

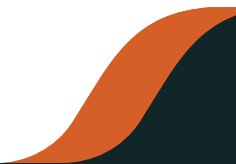


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HIV Prevention & Access

Preventative Healthcare for Youth

SAACHS Annual Conference | Gqeberha, January 2026





Disclosures

The **faculty** reported the following relevant financial relationships or relationships to products or devices they have with ineligible companies related to the content of this educational activity:

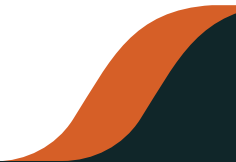
Bulumko Futshane, MD, MPH, MBA, AAHIVS: *consultant/advisor/speaker:* AbbVie, Aurobindo, Global Fund.

During today's presentation, the presenter/s may be providing information and data on some uses of products that relevant health agencies may not have approved at the time.



South Africa: HIV Burden 2024-2025

- **8 million** people living with HIV (12.8% of the 63 million population)
- **6 million** on antiretroviral therapy (2025 Thembisa model)
- **150,000** new HIV infections in 2023; modelled at ~170,000 in 2025, reflecting stalled progress and remaining prevention gaps.
- **63% reduction** in new infections since 2010 (from 410,000)
- **105,000** people died with HIV in 2024; 53,000 from HIV-related diseases
- **Life expectancy** increased dramatically; HIV dropped as #1 killer



Youth HIV in South Africa: Crisis by Numbers

- **HIV incidence 15-24 years:** 0.39% (39 new infections per 10,000/year)
- **AGYW prevalence:** 6.9% vs 3.5% in young men (gender disparity)
- **1,000 girls & young women** become infected every week in SA
- **73% know their status** (27% testing gap among youth 15-24)
- **43,000 new infections** among youth aged 15-24 in 2023 (31% of adult cases)





Why Youth HIV Prevention Matters in Campus Settings

- South Africa's National Youth HIV Prevention Strategy (2022–2025) prioritises integrated health and social services, youth development, and behaviour change communication
- Tertiary education is a protective factor; students retain engagement, improving educational and employment outcomes, which reduce HIV risk
- Campuses serve diverse youth: residential students, commuters, TVET, and university cohorts, each with different access barriers



The Challenge: Youth & HIV in South Africa

- Young people (15-24) remain disproportionately affected by HIV
- Adolescent girls and young women (AGYW) carry a significant burden of new infections
- Prevention tools are available, but uptake remains low, especially among youth
- Multiple barriers exist to accessing preventative healthcare on campus and beyond
- Campus health clinics are uniquely positioned to address these gaps

Barriers to Access: Structural & Clinical

Clinic-Based Barriers: Long waiting times, inconvenient hours

Healthcare Provider Attitudes: Stigma from staff, discriminatory behavior

Privacy & Confidentiality Concerns: Fear of breached confidentiality.

