

# Eastern Cape Department of Health

2021 UPDATED GUIDELINES  
FOR THE PROVISION OF  
ORAL PRE-EXPOSURE  
PROPHYLAXIS (PrEP) TO  
PERSONS AT  
SUBSTANTIAL RISK OF  
HIV INFECTION

## Pre-Exposure Prophylaxis overview and Lenacapavir roll out plan



*Mrs T. Mboniswa – PEP&PrEP Programme Manager*  
*HIV ,AIDS, STIs & TB*  
*09<sup>th</sup> January 2026*



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# PRESENTATION OUTLINE

Oral PrEP Overview

Lessons from oral PrEP for Lenacapavir implementation

Oral PrEP initiation targets by population category

Lenacapavir population and geographic coverage

Commodity and resource requirements

Next Steps



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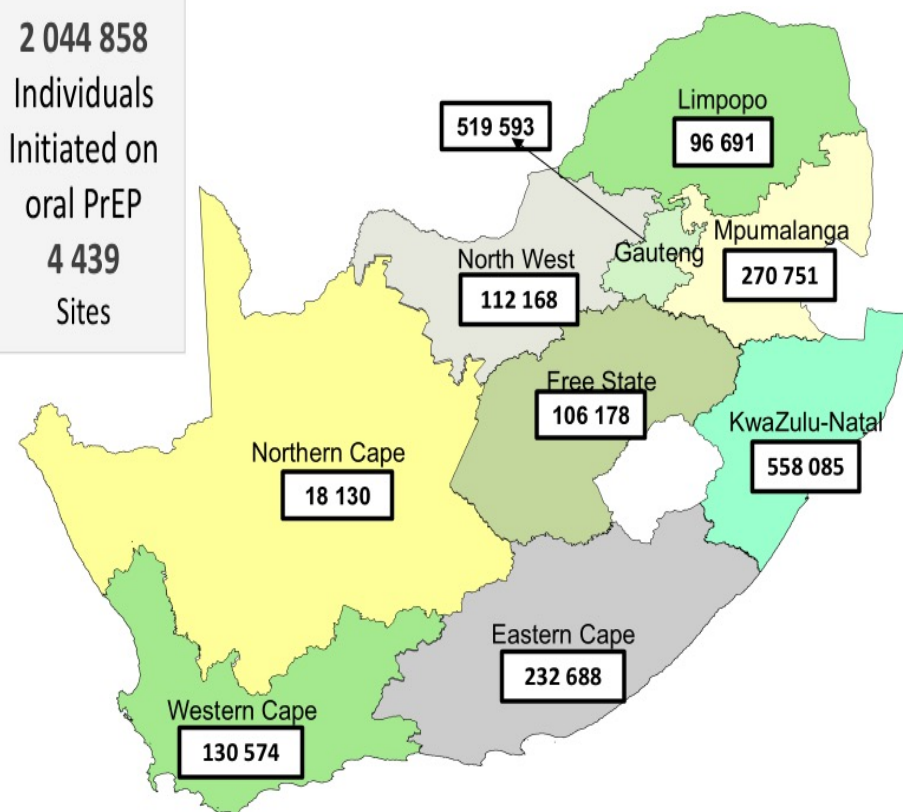
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# ORAL PREP FACILITY COVERAGE AND INITIATIONS – INITIATION FROM 2016 TO AUGUST 2025

Province	PHC Facility Implementation Targets	PHC Implementing Facilities (Jun '16 – Aug'25)	PHC Facility Coverage (Jun '16 – Aug'25)
EC	776	774	100%
FS	219	219	100%
GP	372	372	100%
KZN	610	610	100%
LP	477	465	97%
MP	295	295	100%
NC	162	150	93%
NW	318	315	99%
WC	260	211	81%
<b>SA</b>	<b>3 489</b>	<b>3 411</b>	<b>98%</b>

2 044 858  
Individuals  
Initiated on  
oral PrEP  
4 439  
Sites



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Source: Consolidated from DHIS, 1



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**PHC Facility Coverage  
(April 2024 – August 2025)**

# LESSONS FROM ORAL PREP FOR LENACAPAVIR IMPLEMENTATION

## Precision targeting

- Set ambitious, evidence-based PrEP targets

## Disaggregated goals

- Aligned planning to the epidemiological risk of each population group.

