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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

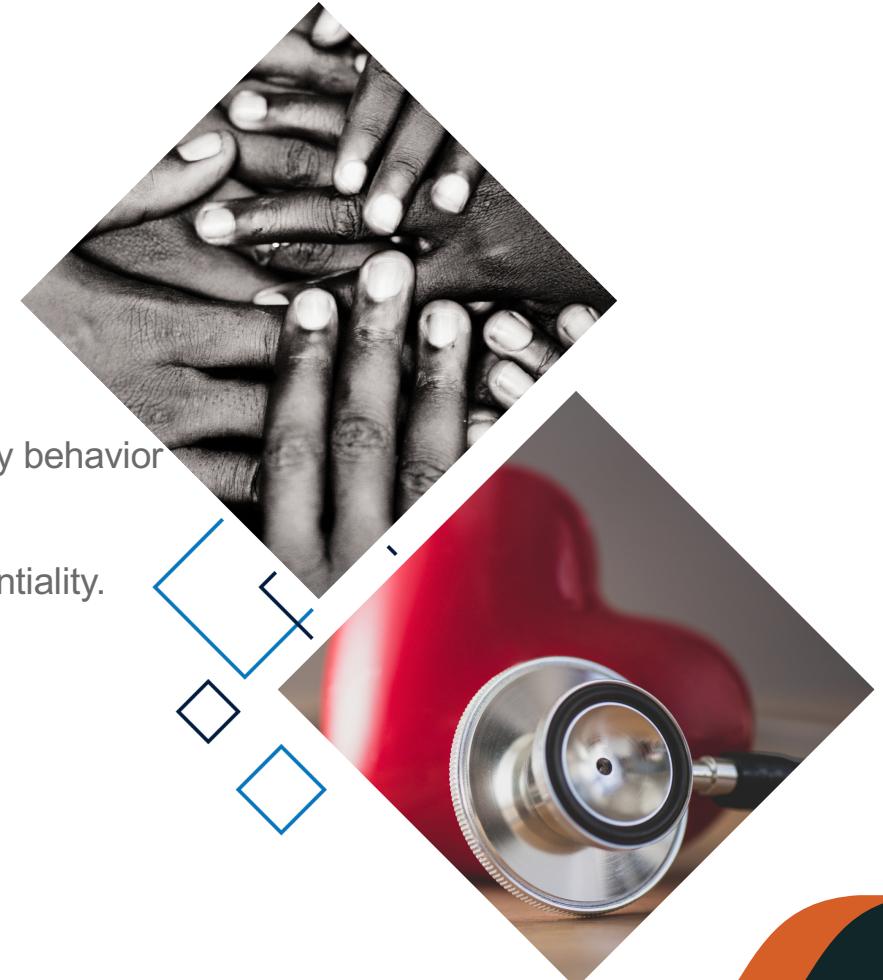


**Clinic-Based Barriers:** Long waiting times, inconvenient hours

**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**



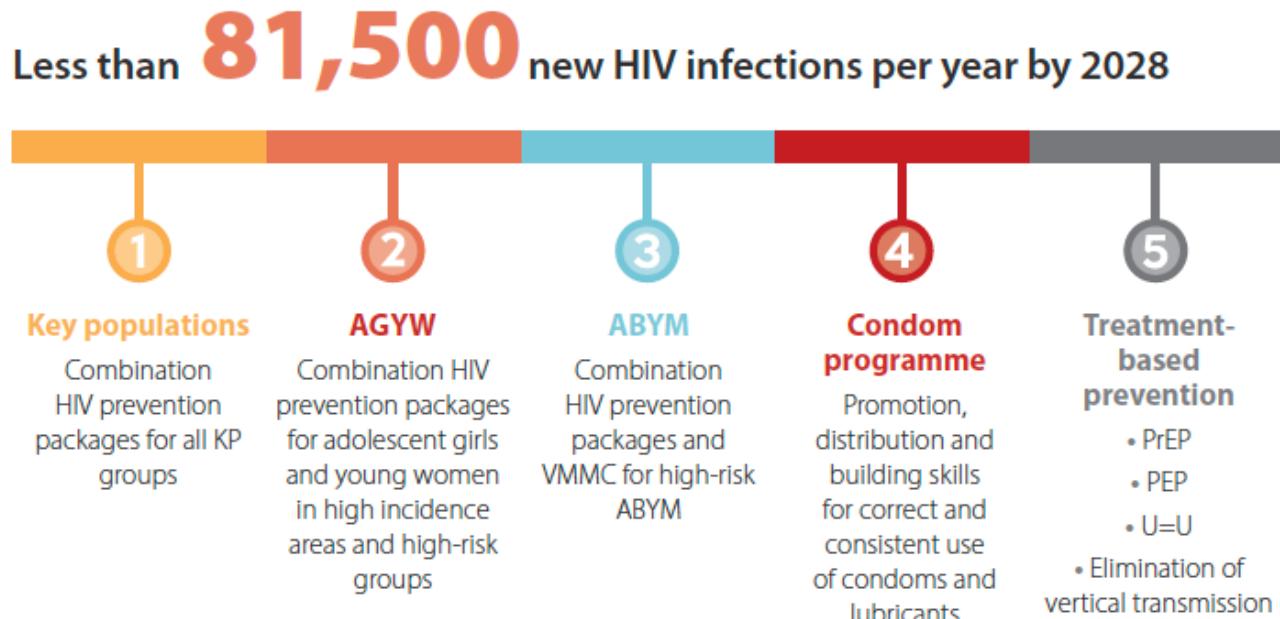
**Adherence Challenges**

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.

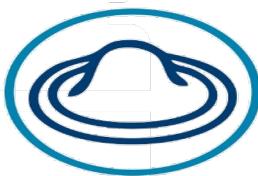
