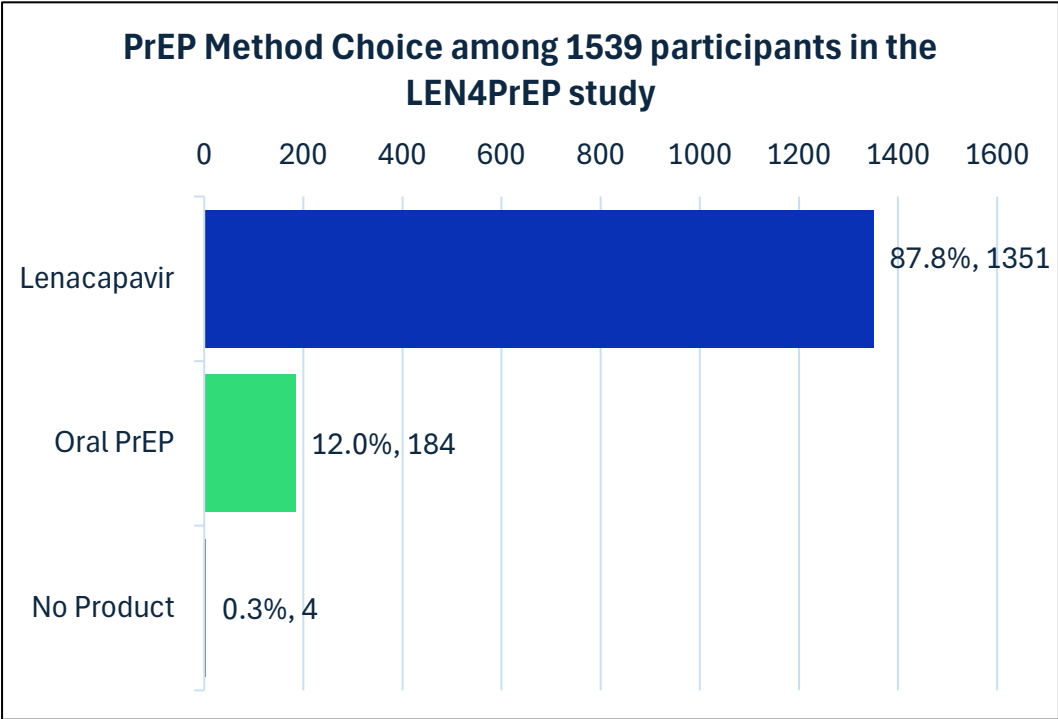
Most important attribute by PrEP product



“twice a year. That would be appealing to me” “very convenient”; I would choose 6 mo because it is “longer acting”

“Not comfortable enough with the mode of injection” “Scared of sub-cutaneous” “think it will be more painful” “not sure because I don’t know what the side effects will be” “lack of trust”

1. When offered PrEP Choice, most participants selected LEN



Saiqa Mullick, Wits RHI



ALIGN : majority Len with equal (small) numbers of oral and CABLA
Majority women in twenties and thirties, men are older

2. Convenience is the strongest driver of product choice



 **AIDS 2026**

Interviews with healthcare providers identified several reasons for participants selecting LEN including:

- Long-acting protection
- Reduced clinic visits
- Avoidance of daily pill taking
- Reduced risk of forgetting doses
- Reduced stigma

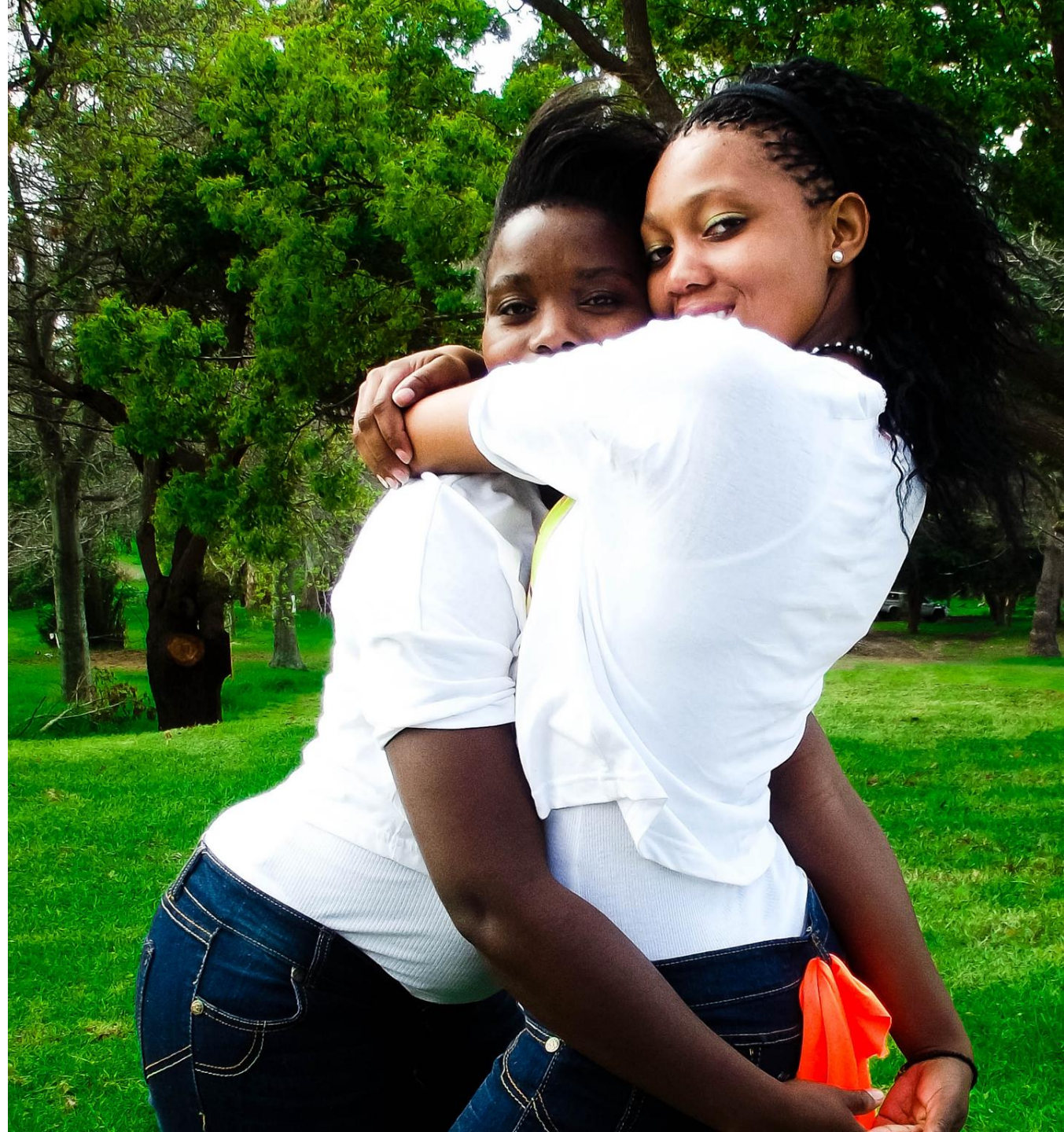
“Most of them they are choosing six months injection. They will tell you that is to avoid swallowing pill everyday this one is better because it’s an injection there’s no way you can forget about the pills all the stuff, we are safe with it and it’s saving time like visiting the clinic now and then...”