## Strategic alignment

- Ensured programmes match population need and facility capacity, while optimising resources for demand creation, testing, and supply chain.

## Incidence-led focus

- Directs proportionally greater attention and resources to higher-risk geographic areas and populations.

## Replicable Framework

- Prepares the system for long-acting PrEP by strengthening upstream targeting, demand forecasting, and downstream service delivery.



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# ORAL PREP INITIATION TARGETS BY POPULATION CATEGORY

## 1 APRIL 2025 - 31 MARCH 2026

Population	Demand creation (combination HIV prevention )	HIV Testing	Projected choice on PrEP initiation targets
General Population	14 379 759	13 660 771	693 214
GBMSM (Gay, bisexual and other men who have sex with men)	273 590	259 910	155 946
Sex workers	87 249	87 249	69 799
Transgender people	47 321	47 321	37 857
Antenatal (1 <sup>st</sup> ANC HIV test negative results 2023-24)	673 546	673 546	324 792



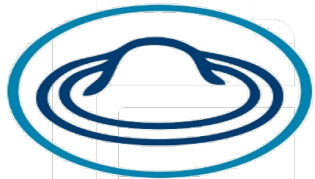
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# INTEGRATED PACKAGE OF HEALTH SERVICES

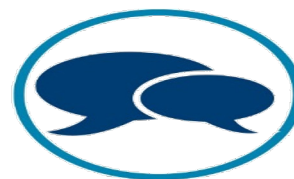
PrEP is provided within the context of combination HIV prevention and an integrated package of services including SRH, gender-based violence and intimate partner violence services



