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TARGETS UPDATE

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The 4th 95 – Getting HIV Prevention on Track to Attain 2030 Targets: South Africa

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HIV Prevention in SA

HIV prevention in South Africa is crucial to attain the 2030 targets set by the UNAIDS to end the HIV/AIDS epidemic. Currently there is a notable reduction of HIV new infection generally, which shows that a lot has been done to get us to where we are as a country. The reduction is good, but we are not where we would like to be as a country, the downward trend is slower than what we targeted for.

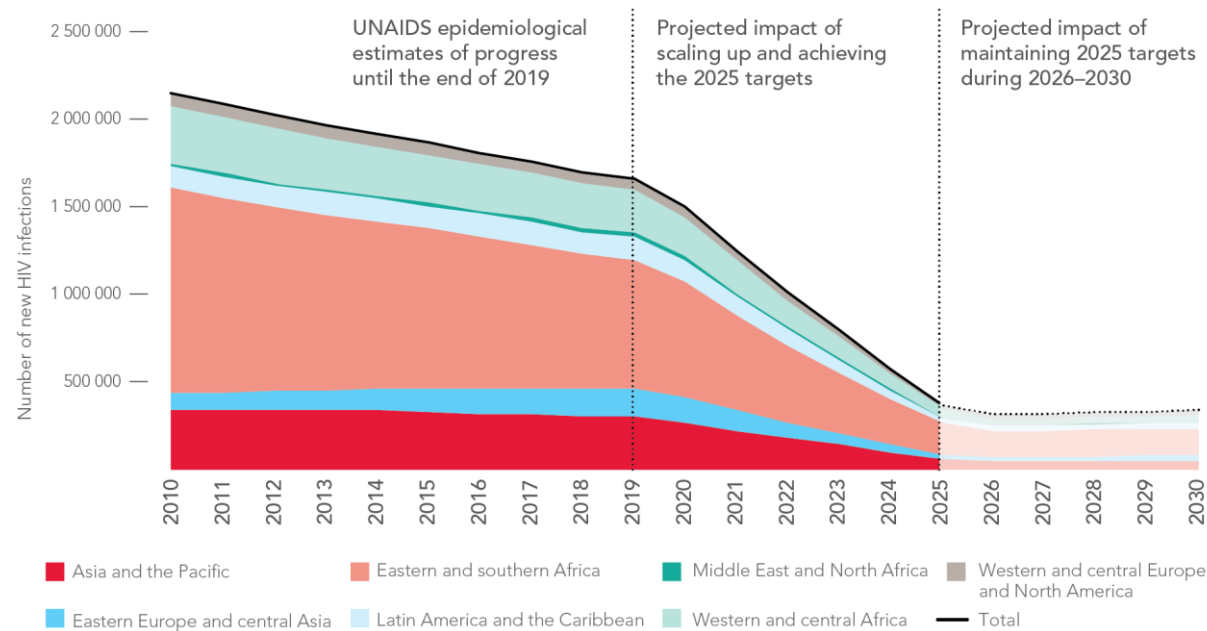


For us to reach the 2030 UNAIDS targets, we need a collaborative, intentional and well-informed approach by all (multi stakeholders), we need everyone on board for precision, but most vital we need the community/people at the centre, we need people's voices on what matters to them, we need people to be capacitated enough see the need for the prevention efforts, have a say in tailoring them and demand the services.



Substantial acceleration is necessary to achieve the 2025 targets

Estimated new HIV infections globally and by region, 2010–2020, and projected new infections if the 2025 targets are met

