3rd Long-Acting HIV Treatment and Prevention Conference

15 September 2026 | Johannesburg

Integrating Long-Acting PrEP for adolescent girls and young women (AGYW)

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AGYW remain disproportionately affected – while prevention reach is declining

- Despite substantial global progress, adolescent girls and young women (AGYW) remain disproportionately affected.
- In 2024, AGYW accounted for more than 77% of new HIV infections among young people aged 15–24, approximately 570 infections every day.
- **Sustained investment enabled HIV prevention programmes to reach AGYW at scale – including 2.3 million through PEPFAR-supported services.**
- **In 2025, major funding reductions disrupted** many of the programmes and delivery platforms specifically designed to reach AGYW, including DREAMS and community-based prevention services.
  - This coincided with a particularly concerning decline in PrEP initiation among AGYW: new initiations fell 39% among AGYW aged 15–24, compared with 26% among women aged 25–49.

	New PrEP Initiations Q4 2024	New PrEP Initiations Q4 **2025**	% Decrease in PrEP Initiations
All Women	405,158	271,826	**-33%**
AGYW (15-24)	204,029	124,326	**-39%**
Other Women (25-49)	194,312	143,392	**-26%**

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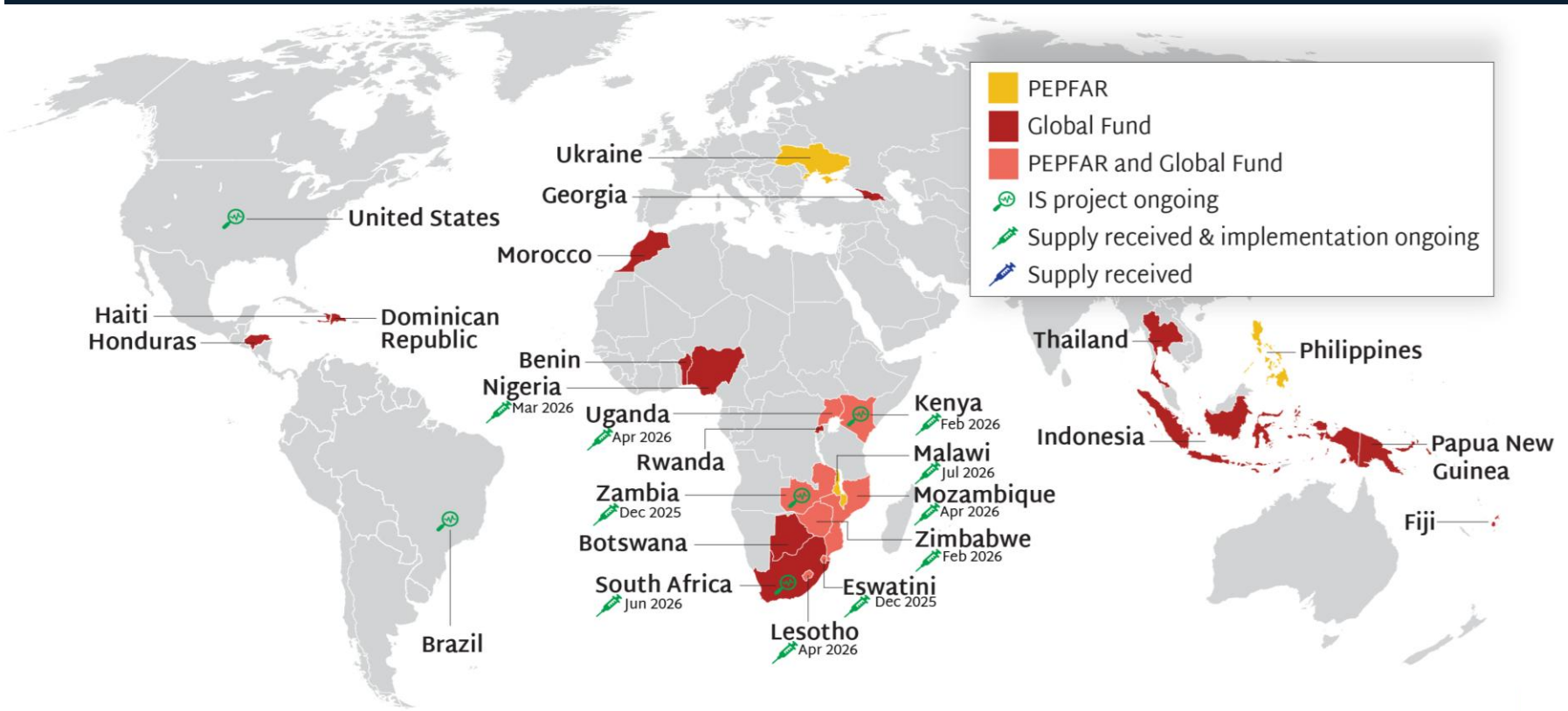
Updated July 2026