## Testing & Counselling

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

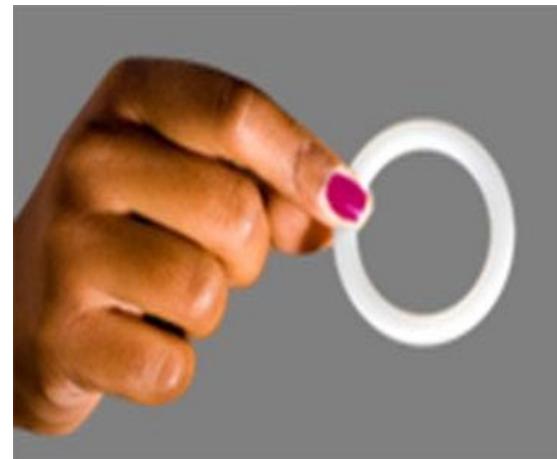


Male medical  
circumcision



ART for partners  
living with HIV

# The HIV Biomedical Prevention Landscape



TDF/FTC: Daily gold standard

TAF/FTC: Kidney-friendly option

Dapivirine Ring

Lenacapavir

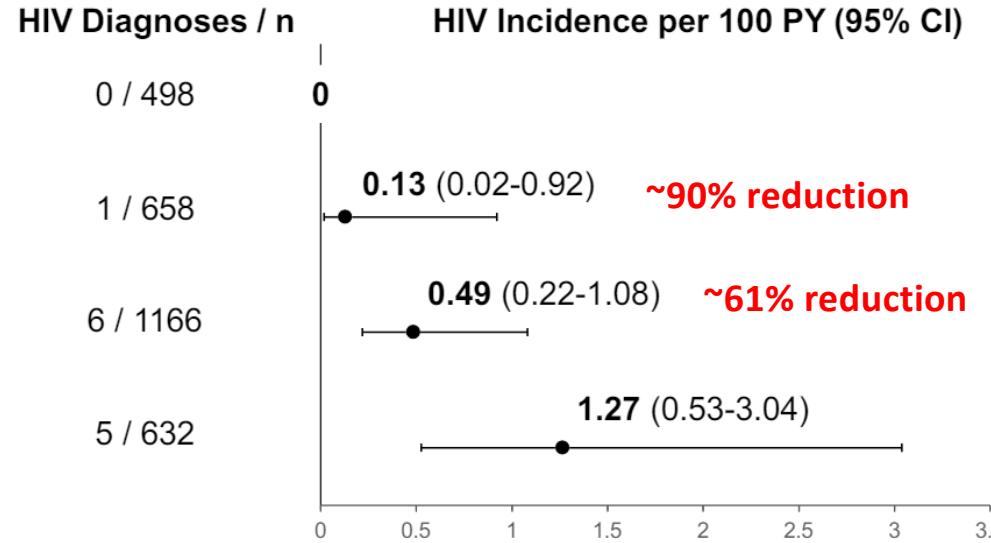
Efficacy: 96.9% (women), 99.4% (MSM/TGW)