*Non-Clinical provider, LEN4PrEP IDI,
January 2026*



When given a choice between the ring and the Pill....

I saw that the ring is easier to use than the pills that I thought that “No, let me take the ring”. I thought of taking the pills, but then I thought that it is hard work. What if I go to school and come back stressed and I forget it? So, I was like, “No; let me just take the ring”.





Okay. I would like it to be an injection so that everybody that is both men and young women can use it. If you notice the ring ends with girls. The injection can be used by everyone. It can be accessible from the clinic of one's choice. I would want it to stay for a year. Do you know that if it is to be injected every 3 months they will get tired of going to the clinic to refill. If it is a year a person becomes cool in the mind [stress free] and say to himself, 'Look I know I will only go next year the same date I got it'

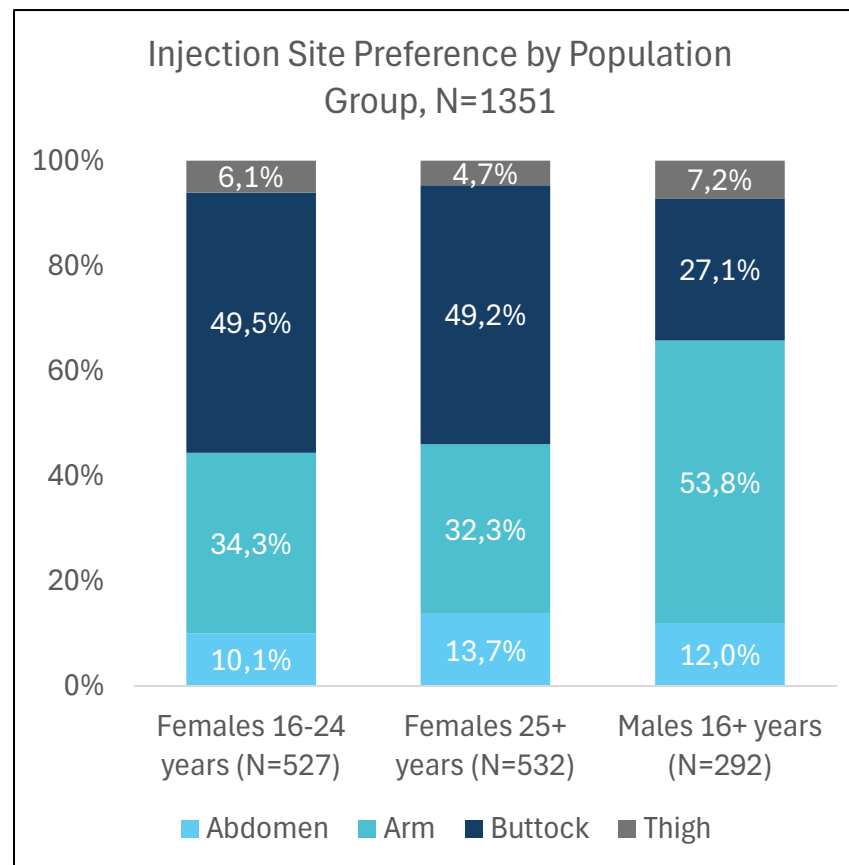


3. Clients value a choice of different injection sites

Early findings suggest that person-centred care also means offering choices around:

- Injection site
- Service delivery model
- How information is provided
- Ongoing support

Injection-site preferences differed between women and men, reinforcing the importance of flexibility rather than a "one-size-fits-all" approach.



“...They are saying, no, it's better to inject on the abdomen because I can see myself if there's something, some swelling, I can see it compared to the back.”

Clinical provider, LEN4PrEP study, IDI Jan 2026

“But what I've realized [is] that young people are preferring the buttocks because uh they will say, no, I'm used to injecting at the buttocks because I'm injecting my family planning at the buttocks. So I'd rather inject at the buttocks.”

Clinical provider, LEN4PrEP study, IDI Jan 2026

Saiqa Mullick, Wits RHI



ALIGN: Preferred sites Buttock > abdomen > arm > thigh

4. Healthcare provider counselling shapes successful adoption



AIDS 2026

Providers emphasised pre-education as a key implementation strategy

- Provider interviews highlighted that participants who received counselling regarding:
 - Pain expectations
 - Injection-site nodules
 - Possible leakage

were generally less concerned when these effects occurred because they had been prepared in advance.

“...some of the key things is to pre-empt or pre-educate about side effects... a lot of the participants they'll complain of injection side effects, which are the common ones, your nodules or the pain where you injected... So even when you call them, they say, no, but I was told about this. So, it's not a big deal... they don't blow it out of proportion because it was expected.”

Clinical provider, LEN4PrEP IDI, January 2026



ALIGN : Prior PrEP use high (CAB LA/oral PrEP)

5. Injection technique and practical training are critical to client experience

Practical provider training builds confidence

Early implementation identified several practices that may support more efficient consultations and a better client experience:

- preparing LEN using the recommended inversion technique
- selecting the correct subcutaneous injection site
- administering the injection slowly
- pausing after administration before withdrawing the needle
- maintaining correct needle position throughout administration
- using practical job aids and ongoing mentorship during early implementation

For a new injectable product, provider confidence is built through practice – not through slides alone.

Hands-on simulation helped providers practise the technique before administering LEN to clients. Early training used simple models, including condoms or gloves filled with salt or gel, together with simulated LEN injections.

Saiqa Mullick, Wits RHI



ALIGN: Liberal use of ice before and after Len ; ISRs in Len but not severe. 2 small ulcers- healed well

6. Demand generation must build prevention literacy – not simply drive “demand”

Community prevention literacy, strengthened through community engagement, peer support and quality provider counselling, enables informed and confident prevention choices.

Early implementation suggests that prevention literacy is strengthened when people have access to:

- **Community engagement** that creates safe spaces for dialogue, questions and shared learning.
- **Peer support** from trusted voices with lived experience and relatable perspectives.
- **High-quality provider counselling** that explains what to expect, including injection-site reactions and when to seek care.
- **Trusted digital and community information** that counters myths and misinformation while supporting informed choice between PrEP options.