Efficacy alone will not tell us how to successfully integrate long-acting PrEP

PEPFAR & Global Fund supporting 24 countries with early LEN access; first supplies in Eswatini & Zambia in Nov 2025; balance arriving throughout 2026 & 2027. Gates Foundation, Gilead, NIH and Unitaid also supporting 21 implementation science (IS) projects in 9 countries.



The next chapter of HIV prevention will not be written by new products alone, but by understanding how to integrate them into people's lives, health systems and real-world choices.

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

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 versus mobile delivery models
- Demand generation and client preferences

Study design and key outcomes:

LEN4PrEP uses an effectiveness–implementation hybrid design aligned to the RE-AIM framework to evaluate clinical, implementation and cost outcomes, including uptake, safety, acceptability, implementation barriers, and integration into multi-method HIV prevention services.

Data collection:

LEN4PrEP uses a mixed-methods approach, combining routine clinical and monitoring data, qualitative interviews with clients and healthcare providers, safety and drug resistance monitoring, and maternal outcome data to generate comprehensive implementation evidence.

Results to date:

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 participants.

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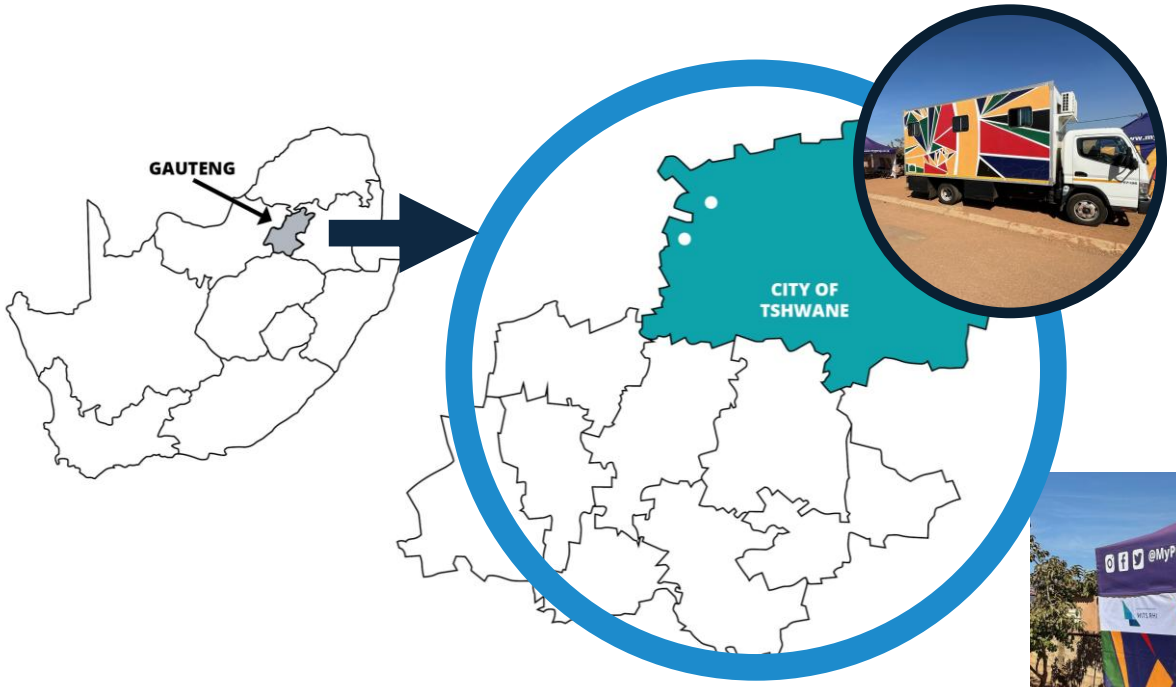
LEN4PrEP is implemented in two primary healthcare facilities and one linked mobile clinic:



LEN4PrEP integrates nurse-led LEN delivery into existing youth-friendly sexual and reproductive health services delivered through fixed facilities and mobile clinics, alongside HIV testing, STI services, contraception, mental health, pregnancy care, and community engagement.

