



3rd Long-Acting HIV Treatment and Prevention Conference

15 September 2026 | Johannesburg



Prevention Choice: The Long-Acting HIV PrEP Landscape

Dr Louise Gilbert, Wits RHI





From a prevention product to a prevention portfolio



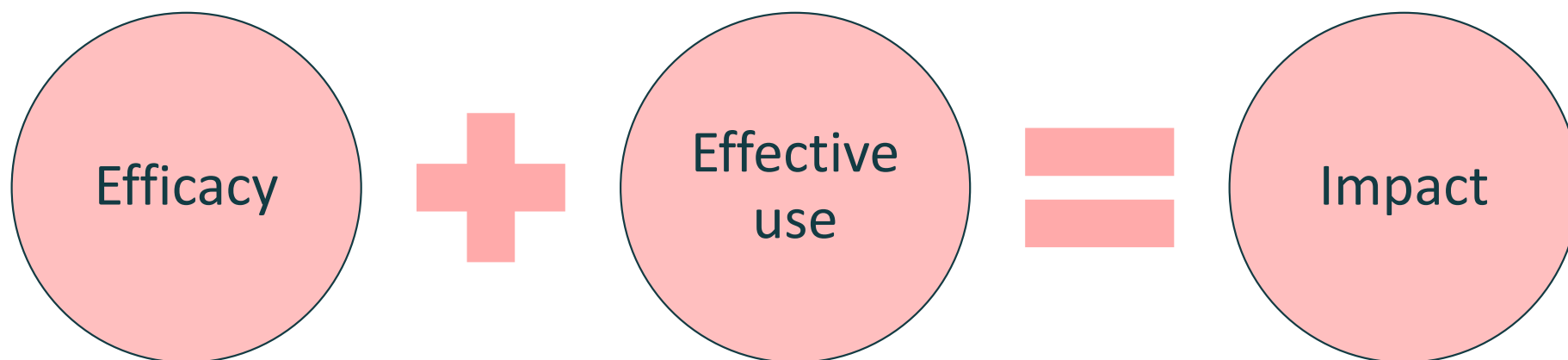
WHO. Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable pre-exposure prophylaxis. 2025.
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Choice can change population impact



