



3rd Long-Acting HIV Treatment and Prevention Conference

15 September 2026 | Johannesburg



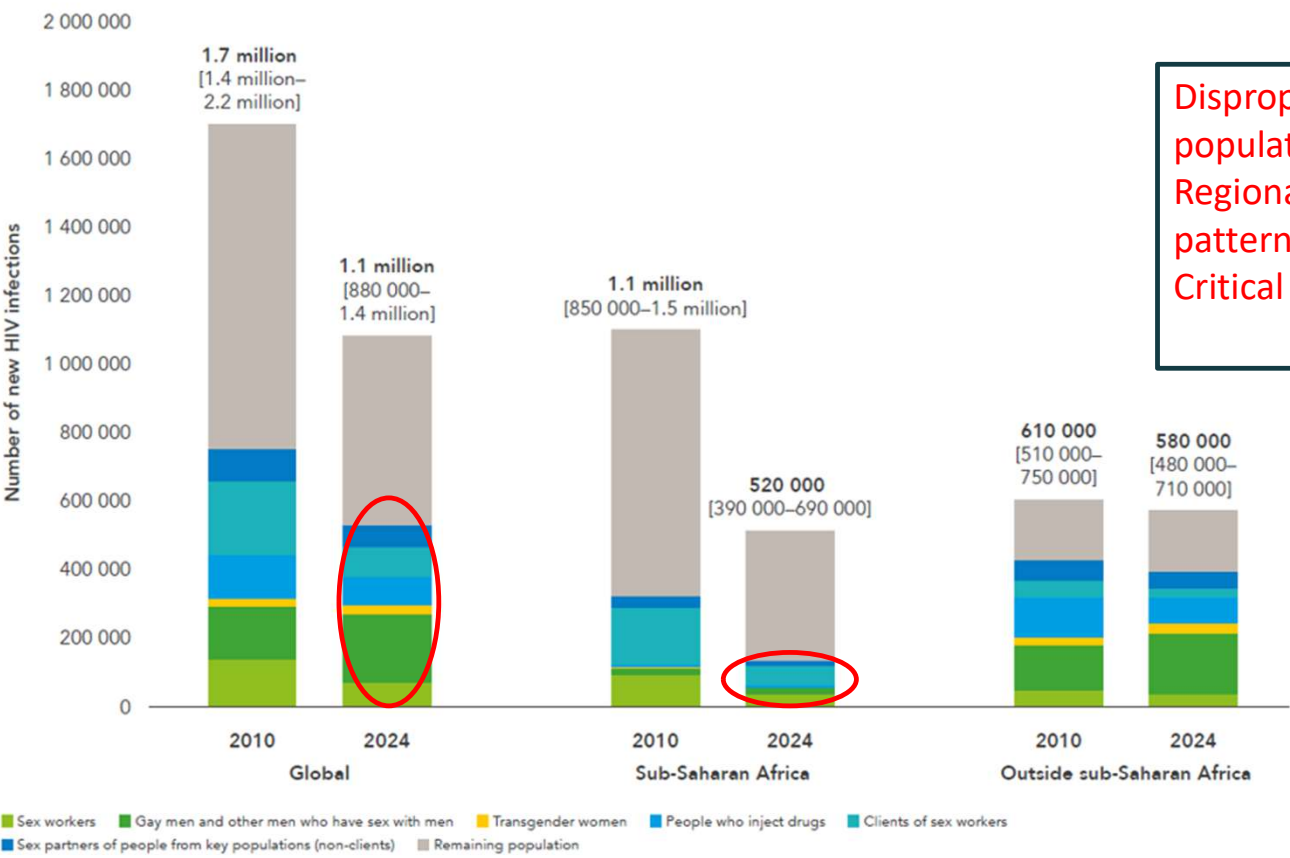
No One Left Behind: Long-acting Agents in HIV Prevention and Treatment in Key Populations

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Desmond Tutu Health Foundation



Persisting New HIV Acquisitions among Key Populations

Distribution of adult new HIV acquisitions, global, sub-Saharan Africa and outside sub-Saharan Africa, 2010 and 2024



Disproportionate risk among key populations
Regional disparities in transmission patterns
Critical program and service gaps persist



Why do Key Populations Matter?