Resource Limitations: Staff shortages, insufficient training



Barriers to Access: Individual & Social



Knowledge Gaps



Stigma & Misconceptions



Low Risk Perception



Lack of Social Support



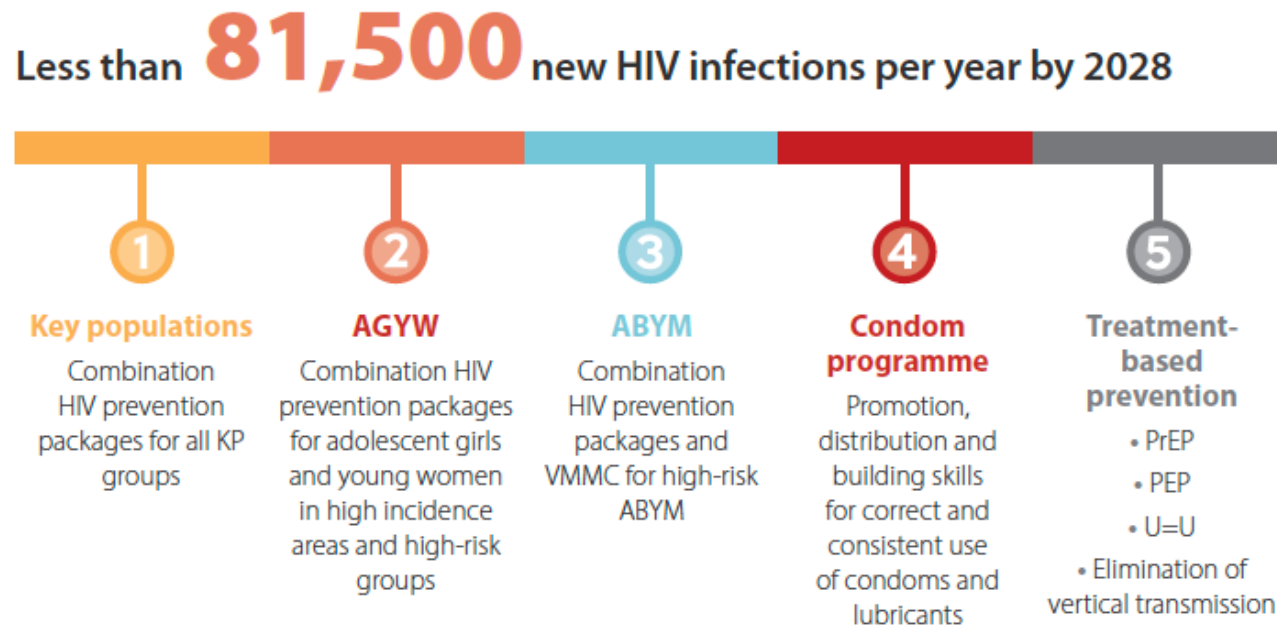
Adherence Challenges

Effective HIV prevention programmes require a combination of behavioural, biomedical and structural interventions



SANAC HIV Prevention Roadmap 2025-2028

- **Target:** Reduce new infections from 150,000 (2023) to 81,500 by 2028
- **Ultimate goal:** 40,000 new infections by 2030 (end AIDS as public health threat)
- **Key populations access:** Ensure 95% of key populations have essential services by 2028





Comprehensive Prevention Package

Behavioural

Comprehensive sexuality education • Condom access & skills • GBV prevention & support

Biomedical

HIV testing • PrEP (oral, injectable, long-acting) • PEP (post-exposure prophylaxis) • STI testing & treatment

Structural

Rights-protective policies • Youth-friendly clinic design • Trained, affirming staff



Campus angle: Testing & condoms standard. PrEP uptake growing but still nascent, your leadership matters.





HIV Prevention Tools Available to Youth

PrEP (Pre-Exposure Prophylaxis)

Oral or injectable medication taken before exposure to prevent infection. Highly effective when used correctly.

PEP (Post-Exposure)

Emergency medication taken within 72 hours of potential exposure. Crucial for unplanned incidents.

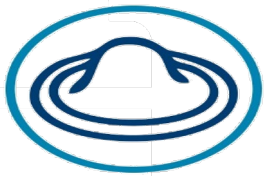
Testing & Counselling

Regular HCT services, self-testing options, and immediate linkage to treatment if positive.

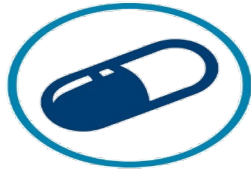


INTEGRATED PACKAGE OF HEALTH SERVICES

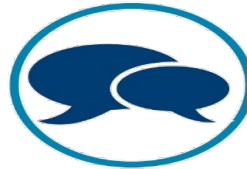
PrEP is provided within the context of combination HIV prevention and an integrated package of services including SRH, gender-based violence and intimate partner violence services