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

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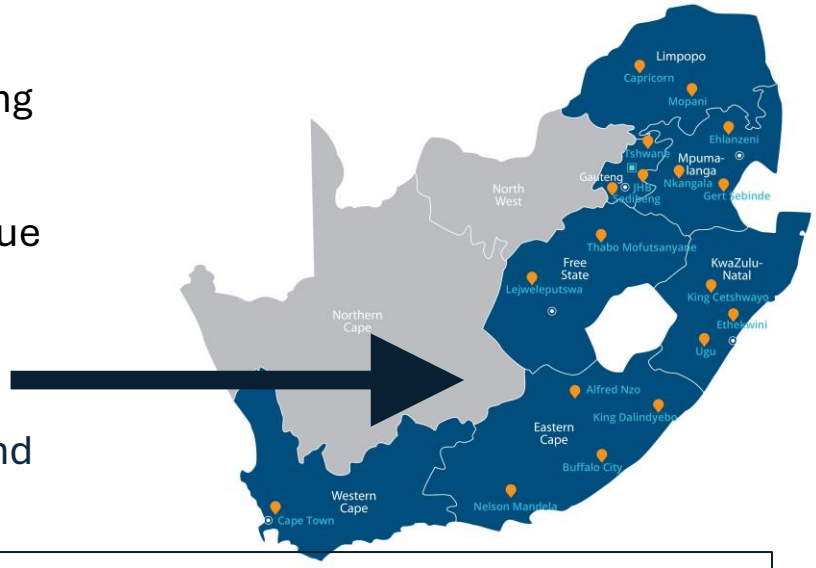
DREAMS: School-based HIV and GBV programme

- **Focus:** reduce HIV among adolescent girls and young women (AGYW)
- **Duration:** Nov 2018 to Jan 2025 *terminated early due to USG funding cuts
- **Geographic coverage:** 7 provinces and 14 districts
- **Model:** Community based through mobile clinics and pop-up gazebos



Objectives

Objective 1: Increase HIV, SRHR, GBV, life skills and COVID-19 knowledge and awareness among school and community beneficiaries.

Objective 2: Increase psychosocial support and linkage to post-violence care for adolescents as per the ISHP and emerging needs.

Objective 3: Improve access to HIV incl. PrEP and SRHR services for learners, AGYW, educators, school support staff and communities, including linkages to care.

Objective 4: Provision of TA to DBE and DOH for improving coordination and implementation of adolescent HIV prevention, SRHR and GBV.

SCALE:

From Nov 2019 – Jan 2025, the project initiated **270 871** beneficiaries on PrEP:

- **87% (235 657) were AGYW.**
- Contribution of **18%** of all clients initiated on PrEP in South Africa – **almost 1 in 5 clients initiated on PrEP has come through this project.**

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DREAMS
WORKING TOGETHER FOR AN AIDS-FREE FUTURE FOR GIRLS & WOMEN

USAID FROM THE AMERICAN PEOPLE

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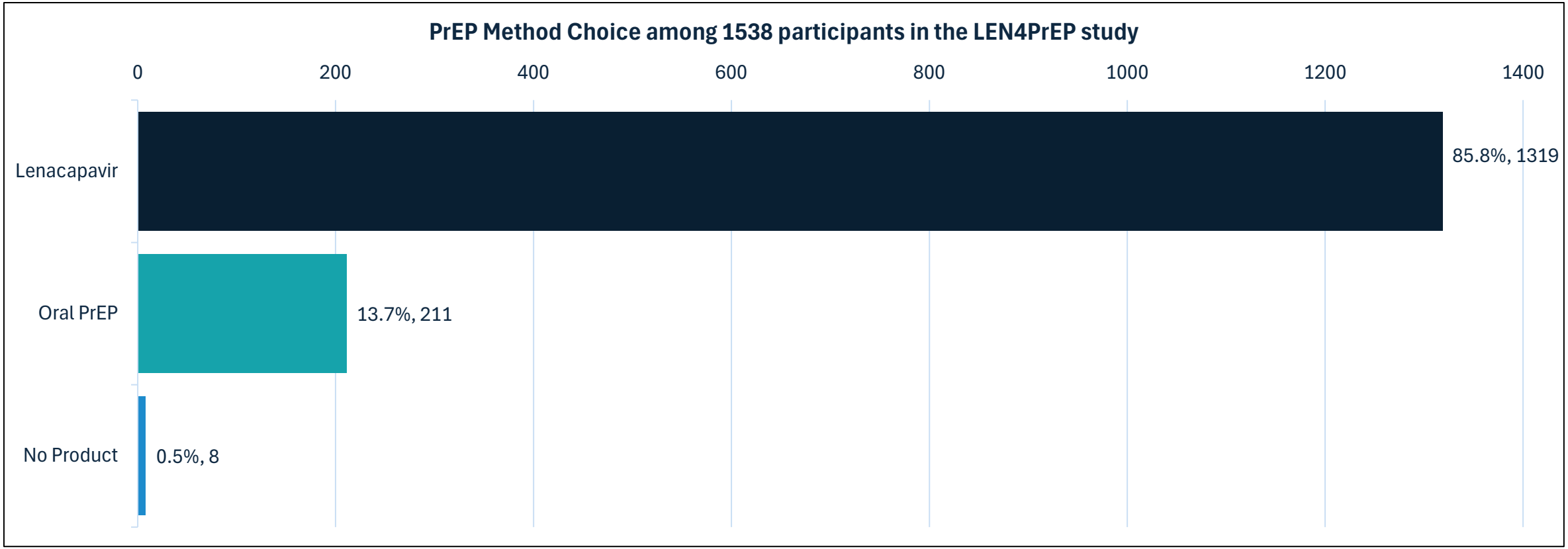
Early implementation insights (Project PrEP, Len4PrEP, DREAMS)

