3rd Long-Acting HIV Treatment and Prevention Conference

15 September 2026 | Johannesburg

Lenacapavir PrEP: What do we need to get rollout right?

Catherine Martin, Wits RHI

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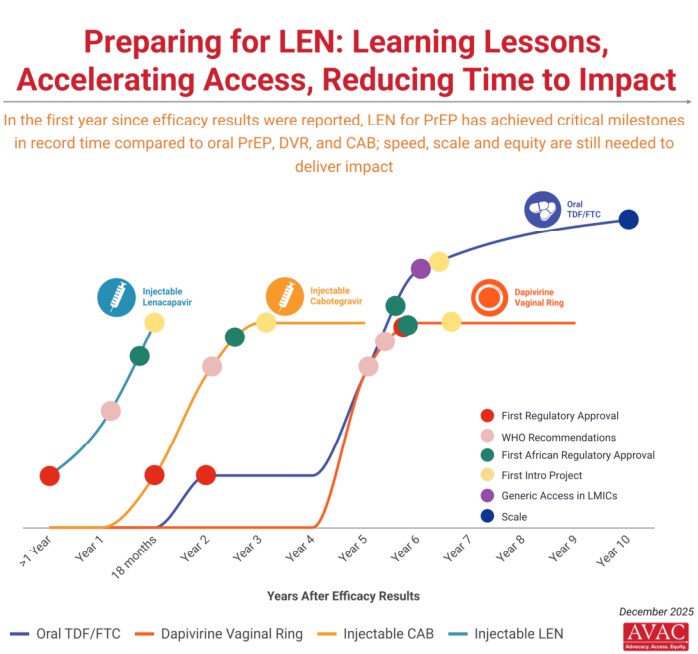
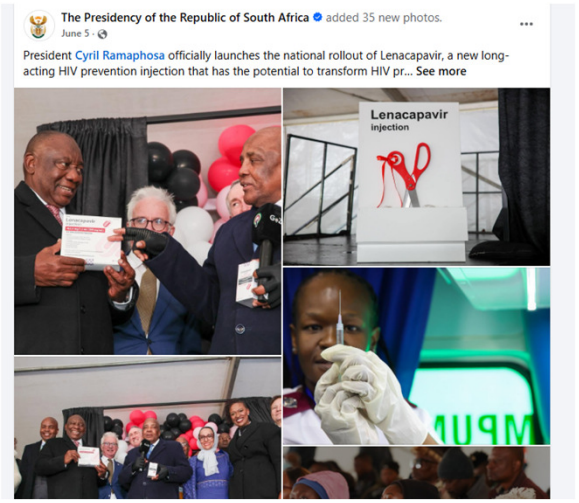
LEN introduction has moved faster than any previous PrEP methods



https://avac.org/resource/preparing-for-len/

Source: Facebook post – South African Government (5 June 2026)



Source: Facebook post – The Presidency of the Republic of South Africa (5 June 2026)

Image: https://www.afro.who.int/countries/kenya/news/kenya-becomes-first-east-africa-launch-six-month-hiv-prevention-injection

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What is needed across the value chain






POLICY & PLANNING	SUPPLY CHAIN MANAGEMENT	GUIDELINES & TRAINING	DELIVERY PLATFORMS	DEMAND & UPTAKE	MONITORING & SURVEILLANCE
Supportive policies are established and plans developed and budgeted for programmatic scale-up	Lenacapavir is available and distributed in sufficient quantity to meet projected demand.	Providers and stakeholders have access to up-to-date clinical guidelines and are trained to deliver lenacapavir safely and effectively.	Lenacapavir is delivered by trained providers across delivery channels to effectively reach end users.	End users know about and understand the need for HIV prevention and where to access services.	Lenacapavir is effectively integrated into national, subnational, facility, community, and programme monitoring and surveillance systems.