Condoms



PrEP



Counselling



**Post-Exposure
Prophylaxis**



**Healthy
lifestyles**



**Treatment
for STIs**



**Male medical
circumcision**

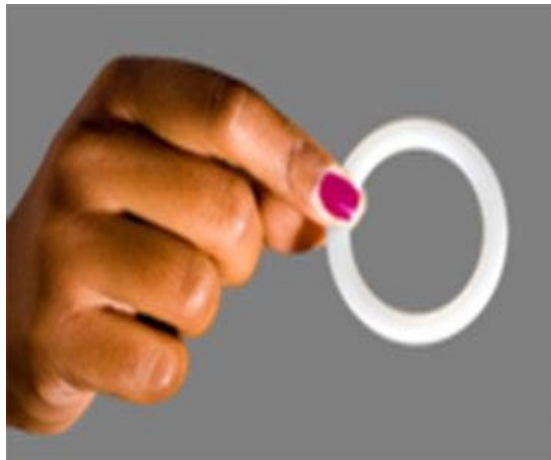


**ART for partners
living with HIV**

The HIV Biomedical Prevention Landscape



TDF/FTC: Daily gold standard
TAF/FTC: Kidney-friendly option



Dapivirine Ring

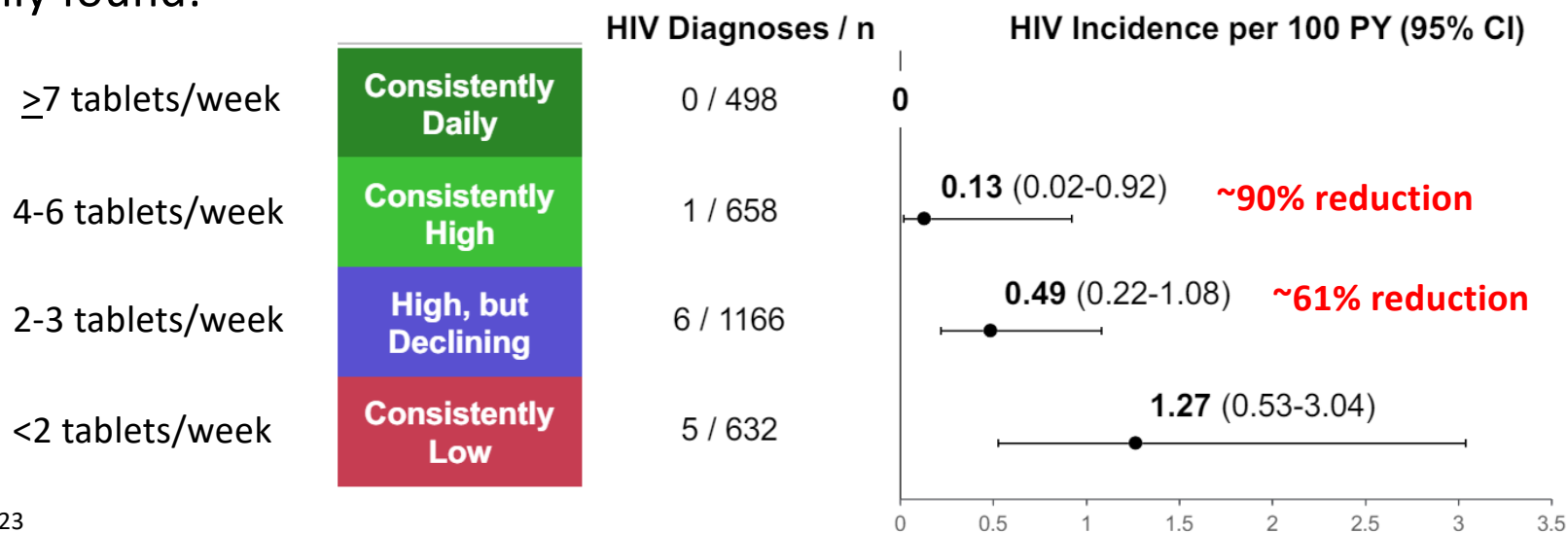


Lenacapavir

Efficacy: 96.9% (women), 99.4% (MSM/TGW)

How much adherence is needed for daily PrEP?

- Modeled data from iPrEx study suggests 99% effectiveness if **cisgender men** take **≥ 4 doses/week**; later data suggest even **2+ pills/week** have 99% effectiveness¹
- PK data of F/TDF suggests **cisgender women** need to take **6-7 doses/week** for maximal effectiveness, BUT
- Data from 11 demonstration projects of daily F/TDF PrEP in >6900 **cisgender women** globally found:²