# How much adherence is needed for daily PrEP?

- Modeled data from iPrEx study suggests 99% effectiveness if **cisgender men** take  $\geq 4$  doses/week; later data suggest even **2+ pills/week** have 99% effectiveness<sup>1</sup>
- 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:<sup>2</sup>

>7 tablets/week  
4-6 tablets/week  
2-3 tablets/week  
<2 tablets/week

Consistently Daily  
Consistently High  
High, but Declining  
Consistently Low



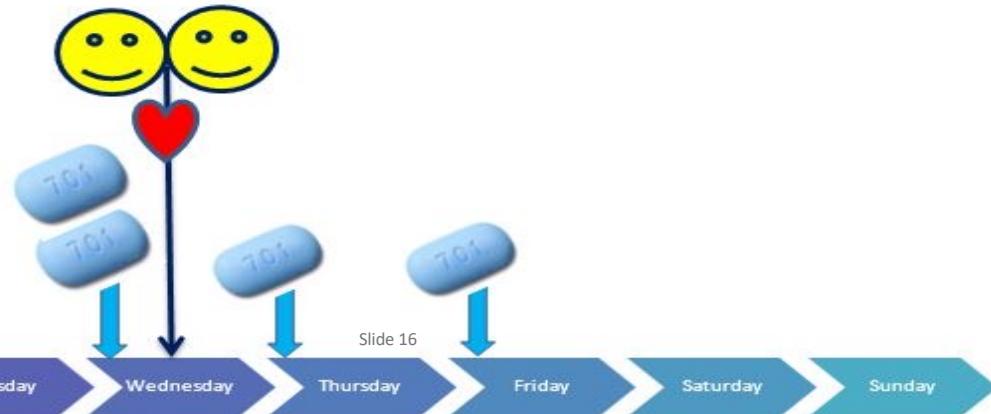
<sup>1</sup>Anderson, CID 2023

<sup>2</sup>Marrazzo, 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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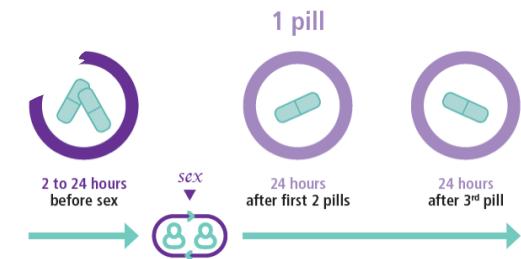
- ✓ Daily pills until 48 hour after last sex
- ✓ If last pill within 7 days, take single pill to start

**“2-1-1-1-1....**

# Appropriate clients for ED-PrEP

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

**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?

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Options  
AIDS

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

- 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

# 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!)

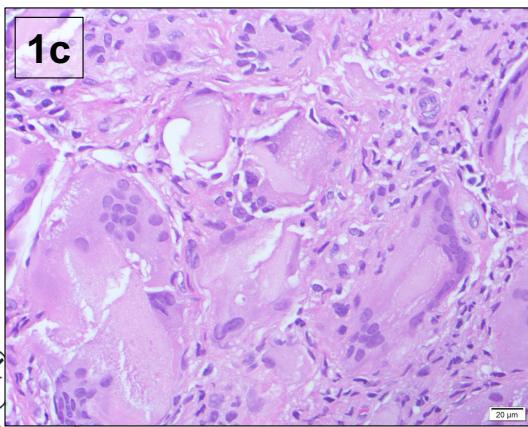
- **PURPOSE 1 (Uganda/South Africa):** ZERO HIV infections in cisgender women (0 of 1,939 person-years)
- **PURPOSE 2 (Global):** 96.9% efficacy; only 2 infections in 2,134 participants on LEN vs 9 on F/TDF
- **Pregnancy data:** 193 pregnant women on LEN with NO transmissions; outcomes balanced & normal
- **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

# How is it available?

- Orally and subcutaneously
- Oral – 300mg tablet
- Subcutaneously – 3 and 6 monthly (?can be dosed other intervals), 1.5ml 463mg in each syringe, given as TWO injections
- NB: Subcut takes time to reach peak value, so needs a loading dose – has significant implications for programmes