1. When offered a choice, most participants selected LEN



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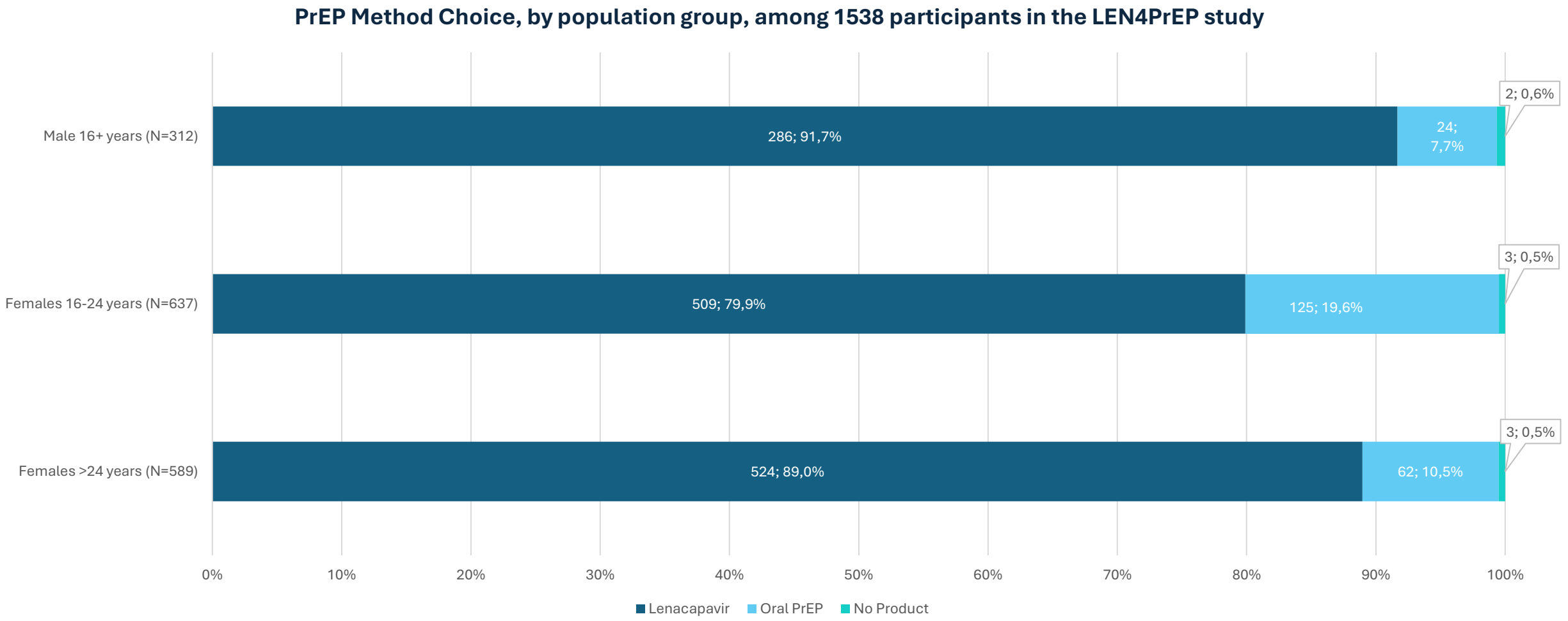
2. Most AGYW chose LEN when it was offered alongside oral PrEP



