3rd Long-Acting HIV Treatment and Prevention Conference

15 September 2026 | Johannesburg

Acceptability of long-acting agents: Insights from lived experiences

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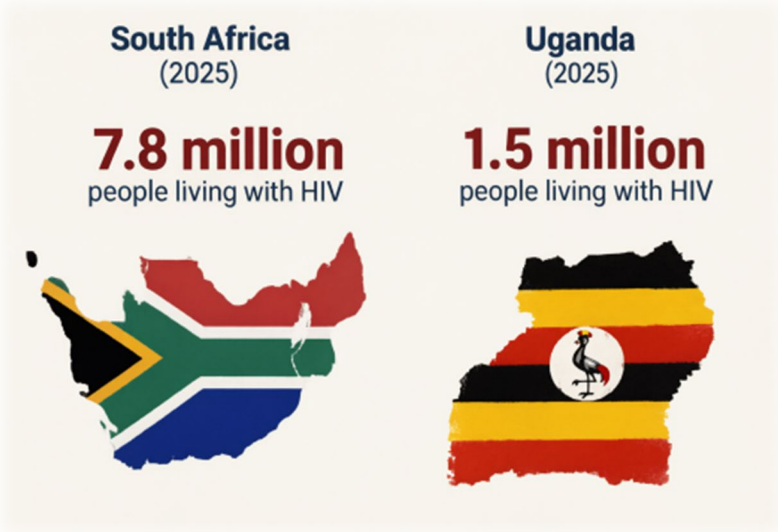
Background

- ART = transformed HIV/AIDS ↓morbidity, ↓ mortality and ↓ transmission
- Despite major gains in treatment coverage <85% are virally suppressed
- Reasons: **access-related** (mobility, long clinic waiting times, livelihood demands, transport costs, power relations). **Uptake related** risks treatment visibility (fear of stigma, unintended disclosure), treatment fatigue



UNAIDS, 2025

Aim

- To examine how individuals with a history of non-adherence to daily oral ART perceived and experienced the acceptability of LAI-ART in Uganda and South Africa in the Improving HIV-1 Control in Africa using Long-Acting Antiretroviral (IMPALA) clinical trial (NCT05546242).

Study Design

Study Design	Longitudinal Qualitative Method, In-depth Interviews (Jul 2023–Feb 2025)
Study Setting	South Africa (CAPRISA), and Uganda (MRC/UVRI & LSHTM, IDI) Clinical Research Sites
Sampling	• Purposive sampling 40 (21 LAI, 19 Oral)
Inclusion Criteria	• 18+ years old • Confirmed HIV-1 infection • VL suppressed (<200 copies/mL) for ≥3 months prior • Regimen (2NRTI + DTG) • Prior challenges with adherence to daily oral ART • HCG negative and on highly effective contraception (women)
Data Analysis	• Thematic Analysis (Theoretical Framework of Acceptability (TFA))

Results – Demographics

	Overall (N = 21)	Uganda (n = 9)	South Africa (n = 12)
Sex			
Female	10 (47.6%)	5 (55.6%)	5 (41.7%)
Male	11 (52.4%)	4 (44.4%)	7 (58.3%)
Age			
Median (IQR), years	39.5 (27–65)		
Duration on ART			
Median (IQR), years	5.5 (3-20)		
Marital Status			
Single	10 (47.6%)		
Married	8 (38.1%)		
Divorced/Separated	3 (14.3%)		

Results

Burdens of Oral ART

Participants described daily oral ART as both lifesaving but also as emotionally, psychologically, and physically depleting

"… I had just started it and as you know something that you are not used to. I forgot it and at times you go somewhere when you are afraid, saying. How will I pick these tablets from there? At other times you try to hide it from people, at times you would say. Let me wait until these people have left then when I get somewhere secluded and safe I take it but in the end you find that you have forgotten, so that's the problem…"

-Female, 31years, M12, Uganda

"…pills have their own issues…My sister would ask me where I'm rushing but I knew. I'd only have 3 pills. I can't take the entire container making noise all the way. You carry a bag and this thing is making noise, making its presence known. I didn't take much because I knew I would come back anyway. Then my sister said how are you going to abandon me while I'm grieving. So if you're in a social gathering, you have to rush off …You're mid ceremony but you're not settled. But with the injection you are settled. You don't have issues…"

-Female, 55 years, M12, South Africa

Results

LAI-ART as a source of discretion, relief, liberation, hope, and normalcy

Many participants described the idea of switching from daily oral ART to LAI-ART as exciting, timely, and offering relief and hope.

"...you do not need to move about with tablets. You come in and get your injection and no one will know about it unless there is someone that you have disclosed it to..."

-Female, 34 years, M6, Uganda.