# ADVERSE REACTION TO SUBCUTANEOUS LEN



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

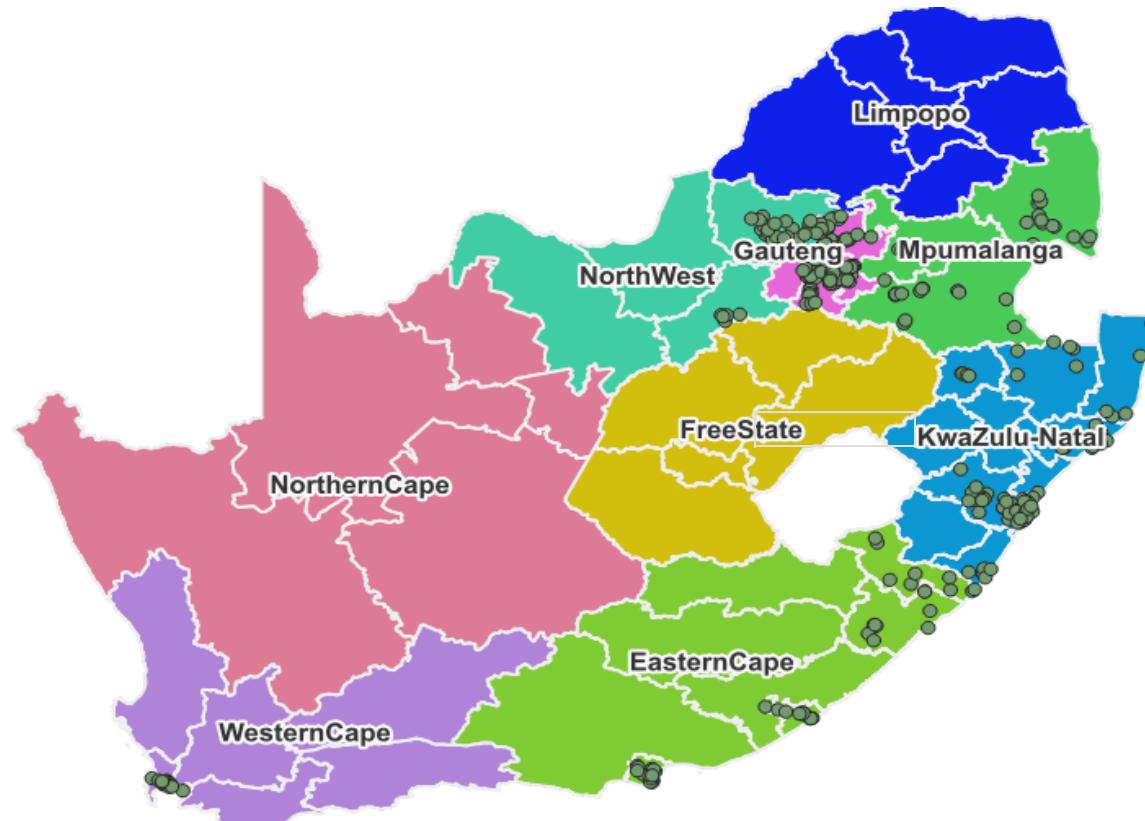
**1b.** Nodule still visible 6 months post- injection

**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
<b>Total</b>	<b>360</b>	<b>100</b>

# 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

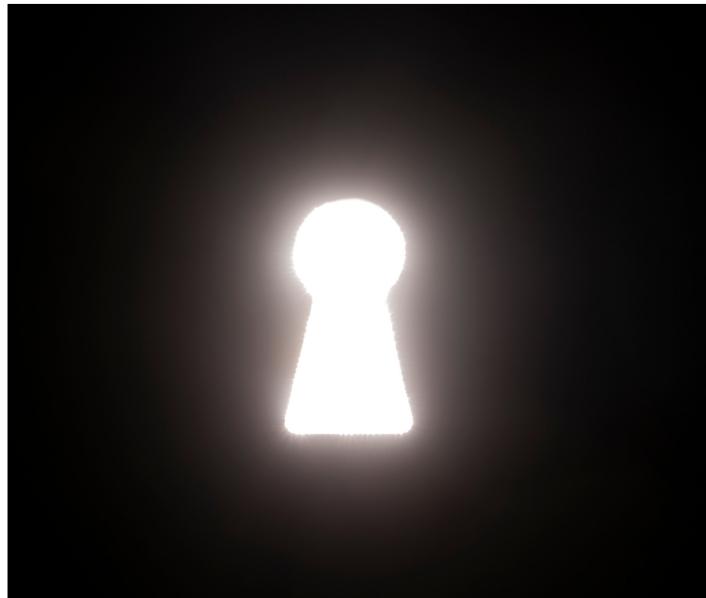


# Why Campus Health is Uniquely Positioned

- **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)

## SW/transactional sex



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

## Athletes/high-risk



Proactive outreach; flexible appointment scheduling; confidentiality assurance.