Efficacy is necessary, fit determines effective use

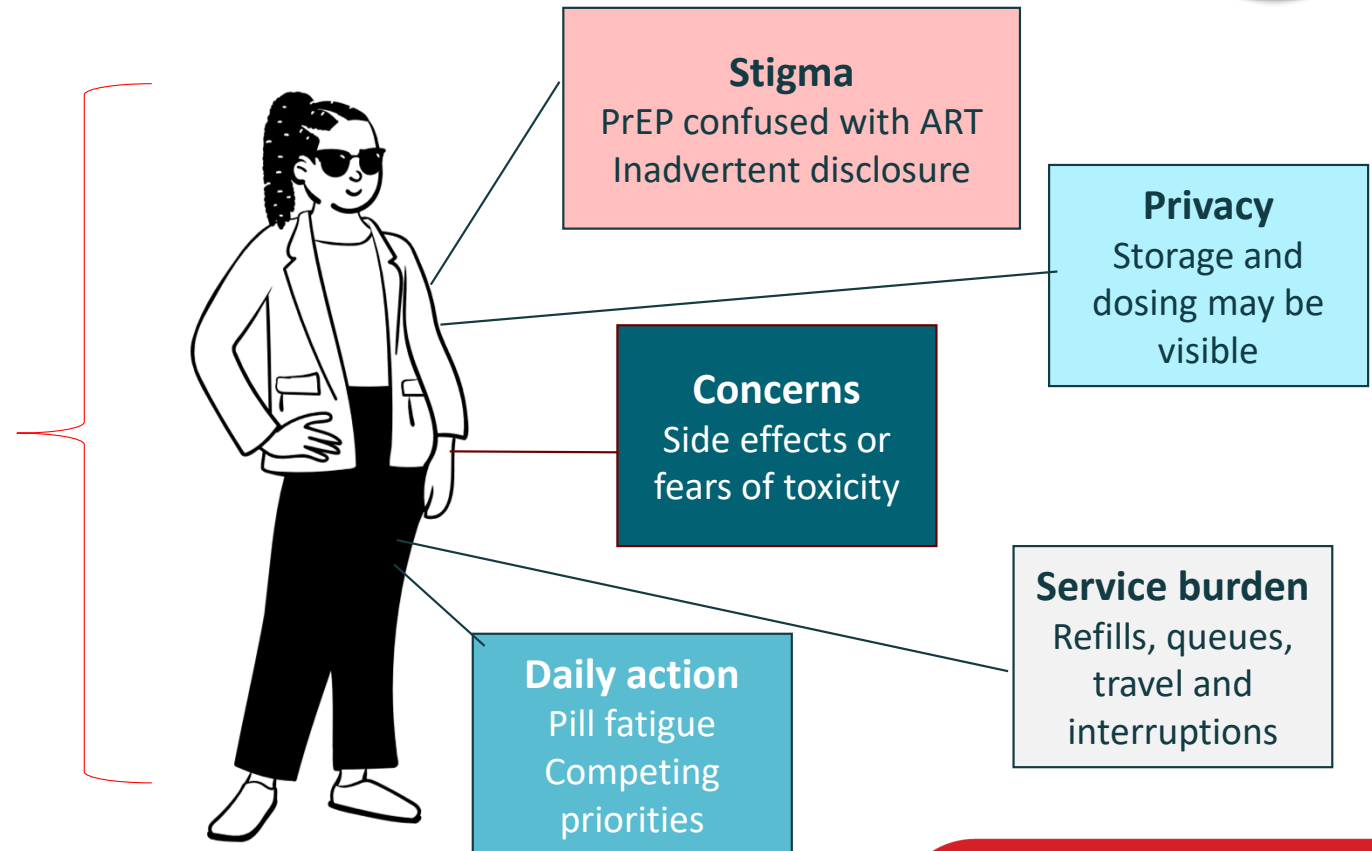




Oral PrEP works. Taking oral PrEP can be hard.

Oral PrEP remains essential: familiar, low-cost, user-controlled and immediately reversible.