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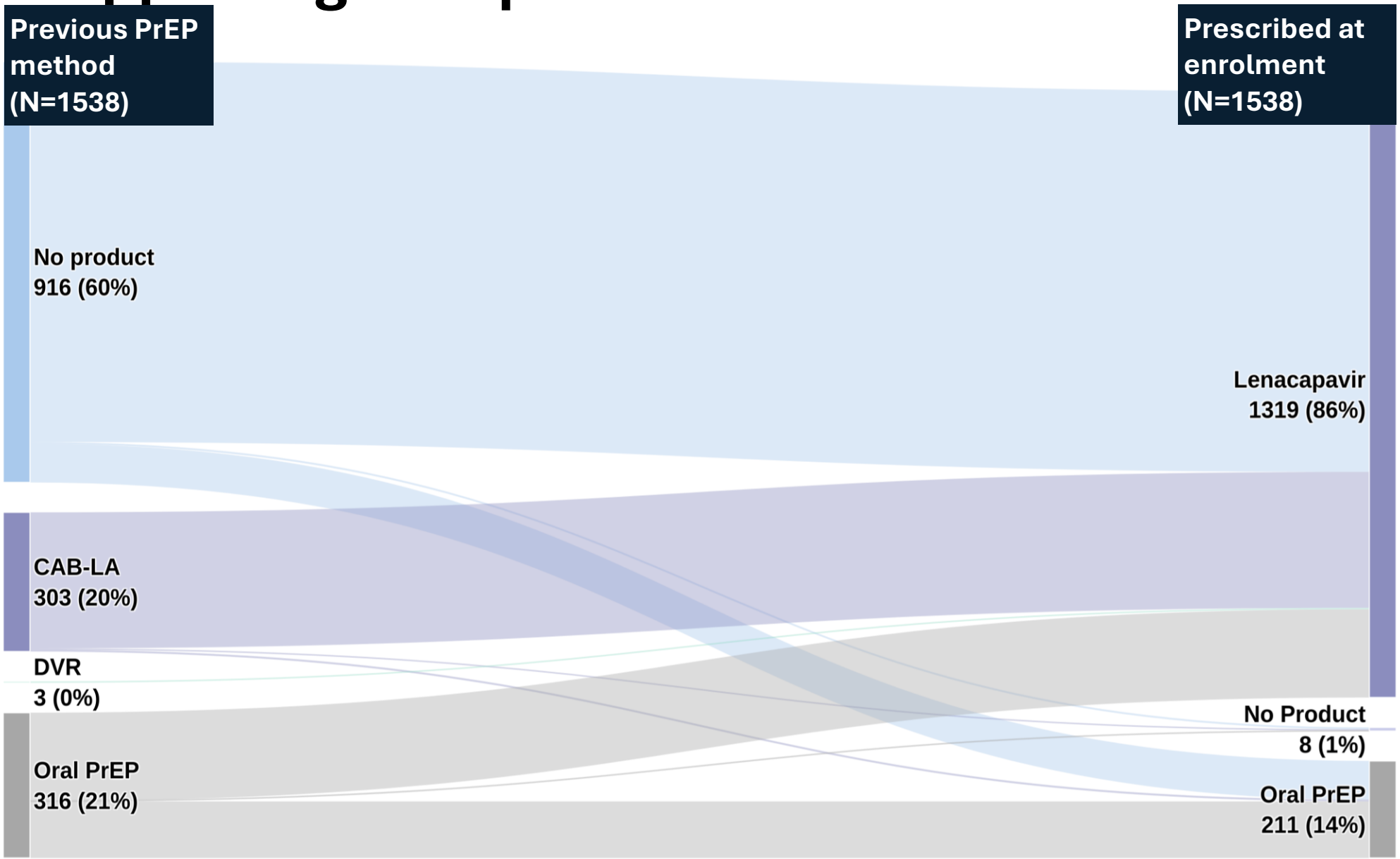
3. Long-acting PrEP can bring new users into PrEP – while appealing to experienced users