Condoms



PrEP



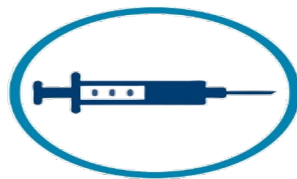
Counselling



Post-Exposure  
Prophylaxis



Healthy  
lifestyles



Treatment  
for STIs



Male medical  
circumcision



ART for partners  
living with HIV



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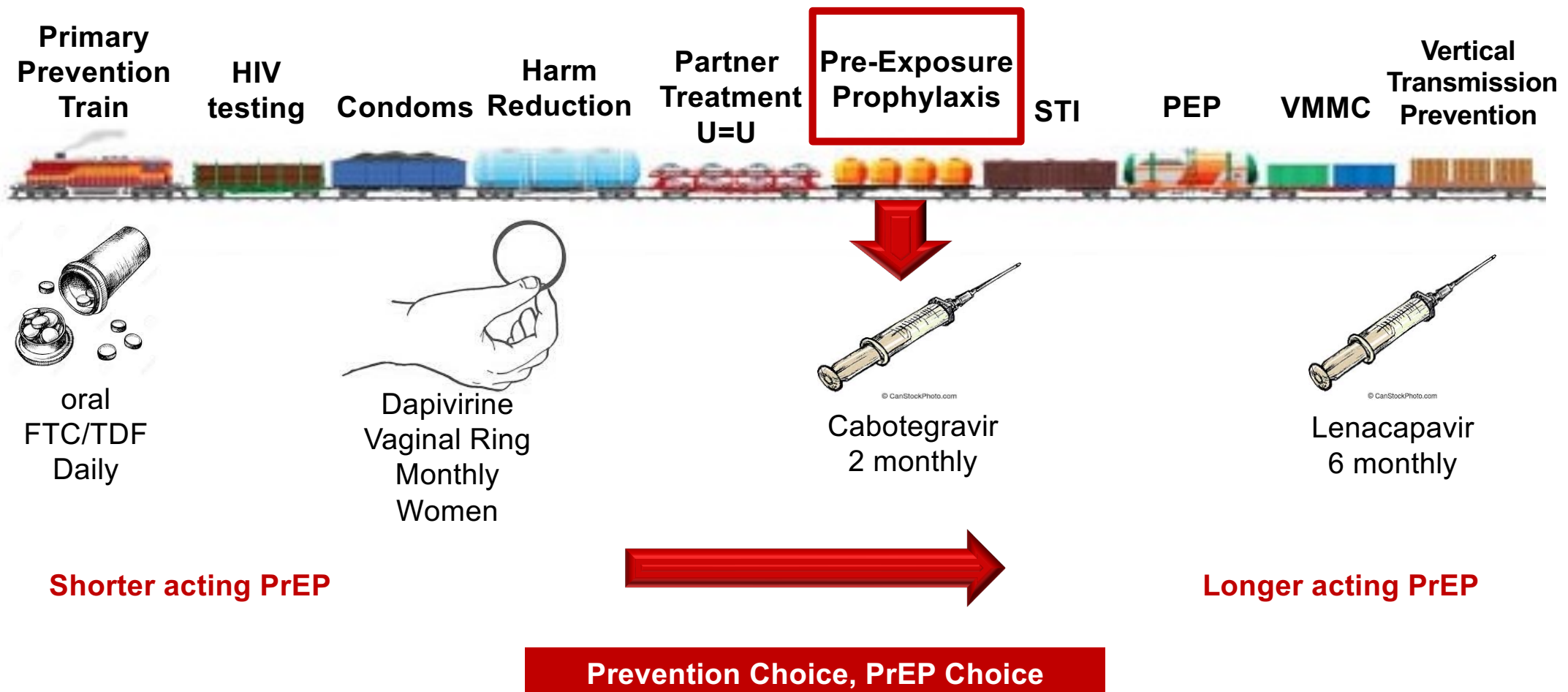


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# The PrEP revolution



# Introduction of Long-Acting PrEP Methods



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# PROGRAMMATIC OBJECTIVES LENACAPAVIR IMPLEMENTATION

- Align with national HIV prevention goals, WHO guidance, and SAHPRA regulatory requirements.
- Improve PrEP adherence and expand prevention options by offering long-acting choices.
- Focus resources on populations at highest risk, informed by epidemiological and service delivery data.
- Demonstrate cost-effectiveness and prepare for sustainability through future generic procurement.
- Strengthen systems for integrated service delivery, monitoring, and community engagement.

# ROLLOUT GUIDING PRINCIPLES

- **Ensure equitable access** across priority populations (AGYW, KPs, pregnant/postpartum women, men, adolescents).
- **Embed delivery in routine care** integrating Lenacapavir within PHC, ANC/PNC, SRH, Youth Zones, and campus/school health; extend via community outreach.
- **Innovate service models** to reach priority groups (youth-friendly hours, mobile/outreach, fast-track visits, peer navigators).
- **Phase by risk and performance** starting in high-incidence districts and high-performing facilities; cluster rural sites to achieve meaningful catchment coverage.
- **Use data to expand** apply readiness assessments, continuation data, and client feedback to guide scale-up and expansion.
- **Strengthen systems** through the rollout supporting supply chain discipline, M&E coherence, HR capacity building, and clinical mentorship, building resilience for other long-acting prevention/treatment.
- **Engage communities, youth and women** partnering with youth, women and KP-led groups for co-design, demand creation, and accountability; counter stigma with peer education and trusted messengers.
- **Embed evidence & learning** using routine data and rapid feedback for adaptive management and policy refinement.