The problem is not oral PrEP; it is an oral-only programme



Long-acting choices available now



Dapivirine ring

Monthly

Vaginal

User-controlled

Discreet, local, removable

CAB-LA

Every 2 months

IM injection

Provider-administered

Highly efficacious systemic PrEP

Lenacapavir

Every 6 months

SC injection

Provider-administered

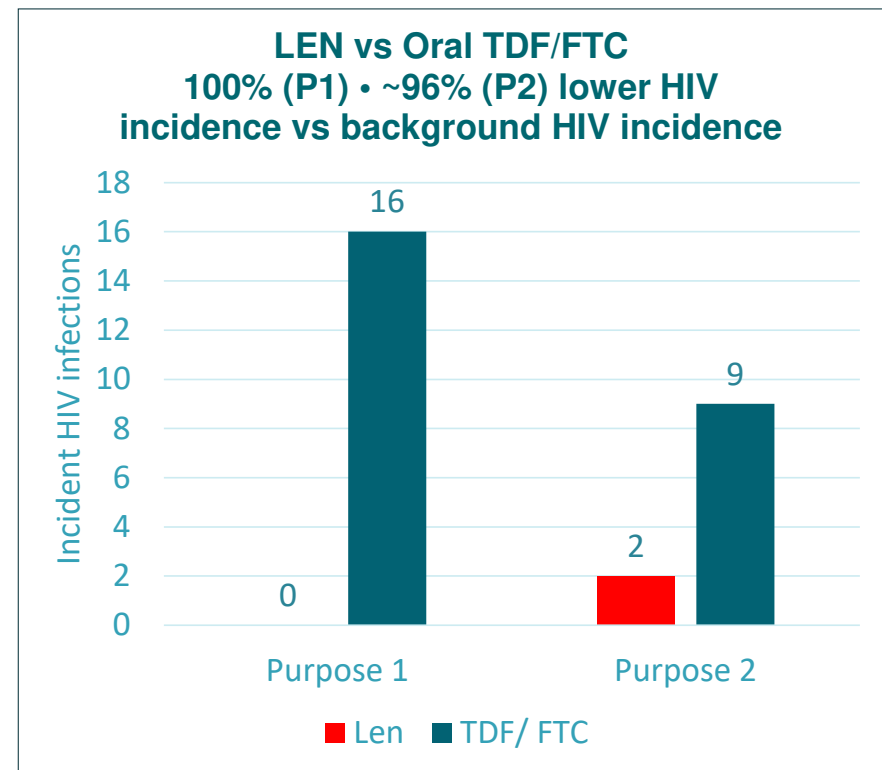
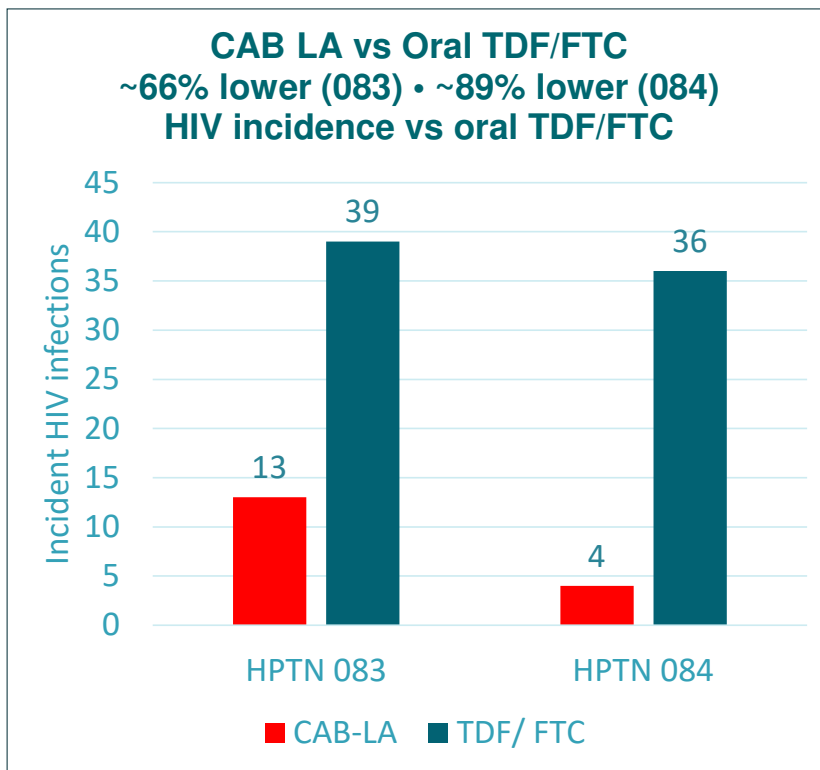
Phased South African rollout started 2026

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Landovitz RJ, et al. Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women. *N Engl J Med*. 2021;385:595–608.
Delany-Moretlwe S, et al. Cabotegravir for the prevention of HIV-1 in women: results from HPTN 084, a phase 3, randomised clinical trial. *Lancet*. 2022;399:1779–1789.
Bekker L-G, et al. Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women. *N Engl J Med*. 2024;391:1179–1192.
Kelley CF, et al. Twice-Yearly Lenacapavir for HIV Prevention in Men and Gender-Diverse Persons. *N Engl J Med*. 2025;392:1261–1276.
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Pivotal efficacy: fewer infections with LA PrEP



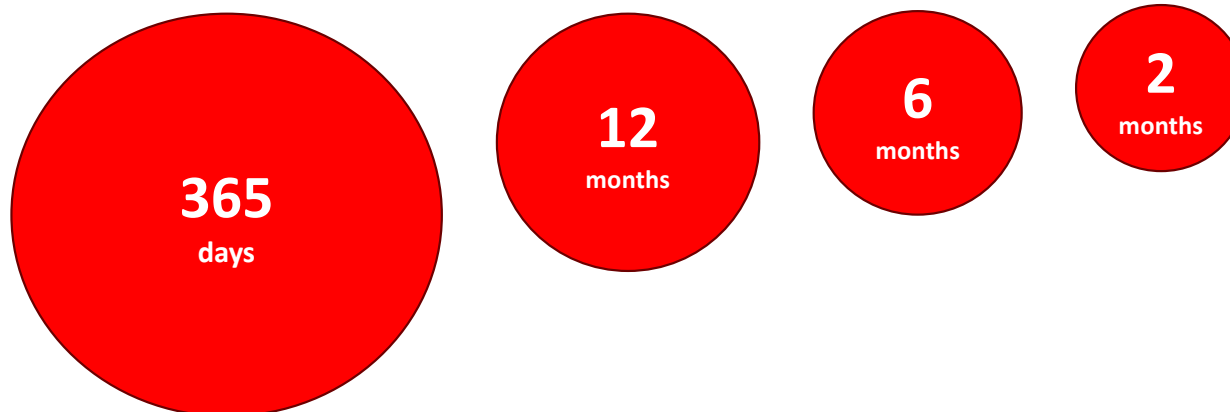
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LA PrEP engineers adherence differently