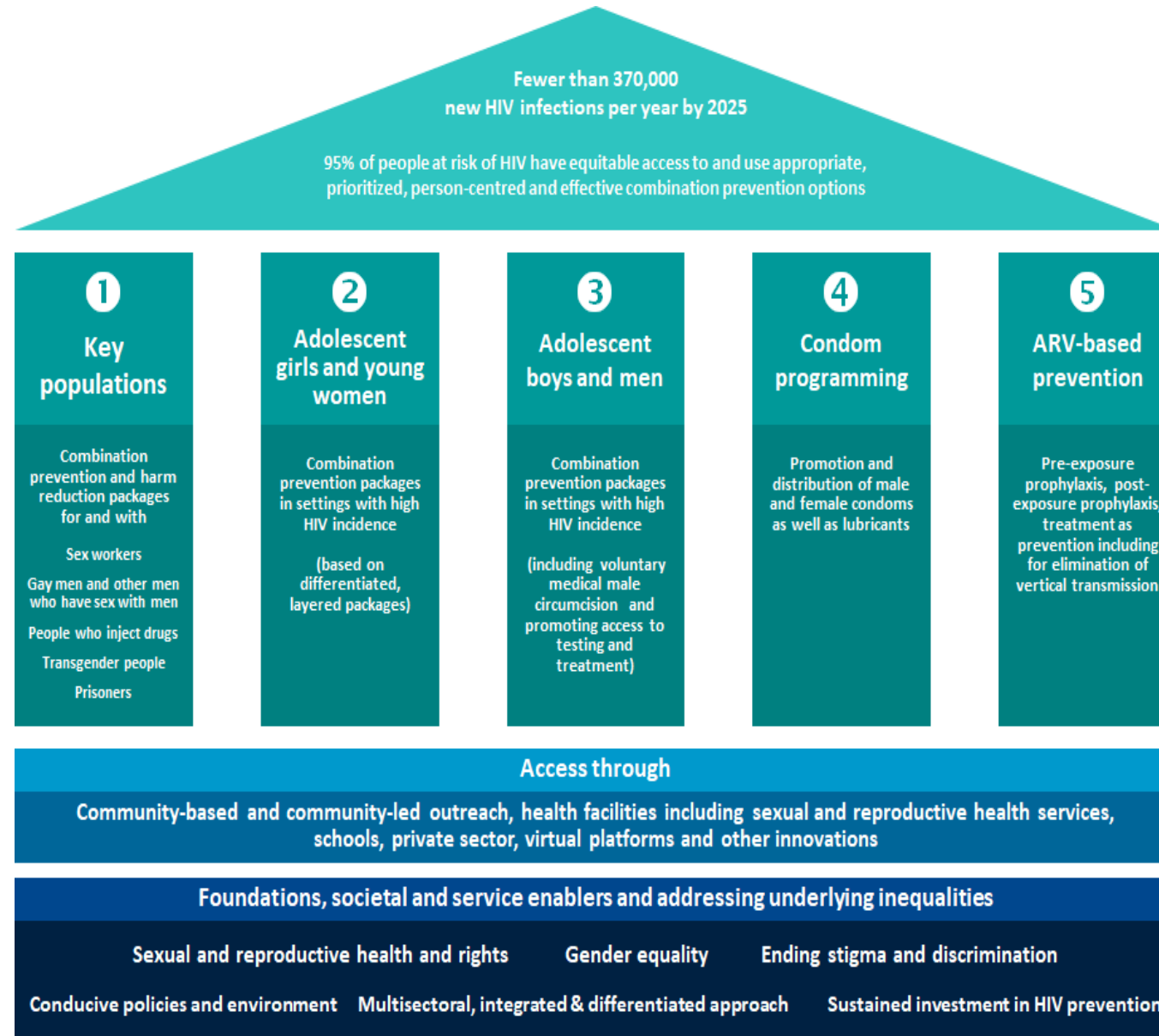


- ❑ Number of new infections among adults decreased by only 32% in 2010–2021
- ❑ Key populations and their sexual partners: 70% of new HIV infections worldwide; 94% outside SSA.
- ❑ SSA - young women 15-24: 25% of HIV infections though they are only 10% of population
- ❑ COVID-19 pandemic and other international crises add further challenges