Successful demand generation builds understanding, trust and confidence – so that people choose the prevention option that is right for them.

Saiqa Mullick, Wits RHI

Demand generation is not about promoting a product. It is about ensuring that people have the knowledge, confidence and support to make an informed prevention choice.

Prevention literacy, awareness, demand activation and support is delivered through multiple channels!

**ALIGN: <50% of Len users are returning at 1 mo for retest and still seeing significant drop off of CAB LA (30%) users to return at 1 mo for loading dose
Phone Len users on day 7 to check correct use of loading dose on day 2.**



Some anecdotes from ALIGN

- No significant adverse events to speak of in any of three PrEP modalities
- High rates of CT, NG and TP persist and SRH services are needed
- Relatively high rates of screening out due to HIV positivity
- 16 pregnancies – **most selecting Len**
- GPs and other stakeholders in area must also be trained
 - GP switched out someone on CAB LA to oral with depression
 - local clinician wanted to stop CAB LA due to pregnancy
- A Len user returned to clinic after started TB treatment – given supplemental Len dose
- 3 acute HIV infections that were missed with 3rd and 4th gen RDT- all fully suppressed on TLD (1 each on Len, Cab and oral)



Four PrEP Service Delivery Models

All models provide nurse-led HIV testing, prevention and care, integrated with SRH services.



Rural Mobile

- Rural communities
- Mobile clinic services alongside community peer educator support.
- Point of Care Gene-Expert testing for STIs



Urban Mobile

- Dense urban township communities.
- Mobile clinic services with peer navigator support.



Urban Fixed

- Dense urban township communities.
- Government clinics with support from implementing partner peer navigators.



Pharmacy

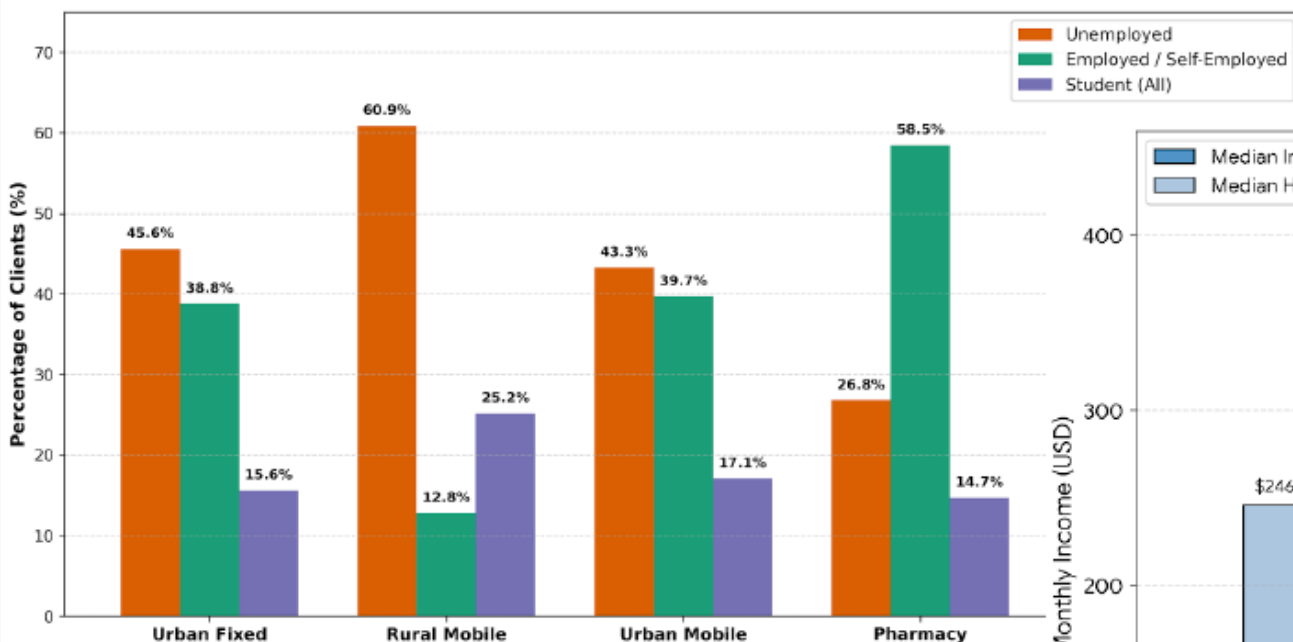
- Urban or peri-urban.
- Private pharmacy-located delivery with nurse in-person consult, doctor tele-consult and pharmacist dispensing.

RESULTS

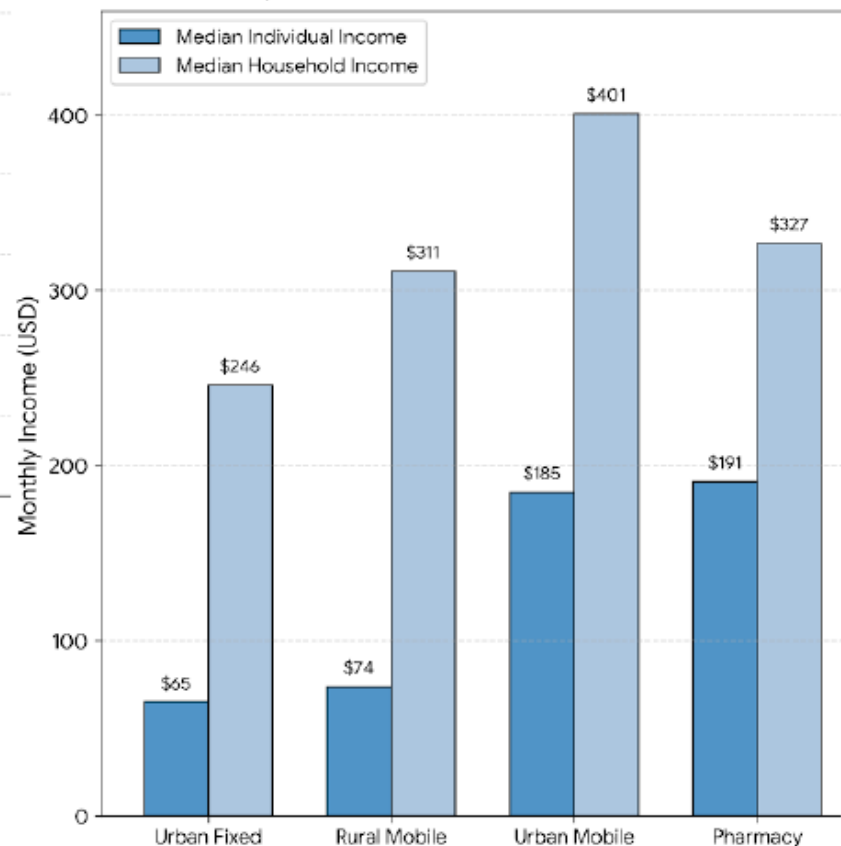
Employment and income differs across service delivery models



EXPAND
Evaluating the Cost of Scaling
PrEP Access through Novel Delivery



Pharmacies capture an higher employed/self-employed client base (**58.5%**). These clients have a higher individual income and may be able to spend out-of-pocket cash to bypass long clinic lines.