The number of required actions changes, but adherence doesn't disappear

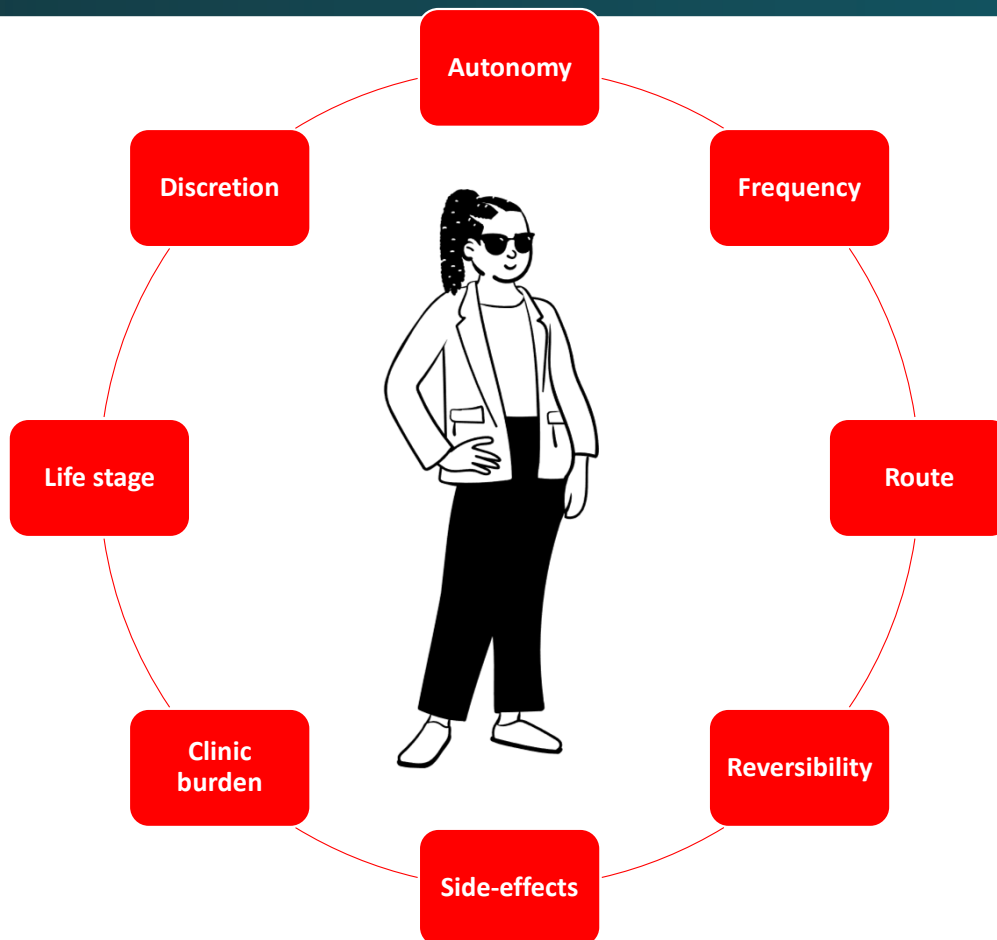
Some adherence moves from the person to the system



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Put the person (not the product) at the centre