# SERVICE DELIVERY INTEGRATION & COMMUNITY LINKAGES FOR LENACAPAVIR (*cont`d*)

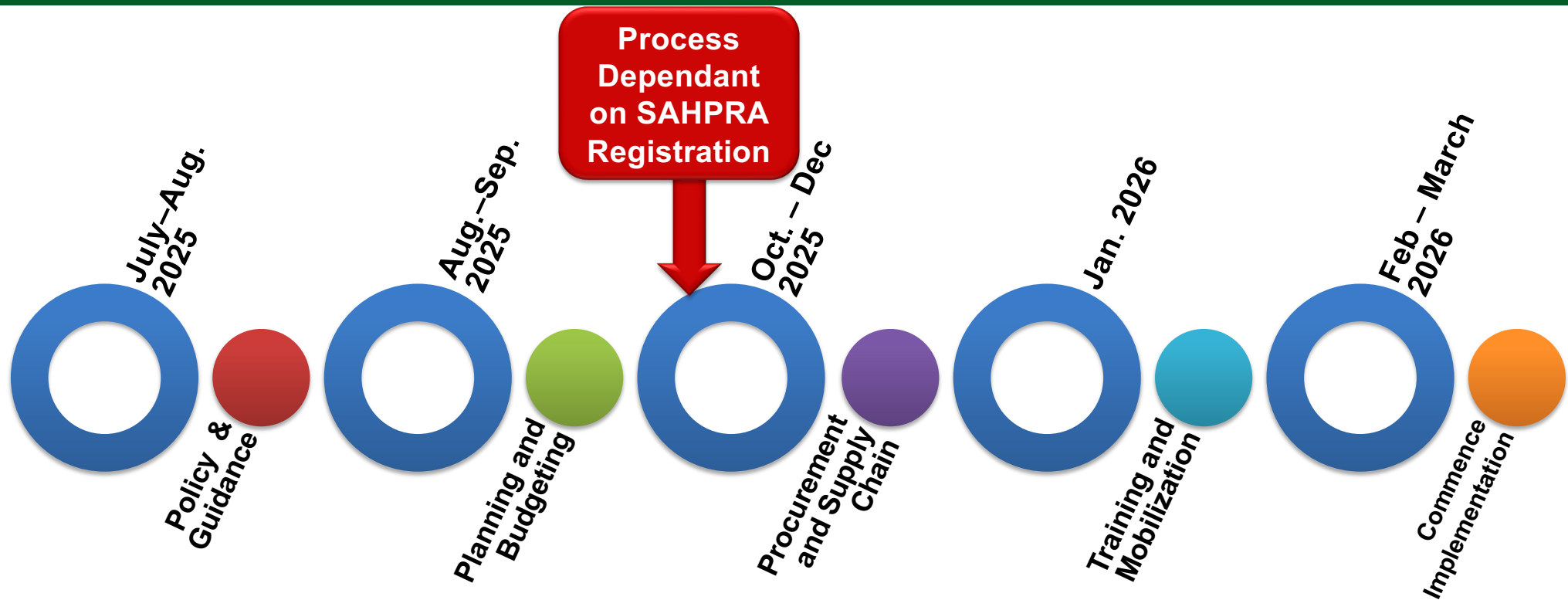
## Reaching Priority Populations

- AGYW: TVETs, Universities and High schools.
- Pregnant & postpartum women: early ANC and PNC community health worker outreach.
- Key populations: size estimation, hotspot mapping in the geographic catchment area .
- Community entry points: sports, recreation, shopping malls.
- Urban and rural reach based on incidence and clustering of rural areas to improve coverage.