Rural Mobile Clinics primarily serve an unemployed population (**60.9%**) or students (**25.2%**).

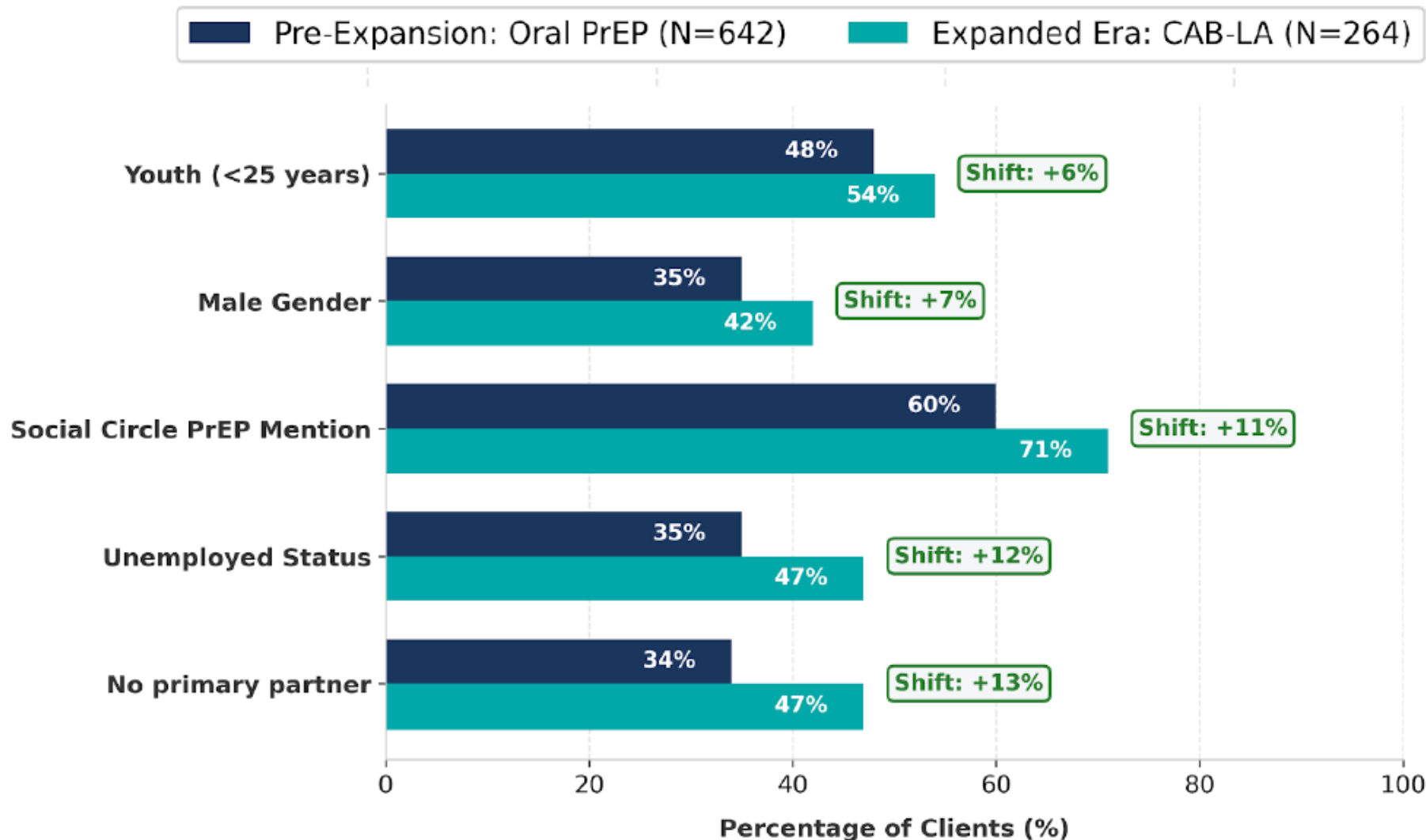
These clients have **low individual income**, making a \$0 out-of-pocket model essential, even if it demands extensive travel or wait times.

RESULTS

The introduction of CAB-LA expanded reach to a higher proportion of younger male clients



EXPAND
Evaluating the Cost of Scaling
PrEP Access through Novel Delivery



CAB-LA initiates:

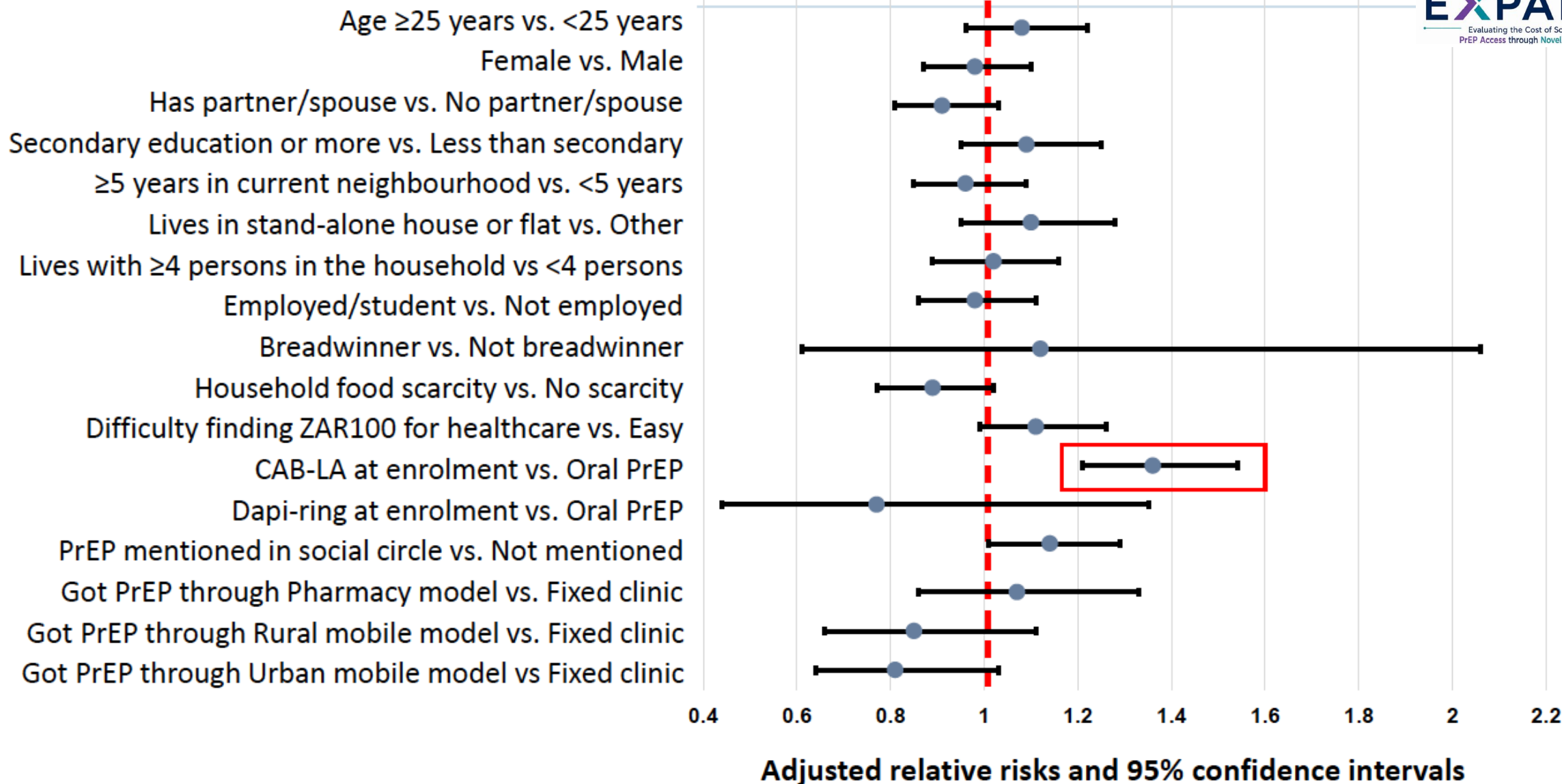
- Are younger males.
- Have stronger social circle PrEP exposure.
- Are more economically vulnerable/unemployed clients.
- Are less likely to report having a primary partner.

RESULTS

No strong predictors of PrEP continuation at 3 months



EXPAND
Evaluating the Cost of Scaling
PrEP Access through Novel Delivery

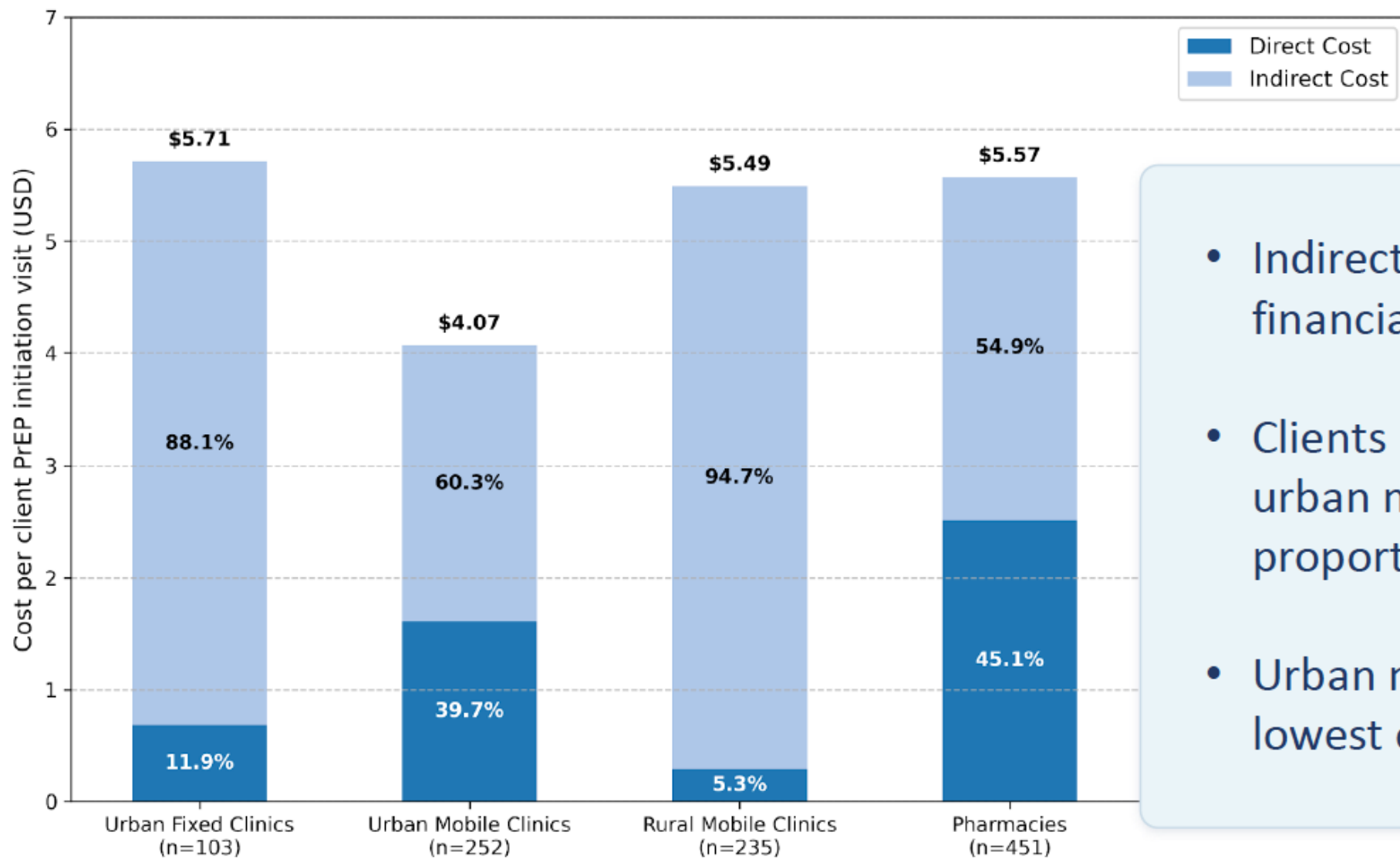


RESULTS

It cost clients between \$4 and \$6 to initiate PrEP



EXPAND
Evaluating the Cost of Scaling
PrEP Access through Novel Delivery



- Indirect costs are the primary financial burden for clients.
- Clients at pharmacies and urban mobiles spent a higher proportion on direct costs.
- Urban mobile clinics offer the lowest overall total cost.

WHAT DID WE DO?

Study Design

Micro-costing analysis

Costs and outcomes are derived from *individual resource use* through retrospective medical record review

Ingredients-based costing

Costs and outcomes are estimated based on expected activity-based use

Four PrEP Service Delivery Models

All models provide nurse-led HIV testing, prevention and care, integrated with SRH services.



