3rd Long-Acting HIV Treatment and Prevention Conference

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SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

ACCELERATING EFFORTS TO END HIV: NEXT STEPS

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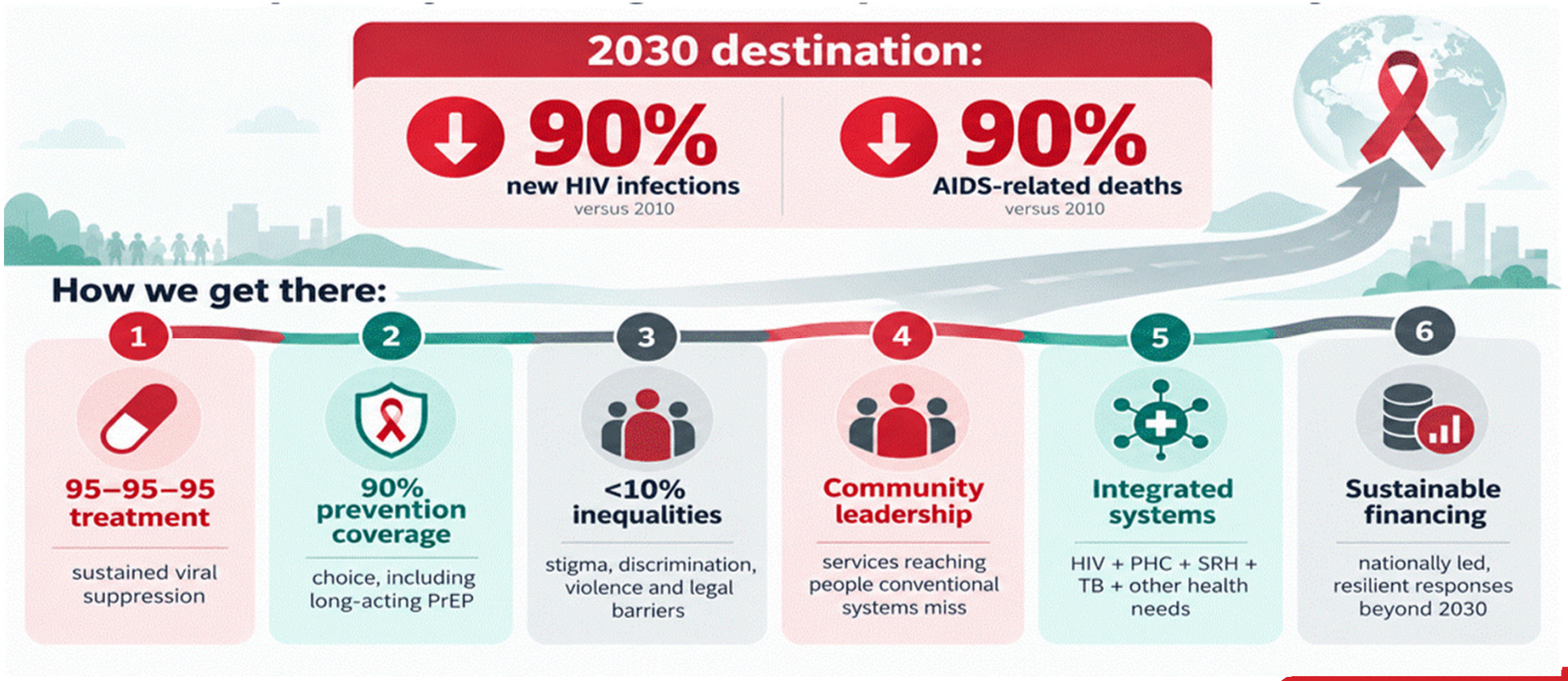
Health
REPUBLIC OF SOUTH AFRICA

PATHWAY TO ENDING AIDS AS A PUBLIC HEALTH THREAT BY 2030



SOUTH AFRICA'S HIV PROFILE (2024)

Total population

63.1 million

(2025)

People living with HIV

7.8 million

(2025)

HIV-negative population

55.3 million

(2025)