1. Policy and Planning

Policy readiness is a key enabler to achieving rapid, equitable, sustainable lenacapavir rollout

Key policy and planning priorities for lenacapavir rollout include:

- Policies which support equitable access for all
- Accelerated registration through regulatory reliance pathways
- Inclusion in Essential Medicines Lists
- Sustainable financing for products and service delivery

2. Supply Chain Management

Lenacapavir rollout requires coordinated forecasting, sustainable procurement and reliable last-mile delivery

Accurate Demand Forecasting

Forecast demand based on epidemiological data and coverage targets to ensure supply meets demand

Use real-world data to inform forecasting

Monitor uptake closely and adjust accordingly

Procurement Commitments

Establish coordinated, long-term procurement commitments and financing mechanisms to secure manufacturing capacity and promote affordable pricing

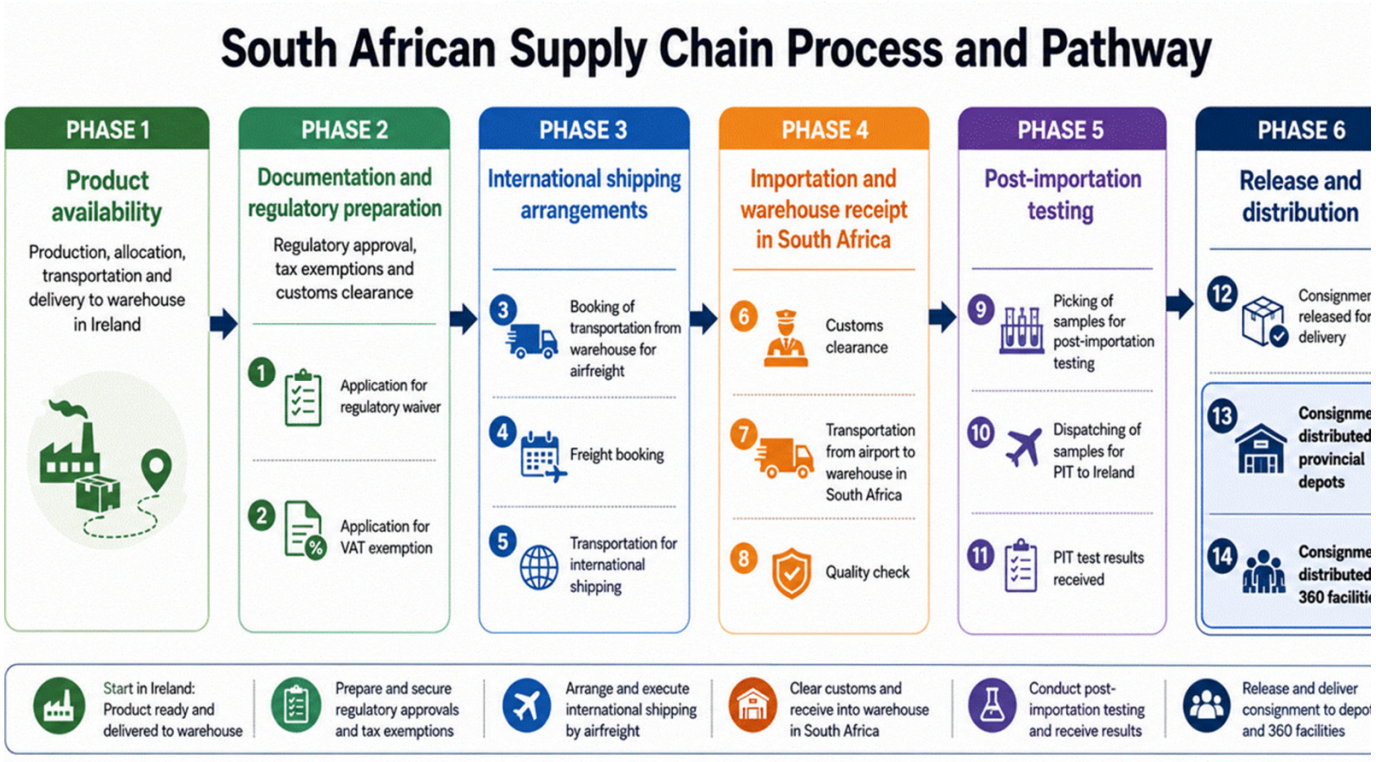
Generic and Local Manufacturing

Expand sustainable access through generic and local manufacturing to ensure supply security and improve affordability

Last Mile Delivery

Strengthen facility readiness, workforce capacity and use of digital and real-time tracking systems