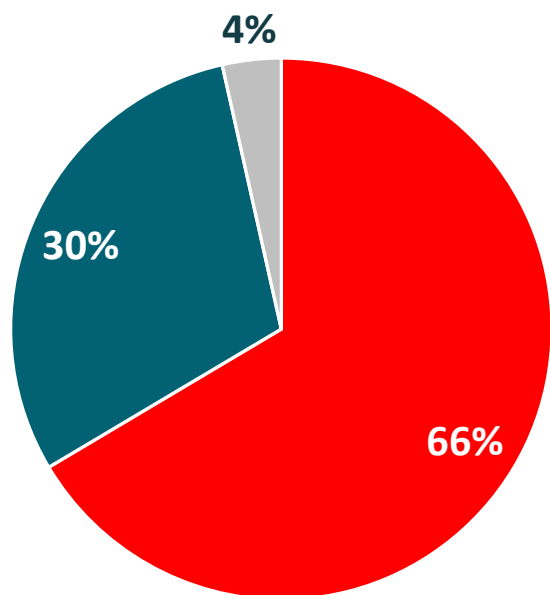


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Ngure K, et al. Baseline preferences for oral PrEP or dapivirine intravaginal ring among adolescent girls and young women in South Africa, Uganda and Zimbabwe (MTN-034/IPM-045). PLoS One. 2023;18:e0287525.
Wara N, et al. Preferences and acceptability for long-acting PrEP agents among pregnant and postpartum women with experience using daily oral PrEP in South Africa and Kenya. J Int AIDS Soc. 2023;26:e26088.
Wara N, et al. PrEP preferences and early acceptability of injectable cabotegravir among pregnant and lactating people in Cape Town, South Africa: PrEPared to Choose. J Int AIDS Soc. 2025;28(S2):e26492.
Montgomery ET, et al. Adherence, acceptability, preference and safety of placebo long-acting PrEP injections and implants for HIV prevention in South African men. AIDS. 2026. doi:10.1097/QAD.0000000000004563.

Implementation science: Choice reveals hidden demand



**CATALYST Stage I data:
observed choice when oral PrEP + DVR offered**



■ Oral PrEP ■ Dapivirine ring ■ No method

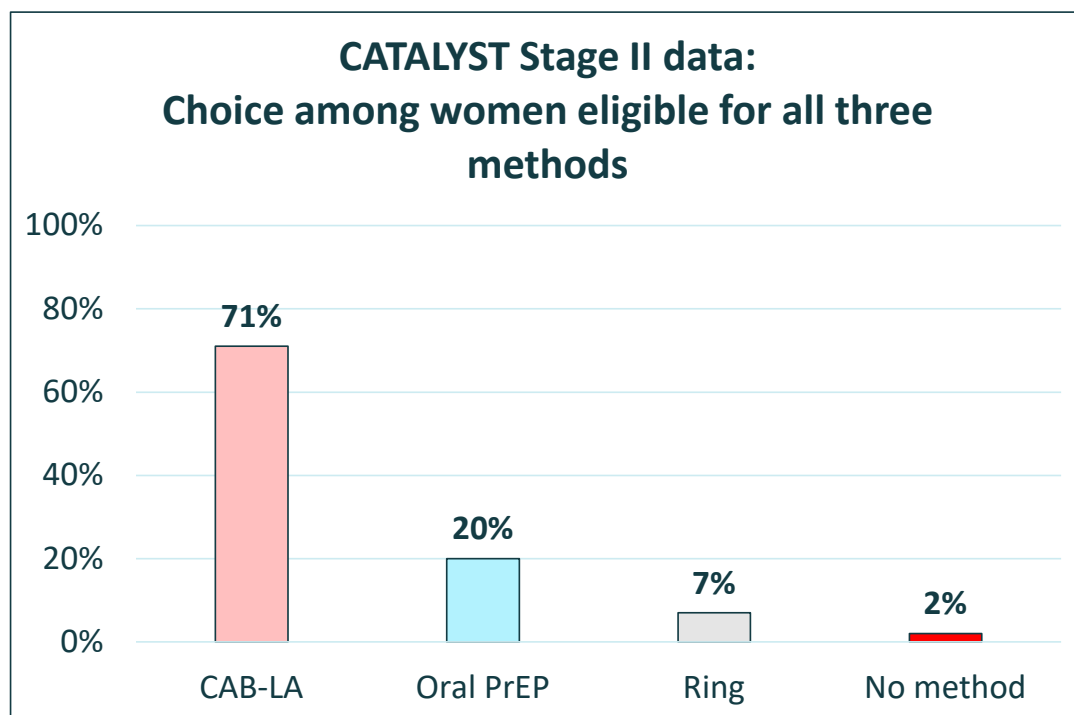
**12.1% of
returners
switched
methods**

**Switching can be
optimisation**

**Interpretive
takeaway:**
A programme
cannot observe
demand for
products it
doesn't offer

Fonner VA, et al. PrEP choice in the real world: uptake and use patterns of oral PrEP and the dapivirine vaginal ring among women in sub-Saharan Africa. *J Int AIDS Soc.* 2025;28:e26457.
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When CAB-LA enters the menu, observed preference shifts



