Post the donors:

HIV treatment and prevention in 2026 realities

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Thank you to Anna Grimsrud, Brooke Nichols, DoH, Mitchell Warren, Mark Siedner, Chris Beyrer, Vince Marconi, Lynne Wilkinson, CHAI, and endless others

Disclosures: Francois Venter



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- Speaker's Bureau/Board Member/Advisory Panel: Gilead, ViiV, Mylan/Viatris, Merck, Adcock-Ingram, Aspen, Abbott, Roche, J&J, Sanofi, Boehringer Ingelheim, Thermo-Fischer and Virology Education
- The unit does investigator-led studies with Merck, J&J and ViiV providing financial support and is doing commercial drug studies for Merck and Novo. The unit performs evaluations of diagnostic devices for multiple biotech companies.

Wits

Ezintsha

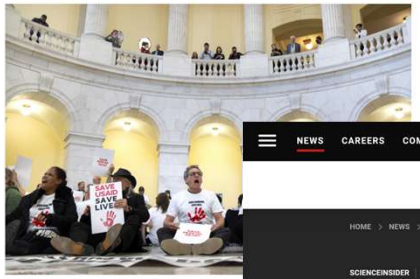
INVESTIGATE INNOVATE ADVANCE

Tragic reason we are here

FOREIGN AFFAIRS

Trump administration says it's cutting 90% of USAID foreign aid contracts

The cuts would leave few surviving projects for advocates to try to save in ongoing court battles with the administration.



Demonstrators protest against cuts to American foreign aid spe
House Office Building on Capitol Hill on Wednesday. | AP Photo

By ASSOCIATED PRESS

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From Albania to Zambia: List of Cancelled USAID Projects Provides Insight into US Influence

Humanitarian Crises 14/03/2025 • Kerry Cullinan

The New York Times

OPINION

Musk Said No One Has Died Since Aid Was Cut. That Isn't True.

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Fear spreads that NIH will terminate grants involving South Africa

Trump has promised to cut off funding, claiming nation discriminates against white citizens

14 MAR 2025 • 5:40 PM ET • BY SARA REARDON



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Vincent Wong
7h ·

16 years at USAID - today the final stop at the office.

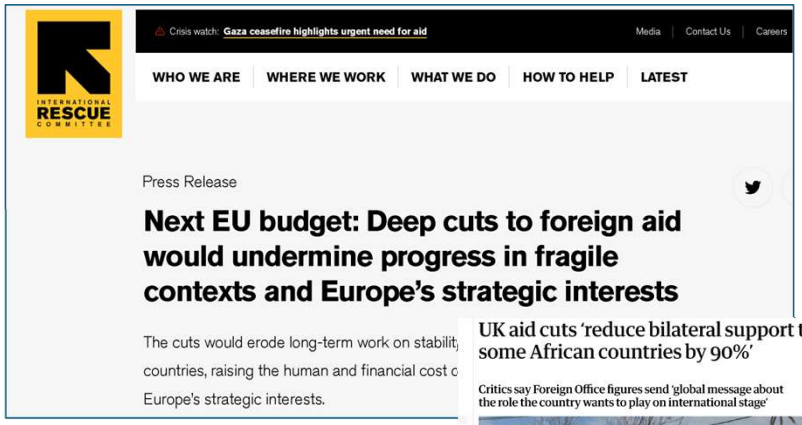
While we're all still coming to terms with the immensity of the loss...this morning was spent together with my fantastic colleagues - all federal workers - who gave their passion, intellect and energy to focusing your tax dollars into saving the most lives from HIV around the world. what an honor..

(Thanks to Alison Surdo Cheng for hiring me way back when!)

For today, a few snapshots (not all are mine).



Not just the Americans...





Driven by extraordinary crises like COVID-19 and the war in Ukraine, aid b
and 2023 rose by a remarkable 35%, compared with just 22% over the 20



