# South Africa



# **PrEP Introduction & Scale-Up**

**Executive Summary**: Since beginning PrEP rollout in 2016, South Africa has made significant progress in expanding PrEP access by integrating it into national guidelines and public healthcare facilities. However, barriers such as stigma, segmentation of programming for KPs, financial constraints, and regulatory delays have hindered widespread uptake. The country's ability to influence global pricing and access to HIV prevention products can inform strategic planning for sustainable funding beyond donor support. Continued efforts to enhance demand generation, streamline service delivery, and strengthen stakeholder engagement are essential for ensuring equitable access. Moving forward, a focus on affordability, decentralized distribution, and youth-friendly services will be key to scaling up PrEP effectively.

## **Key Insights**

- Stigma and Segmentation Hinder Uptake: Efforts to reach key and vulnerable populations, including young people and sex workers, are limited by stigma and the way HIV prevention services are structured.
- Financial Constraints Threaten Sustainability: Donor funding plays a critical role in HIV prevention, but long-term sustainability is uncertain due to budget cuts and lack of domestic funding plans.
- Pricing Delays New Products: The cost of new HIV prevention products, including injectables and DVR, has slowed their adoption, requiring strong negotiation strategies and a focus on affordability.
- Community Engagement is Crucial for Demand Generation: A lack of national campaigns and public education on PrEP has led to poor awareness and uptake, highlighting the need for grassroots and mass media initiatives.
- Health System Readiness and Integration Gaps Exist: Overcrowded facilities, long wait times, and inadequate healthcare provider training create barriers to efficient PrEP delivery and uptake.

### **Key Implications**

- Policy and Funding Diversification is Needed: A shift toward domestic funding sources and pooled donor contributions will be essential for long-term sustainability.
- Service Delivery Must Be Expanded and Decentralized: Integrating PrEP into youth-friendly spaces, community-based services, and primary healthcare will increase access and uptake.
- Regulatory Processes Must Be Streamlined: Faster approval mechanisms and price negotiations for new prevention products will be critical for timely access and affordability.
- National-Level Demand Creation Strategies Are Urgent: Broad public education and media campaigns should be implemented to increase HIV prevention literacy and normalize PrEP use.
- Stronger Stakeholder Coordination is Essential: Government, civil society, and donors must align efforts to avoid program duplication and ensure an efficient, well-resourced HIV prevention strategy.

# **Best Practices & Recommendations – Supply Side**

### **Regulatory & Normative Guidance**

- Prepare for a successful regulatory approvals process by engaging policymakers, regulators, and communities early in clinical trials, ensuring a shared understanding of timelines, evidence needs, cost considerations and affordability, and regulatory pathways.
- Ensuring updated, inclusive guidelines that reflect user choice to allow for broad access beyond KP groups can also reduce stigma.
- A national platform with a multi-level governance structure, like the South African National AIDS Council (SANAC), can support effective policy alignment across government, civil society, and the private sector.

### Planning & Budgeting

An over-reliance on donor funding undermines sustainability, limiting long-term access to HIV
prevention products. Diversifying funding and budgeting domestic funds for HIV prevention
services is needed.



- High costs hinder the introduction and scale-up of new prevention methods like injectables and the vaginal ring. A centralized supply chain, regional manufacturing, and pooled resources can reduce costs and improve access.
- Facilities with high PrEP uptake should be prioritized for injectables.
- A sustainability framework is needed, with better collaboration among donors, government, and private sectors.
- National guidelines for new HIV prevention products are in place, with PrEP included in essential medicine lists.

#### Research, Monitoring, and Evaluation

• Need to track the uptake of PrEP as well as differentiate based on the type of PrEP product (oral, DVR, CAB).

# **Best Practices & Recommendations – Demand Side**

### **Health Service Delivery**

- PrEP access should be non-stigmatizing and include youth-friendly zones.
- Empower young people to distribute PrEP, similar to ARV peer distribution.
- Facilities need better trained providers, reduced wait times, and community-based PrEP distribution.
- Primary healthcare centers face staffing challenges, and community-based organizations should be leveraged to improve HIV prevention access.

#### **Demand Generation**

- Community education is key to improving HIV prevention literacy, reducing PrEP stigma, and increasing demand.
- Ongoing HIV prevention education in clinics is necessary.
- A national strategy, with broad public messaging, is needed to boost awareness of PrEP, and other biomedical prevention, and support adherence.
- HIV prevention should align with treatment efforts, including U=U messaging. Integration of services for HIV and SRH is key.

#### Stakeholder Engagement

- Continuous HIV prevention education is needed, especially in clinics and underserved regions.
- Young people should be involved in discussions and strategy development for HIV prevention.
- Strong advocacy through local organizations and the South African AIDS Council is crucial for government buy-in and product adoption.
- Involve regulators, policymakers, and communities early in the trial process to build relationships and prepare for success.