Rural Mobile

Mobile service delivery in rural communities



Urban Mobile

Mobile service delivery in urban communities



Fixed Primary Health Care Facilities

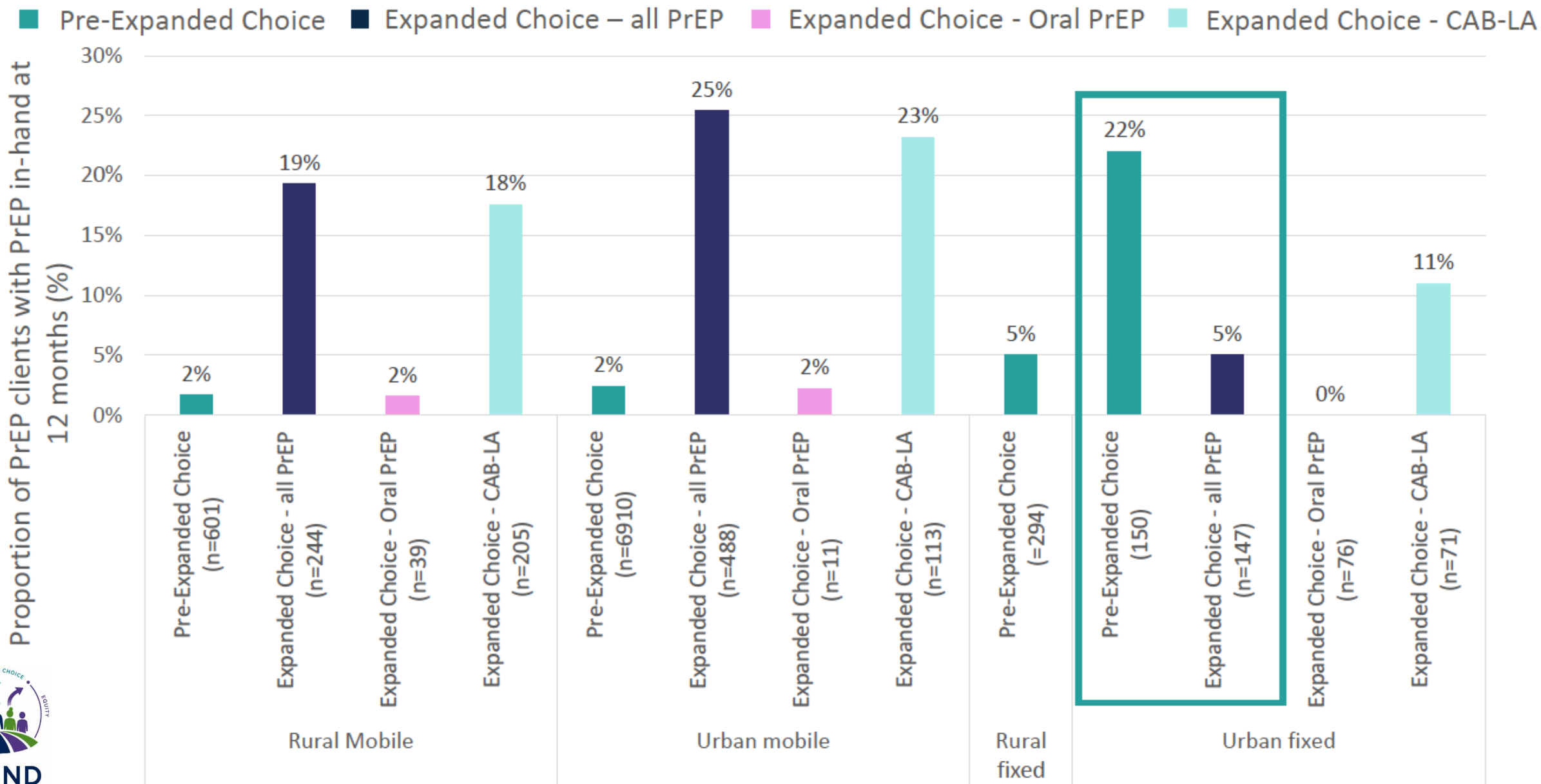
NDoH primary health care facilities (7 facilities)