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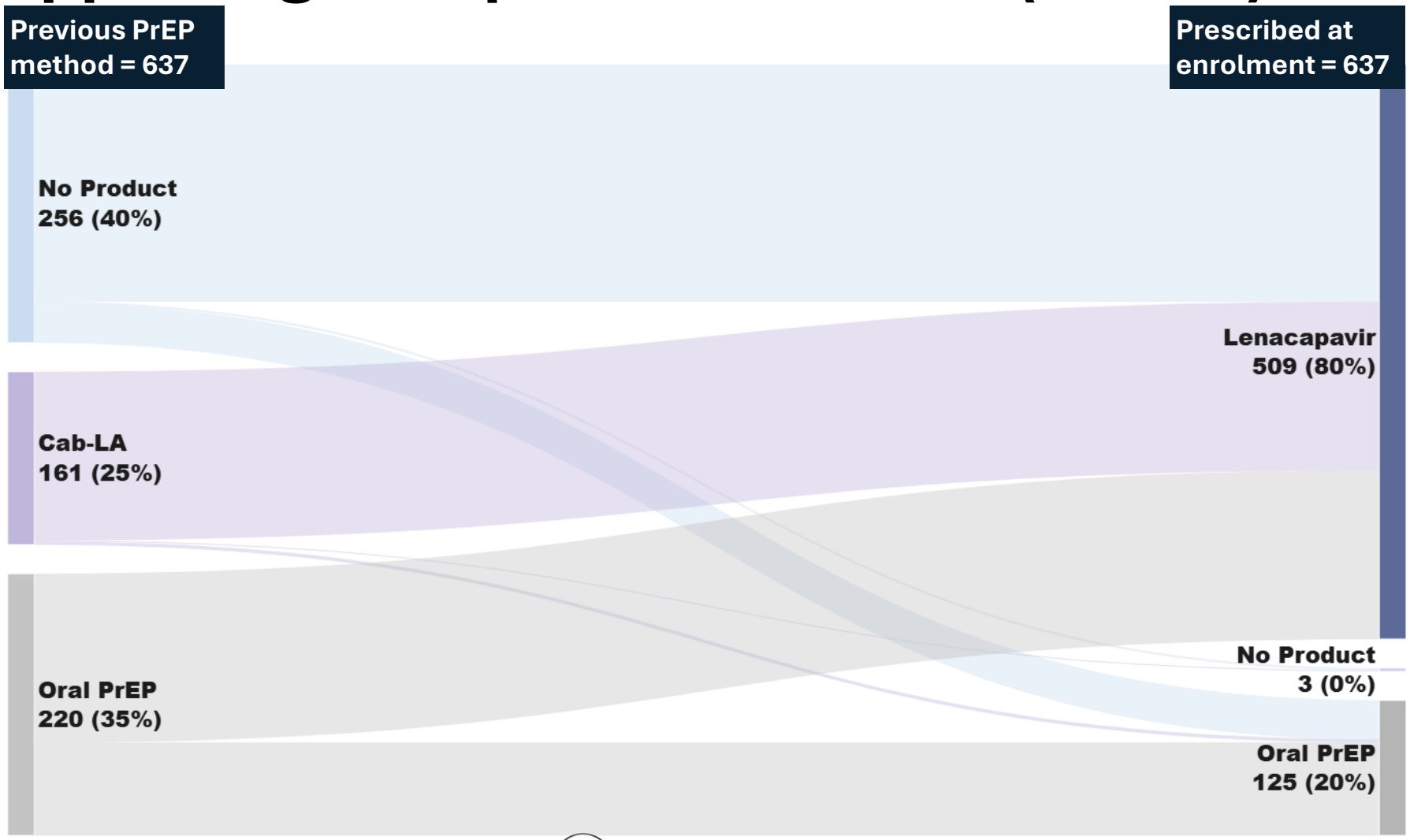
4. Long-acting PrEP can bring new users into PrEP – while appealing to experienced users (AGYW)



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5. Convenience is a key driver of LEN choice – but some clients still prefer oral PrEP

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

- Long-acting protection
- Reduced clinic visits
- Avoidance of daily pill taking
- Reduced risk of forgetting doses
- Reduced stigma
- Fear or dislike of needles
- Need for testimonials or to know others using LEN before initiating it
- Concerns about the safety of LEN during pregnancy

"...there are still clients that are still interested in the oral PrEP, honestly speaking. It's not like since the LEN has been introduced it means that everyone is taking LEN.
Some of them, they still say, no, I don't want needles. I still want the oral pills, and they are given those oral pills..."

Non-Clinical provider, LEN4PrEP IDI, January 2026

"Most of them they are choosing six months injection. They will tell you that ai 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..."