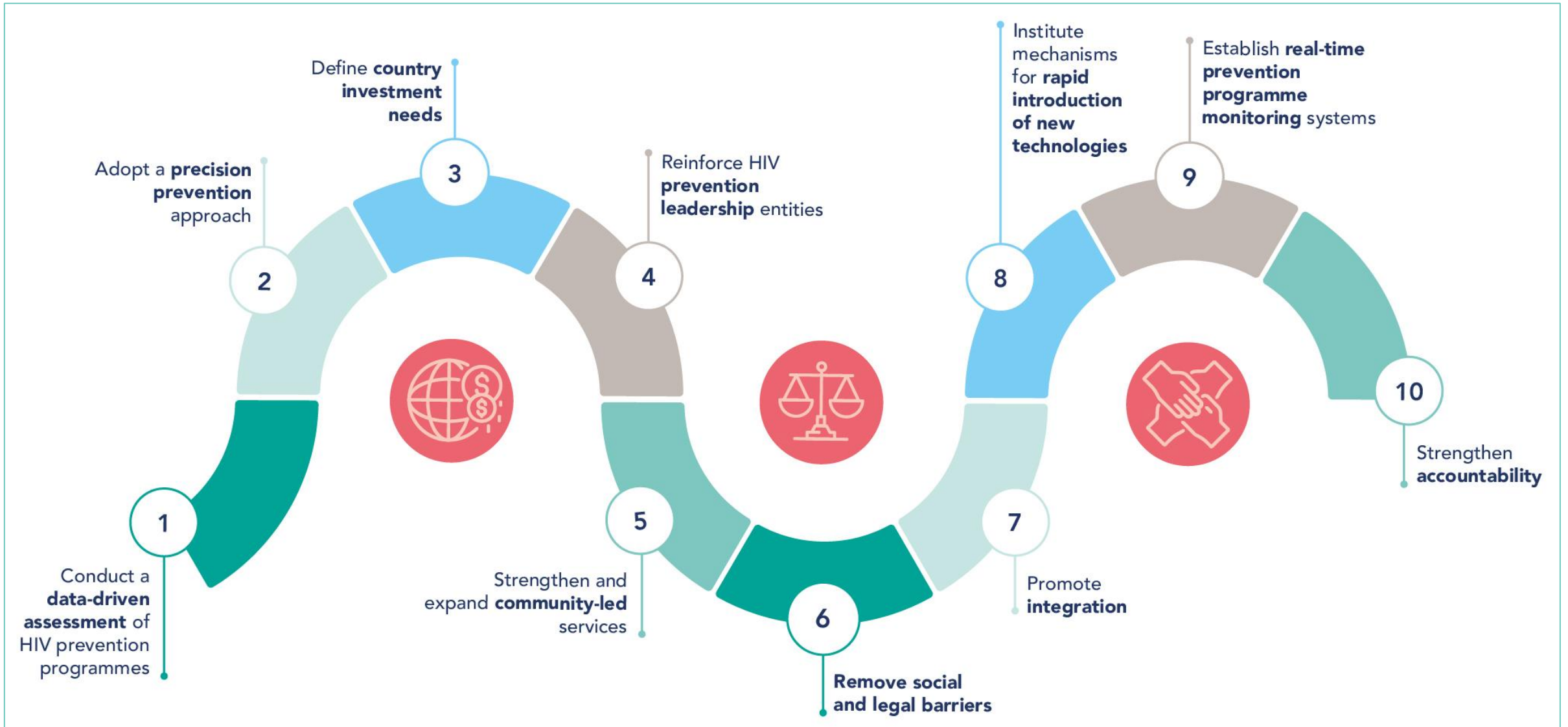
Prevention Pillars

Road Map

- Focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers
- Highlights complementarity and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV



How Will We Get There – 10 Point Action Plan



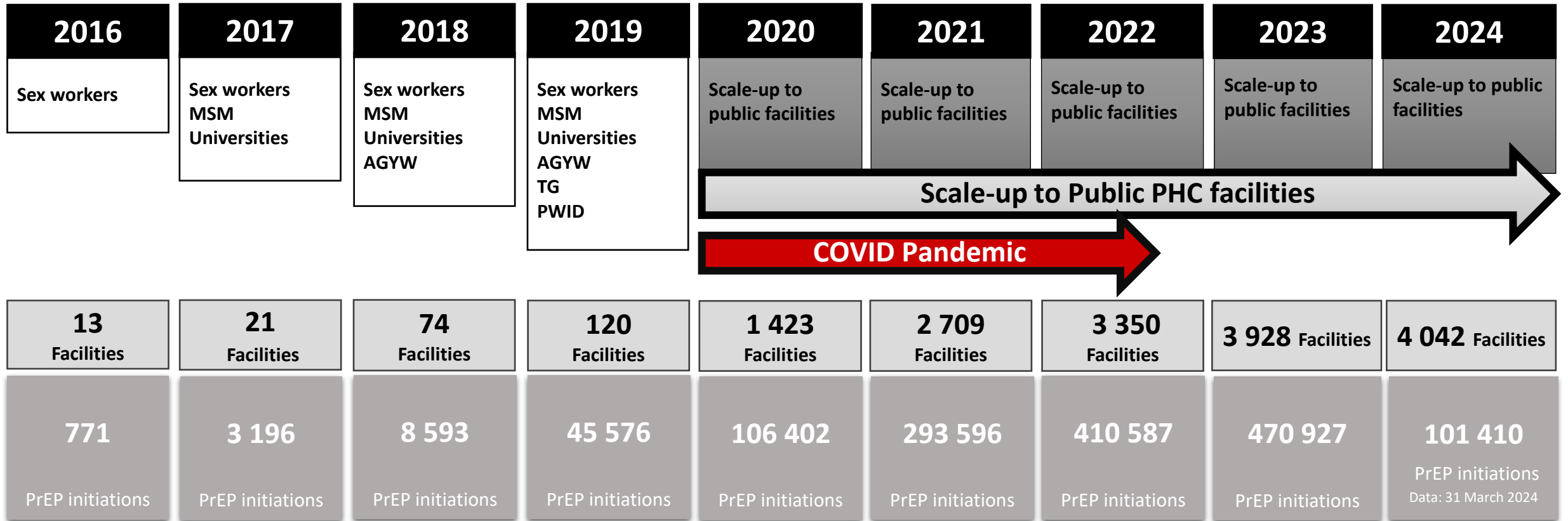
Long-Acting PrEP

- Long-acting PrEP has the potential to significantly enhance HIV prevention efforts in South Africa by offering a more convenient and potentially more effective alternative to daily oral PrEP. The additional needed preparations would be healthcare provider training, while ensuring extensive community engagement and support.
- Integration of the long-acting PrEP into national HIV prevention strategies, South Africa can advance its efforts toward reducing HIV incidence and improving public health outcomes as it addresses the challenges and barriers that are raised against oral PrEP like daily consumption, pill discomfort and side effects that lead to nausea and vomiting, lack of discretion.



Background: Oral PrEP initiations since inception June 2016 – March 2024

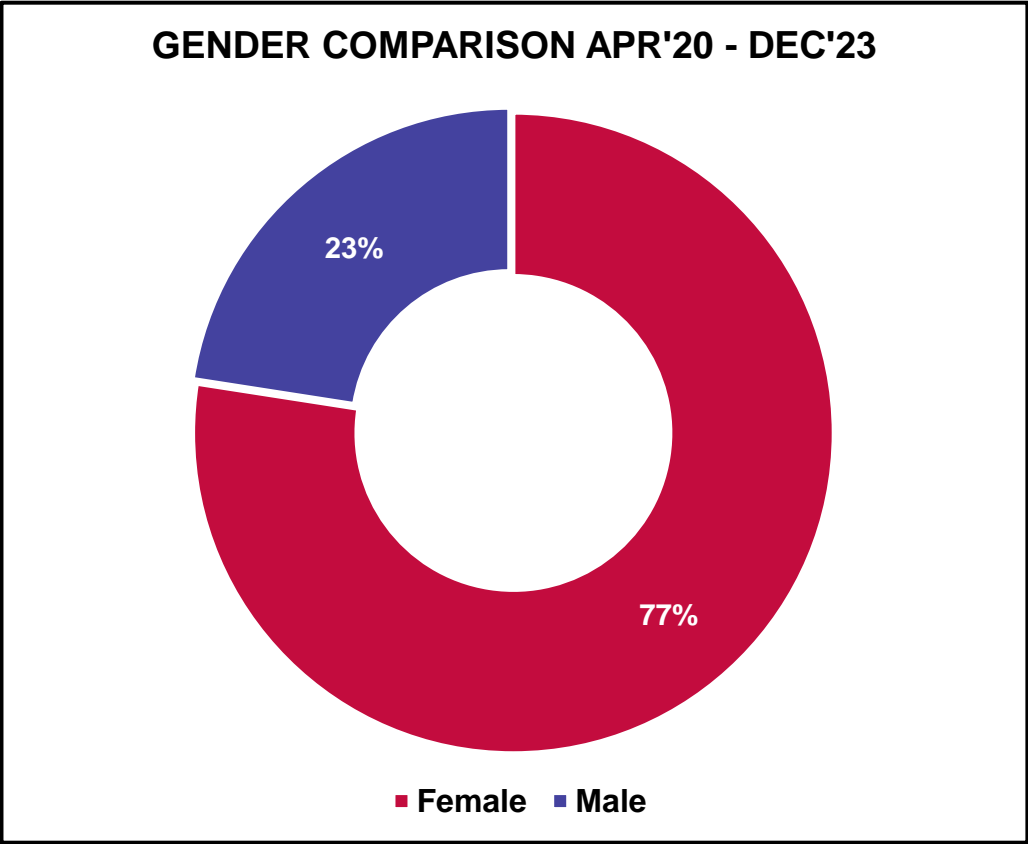
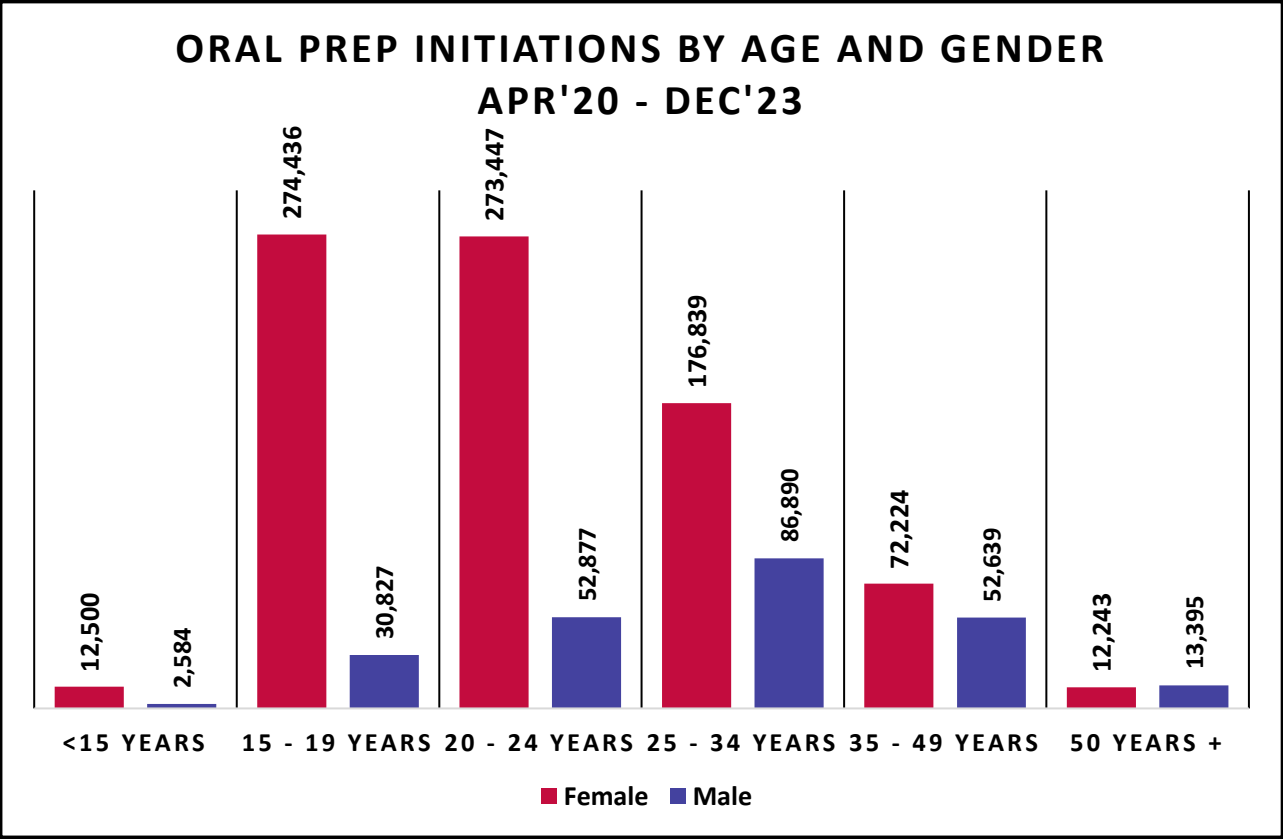
Since 2016, 1 441 058 individuals were initiated on oral PrEP in South Africa