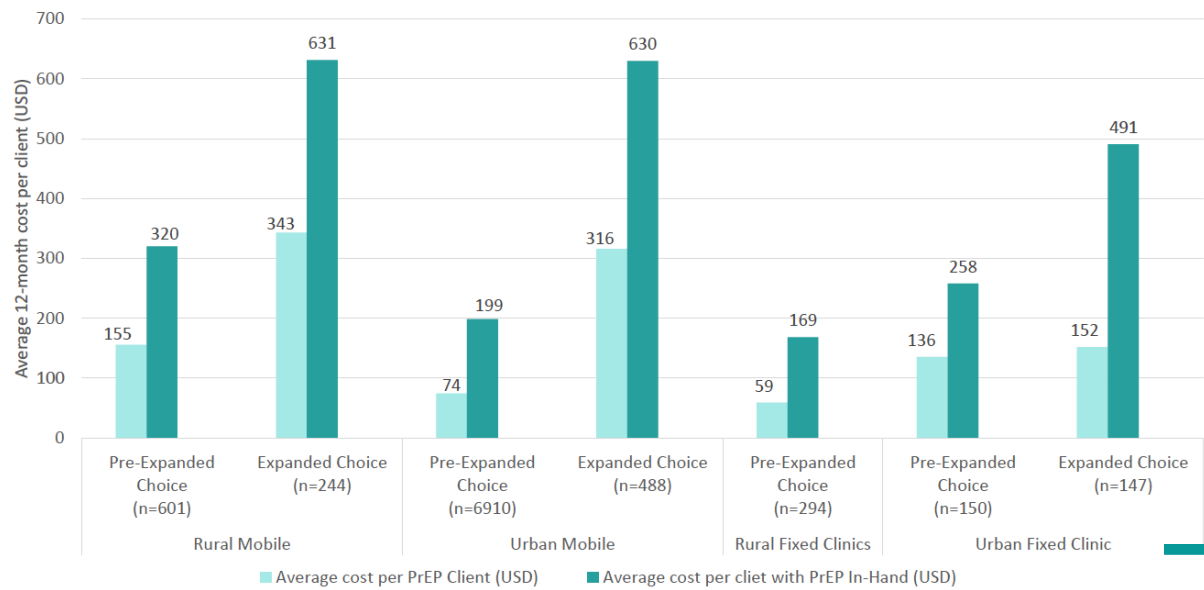
Pharmacy

Community pharmacy-based PrEP service delivery

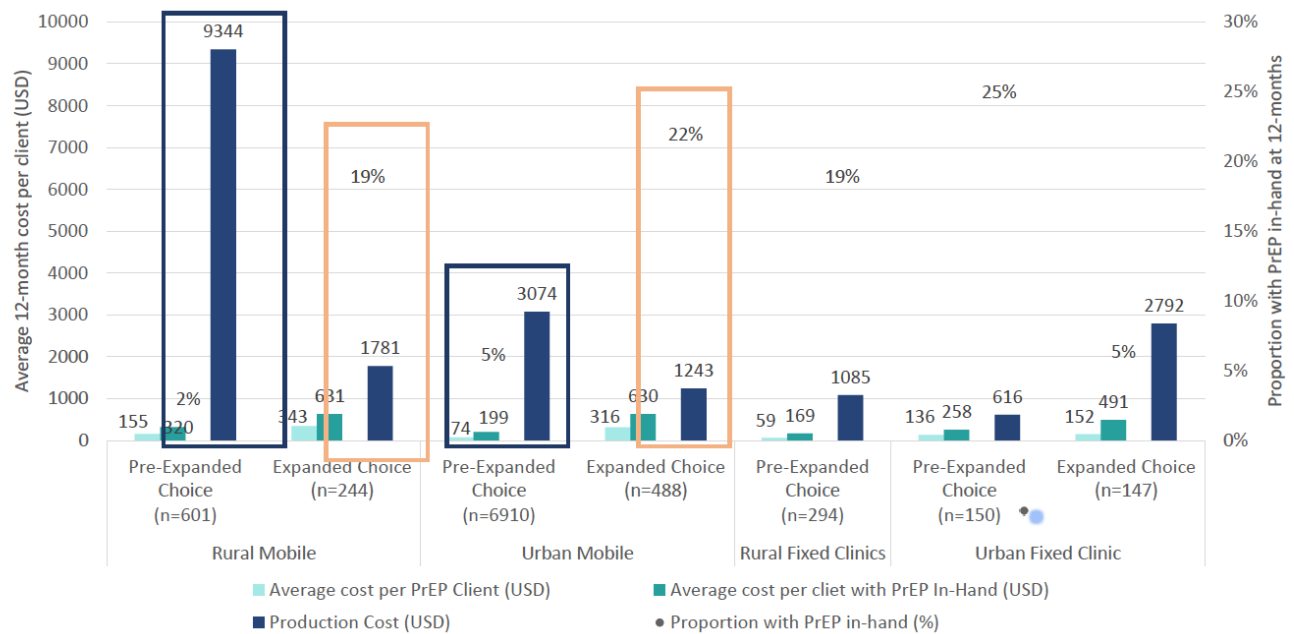
The introduction of CAB-LA improved 12-month PrEP in-hand



Among those with PrEP in-hand at 12 months, costs increased to between \$169 and \$631



Higher 12-month PrEP in-hand with expanded choice generally produced a lower cost per successful outcome