# Prioritisation criteria for Lenacapavir Rollout

- ✓ Epidemiological Burden
- ✓ Health Service Catchment
- ✓ Priority Populations
- ✓ Programme Performance

# PHASE 1 PROJECTED TIMELINE LENACAPAVIR IMPLEMENTATION



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## POLICY AND REGULATORY STATUS

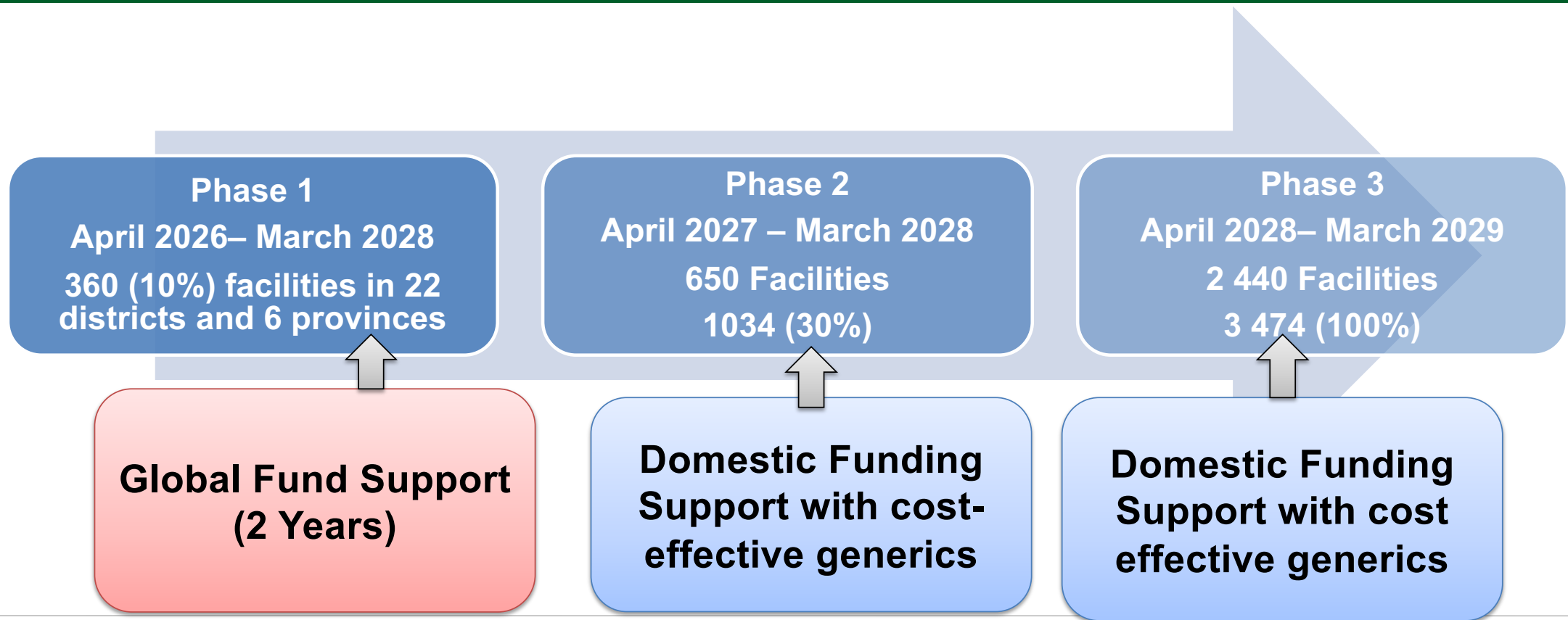
- **WHO** Lenacapavir implementation guidelines launched in July 2025. WHO pre-qualification finalised in October 2025.
- **SAHPRA registration-** national rollout is contingent on registration of Lenacapavir for PrEP done.
- **Essential medicines list/NEMLC:** Alignment and listing processes have been initiated to ensure longer-term sustainability.
- **Oversight and governance:** A national technical team with clear terms of reference, together with technical workstreams (policy, supply chain, service delivery/training, demand generation, and M&E), will oversee phased implementation and issue periodic updates.