Demographic uptake of oral PrEP (Period April 2020 - December 2023)

National oral PrEP initiations by gender and age

(based on 1 060 901 initiations between April 2020 – December 2023, for which demographic details are available)



Source: consolidated from TIER and Partner reports (April 2020 – December 2023).

Status of LA-PrEP IN SA



Clinical Trials and Research

South Africa has been involved in clinical trials assessing the efficacy and safety of long-acting PrEP formulations. Notable trials, such as the HPTN 083 and HPTN 084 studies, have included South African sites and have demonstrated the efficacy of long-acting PrEP in preventing HIV. 82 pilot sites are offering one or the other of the LA PrEP. of these 16 sites are offering CAB-LA.



Approval and Registration

The long-acting injectable PrEP formulation, specifically cabotegravir (CAB-LA), has shown promising results in trials and has been approved by SAHPRA: currently pending cost revisions.



Implementation Plans

Efforts are underway to integrate long-acting PrEP into South Africa’s existing HIV prevention frameworks, including training for healthcare providers and establishing distribution networks pending the cost revision as the current cost is not sustainable, but engagements are on going as this has potential to intensely change the HIV prevention landscape

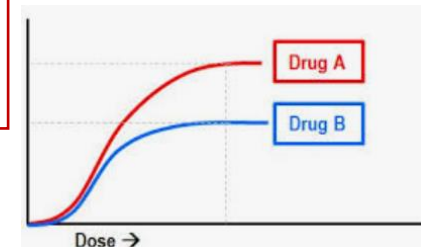
Dynamics of Cab-LA PrEP

- **Long-Acting Protection:** Cab-LA PrEP involves injections every 8 weeks (or less frequently in ongoing research) and DVR is inserted every 28 days.
- **Potential Adherence Benefits:** For individuals who struggle with daily pill adherence, Cab-LA PrEP or DVR could be a game-changer, potentially reducing the barrier of adherence fatigue and forgetfulness.
- **Effectiveness:** Initial studies suggest Cab-LA PrEP is highly effective in preventing HIV transmission, similar to or potentially better than daily oral PrEP, depending on adherence.
- **Patient Preference:** Most individuals especially the AGYWs may prefer the convenience of injections over daily pills, especially if they have privacy concerns or difficulty integrating daily pill-taking into their routines.