86% of new enrollees selected CAB-LA
But observed preference depends on the menu offered
High CAB-LA demand $\neq$ universal injectable preference

Fonner VA, et al. PrEP choice in the real world: uptake and use patterns of oral PrEP and the dapivirine vaginal ring among women in sub-Saharan Africa. J Int AIDS Soc. 2025;28:e26457.
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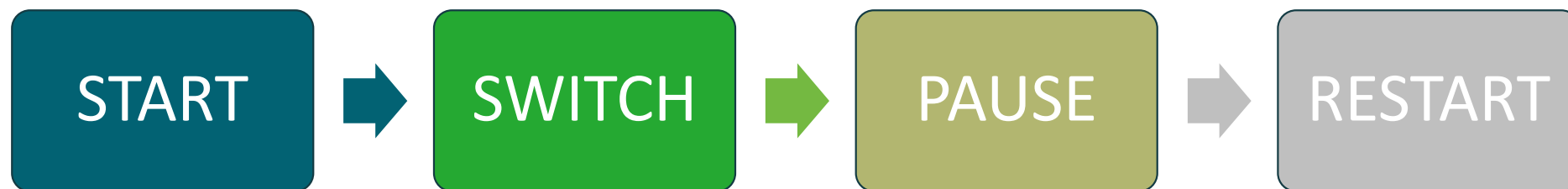
Product choice $\neq$ prevention choice



Which PrEP do you want?

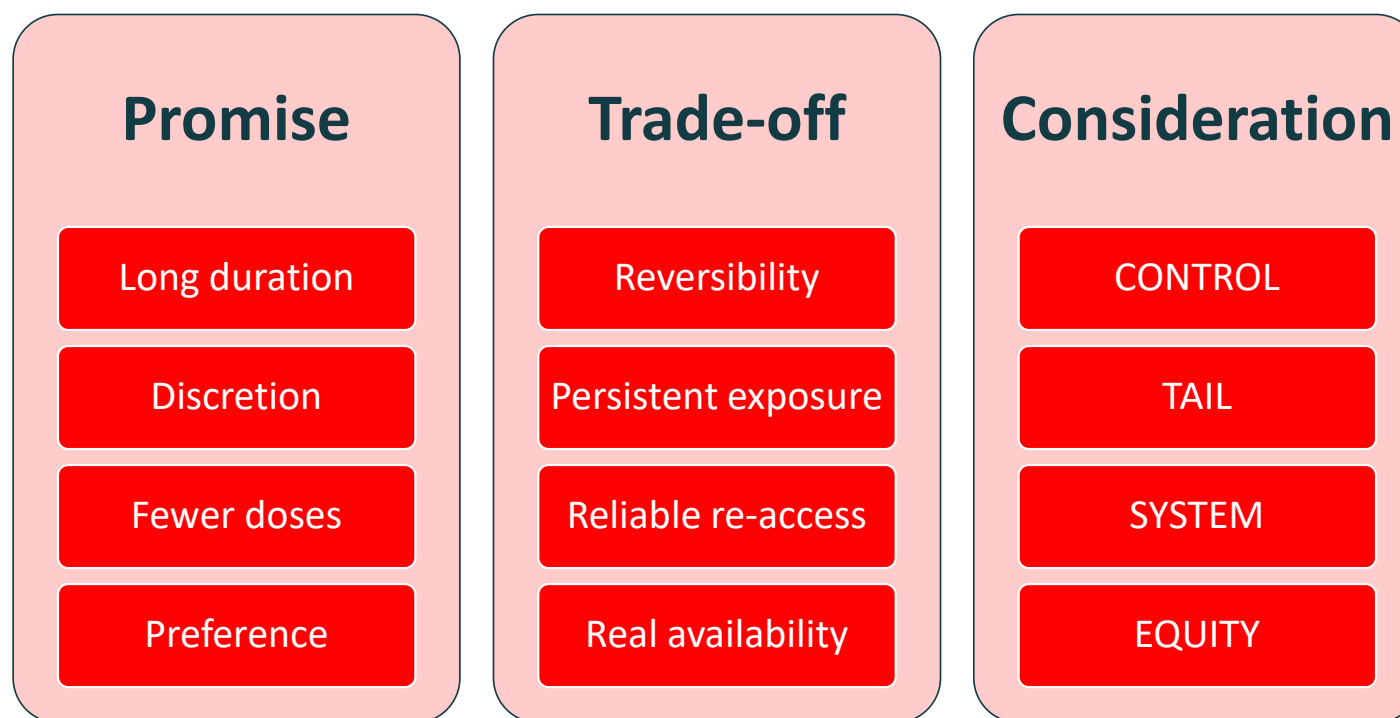


What prevention strategy fits your life right now?