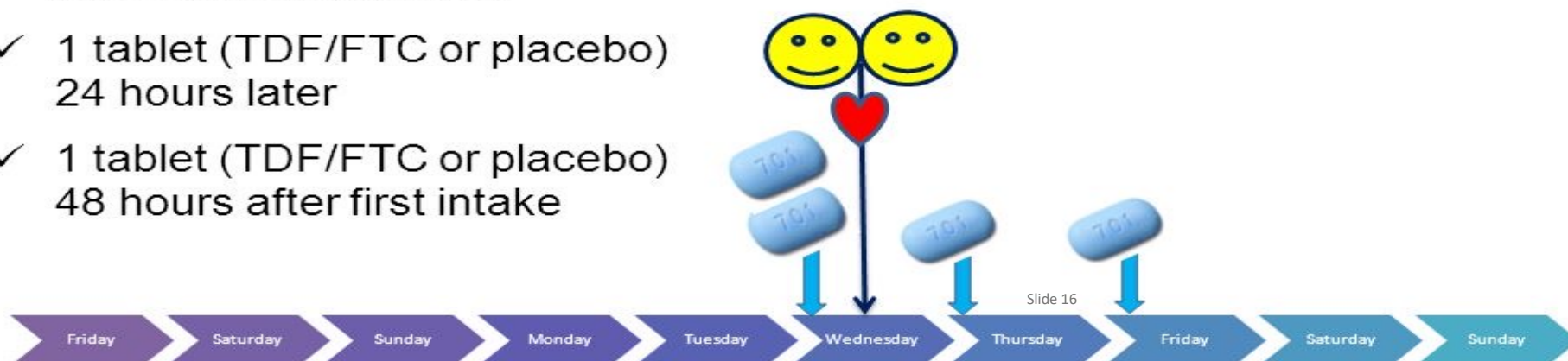


¹Anderson, CID 2023

²Marrazzo, JAMA 2024

Ipergay : Event-Driven iPrEP

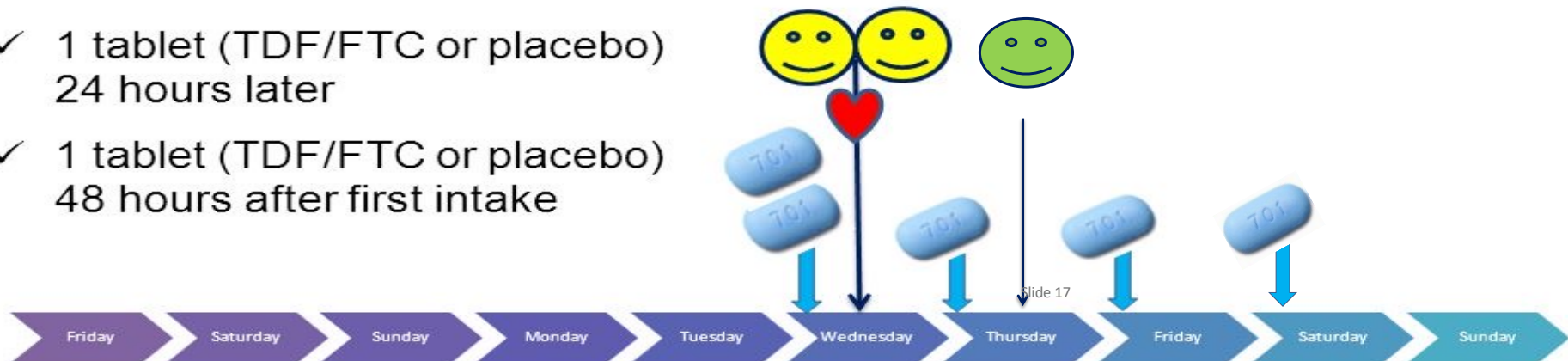
- ✓ 2 tablets (TDF/FTC or placebo)
2-24 hours before sex
- ✓ 1 tablet (TDF/FTC or placebo)
24 hours later
- ✓ 1 tablet (TDF/FTC or placebo)
48 hours after first intake



“2-1-1”

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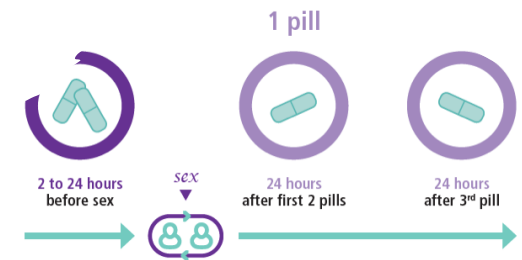
- ✓ Daily pills until 48 hour after last sex
- ✓ If last pill within 7 days, take single pill to start

“2-1-1-1-1....”

Appropriate clients for ED-PrEP

For whom is ED-PrEP appropriate?	For whom is ED-PrEP NOT appropriate?
<ul style="list-style-type: none"> • A man who has sex with another man who: <ul style="list-style-type: none"> • Finds ED-PrEP more convenient • Has infrequent sex (for example, sex less than 2 times per week on average) • Is able to plan for sex at least 2 hours in advance, or who can delay sex for at least 2 hours 	<ul style="list-style-type: none"> • Women • Transgender men having vaginal/frontal sex • Men having vaginal and/or anal sex with women • <u>People with chronic hepatitis B infection</u>

Key Takeaway: Evidence suggests ED-PrEP only protects MSM from HIV transmission during anal sex



Modified from: What's the 2+1+1? Event-driven oral pre-exposure prophylaxis to prevent HIV for men who have sex with men: Update to WHO's recommendation on oral PrEP. Geneva: World Health Organization; 2019 (WHO/CDS/HIV/19.8)

HOW EFFECTIVE DOES A PRODUCT NEED TO BE?