Successful implementation will depend on addressing challenges mainly on cost which if addressed and available it can be easily accessible and sustainable.

Low efficacy for dapivirine vaginal ring



Inequities and Lack of Patient Choice

- **Access and Affordability:** Despite its promise, Cab-LA PrEP may face challenges related to access and affordability. Injectable medications can be more expensive and require healthcare infrastructure for administration, potentially limiting access for marginalized populations or those in resource-limited settings.
- **Limited Options:** The availability of Cab-LA PrEP as an alternative does not eliminate the need for oral PrEP options. Some individuals may prefer or find oral PrEP more accessible due to established infrastructure, lower cost, or familiarity.
- **Informed Decision-Making:** Patients should ideally have access to information and support to make informed decisions about their HIV prevention methods. The rollout of Cab-LA PrEP should prioritize education and counseling to ensure individuals understand both the benefits and potential challenges compared to oral options.
- **Healthcare Disparities:** Inequities in healthcare access and discrimination could further exacerbate disparities in PrEP usage. Minority groups, transgender individuals, and those in lower socioeconomic brackets may face greater barriers in accessing and utilizing Cab-LA PrEP.

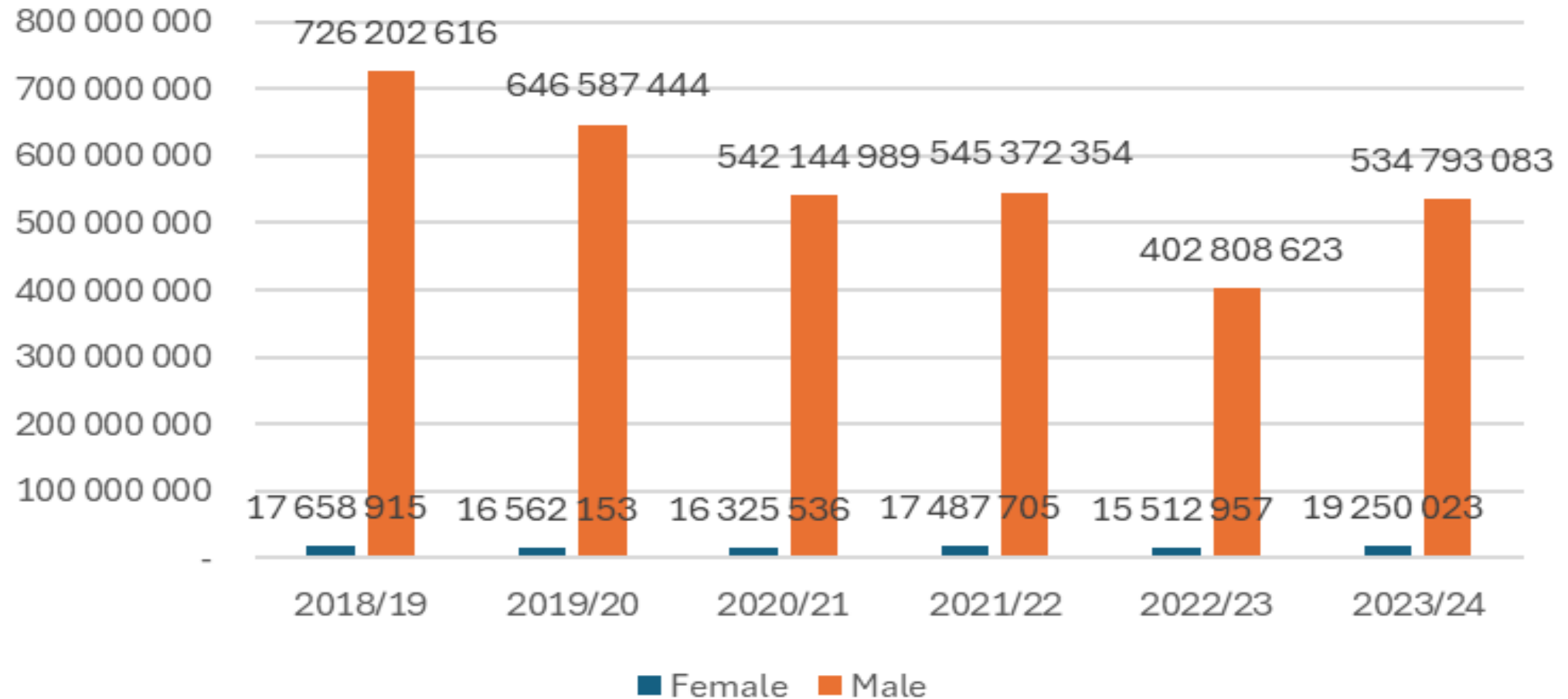
Biomedical services alone will not get us there