Syndemic of Inequalities:

Overlapping comorbidities, sustained by structural inequality, violence and stigmatization

Synergistic interactions create disproportionate risk of HIV, adverse mental health, drug misuse in key populations

Estimates in SSA of Key Pops who require comprehensive HIV prevention or treatment services:

- 3.7 million female sex workers
- 1.9 million men who have sex with men
- 770 000 PWID
- 230 000 transgender women

Planning for equitable and universal access to HIV services and will persist without firm commitments to collect key population survey data.

Barriers and HIV Risk in Key Populations



1 Structural

- Criminalisation of same-sex relations, sex work, drug use and gender identity/expression, sexual orientation
- Punitive laws and policing drive people out of reach of services
- Failure to recognise or tailor services for key populations
- Discrimination embedded in health, employment and legal systems

2 Individual

- ~50% of MSM lack awareness of PrEP and other prevention options
- Fear of disclosure delays HIV testing and treatment uptake
- Condomless sex, needle-sharing and unsafe sex work driven by structural pressure
- Substance use and mental health harms reduce engagement in care

3 Societal

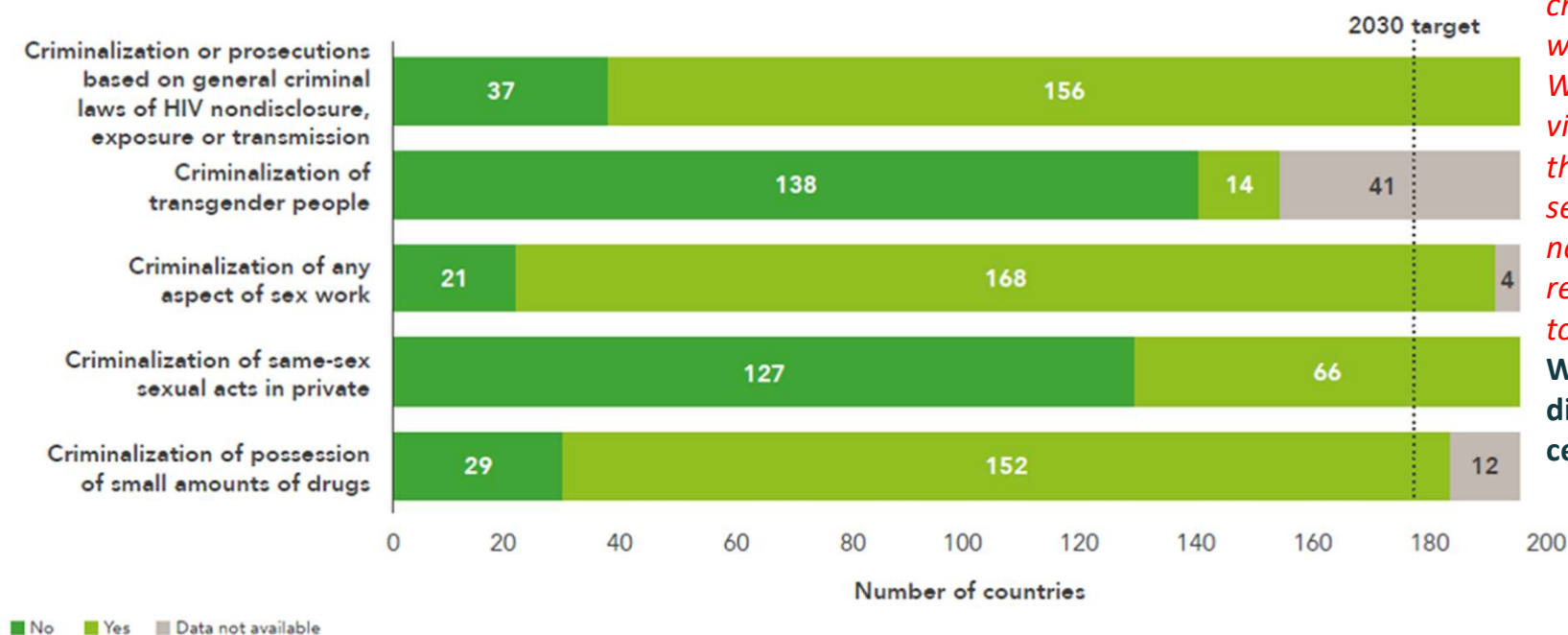
- Health-worker bias discourages care-seeking and reduces retention
- Stigma and discrimination across health, community and family settings
- Physical and sexual violence
- Family rejection and homelessness, especially among transgender youth