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LA PrEP trades one burden for another



WHO. Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable pre-exposure prophylaxis. 2025.
Van Zyl G, et al. Lenacapavir-associated drug resistance: implications for scaling up long-acting HIV PrEP. Lancet HIV. 2025;12:e732–e736.

Safety without re-medicalising PrEP



Vigilance and safety must co-exist

Clinical vigilance

- Acute HIV
- Late diagnosis
- Resistance

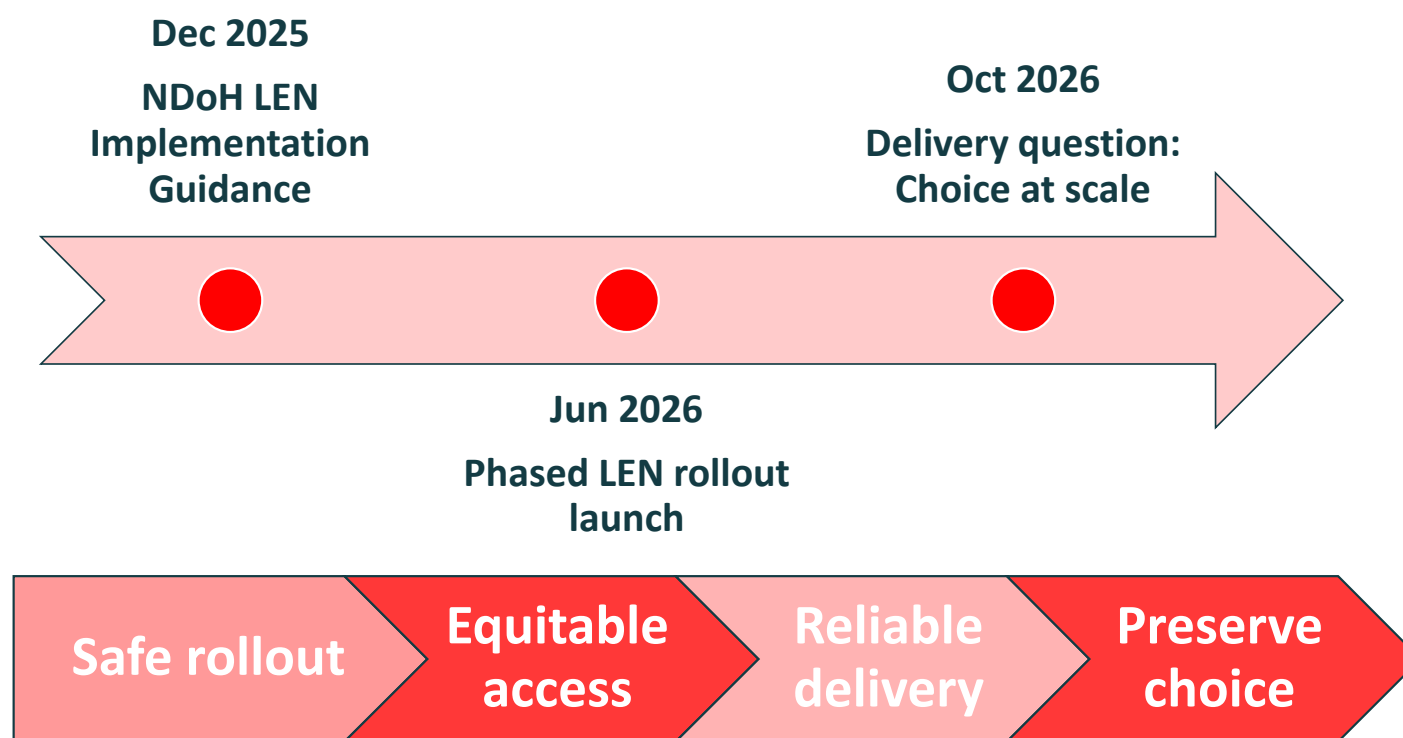


Public-health simplicity

- Rapid tests
- Feasible algorithms
- Low access barriers

Detect infection quickly –
without making prevention harder to access

South Africa: From evidence to implementation



The horizon – **investigational products:** More attributes, not just longer intervals!