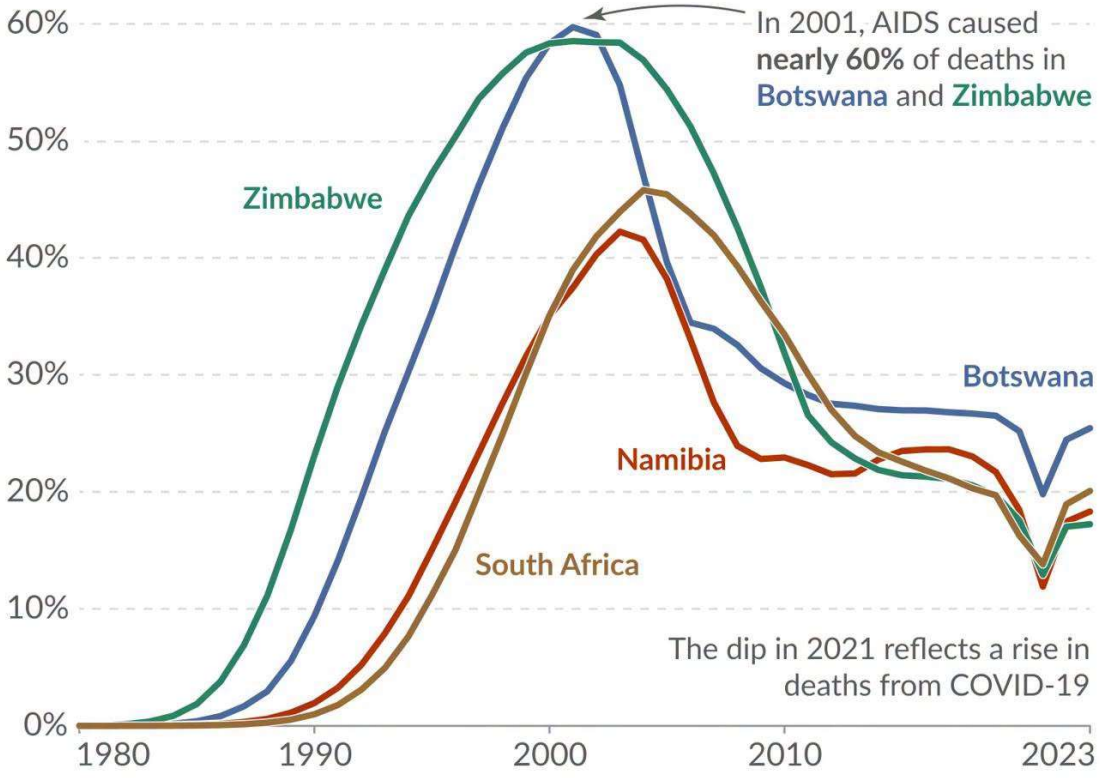
"Governments are facing tight public finances, slower growth, ageing populations, and rising spending needs, particularly on defence and domestic policies. In this context, development budgets are often among the first to be reduced."

Jones believes the cuts also reflect a political shift, where development cooperation is

At the peak of the HIV epidemic, AIDS caused more than half of all deaths in some countries

Our World in Data

Share of all deaths caused by HIV/AIDS in four hard-hit countries.



Data source: IHME, Global Burden of Disease (2025)