2. Supply Chain Management – South African process



Plan early and strengthen last-mile delivery systems

Slide used with thanks to Hasina Subedar

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3. Guidelines and Training

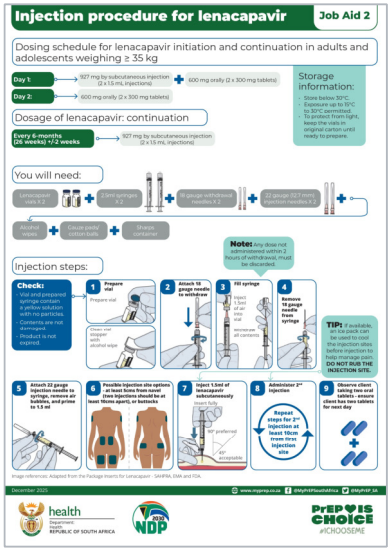
Provider preparation is as important as product availability

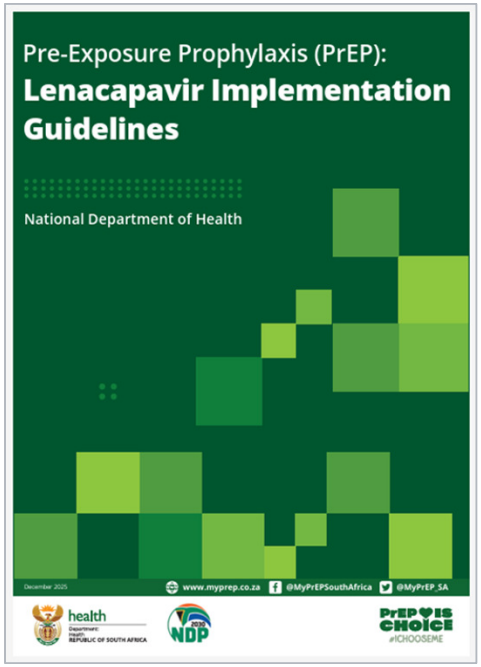
Successful rollout depends on providers being prepared to:

- integrate lenacapavir into existing prevention services
- counsel confidently on available HIV prevention options
- support clients to make an informed choice
- safely administer a subcutaneous lenacapavir injection
- schedule and manage follow up visits, including re-initiations
- distinguish expected reactions from signs that require clinical review

Practical training and provider preparation should be supported with job aids, clinical review and ongoing mentorship

Access Job Aids and Resources here





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3. Training – injection technique

Practical provider training builds confidence

Early implementation identified several practices that support safe administration, efficient consultations and a better client experience:

- preparing LEN using a non-inversion technique
- selecting an appropriate injection site
- administering the injection slowly
- pausing after administration before withdrawing the needle
- maintaining correct needle position throughout administration

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, to simulate LEN injections.

Link to Administration-Injection Guidance in Clinical Tools

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3. Training - counselling

Provider counselling shapes successful adoption

Effective counselling must include:

- information on how LEN works
- honest discussion on potential pain and discomfort
- explanation that injection-site nodules may occur
- Information on possible leakage after administration
- post-injection management
- how to distinguish expected reactions from signs that require clinical review
- scheduling of follow-up date
- discussion on other prevention services e.g. contraception, STI management

Clients who receive comprehensive counselling are less concerned about expected injection-site reactions

Provider interviews suggested that clients who were prepared in advance were generally less concerned when expected injection-site reactions occurred.

Pre-education changes the experience: an expected reaction is less alarming than an unexplained one.

4. Delivery Platforms – differentiated delivery

Differentiated delivery platforms can maximise acceptability and accessibility

Ensure integration with core delivery platforms including:

- Antenatal and postnatal services
- Contraception clinics
- Youth friendly services

Consider a variety of service delivery platforms including:

- Primary healthcare clinics
- Mobile clinics
- Pharmacies
- Community based organizations

Consider task shifting where feasible and where adequate support and supervision can be ensured

Figure 6. Diverse HIV prevention delivery platforms to maximize choice and access

Choose and prioritize prevention platforms based on country context and the preferences of key and priority populations

https://www.unaids.org/sites/default/files/2026-06/20260331_HIV_Prevention_2030_Framework.pdf

4. Delivery Platforms – differentiated delivery

Adaptations to reach specific populations

Pregnant and breastfeeding women:

- Pregnant women - antenatal services
- Breastfeeding women – delivery and postnatal services
- Consider alternative injection sites if preferred
- Counselling on safety to the infant and pregnancy

Youth:

- Campus clinics and Youth Friendly services
- Integration with other SRH and prevention services

Key Populations:

- Flexible service hours and client-friendly services
- Integration of other prevention and harm reduction services
- Reassurance – gender affirming hormone therapy can be safely used with LEN

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PROGRAM CASE STUDY

Reaching Men and Women Through a Decentralized Mobile Service Delivery Model for HIV Prevention and Pre-Exposure Prophylaxis Services in South Africa

Pelisa Nongena,[a,*] Catherine E. Martin,[a,*] Lorrein S. Muhwava,[a] Fatima A. Cholo,[a] Glory Chidumwa,[a] Maserame V. Mojapele,[a] Vusile Butler,[a] Saiqa Mullick[a]

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5. Demand and Uptake

Success is not maximum LEN uptake. Success is people being able to choose and effectively use the prevention option that works for them.