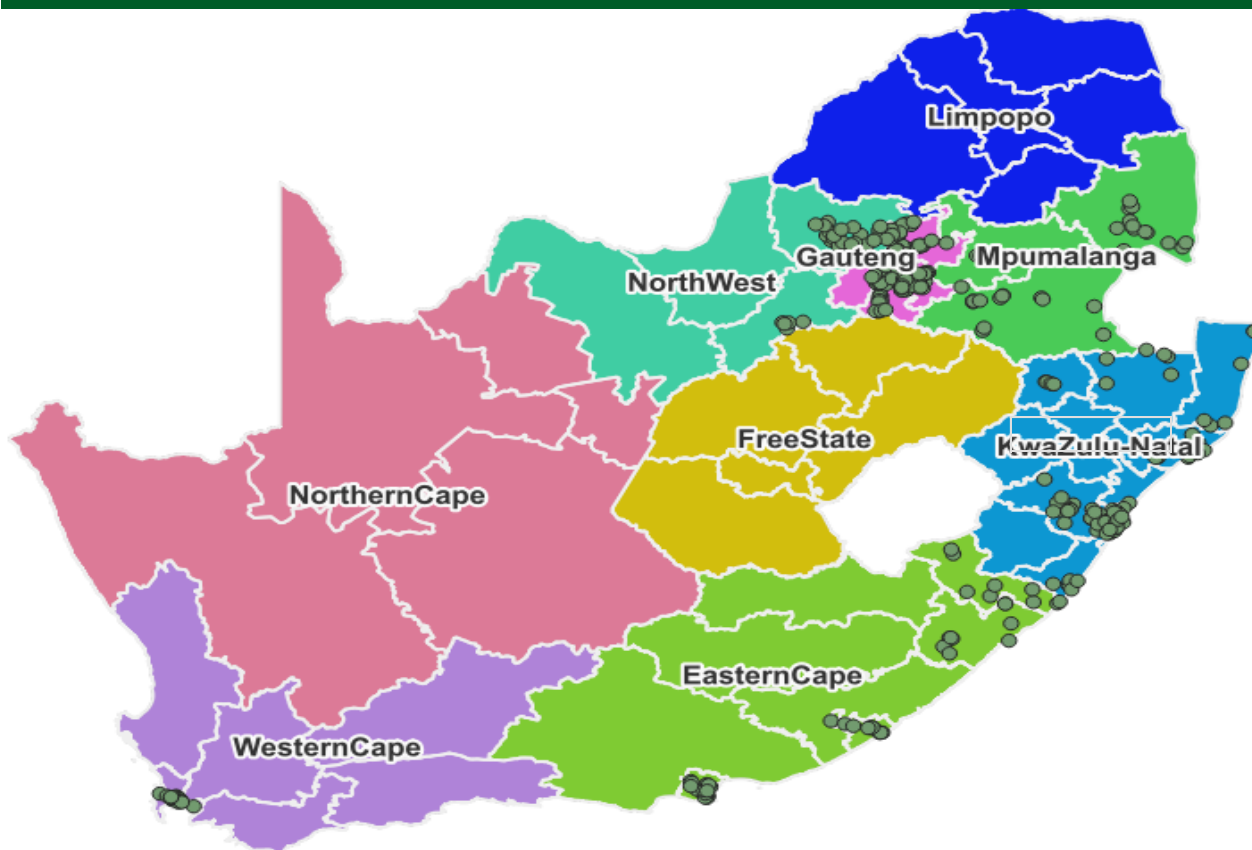
# FINANCING AND PROCUREMENT

- The Global Fund has identified South Africa as an early-adopter country and allocated US\$29.2 million for LEN commodities under GC7, with support for the first two years.
- Commodities will be procured via Global Fund's central pooled mechanism using the rapid supply chain mechanism.
- Quantification assumes equal number of initiations in Year 1 and 2 at facilities that demonstrate readiness and demand.
- A domestic sustainability pathway will be articulated during 2026-27, including options for price reductions, potential generic entry when feasible, and integration into routine provincial budgets.
- The two generic manufacturers have announced an initial price of generic Lenacapavir injectable to be \$40 and \$17 for oral loading dose (excl distribution cost) from 2027 for 120 countries including South Africa. (935, 87)
- Preliminary budget lines include commodities, implementation resources, training and mentorship, demand generation, and M&E.