Sources: UNAIDS Thematic Briefing Notes, 2024 Global AIDS Update — [Gay men and MSM](#), [Transgender people](#), [Sex workers](#), [People who inject drugs](#)

Linking Rights and Health Outcomes



Number of countries with discriminatory and punitive laws, June 2026



"You cannot end AIDS while criminalizing people living with and most at risk of HIV. When people fear arrest, violence or discrimination, they stay away from HIV services. Human rights are not separate from the HIV response- they are essential to its success."

Winnie Byanyima, executive director of UNAIDS, opening ceremony, AIDS 2026

Source: National Commitments and Policy Instrument 2017–2024 (<http://lawsandpolicies.unaids.org/>)

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Gay, Bisexual and other Men Who Have Sex with Men

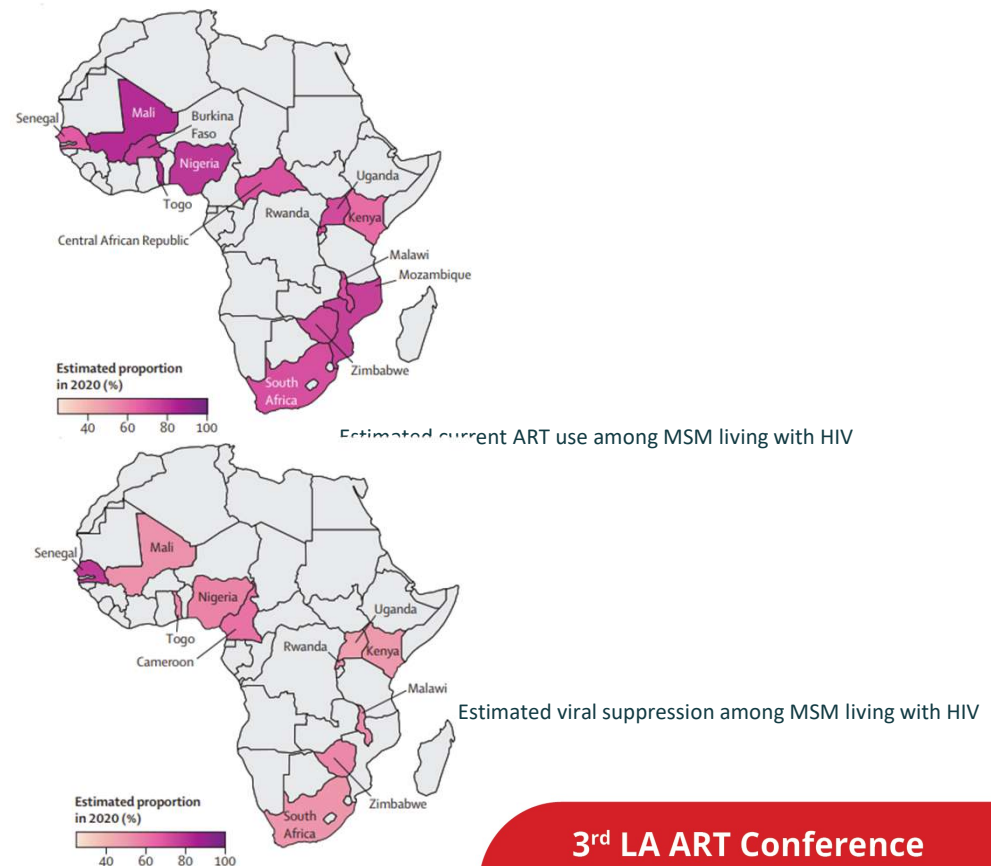
Trends in HIV testing, the treatment cascade, and HIV incidence among men who have sex with men in Africa: a systematic review and meta-analysis