New HIV infections

130,000 per annum

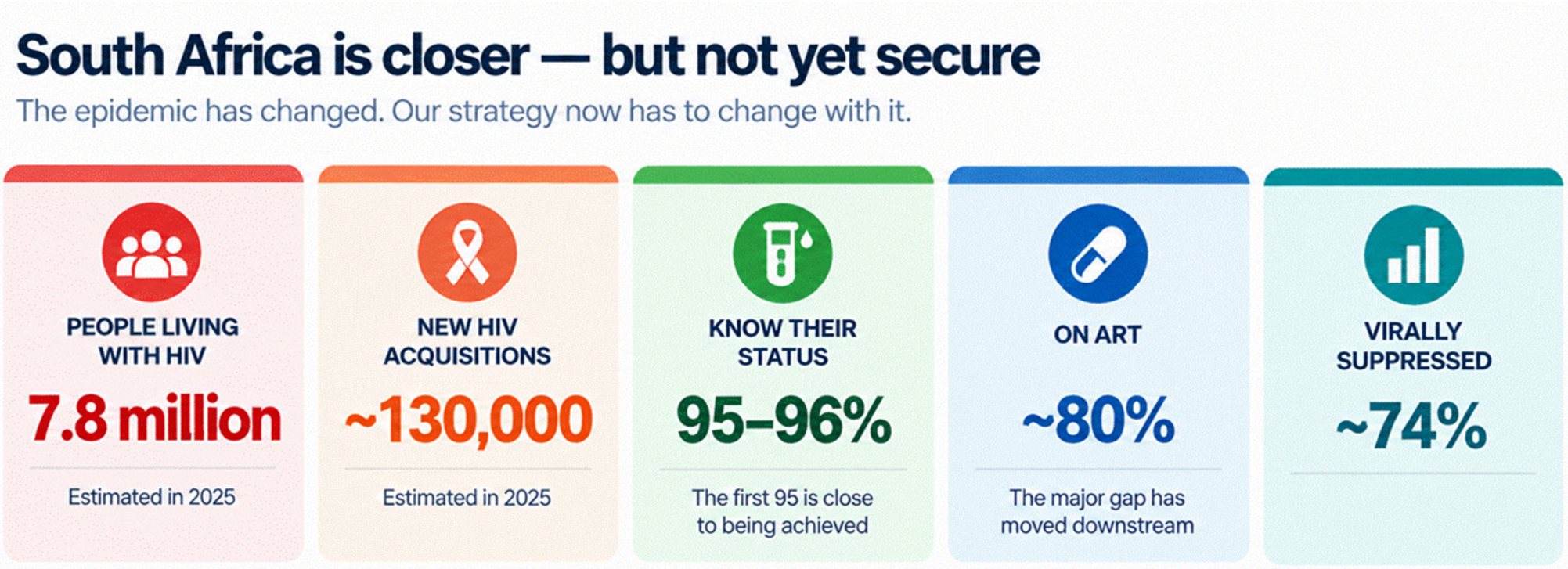
(2025)

Source: UNAIDS

A large HIV-negative population highlights the substantial opportunity for HIV prevention.

Source STATSA 2025 Mid-year estimates

SOUTH AFRICA: WHERE ARE WE?