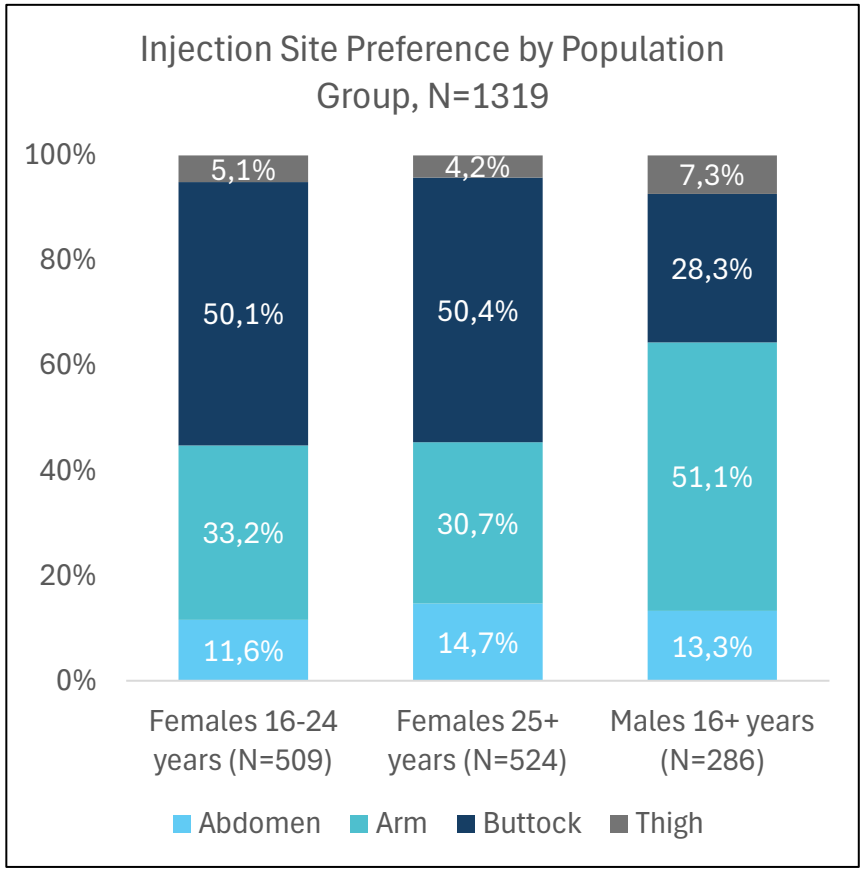
Non-Clinical provider, LEN4PrEP IDI, January 2026

6. Injection-site preferences vary – flexibility matters

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.



"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

"...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

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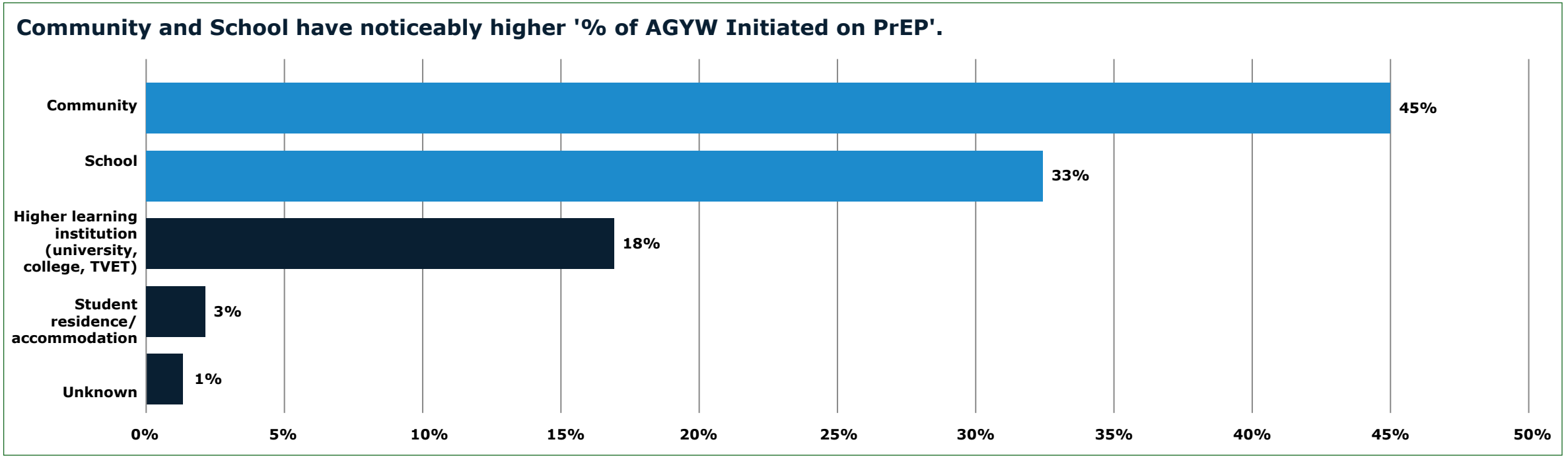
7. Reaching AGYW requires taking PrEP beyond conventional clinics

- By January 2025, the Wits RHI community based DREAMS project **had tested 400 000 clients** for HIV and initiated ~**270,000** beneficiaries on PrEP over a 7 year period **(88% were AGYW)**
- Targeted implementation at high volume AGYW sites
- Majority of youth are reached through ***community (45%)**, **secondary schools (33%)** followed by higher learning institutions

Community sites include CBOs, safe spaces layering with implementing partners (skills and youth centres), hotspots (churches, malls).