"...it's good because I hated taking pills every day, I don't want to lie, I sometimes didn't take it purposely, just because I was tired of drinking pills every day, but now since I'm taking the injection, everything is going smooth uh I just have to go the clinic and take the injection and forget about taking the pills, so the injection is much better..."

-Female, 28 years, M6, South Africa

Results

Routine Care

- Visits described as stressful and exhausting, characterised by long waiting times, crowded spaces, rigid appointment systems, and participants reported being scolded for missed or late appointment attendance.

- These experiences left participants feeling ashamed, exposed, and demotivated, undermining trust in the healthcare system and making ongoing HIV care burdensome.

"…When it was my time to go in I found the sister seated, when I went in she said 'who said you must come in' and then I said 'I saw someone come out'. And then she said 'so if you see someone coming out that means you must go in?' Then I said 'I'm sorry' then she said 'get out'. I went out. 'I will call you when I say you should come in'. Then I'm sitting there thinking what a bad luck, I was so disappointed. Couldn't there have been any other way of asking me, a way that I would have understood as a human. Then I carried on sitting, I couldn't just up and go I'd been waiting there a long time, what I need is just help…"

-Male, 41 years, M6, South Africa

Results

Clinical Research Sites

- Care within the trial as welcoming and respectful.

- They felt listened to, taken seriously, and supported, with shorter waiting times, flexible appointment negotiation, private consultation spaces, and clear explanations of procedures which enhanced their sense of safety and dignity.

"...the health workers here in Mulago, they have what we would call responsibility, they care very much. They call you two days to the appointment date. Then its followed by another call when there is only one day to go, and then on the actual appointment date in that morning, they call you as a reminder, those are three calls..."

-Male, 55 years, M6, Uganda

Discussion

- While daily oral ART is recognised as life-saving, it carries substantial emotional, physical, social and psychological costs.
- Oral ART burden is a key ‘push’ factor (repetitive pill-taking = anxiety, disclosure concerns, stigma and treatment fatigue).
- LAI-ART acted as a ‘pull’ factor. Two-monthly injections provided relief, hope, privacy and restored normalcy, reducing the daily cognitive and emotional burden of HIV treatment. Injections described as fitting more seamlessly into the daily routines than oral ART
- Acceptability extended beyond the intervention itself. Respectful health-worker relationships and flexible, supportive care (transport support, reminders, structured appointments, home visits) strengthened engagement and acceptability.

Implications for Policy and Practice

- LAI-ART offers a meaningful alternative for individuals faced with adherence fatigue, stigma, or psychosocial burdens linked to daily oral ART. However, mobility challenges remain critical for both ART options
- LAI-ART rollout must be accompanied by investment in respectful, efficient, and patient-centred service delivery models.
- Programme managers and policymakers should avoid portraying LAI-ART as a universal solution without ensuring reliable supply, service readiness, and structural support, as unmet expectations could undermine trust in HIV services.

Strengths & Limitations

- Multi-country comparative design
- Longitudinal data collection
- Sampled individuals with adherence challenges

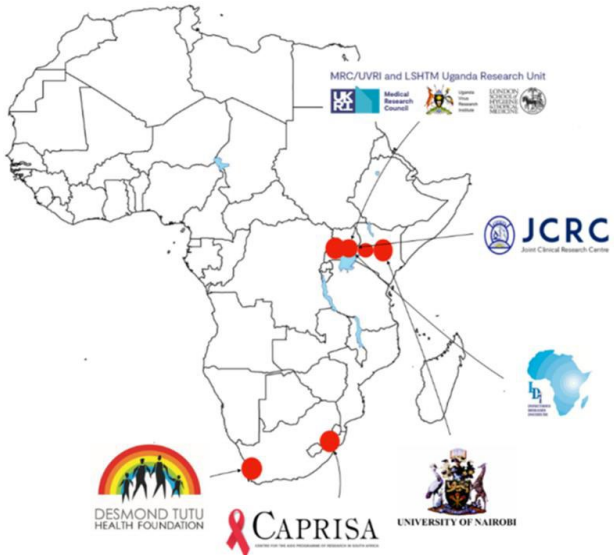
- LAI-ART perceptions biased due to the additional resources in trial environment
- Social desirability bias may also have contributed to positive accounts of LAI-ART

Conclusion

- LAI-ART was a preferred option to daily oral ART in Uganda and South Africa.
- Acceptability was shaped by reduced oral ART burdens, enhanced discretion, emotional relief and improved interactions with health care providers.
- By addressing both clinical and psychosocial dimensions of care, LAI-ART represents a person-centred innovation capable of improving long-term HIV care engagement and outcomes

Thank you

- Study participants



IMPALA
IMPROVING HIV OUTCOMES IN AFRICA WITH LONG ACTING ANTIRETROVIRALS

Johnson&Johnson

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CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA

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