We need An encompassing and enabling environment need to be created to support to promote equality. Inequality is a strong contributor of the slow progress of HIV new infection reduction.

Psychosocial support is an important component of HIV prevention process and HIV management, addressing the emotional, psychological, and social aspects of individuals at risk or living with HIV.

Condom distribution trend

Male & Female Condom Distribution



Joint UNAIDS-IAPAC Fast Track Cities Project

Objective

- To support 20 priority high-burden cities to fast-track the response towards reaching the 90-90-90 and other Fast-Track targets by 2020 and to end AIDS by 2030
 - Grant managed through UNAIDS and IAPAC
 - 20 high burden cities to be supported over a 3-year period which includes 3 cities in South Africa

— Objectives of the project

To support 20 priority high-burden cities to fast-track the response towards reaching the 90-90-90 and other Fast-Track targets by 2020 and to end AIDS by 2030

- Ending AIDS as a public health threat to cities by 2030;
- Putting people at the centre of everything we do;
- Addressing the causes of risk vulnerability and transmission
- Using our AIDS responses for positive social transformation
- Building and accelerate an appropriate response to local needs;
- Mobilising resources for integrated public health and development
- Uniting as leaders.

South Africa was one of the 20 cities accounting for an estimated 3.4 million PLWH globally in 2015

Grant managed through UNAIDS and IAPAC

20 high burden cities to be supported over a 3-year period which includes **3 cities in South Africa**



Johannesburg



Cape Town



eThekwini

— An accelerated implementation agenda

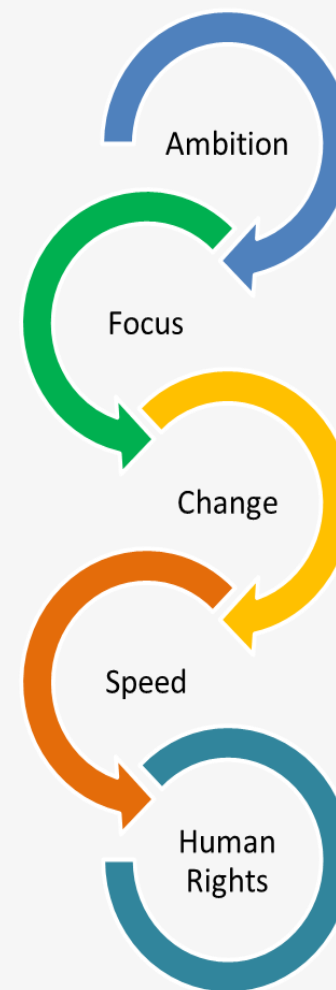
Setting highly ambitious HIV prevention and treatment targets—aiming to reach maximum numbers in the shortest amount of time

Highly-effective programme interventions in locations and populations with the highest HIV burdens

Discarding what does not work, adopting new ways of delivering services including community service delivery, fostering innovation and early adoption of new technologies and methods

HIV service delivery in the intensity and quality needed to reach the ambitious targets within the short time frame of the next five years