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8. Decentralised, youth-friendly delivery can bring PrEP closer to AGYW

9. AGYW need more than just PrEP services

- LEN4PrEP integrates LEN within existing youth-friendly sexual and reproductive health (SRH) services delivered through fixed facilities and mobile clinics, rather than as a standalone intervention.
- HIV prevention is delivered alongside a broader package of SRH services, including:
  - HIV counselling and testing;
  - STI screening and treatment;
  - contraception services;
  - pregnancy counselling and referral;
  - PMTCT referral;
  - mental health screening;
  - GBV screening and referral; and
  - psychosocial support.

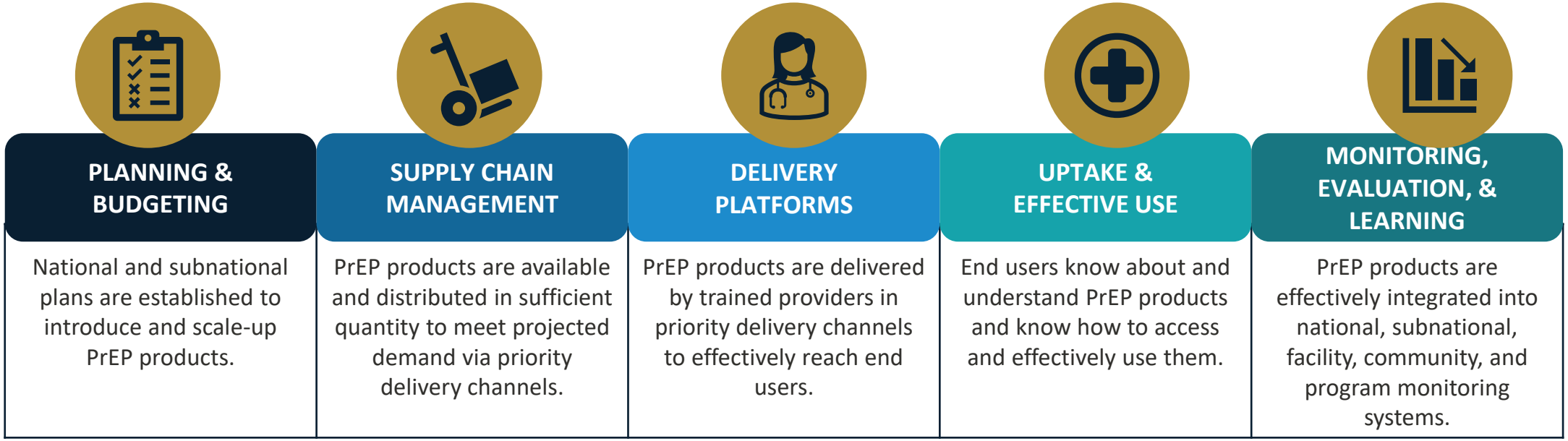
Early implementation suggests that integrating LEN into existing youth-friendly SRH and PrEP services strengthens person-centred care by enabling clients to access multiple prevention and SRH services within a single service delivery model, rather than introducing LEN as a vertical programme.

Community engagement and demand generation are embedded within the model through community dialogues, digital and social media platforms, chatbots, printed materials, and peer support initiatives.

10. Product availability alone is not enough – successful rollout requires health-system readiness

The value chain framework has been used across countries to support planning for the introduction of PrEP products. It identifies necessary steps for PrEP introduction and scale-up across five major categories and across priority delivery channels.

The framework can also be used to map the research priorities across the implementation studies.



11. Successful introduction requires prevention literacy – not simply 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.

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

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

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The next challenge is translating high acceptability into sustained, person-centred PrEP use

The study will continue to help countries

How people choose, continue, interrupt, discontinue and switch HIV prevention methods over time.

How to support continuation and switching.

How to prepare providers and health systems.

How to strengthen demand generation, prevention literacy and community engagement.

How to successfully introduce future HIV prevention innovations.

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Acknowledgements

- The **South African National Department of Health** for its leadership and partnership in expanding HIV prevention choice.
- **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.

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