James Stannah, Nirali Soni, Jin Keng Stephen Lam, Katia Giguère, Kate M Mitchell, Nadine Kronfli, Joseph Lamarange, Raoul Moh, Marcellin Nouaman, Gérard Menan Kouamé, Marie-Claude Boily*, Mathieu Maheu-Giroux*

Trends between 2003 and 2020 from 152 independent studies across 31 SSA countries:

- HIV testing rates increased (82% in 2020)
- ART use estimated increased (73% in 2020)
- Viral suppression did not improve over time (69% estimated to have an undetectable viral load in 2020)

“No evidence of decreased HIV incidence over time, which remained disappointingly high at 6.9 per 100 person-years of observation”



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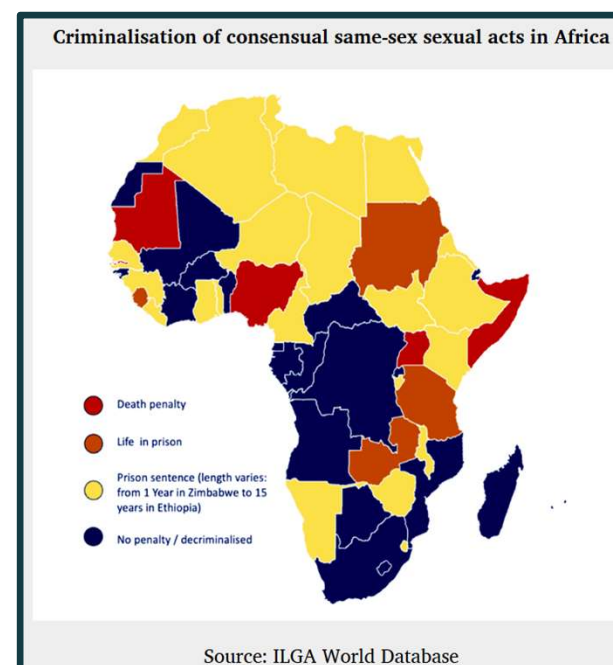


Criminalisation drives risk in sub-Saharan Africa

Across 10 sub-Saharan African countries, HIV prevalence among MSM is **5x higher** in countries that criminalise same-sex relations, and **12x higher** where there have been recent prosecutions.

Coverage remains far below target

Despite a high willingness to use PrEP only **40%** accessed at least two HIV prevention methods in the past three months in 2023 (limited access)
ART coverage has a global median of **65%**, ranging from 1.3% to 98% across countries.



Source: [UNAIDS, "HIV and Gay Men and Other Men Who Have Sex with Men" Thematic Briefing Note, 2024 Global AIDS Update](#)

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Trans- and Gender Diverse People



- In 2022, the relative risk of acquiring HIV was 20 times higher for transgender women than for people in the wider population globally
- Represent an estimated 0.3% of the population in South Africa and are a marginalized group with limited engagement in the health system.