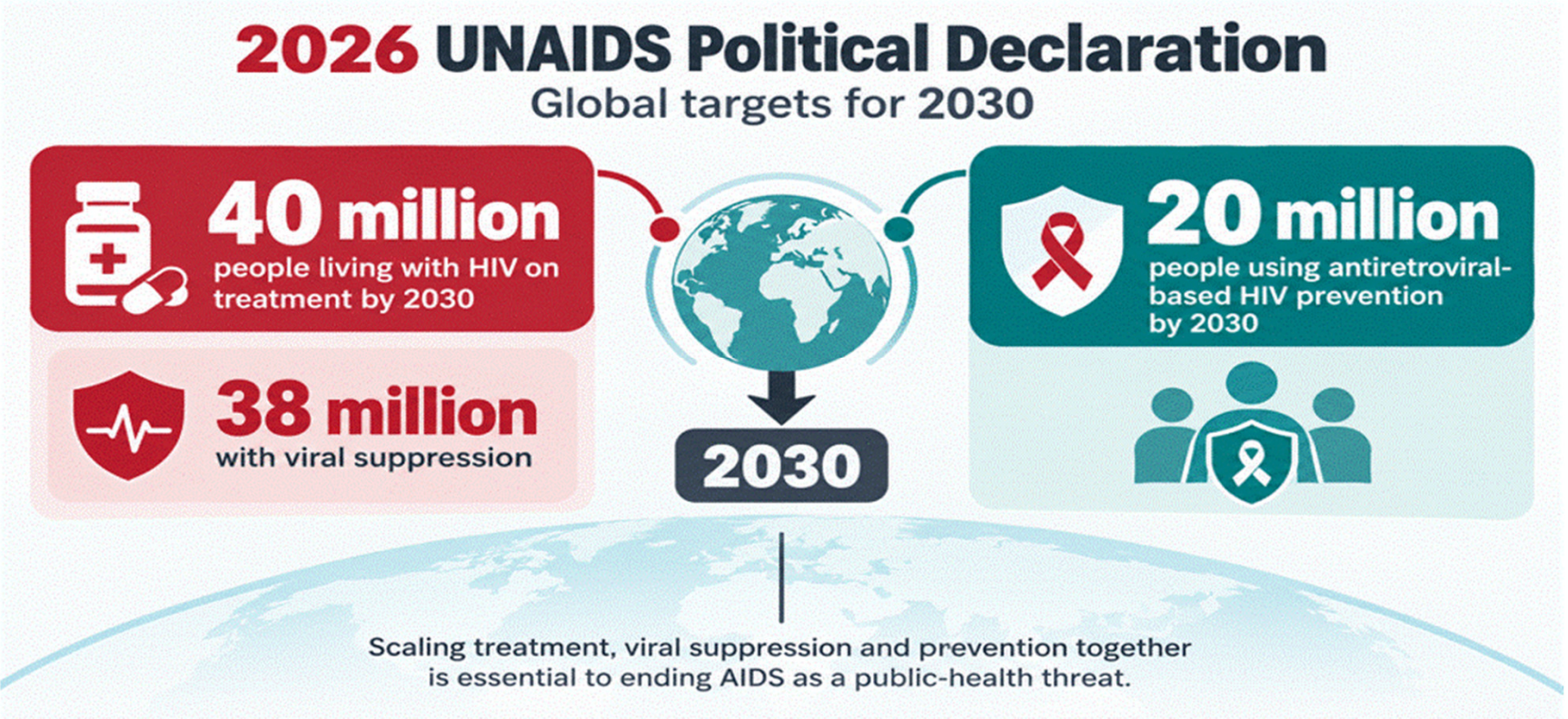


South Africa's next phase is not only about finding more undiagnosed HIV.

- Focus on finding those who know their status, start, restart, and remain on ART
- Accelerating prevention where transmission persists.

Source: UNAIDS 2025 estimates.

UNAIDS DECLARATION 2026



NEXT STEPS FOR SOUTH AFRICA ACCELERATING EFFORTS TO END HIV

1 Get people back on treatment

Find and re-engage the ~1 million diagnosed people not reliably on ART.

- Focus on men
- Prioritise adolescents and young adults
- Target high-gap provinces

2 Scale up prevention

Protect ART while closing gaps in prevention and expanding choice.

- Scale long-acting PrEP
- Restore condom programmes
- Target VMMC
- Focus on high-incidence districts and key populations

3 Strengthen community-led responses

Rebuild community outreach and support so no one is left behind.

- Invest in community retention and adherence support
- Protect key-population services
- Establish domestic social contracting to sustain essential services

4 Protect quality of care

Make viral suppression, TB integration and drug resistance core priorities.

- Act quickly on high viral loads
- Integrate TB prevention and diagnosis into HIV care
- Strengthen resistance surveillance to protect DTG and future options

5 Invest in people and places

Fund the structural response and hold provinces and districts accountable.

- Close the social-enabler gap
- Integrate GBV and stigma reduction into services
- Track and act on age-, sex- and population-specific outcomes at district level

LENACAPAVIR (LEN) COST-EFFECTIVENESS

1 More cost-effective at $40 PPPY

LEN is **more cost-effective** than oral TDF/FTC scale-up, even at the same total cost.

2 Fewer new HIV infections

LEN can **substantially reduce** the number of new HIV infections.

3 Accelerate progress towards ending AIDS

LEN can accelerate progress towards ending AIDS and could help end AIDS **7–10 years earlier** than scaling up oral TDF/FTC.

4 Scale required and additional cost

To achieve these impacts,
1–2 million people
need to initiate LEN each year,
at an additional cost of
R650–1500 million per year.