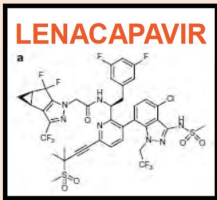
- Flexible silicone vaginal ring
- Woman-initiated
 - Self-inserted
 - Discreet
- Slowly releases ARVs
- Dapivirine (NNRTI) monthly ring reduced women's HIV-1 risk by ~30% in two Phase III trials
- Data from open-label studies show greater use and suggest ~50-60% risk reduction
- **EMA regulatory approval**
- **SAHPRA approved March 2022**
- New formulations with a variety of products, including MPT in development



Nel A et al. NEJM 2016
Baeten J et al. NEJM 2016
Baeten J et al. Lancet HIV 2021
Nel A et al. Lancet 2021

Lenacapavir (LEN): The Prevention Breakthrough

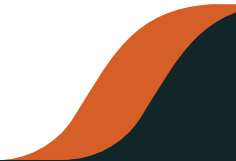
Agent class:
HIV-1 capsid
inhibitor



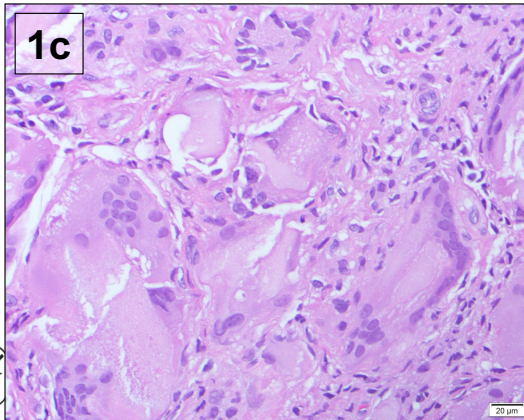
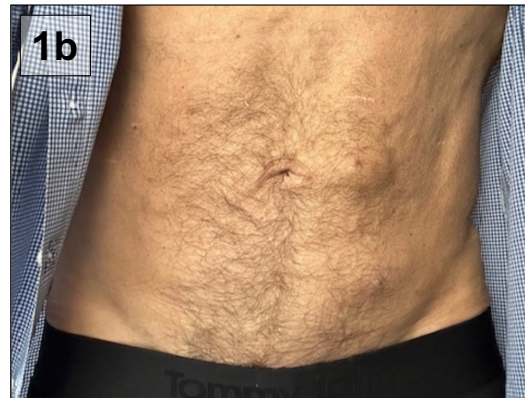
Dosing Strategy:
One injection
every 6 months
(ARVs that you
only need to take
twice a year!)

- **PURPOSE 1 (Uganda/South Africa):** ZERO HIV infections in cisgender women (0 of 1,939 person-years)
- **PURPOSE 2 (Global):** 96.9% efficacy; only 2 infections in 2,134 participants on LEN vs 9 on F/TDF
- **Pregnancy data:** 193 pregnant women on LEN with NO transmissions; outcomes balanced & normal
- **Youth data:** CREDIBLE trial (ages 16-25) shows excellent safety, efficacy, and acceptability
- **Availability:** Launching 300+ SA clinics by April 2026 (twice-yearly SC injections)
- **Once-yearly formulation:** In Phase 1 trials, could transform adherence further