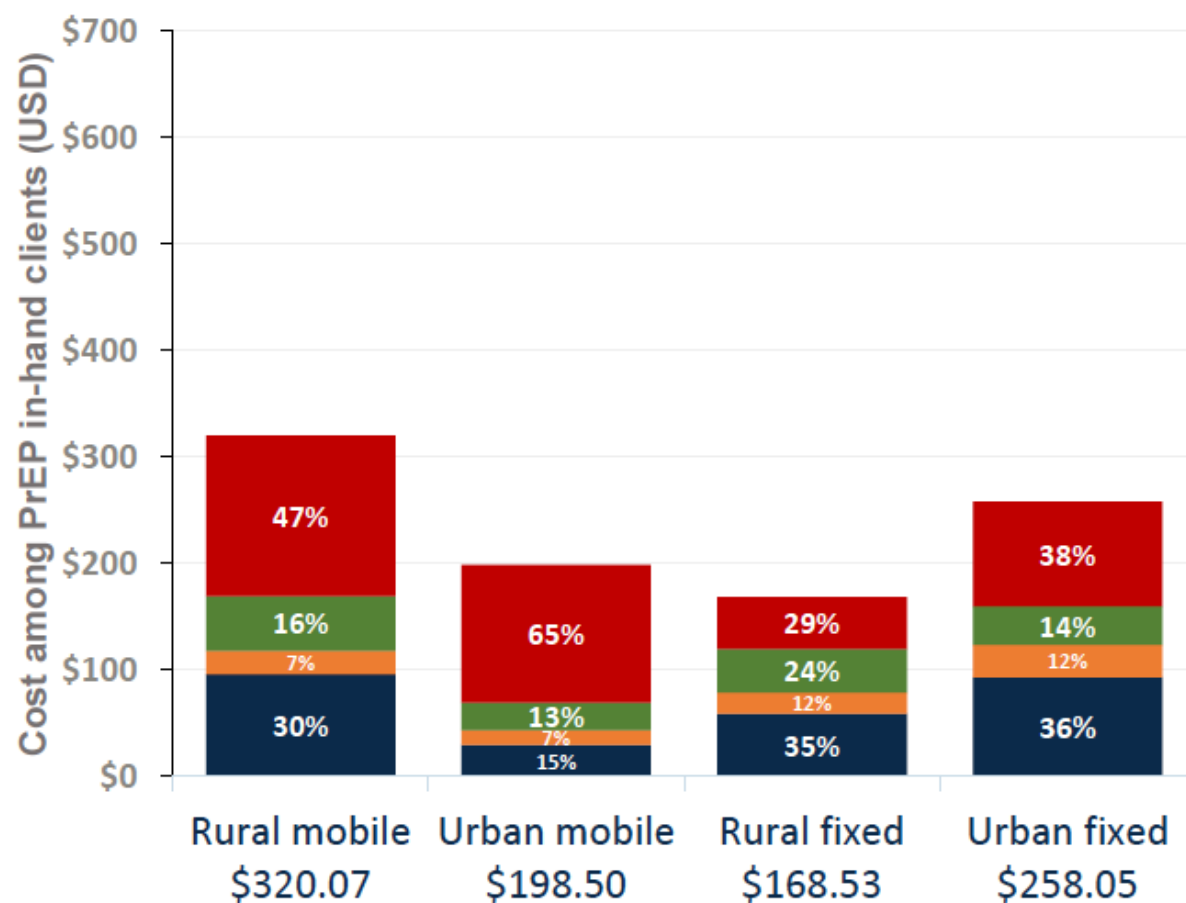


EXPAND
Evaluating the Cost of Scaling
PrEP Access through Novel Delivery

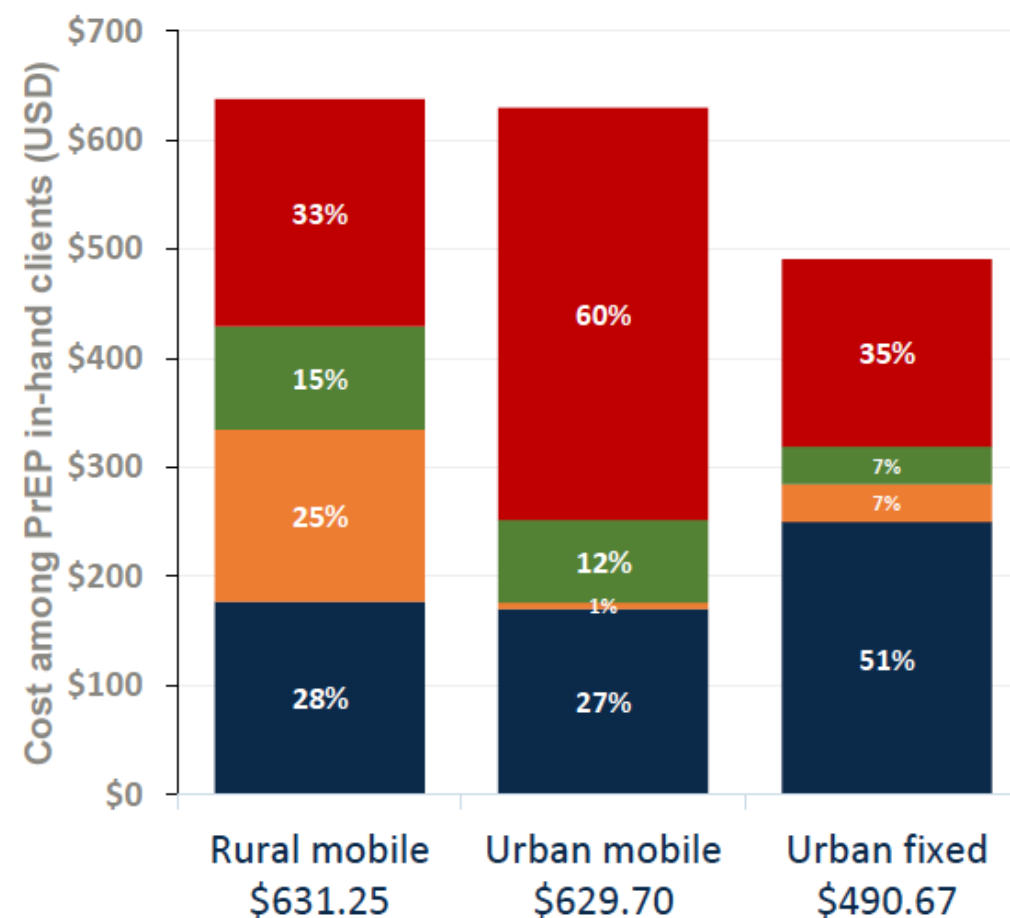
What is driving the costs across these service delivery models?

■ All drugs ■ Laboratory tests ■ Clinic staff ■ Fixed costs

Pre-expanded choice



Expanded choice



The Big Picture



Cost differs by delivery model

DSD (mobile) models cost more per client than fixed clinics, but deliver higher PrEP coverage and better outcomes.



The CAB-LA injection drives the cost

The drug itself — the CAB-LA injection — is the major driver of Expanded Choice's higher cost.



Choice costs more, delivers more

Expanded Choice is consistently more expensive and more resource-intensive than Pre-Expanded Choice — including more staff time — but consistently produces better outcomes.



Fixed costs drive DSD spending

Running a mobile model costs money whether or not clients turn up on a given day — fixed costs, not drugs, are the dominant cost driver for DSD.

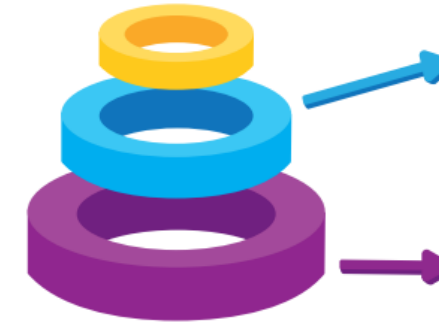
Lessons learned

- PrEP is a safe, valid and valuable HIV prevention option when accessible
- Effective PrEP is most effective when it suits the user and comes with options for choice: the product, the delivery mode and location.
- Community based models have increased uptake and persistence
- Wrapping other services such as SRH around PrEP increases uptake and persistence
- LAI PrEP has expanded the toolbox and increased uptake, coverage and persistence
 - Particular promise for youth and pregnant/BF women who struggle most with persistent and consistent use
- Concerning fall off still in LAI PrEP usersannual PrEPvaccine?
- Well trained and mentored nurses make LAI administration safer and easier
- Choice counselling is enhanced by task shifting to counsellors and peer navigators
- Demand creation, well disseminated tailored information are key to uptake and persistence.
- Rapid antibody testing recommended but can be facilitated by HIVST
- PrEP and LAI PrEP is cost effective when cost of NOT using it is HIV infection.

Precision Prevention: 3-Dimensional PrEP

- **Drug/ Modality**
 - duration of action, modality of administration
- **Disposition/season/personality**
 - cruising, discordant, holidaying
- **Delivery**
 - Courier, postal, pharmacy, clinic, self administration

3D PrEP



DRUG DETAILS

Characteristics of different PrEP products	
Systemic / Topical	Long / Short acting PK
Pills / Ring / Injectable	Side effects / Tolerability
Daily / Event driven pill	Nurse / Self / Peer administered
2m / 6m Injectable	
1M / SC Injectable	Viral resistance profile

DELIVERY

Implementation delivery modalities	
Health facility	Courier / Post bank
Mobile clinic	School / Collage
Community based	Pharmacy / Mall / Other outlet
Public / Discreet	Self-testing / POC / Lab testing

DISPOSITION

Motivations, affects, attitudes, information, perceptions, and user preferences towards product details and delivery modalities	
Independent / Convenience / Discreet / Introvert / Social	frequent / Intermittent / Infrequent sex
Vaginal / Anal / Other sex	
Sero+ / Sero-unknown partner	
Regular / Shift / Irregular working	
School / Tertiary / Collage	



Affordability + Availability + Demand creation + Access = IMPACT

Acknowledgements

- Elzette, Keitu, Carey, Fiona, Nomathemba, Phil, Nigel and DTHF teams
- Maryam and AHRI
- Saiqa and WRHI
- Julie, Eugene and MM team
- Jacqui, Cheryl, Refiloe and Hero
- Liesl, Yogan and GF
- Laura and HPF
- Gilead Sciences
- ViiV Healthcare



GILEAD

Gates
Foundation