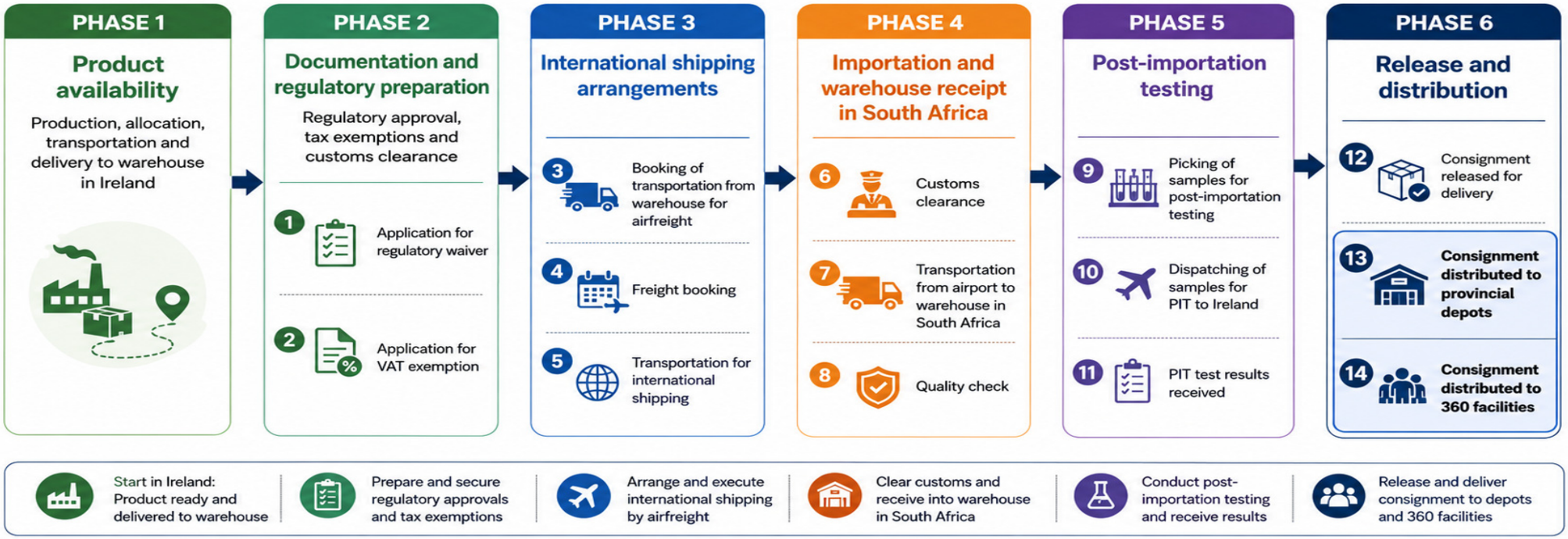
5 Priority for greatest cost-effectiveness

SOURCE Health Economics and Epidemiology Research Office (HE²RO)

PROCESS FOR THE INTRODUCTION OF LONG-ACTING ARVS

SECURING COMMODITIES

South African Supply Chain Process and Pathway



NEXT STEPS FOR STRENGTHENING PREP CHOICE

1

INTEGRATE ALL PrEP METHODS

Bring oral PrEP, the vaginal ring, CAB-LA and lenacapavir into common guidelines, training, counselling, reporting and quality assurance.

2

STANDARDISE METHOD-CHOICE COUNSELLING

Use a neutral decision aid that supports informed starting, stopping and switching as needs and preferences change.

3

STRENGTHEN DIFFERENTIATED DELIVERY

Offer PrEP through clinics, community and mobile services, antenatal and family-planning care, youth platforms, pharmacies, campuses and workplaces.

4

BUILD NATIONAL CLIENT TRACKING

Record method, initiation, appointments, doses, testing, switching and discontinuation, with confidential reminders and follow-up lists.

5

FORECAST INITIATION & CONTINUATION

Reserve continuation doses before allocating stock for new initiations and use dashboards to warn of shortages or delays.

6

STANDARDISE PROVIDER COMPETENCY

Assess practical injection skills and provide supervision, mentorship, safety reviews and refresher training.

7

HARMONISE MONITORING & EVALUATION

Track initiation, continuation, dosing timelines, switching, testing, safety, stock, client experience and equity across all methods.

8

PROTECT CHOICE DURING SHORTAGES

Explain unavailable products, offer effective temporary alternatives and avoid initiation without reasonable continuation-dose assurance.