- 



ADVERSE REACTION TO SUBCUTANEOUS LEN



1a. 4.5 cm non-fluctuant nodule w/ dense overlying erythema

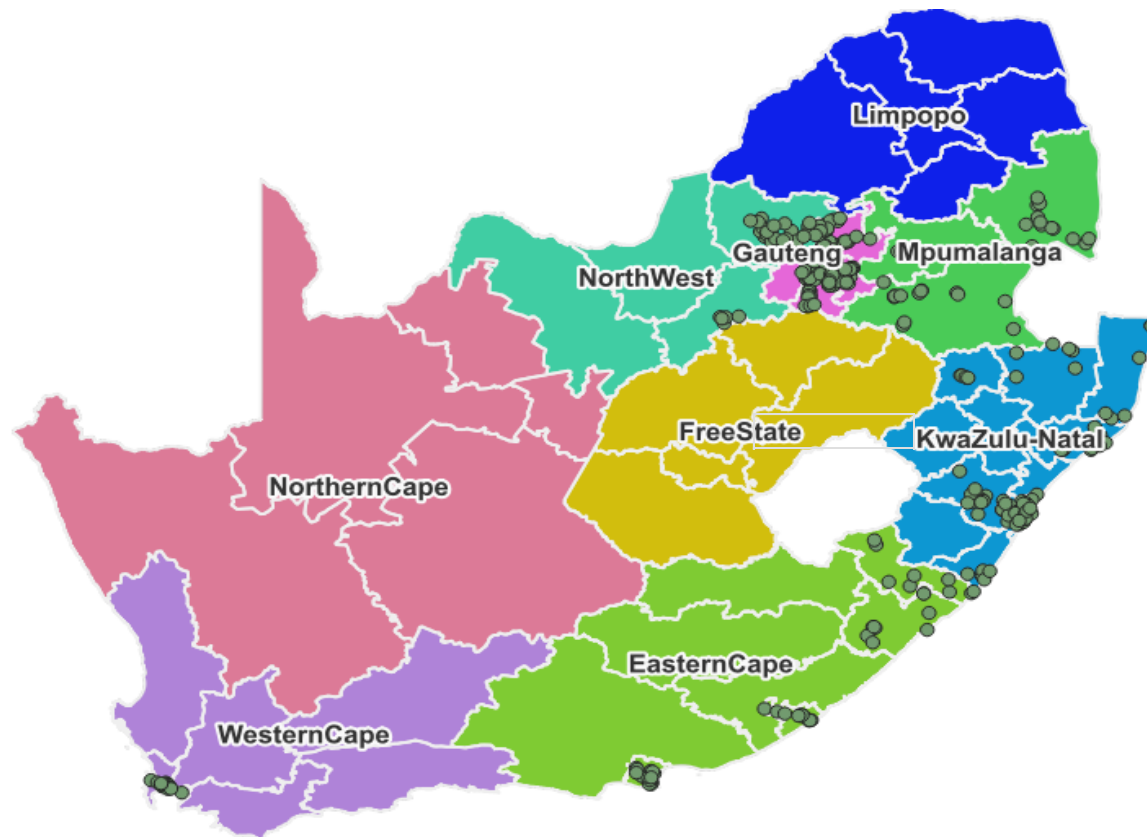
1b. Nodule still visible 6 months post- injection

1c. Biopsy 4 months post-injection showing FBR



2a. Injection site ulceration from movement during injection

LENACAPAVIR: FACILITY COVERAGE 360 FACILITIES



Province	No. facilities	%
Gauteng	133	37
KwaZulu-Natal	94	26
Eastern Cape	49	14
Mpumalanga	31	9
North West	31	9
Western Cape	22	6
Total	360	100

MITIGATING THE RISKS



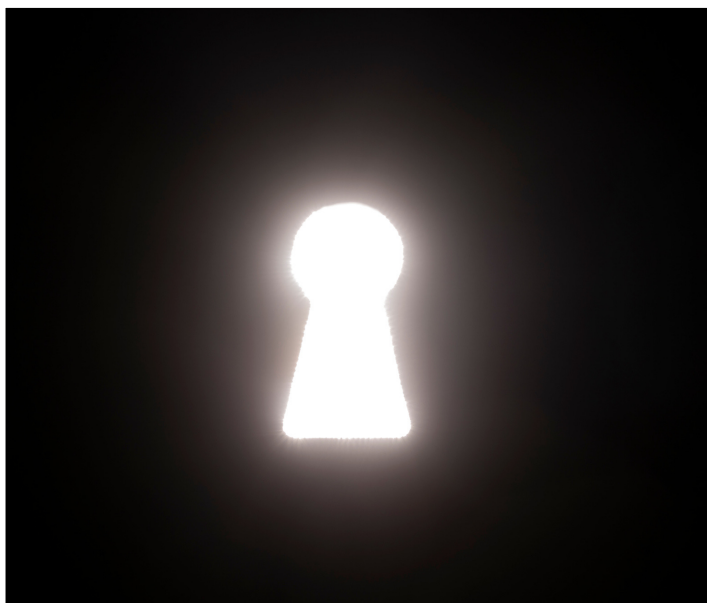
- 1 Commodity supply delays and pricing
- 2 Data systems (TIER. Net and DHIs) are not aligned to track cohorts and priority groups: .
- 3 Insufficient demand generation & stigma
- 4 Data quality & adverse event monitoring
- 5 Human resources & training load