# PHASED IMPLEMENTATION OF LENACAPAVIR 2026-2029 IN THE 3 474 PUBLIC PRIMARY HEALTH CARE FACILITIES



# 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



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# PROPOSED COVERAGE

Provinces/Districts	Facilities	Gen AGYW Initiations Y1 - Y2	Antenatal Initiations Y1 - Y2	FSW Initiation Y1 - Y2	MSM Initiations Y1 - Y2	TG Initiations Y1 - Y2	Total Initiations Y1 - Y2	Total Continuations Y1 - Y2
<b>ec Eastern Cape Province</b>	<b>49</b>	<b>17 040</b>	<b>11 940</b>	<b>8 240</b>	<b>2 940</b>	<b>1 680</b>	<b>41 840</b>	<b>47 600</b>
ec Alfred Nzo District Municipality	8	2 480	2 560	1 600	420	240	7 300	8 370
ec Buffalo City Metropolitan Municipality	12	3 040	1 700	1 920	620	360	7 640	8 610
ec Nelson Mandela Bay Municipality	20	8 240	4 900	3 120	940	540	17 740	20 180
ec Oliver Tambo District Municipality	9	3 280	2 780	1 600	960	540	9 160	10 440
<b>gp Gauteng Province</b>	<b>133</b>	<b>116 480</b>	<b>66 260</b>	<b>18 080</b>	<b>18 060</b>	<b>8 880</b>	<b>227 760</b>	<b>258 740</b>
gp City of Johannesburg Metropolitan Municipality	49	49 680	28 460	6 400	6 880	3 380	94 800	107 650
gp City of Tshwane Metropolitan Municipality	30	31 120	15 060	3 280	4 320	2 120	55 900	63 290
gp Ekurhuleni Metropolitan Municipality	44	30 560	19 120	4 560	4 620	2 280	61 140	69 490
gp Sedibeng District Municipality	7	3 600	2 820	1 920	1 140	560	10 040	11 560
gp West Rand District Municipality	3	1 520	800	1 920	1 100	540	5 880	6 750
<b>kz KwaZulu-Natal Province</b>	<b>94</b>	<b>42 080</b>	<b>31 600</b>	<b>10 240</b>	<b>7 340</b>	<b>3 300</b>	<b>94 560</b>	<b>107 380</b>
kz eThekweni Metropolitan Municipality	49	26 880	19 240	3 120	3 660	1 640	54 540	61 960
kz uMgungundlovu District Municipality	13	5 120	3 200	1 120	920	420	10 780	12 220
kz Amajuba District Municipality	5	2 400	1 580	960	440	200	5 580	6 340
kz King Cetshwayo District Municipality	9	2 960	2 980	1 280	680	300	8 200	9 310
kz Ugu District Municipality	6	1 680	1 480	1 440	620	280	5 500	6 260
kz Umkhanyakude District Municipality	6	1 520	1 360	1 360	440	200	4 880	5 550
kz Zululand District Municipality	6	1 520	1 760	960	580	260	5 080	5 740
<b>mp Mpumalanga Province</b>	<b>31</b>	<b>13 280</b>	<b>8 880</b>	<b>3 200</b>	<b>4 160</b>	<b>2 020</b>	<b>31 540</b>	<b>35 870</b>
mp Ehlanzeni District Municipality	13	5 200	3 400	1 200	1 400	680	11 880	13 480
mp Gert Sibande District Municipality	14	6 320	4 280	800	1 160	560	13 120	14 900
mp Nkangala District Municipality	4	1 760	1 200	1 200	1 600	780	6 540	7 490
<b>nw North West Province</b>	<b>31</b>	<b>15 280</b>	<b>9 020</b>	<b>2 240</b>	<b>2 920</b>	<b>1 420</b>	<b>30 880</b>	<b>34 900</b>
nw Bojanala Platinum District Municipality	26	13 120	7 800	1 280	2 160	1 040	25 400	28 680
nw Dr Kenneth Kaunda District Municipality	5	2 160	1 220	960	760	380	5 480	6 220
<b>wc Western Cape Province</b>	<b>22</b>	<b>15 520</b>	<b>3 780</b>	<b>3 600</b>	<b>5 380</b>	<b>1 500</b>	<b>29 780</b>	<b>33 600</b>
wc City of Cape Town Metropolitan Municipality	22	15 520	3 780	3 600	5 380	1 500	29 780	33 600
<b>Grand Total</b>	<b>360</b>	<b>219 680</b>	<b>131 480</b>	<b>45 600</b>	<b>40 800</b>	<b>18 800</b>	<b>456 360</b>	<b>518 090</b>