9

ACCELERATE SUSTAINABLE PROCUREMENT

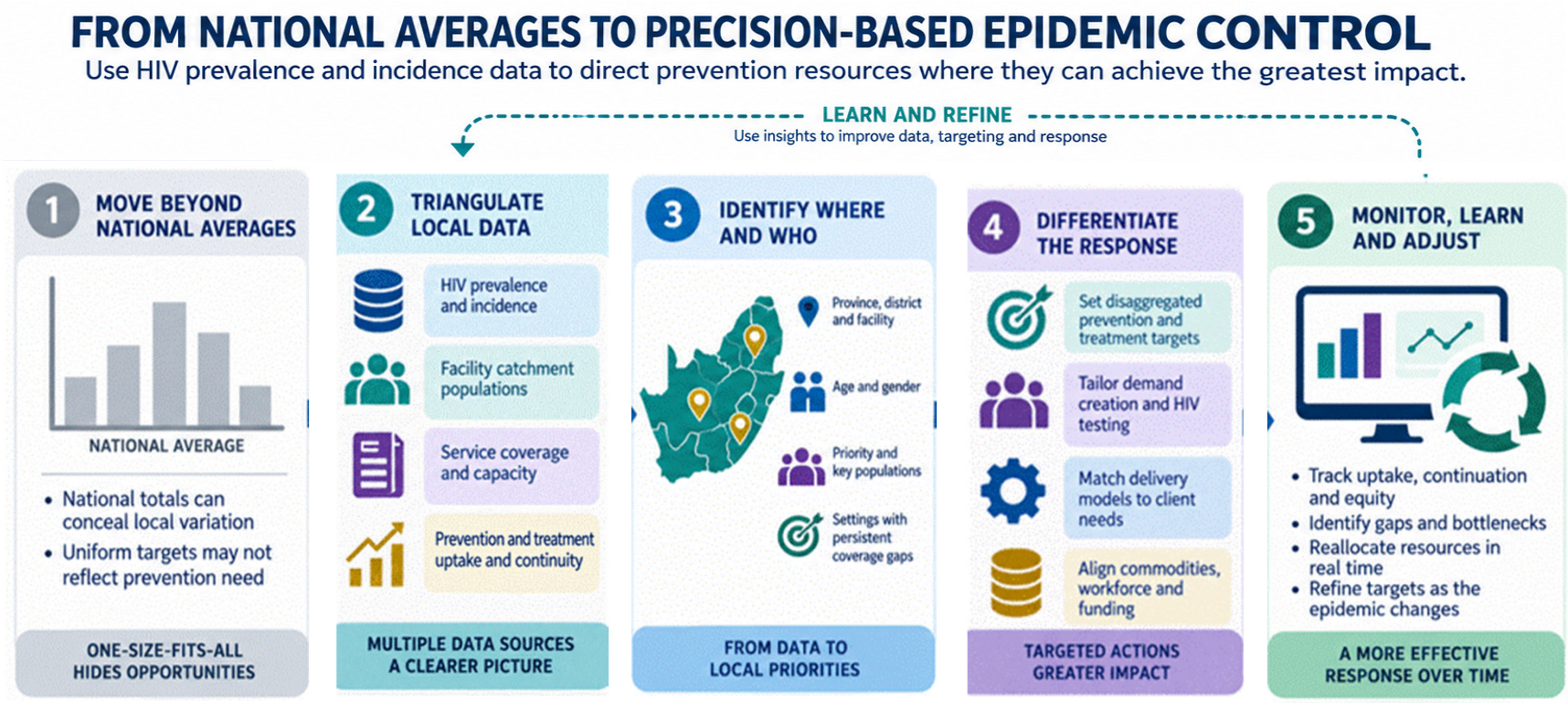
Secure transparent prices, quality-assured generics, pooled procurement and a planned transition from donor to domestic financing.

10

EMBED IMPLEMENTATION RESEARCH

Study method choice, continuation, switching, rural delivery, pregnancy, adolescents, workload, costs, resistance and efficient service models.

ADOPT A PRECISION-BASED APPROACH FOR BOTH TREATMENT AND PREVENTION



STRATEGIC FOCUS TOWARDS ACCELERATING THE END OF HIV AS A PUBLIC HEALTH THREAT

What we measure must change: from product delivery to prevention and treatment impact

Success is not the number of products or injections delivered.

Success is effective coverage, continuity, sustained protection and viral suppression—with informed choice and safe switching.

NEXT PHASE TOWARDS EPIDEMIC CONTROL