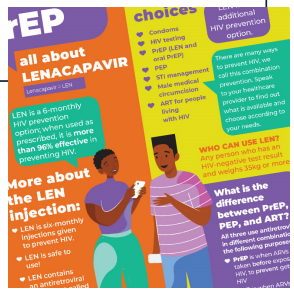
1. BUILD PREVENTION LITERACY
Help people understand HIV prevention and their options, including PrEP and other methods.

2. SUPPORT INFORMED CHOICE
Help people understand the differences between methods and choose what fits their lives.

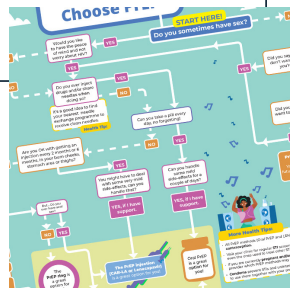
3. MEANINGFUL COMMUNITY ENGAGEMENT
Create spaces to listen, answer questions, build trust and understand what communities need.

4. CONNECT PEOPLE TO INFORMATION & SERVICES
Make trusted information available where people already look for it... digital health technologies.

5. LISTEN, RESPOND & CORRECT MISINFORMATION
Identify emerging questions, myths and concerns early – and respond with credible, consistent information.

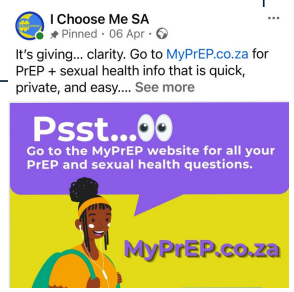


IEC materials

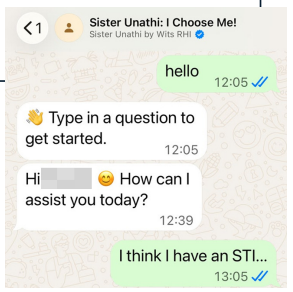


Decision-support tools

Community dialogues



Social media and online



Chatbot engagements

6. Monitoring and Surveillance

Monitoring and surveillance supports responsive programming

Existing systems can be adapted to incorporate lenacapavir.

Programme monitoring must support:

- Tracking PrEP uptake and method choice
- Distinguish initiation from follow up visits
- Early identification of gaps
- Implementation optimization
- Guide real time decision making

Monitoring systems can be linked to automated SMS or WhatsApp to support appointment reminders