# GEOGRAPHIC AND FACILITY PRIORITISATION CRITERIA

- AGYW incidence: HIV incidence among adolescent girls & young women (15–24).
- ANC positivity rate: HIV positivity at first ANC test.
- Facility population catchment size: AGYW population and ANC first-test volumes.
- Consistent oral PrEP performance (FY23/24 & FY24/25): general + antenatal uptake; initiations  $\geq 250$  achieved.
- Oral PrEP target projected  $\geq 350$  initiations in FY25/26.
- Stability (Jan–Jun 2025): performance maintained despite USAID withdrawal / CDC reprioritization.
- Equity & coverage: balanced provincial spread and urban–rural representation; strong PHC catchment coverage.
- Priority given to facilities showing strong, consistent uptake in both general and antenatal populations.

# SUMMARY OF PHASE 1 LENACAPAVIR TARGETS

## COMMODITY REQUIREMENTS UPDATED

Target population	No. of Persons Initiated Years 1&2	No. of doses (initiations & continuations) 2 years	Cost USD (\$60 per person year)
<b>General Population 15+ (incl AGYW)</b>	219 680	458 880	\$13 766 400
<b>Pregnant and Lactating Women</b>	131 480	287 490	\$8 624 700
<b>Sex Workers</b>	45 600	100 960	\$3 028 800
<b>Gay &amp; Bisexual Men who have Sex with Men</b>	40 800	86 380	\$2 591 400
<b>Transgender Individuals</b>	18 800	40 740	\$1 222 200
<b>Total</b>	<b>456 360</b>	<b>974 450</b>	<b>\$29 233 500</b>



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# RESOURCE REQUIREMENTS TO SUPPORT LENACAPAVIR SCALE-UP

Item	ZAR	USD
Lenacapavir (Global Fund)	R271,008,000	\$29,220,000
<b>Additional resource requirements</b>		
IEC materials, guidelines and job aids	R900,000	\$50,000
Clinical stationery	R500,000	\$20,000
Social mobilization	R1,750,000	\$100,000
Training (9 provinces 25 districts 350 facilities)	R1,750,000	\$100,000
M&E system deployment, equipment, data housing	R2,750,000	\$155,000
<b>Total</b>	<b>R7,650,000</b>	<b>\$425,000</b>

# WAY FORWARD

- Finalised geographic and facility coverage for Phase 1 implementation of Lenacapavir following consultation with key stakeholders for ALL provinces
- Update the information system: –
  - Assessments done and submitted to NDOH
  - List of officials to be trained submitted
  - Dates as follows for EC:
    - AN & ORT - 14 Jan Mthatha
    - NMM 22nd Jan Gqeberha
    - BCM 23rd Jan East London
- Commencement date 1st February 2026

# THANK YOU



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