## Transgender students



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

## International students



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

## Students with substance use



Transit home care; harm reduction; LEN as adherence-supporting option



# Emerging Prevention Innovations 2025-2026

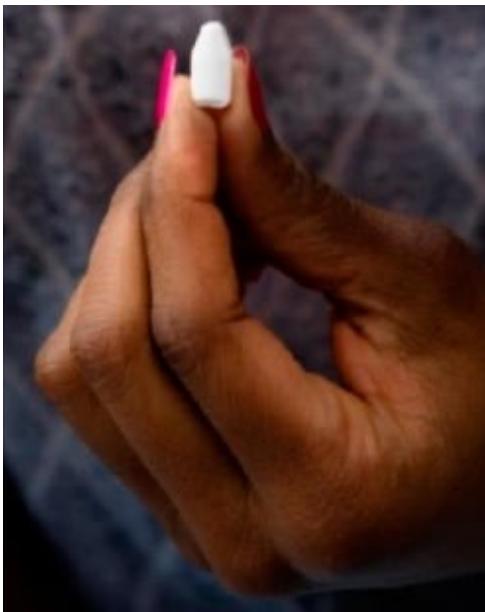
- **DoxyPEP:** Doxycycline post-exposure for STI prevention; Phase 3 data emerging
- **MK-8527:** Once-monthly oral NRTI (Nucleoside Reverse Transcriptase Translocation Inhibitor) in Phase 3 trials vs TDF/FTC
- **Islatravir (MK-8591):** Weekly oral option; FDA paused for safety, MK-8527 progressing
- **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



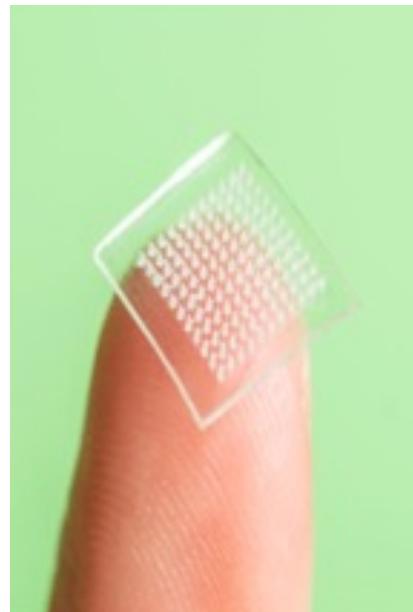
# INSERTS, PATCHES & INJECTABLES

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

TAF/ELV Insert



Microneedle  
Array Patches



ULA LEN



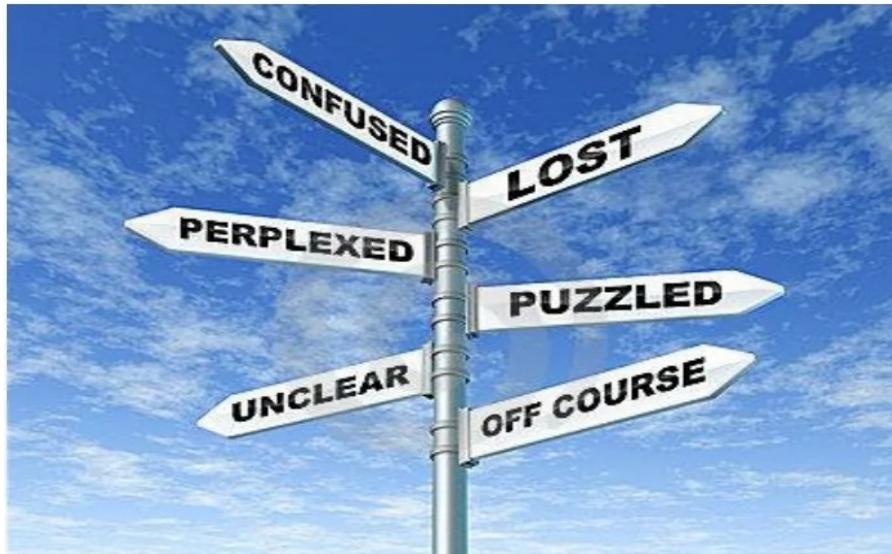
ULA CAB



# 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**