The effect of structural factors on HIV risk

Transphobia and discrimination



Limited work opportunities, reduced health-care access, legal barriers, mental health challenges



Influence behavioral factors: condom use, sharing needles for hormone or recreational drug use, unsafe sex work

HIV prevalence in transgender women and cisgender men who have sex with men in sub-Saharan Africa

[Oliver Stevens](#)^a, [Rebecca L Anderson](#)^a, [Keith Sabin](#)^b, [Sonia Arias Garcia](#)^b, [Elizabeth Fearon](#)^c, [Kingsley Manda](#)^d, [Wame Dikobe](#)^e, [Lloyd Mulenga](#)^f, [Neena M Philip](#)^g, [Mathieu Maheu-Giroux](#)^h, [Jinkou Zhao](#)ⁱ, [Mary Mahy](#)^b, [Jeffrey W Imai-Eaton](#)^{a,j}

“HIV prevalence was 50% higher among transgender women than cis-MSM in sub-Saharan Africa (2026: systematic review).. TGW and cis-MSM should not be considered as a single risk population.”

Sex Workers



- Relative risk of acquiring HIV was nine times higher for sex workers, globally in 2022
- ART coverage is low: global median of 66%
- Interpersonal and institutional violence, and stigma and discrimination
- Economic incentives and power imbalances can promote inconsistent condom use
- Young FSW: higher risk: complex social pressures, diminished capacity to effectively negotiate condom use, and lower perceived HIV acquisition risks

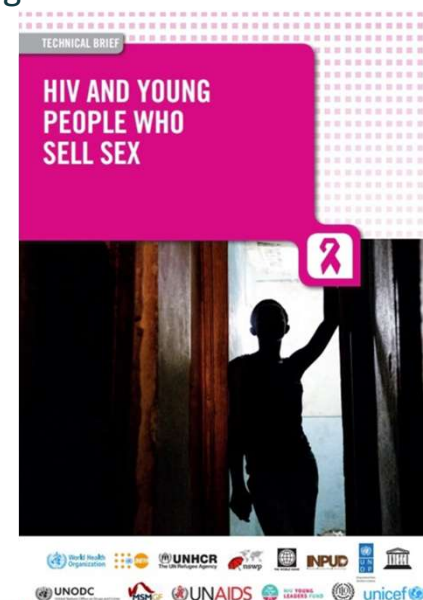
Prevalence and associated factors of HIV among female sex workers in Eastern and Southern Africa: Systematic review and meta-analysis

Tigabu Kidie Tesfie*, Getaneh Awoke Yismaw, Bantie Getnet Yirsaw, Habtamu Wagnew Abuhay, Meron Asmamaw Alemayehu, Nebiyu Mekonnen Derseh, Gebrie Getu Alemu, Muluken Chanie Agimas

“Pooled prevalence of HIV among FSWs in Eastern and Southern Africa was 36.0% (95% CI: 31.0%–41.0%).”

Criminalisation drives risk in sub-Saharan Africa

Across 10 sub-Saharan African countries, the odds of living with HIV are **7x higher** for sex workers in countries that criminalise sex work than where it is partially legalised. A median of **26%** report experiencing violence in the past 12 months.



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People Who Inject Drugs



- Missing data! A total of 93 countries have ever reported population size estimates for people who inject drugs
- The global median prevalence of HIV among people who inject drugs is 5.0%, ranging from 0% to 32%
- Relationship between substance use and sexual violence is complex and bi-directional
- Homelessness is an important structural barrier to accessing care

Situational assessment and epidemiology of HIV, HBV and HCV among people who use and inject drugs in Ghana

Chris Guure , Samuel Dery, Carlota Baptista da Silva, Comfort Asamoah-Adu, Stephen Ayisi-Addo, Kofi Diaba, Maria-Goretti Loglo, Adamu Mohammed, Yaw Akrasi Sarpong, Samuel Hanu, Kwasi Torpey

Published: August 26, 2024 • <https://doi.org/10.1371/journal.pone.0305923>

“Ghana has become a transit country for heroin over the past decades...local demand for those drugs are growing..”

“Age at which they started injecting drugs was 20 and 22 years”

Treatment gaps remain the widest of any key population

Global median antiretroviral therapy coverage is **65%** (range 14–91%), and only about **one third** of people living with HIV who inject drugs are virally suppressed — lower than any other key population.