**4-monthly
injection
CAB-ULA**

**Yearly injection
LEN**

3-monthly DVR

**Monthly oral
pill
MK-8527**

**Implant
TAF**

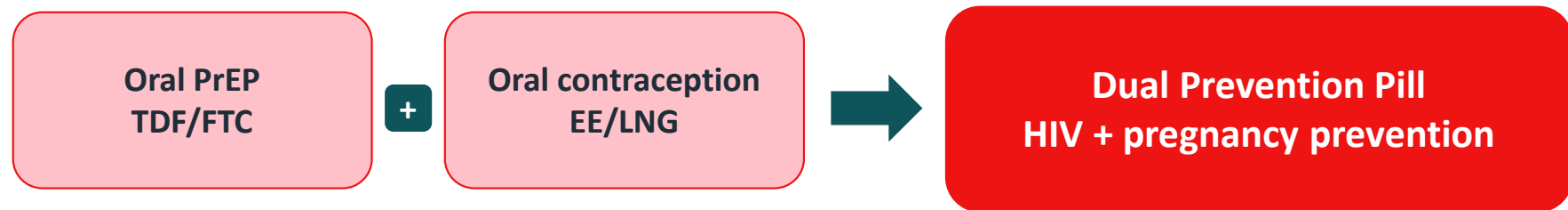
Gillespie G, et al. Safety and Pharmacokinetics of MK-8527 in Adults Without HIV. Clin Transl Sci. 2025;18:e70331.
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Jogiraju V, et al. Pharmacokinetics and safety of once-yearly lenacapavir: a phase 1, open-label study. Lancet. 2025;405:1147–1154.
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Gengiah TN, et al. CAPRISA 018: safety, pharmacokinetics, release rate and acceptability of tenofovir alafenamide implant formulations. BMJ Open. 2022;12:e052880.
Gengiah TN, et al. Acceptability of an annual tenofovir alafenamide implant for HIV prevention in South African women: CAPRISA 018. J Int AIDS Soc. 2025;28:e26426.
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Multipurpose oral PrEP: HIV + pregnancy prevention

DPP expands choice by integrating prevention — not by lengthening the dosing interval



Innovation = integration
not longer duration

May reduce product burden
when HIV + pregnancy prevention are both wanted

Best fit only when
both components are wanted
and clinically suitable

Status: in development / introduction planning; bioequivalence demonstrated



Broadly neutralising antibodies: A different PrEP platform

Passive immunisation adds a non-ARV prevention platform — but protection depends on viral susceptibility and breadth.

AMP/VRC01 proof-of-concept

- VRC01 every 8 weeks: no significant protection overall
- Against highly VRC01-sensitive viruses: ~75% efficacy
- Validated the concept, not VRC01 as a stand-alone product

Next-generation bnAb strategy

- Broader and more potent antibodies, often half-life extended
- Combinations / multispecifics cover viral diversity and reduce escape
- Current studies remain early: Phase I–II; IV and SQ/SC routes

Breadth strategy in practice: complementary targets and delivery routes

V1/V2-glycan

CAP256V2LS

PGDM1400LS

broader coverage

V3-glycan

PGT121

ePGT121v1-LS

escape reduction

CD4 binding site

VRC07-523LS

VRC01-23LS

escape reduction

Platform logic: breadth • potency • half-life extension • escape reduction

Tenofovir alafenamide implant: long duration... with an exit option



CAPRISA 018

Safety, pharmacokinetics,
release rate and
acceptability of TAF
implant formulations

Potential long-duration
prevention while
preserving reversibility

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Measure protection, not product loyalty



Move from

**'Retained on
product x'**

to

**'Protected when
protection is wanted'**

Risk period

PrEP use

Pause

Restart

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3 propositions for the LA era

1

No single product is 'best'

Best fit changes by person and over time

2

Duration is only one attribute

Autonomy, discretion, route and reversibility matter too

3

Systems become part of the intervention

Choice only works when preferred products are reliably deliverable

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Something to think about...



**How do we make choice easy for clients,
without making delivery impossible for the
health system?**

Differentiate

Simplify

De-medicalise