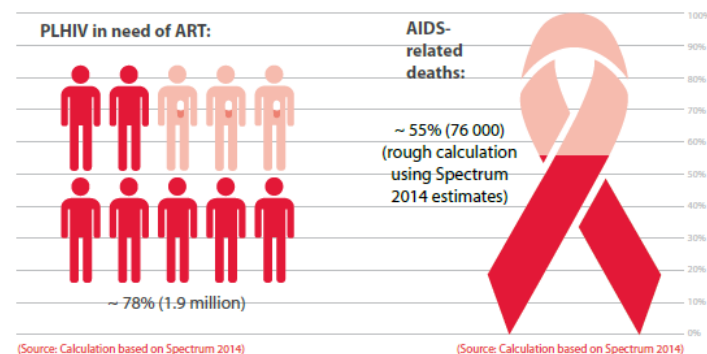
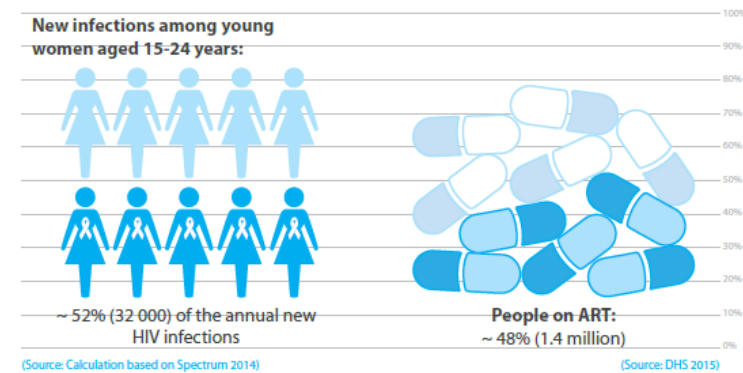
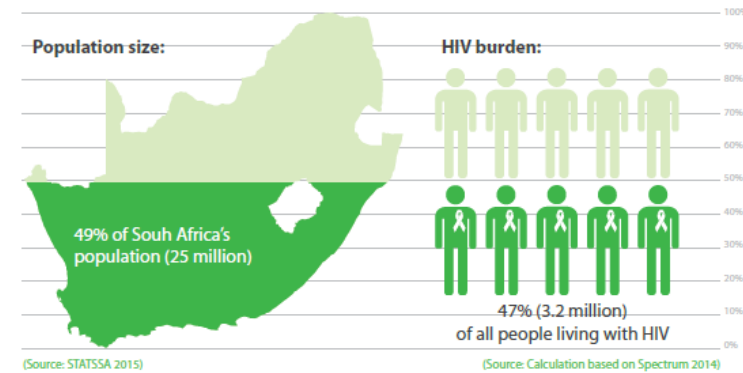
People centred, zero discrimination



Fast track municipalities

Province		Fast-Track Municipality
Eastern Cape	1	Buffalo City Metropolitan Municipality
	2	Nelson Mandela Bay Metropolitan Municipality
Free State	3	Mangaung Metropolitan Municipality
Gauteng	4	Johannesburg Metropolitan Municipality
	5	Tshwane Metropolitan Municipality
	6	Ekurhuleni Metropolitan Municipality
	7	Emfuleni Local Municipality
	8	Mogale Local Municipality
KwaZulu-Natal	9	eThekweni Metropolitan Municipality
	10	Pietermaritzburg – Msunduzi
	11	Umhlatuze Local Municipality
	12	Ulundi Local Municipality
Limpopo	13	Polokwane
Mpumalanga	14	Mbombela Local Municipality
	15	Emalahleni Local Municipality
North West	16	Mafikeng Local Municipality
	17	Rustenburg Local Municipality
Northern Cape	18	Kimberly Local Municipality
Western Cape	19	Cape Town Metropolitan Municipality

Why focus on these South African Fast-Track Municipalities?



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TARGETS UPDATE

Providing a comprehensive combination prevention package

Addressing social and structural barriers and removing human rights barriers

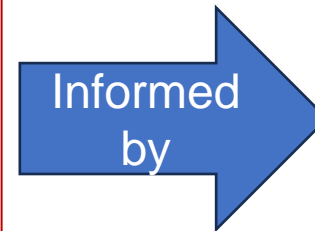
An **encompassing and enabling environment** need to be created to support to promote equality. Inequality is a strong contributor of the slow progress of HIV new infection reduction.

Biomedical services

HIV testing demand creation that has a clear supportive pathway of either results to reduce fear and instil hope. The whole spectrum should be taught, for both HIV results, prevention methods and treatment initiation, viral suppression and U=U. **Offer choice** and expansion on convenient service point

Psychosocial support

Psychosocial support is an important component of HIV prevention process and HIV management, addressing the emotional, psychological, and social aspects of individuals at risk or living with HIV.



Conclusion

Scaling up HIV prevention as we move closer to 2030

- Informed collaborative approaches,
- Precision to who needs to be targeted on what
- Intentional interventions guided by the people's voices
- Advocacy for differentiated prevention modalities, for choice

The introduction of Cab-LA PrEP represents an exciting advancement in HIV prevention, offering an alternative to daily oral and the ring that could improve adherence and effectiveness for certain populations. However, ensuring equitable access and addressing patient choice requires addressing disparities in healthcare access, affordability, and patient education. Healthcare systems and policymakers must work to mitigate these inequities to maximize the potential public health impact of Cab-LA PrEP while respecting individual preferences and needs.

Thank you