People Who Inject Drugs



SOUTH AFRICAN BIO-BEHAVIOURAL SURVEY AND POPULATION SIZE ESTIMATION AMONG PEOPLE WHO INJECT DRUGS, 2023



49.3% an estimated
HIV prevalence
eThekweni

45.4% an estimated
HIV prevalence
Mashishing

30.3% an estimated
HIV prevalence
Mbombela

72.1% an estimated
HIV prevalence
Tshwane

*High prevalence rates of HIV and Hepatitis C in PWID in 4 districts
Prevalence of physical or sexual violence across all the sites was
more than 30%*

The South African National Strategic Plan for HIV, TB and STIs: 2023-2028 includes the provision of harm reduction services:

- Evidence-based, equips PWUD with life-saving equipment and information to create behaviour change, is cost-effective
- South Africa has only four harm reduction projects aimed at managing HIV in people who use and inject drugs. These are NGO run, with little to no integration with public PHC facilities.
- Opioid substitution therapy is another core element of HIV and hepatitis prevention- limited availability in South Africa



Collapse of Overseas Development Assistance

1 Aid is shrinking fast

- Global development assistance fell **23%** in 2025 across multiple donor countries
- In sub-Saharan Africa, **80%** of HIV prevention funding came from international aid
- PEPFAR funding: **17%** of South Africa's HIV response in recent years

2 Key population services exposed

- PEPFAR funding for South Africa ending in **2027?**
- Reduced community-based services reliance: public health sector

3 The path forward

- Future funding: must be used far more efficiently
- Prioritise the most impactful programmes
- Investing in structural interventions and community systems strengthening

Exclusive / Trump administration to end PEPFAR funding for South Africa

Adrian Elimian and Nicholas Wu

Updated Jun 18, 2026, 11:36pm GMT+2 POLITICS

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Why Long-Acting Options Matter



1

Efficacy: Prevention and Treatment

- Twice-yearly lenacapavir showed **near-complete protection** across cisgender women, MSM, transgender people and adolescents in the PURPOSE 1 & 2 trials
- CARES, IMPALA Q8W CAB/RPV injections: non-inferiority in adult PLWH - Rollover CARLA study
- EXPrESSIVE MSD trials: monthly Alimatravir- ongoing

2

Adherence, Stigma, Convenience

- PILLAR study found CAB-LA users reported **reduced stigma and anxiety** compared with daily oral PrEP
- **Daily pill burden** is the biggest driver of oral PrEP discontinuation
- Fewer clinic visits

3

Meets Demand Where Risk is Highest

- SSA: demand and acceptability for long-acting injectable ART is **highest among people already facing stigma and discrimination**
- Modelling shows long-acting ART can **increase viral suppression** and reduce AIDS-related mortality as coverage expands

 **PURPOSE 2**

 **PURPOSE 1**



PrEP Implementation Study for
Cabotegravir Long Acting
For Men in the Real World

EXPrESSIVE

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Barriers to Long-Acting Injectable Uptake

1 Men who have sex with men

Fear of harassment persists even when only **two visits per year** are required (Nigeria)

2 Sex workers

Police scrutiny: attendance at facilities (Kenya)

3 Transgender people

Logistical and economic burden for biannual injection visits especially in rural settings

4 People Who Use Drugs

Pretreatment HIV drug resistance: pooled prevalence of **7%** complicating treatment choice
Integration with harm-reduction services: necessary

Reduced visit frequency alone does not remove the legal, logistical, and trust barriers key populations experience

Sources: [Adepoju et al., Decoding Infection and Transmission \(2026\)](#); [Emmanuel et al., BMC Health Serv Res \(2019\)](#); [Mbote et al., Health Hum Rights J \(2020\)](#); [Tuller et al., AIDS Behav \(2009\)](#); [Macdonald et al., J Int AIDS Soc \(2020\)](#)

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Lenacapavir Rollout in Africa