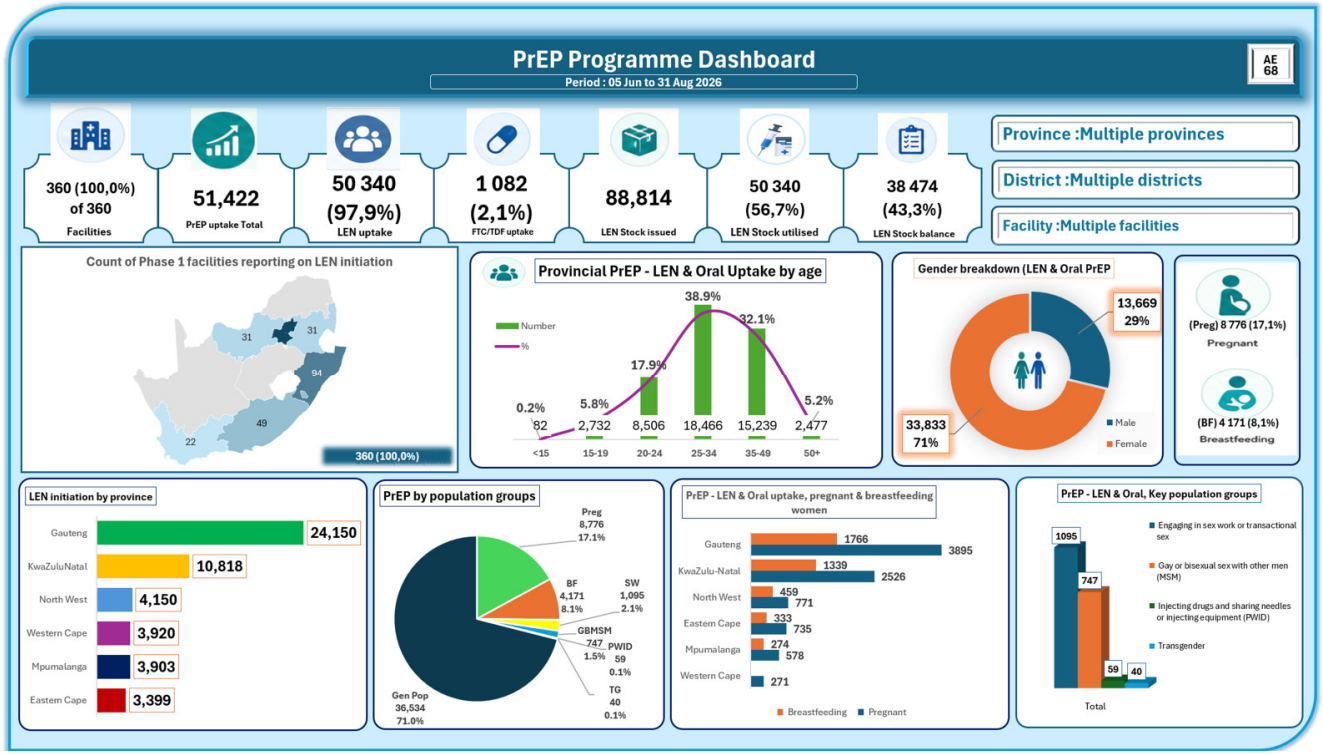
Longitudinal data systems capturing individual-level data are best suited to track ongoing PrEP use

Table 2. Recommended minimum dataset for PrEP for recording in national data systems

Intervention	Minimum dataset
Pre-exposure prophylaxis (PrEP)	Date PrEP prescribed (includes initial prescription and repeats)
	Date PrEP dispensed (if available from dispensing pharmacy or community distribution)
	PrEP product prescribed (for example, oral PrEP containing tenofovir, dapivirine vaginal ring (DPV-VR), CAB-LA or LEN)
	Volume of PrEP product prescribed/dispensed (for example, number of pills, number of devices)
	Date individual attends follow-up appointment

Source: WHO 2022 *(83)*.

South African – SyNCH system



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6. Monitoring and Surveillance

Monitoring and surveillance supports responsive programming

Monitoring and surveillance systems should include:

- Safety signals and adverse events
- Pregnancy and breastfeeding – adverse pregnancy and infant outcomes
- Seroconversions
- Drug resistance among seroconversions

Pharmacovigilance

- Support healthcare providers to recognize and report adverse events
- Support communities and clients to report concerns directly through user-friendly reporting platforms
- Report any adverse drug reaction, and any new or existing safety, quality or effectiveness concerns, occurring as a result of the use of a medicine to regulatory authorities (e.g. SAHPRA) or WHO

The WHO has developed a toolkit for monitoring the safety and toxicity of injectable lenacapavir for PrEP

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Conclusion






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Available Tools and Resources

To access lenacapavir preparation and administration videos, scan this QR code or go to myprep.co.za

South Africa resources: Demand Generation and more

Adverse Drug Reactions should be reported to SAHPRA, WHO or equivalent regulatory authority

For more details on SAHPRA ADR reporting

LEN Learning Clinics

Opt-in to get notifications about upcoming webinars, information and virtual learning clinics.

Acknowledgements

- Saiqa Mullick, Elmari Briedenhann and Hasina Subedar for their contributions to this presentation.
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- **Unitaid** for its vision and investment in accelerating access to innovative HIV prevention technologies.
- **Gilead Sciences** for its collaboration and commitment to advancing HIV prevention science.
- The dedicated **Wits RHI teams**, whose expertise and commitment make this work possible every day.
- The **healthcare providers, facility managers and clinics** who continue to deliver person-centred HIV prevention services.
- The many **community organisations, peer educators and partners** who help build prevention literacy and informed choice.
- And most importantly, the **people** who have trusted us with their HIV prevention journey. Your experiences, feedback and partnership continue to shape the future of HIV prevention.