Why Campus Health is Uniquely Positioned

- **Trust:** Students trust campus clinics more than government facilities
- **Accessibility:** On-site services remove travel barriers; extended hours enable convenience
- **Relationships:** Existing continuity of care enables non-judgmental counselling
- **Integration:** Combine sexual health (HIV/PrEP/STI/contraception) in one visit
- **Peer networks:** Embedded peer educators already in campus culture
- **Privacy:** Campus-specific confidentiality (separate from community/family)
- **Prevention culture:** Can normalize HIV prevention as health maintenance, not intervention

Tailored Approaches for Campus Key Populations



LGBTQI+ students



Offer choice of all PrEP methods (affirming counselling; peer support)

Transgender students



Gender-affirming care; address GBV risks; mental health integration; PrEP counselling

SW/transactional sex



LEN (injectable preferred, adherence easier); STI screening every 3 months.

International students



Information in multiple languages; address access to continuation of care upon travel

Athletes/high-risk



Proactive outreach; flexible appointment scheduling; confidentiality assurance.

Students with substance use



Tailored harm reduction; LEN as adherence-supporting option

Emerging Prevention Innovations 2025-2026

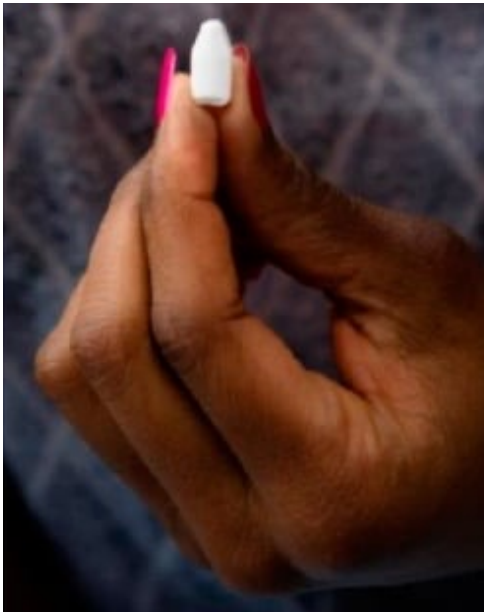
- **DoxyPEP:** Doxycycline post-exposure for STI prevention; Phase 3 data emerging
- **MK-8527:** Once-monthly oral NRTTI (Nucleoside Reverse Transcriptase Translocation Inhibitor) in Phase 3 trials vs TDF/FTC
- **Islatravir (MK-8591):** Weekly oral option; FDA paused for safety, MK-8527 progressing
- **Monoclonal antibodies:** Broadly neutralizing antibodies (bNAbs) for high-risk populations
- **Long-acting options:** CAB/RPV every 4 months; LEN implants; once-yearly LEN IM in development
- **Combination approaches:** LEN + islatravir (weekly) showing promise for suppressed patients



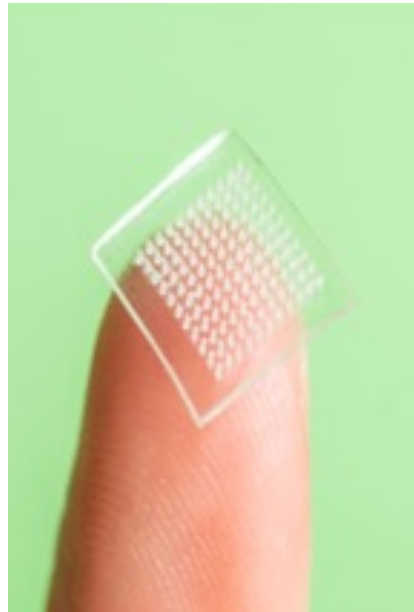
INSERTS, PATCHES & INJECTABLES

What I am excited about, and why you should be, too

TAF/ELV Insert



Microneedle
Array Patches



ULA LEN



ULA CAB



STAY TUNED

Together We Can End the Epidemic

Your campus health clinic is the gateway to HIV prevention for youth

Start small. Think big. Scale what works.



Next steps: Assess your current services | Convene youth advisory group | Develop implementation plan



THANK YOU