1 Rollout is scaling up

- **10 African countries** are now rolling out lenacapavir, backed by Global Fund and PEPFAR procurement
- South Africa officially launched its national rollout on 5 June 2026, with President Ramaphosa and Minister Motsoaledi leading the event in Secunda
- UNAIDS: **20 million people** need access to antiretroviral-based prevention to meaningfully dent new infections

2 Early Retention

Zambia and Eswatini are seeing up to **85%** of users return on time for their second injection



3 Supply versus Demand

- Supply is not keeping pace with demand
- More than **100 health facilities** in Uganda had run out by August



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Sources: *Bhekisisa/Mail & Guardian, SA lenacapavir rollout data analysis (Aug 2026)*; *UN News, HIV prevention funding cuts (Jul 2026)*; *aidsmap, (Jul 2026)*; *Daily Monitor, 100 health facilities run out of HIV prevention drug (Aug 2026)*

Access and Equity: Key Populations



705

Sex workers

419

Gay & bisexual men

33

People who inject drugs

31

Transgender people

1 What the data shows

- South Africa's roll-out is tracked in real time through **SyNCH**, the health department's electronic patient-record and dashboard system
- Just **1,188** of the first **31,297 LEN users** (about 4%) came from the four priority groups combined

2 Why priority-group uptake lags

- "Do we reach adolescent girls, MSM, transgender people, and sex workers who generally do not go to facilities because of **stigma, discrimination, and humiliation?**" — Jacqueline Pienaar, HIV prevention expert
- A gay man seeking oral PrEP at a public hospital was told anal sex was "abnormal" — the kind of encounter pushing key populations toward private care or none at all

Of South Africa's first 31,297 LEN users, uptake by priority populations is lagging

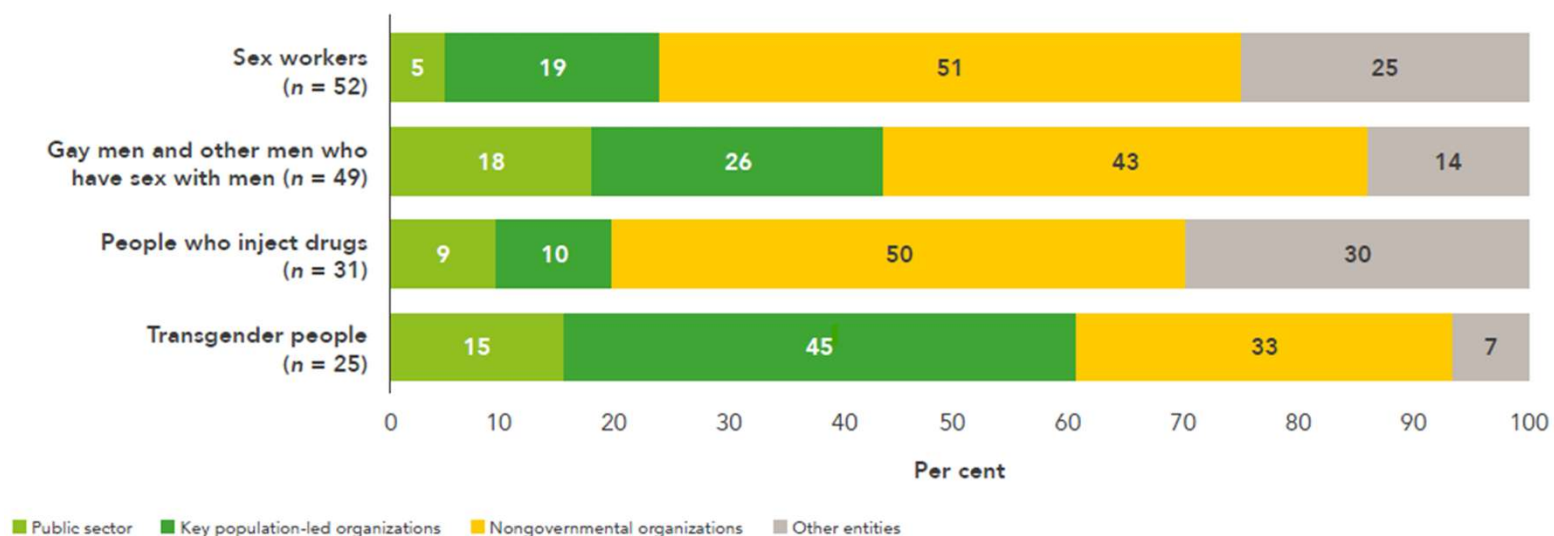
Sources: *Bhekisisa, We analysed SA's first LEN roll-out data (Jul 2026); IOL, Access challenges in SA's Lenacapavir rollout (Jul 2026)*
AllAfrica, Did US aid cuts break what we need most for the LEN rollout? (Jun 2026)

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NGO-led Delivery & Integration



Distribution of the reported numbers of people from key populations reached with HIV prevention interventions, by type of provider, 2020–2024



- Hardly reached populations are served almost entirely through community and NGO channels: 60–70% of prevention services globally
- The programmes most exposed to the funding cuts

Note: n = number of countries.

Source: Global AIDS Monitoring 2021–2025 (<https://aidsinfo.unaids.org/>).

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Strengthening Systems, Sustaining Access



1 Meet key populations where trust already exists

- **Differentiated service delivery**, prioritized dispensing locations, and a genuine **choice of PrEP** method improve fit with people's lives
- Reinforcing **community leadership** and engaging key populations directly in decision-making
- Tailored, group-specific approaches

2 Address legal and health system factors

- Decriminalizing sex work, drug use, and same-sex relations could avert **33–46%** of new HIV infections among sex workers and clients globally
- Healthcare-worker sensitization training: **over 70%** of trained South African health workers reported greater awareness of key populations' vulnerabilities
- Adding psychosocial support, cancer screening, and risk-reduction counseling, and integrating LEN into public PHC facilities, extends reach without separate stand-alone infrastructure

Durable access to long-acting prevention requires innovated service delivery and removing the legal barriers

Sources: WHO, *Differentiated PrEP service delivery guidance* (2022); Shannon et al., *The Lancet* (2014); UNAIDS, *Establishing community-led monitoring of HIV services*; Duby et al., *Southern African Journal of HIV Medicine* (2019); Coleman et al., *J Int AIDS Soc* (2025)



Adapting Service Delivery Models

LGBT+ Communities:

- Sustained funding for organizations led by GBMSM to deliver services, advocate for their rights
- Provision of gender-affirming care: promotes mental health, PrEP uptake and viral suppression, can be prescribed in primary care: integration

PWID:

- Standardize screening and linkage to care at drop-in services
- NSP and psycho-social counselling, education on safer drug use and sexual practices
- Clinical management: hesitancy to prescribe LAI with OST: methadone
- PURPOSE-4 study: LEN in PWID in USA

Sex Workers:

- Peer led responses to support linkage to care in PLWH
- Sex worker-led organizations: reaching members of their communities
- Training for police officers: educate on stigma, human rights, justice



The Desmond Tutu Health Foundation

TRANS HEALTH SERVICE

NEED TO CONTINUE YOUR CARE?

The Desmond Tutu Health Foundation Trans Health Service provides gender-affirming care for individuals previously seen at the Wits RHI Clinic.

If you were receiving hormone therapy through Wits RHI and would like to continue your treatment, support is here for you.

CONTACT DAN ON WHATSAPP: 083 562 1839

to schedule an appointment

Affirming. Inclusive. Compassionate care.

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In Closing, Our Key Messages



“Innovation without access is injustice”- Winnie Byanyima

Key populations are a marginalized group who are disproportionately affected by HIV

Strengthening of systems supporting PrEP and ART access are urgently needed

Integration of delivery mechanisms within public health sector

Differentiated Service Delivery Models to expand access

Decriminalization and Destigmatization in health sector, legal system are vital in promoting human rights