CC BY

Africa's HIV success till the cuts

40.8M

PLHIV in 2024

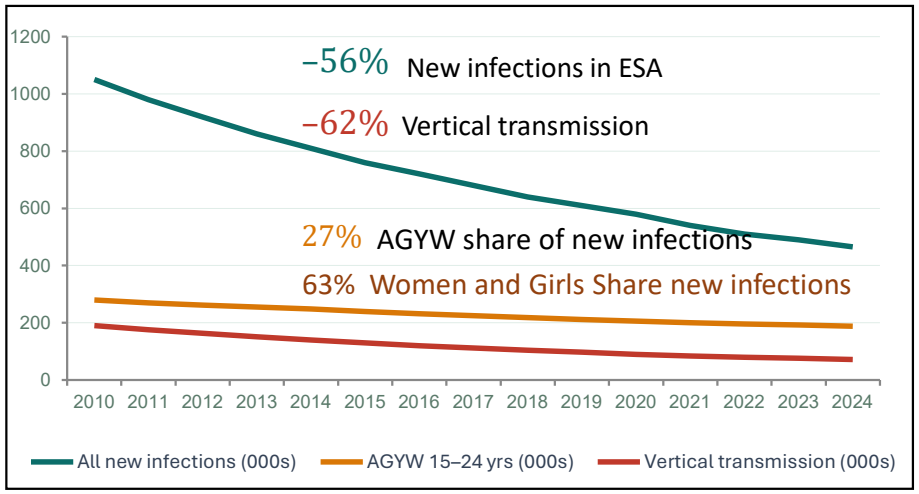
-40%

New acquisitions 2010–2023

Rising

Epidemic in certain regions

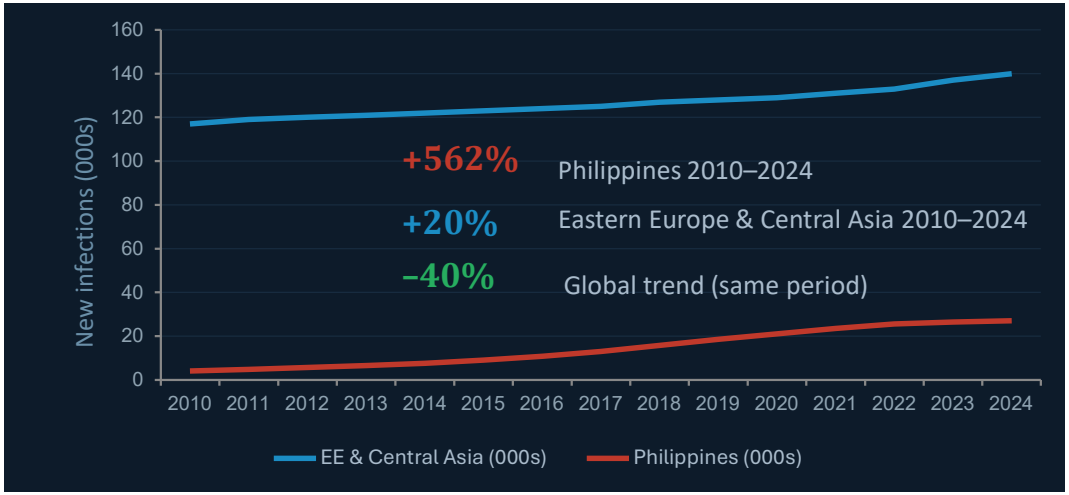
Africa's HIV Control Success



New HIV infections (000s) · Eastern & Southern Africa

7 countries achieved 95-95-95 targets by 2024: Botswana · Eswatini · Lesotho · Namibia · Rwanda · Zambia · Zimbabwe

Rising epidemics: new frontiers

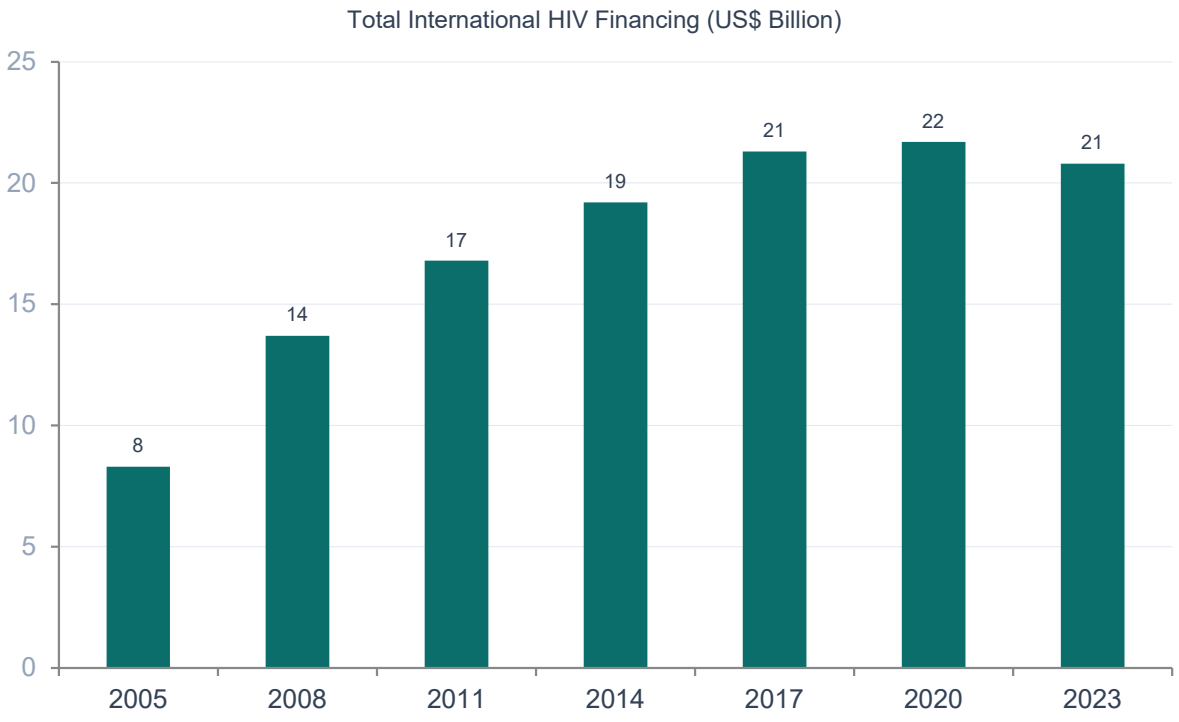


Criminalization compounds Risk and the Equity Imperative

- Where same-sex relationships, drug use, or sex work are criminalised, Standalone community programmes remain the most ethical approach — yet rely entirely on external donors

Source: Ratevosian et al., JIAS 2026; UNAIDS Global AIDS Update 2024

Where has HIV money come from and what was changing?



Source: UNAIDS Financial Dashboard 2023; PEPFAR SIMS Reports

PEPFAR **~$7B/yr**

Largest bilateral HIV donor

Global Fund **~$4B/yr**

Multilateral grants

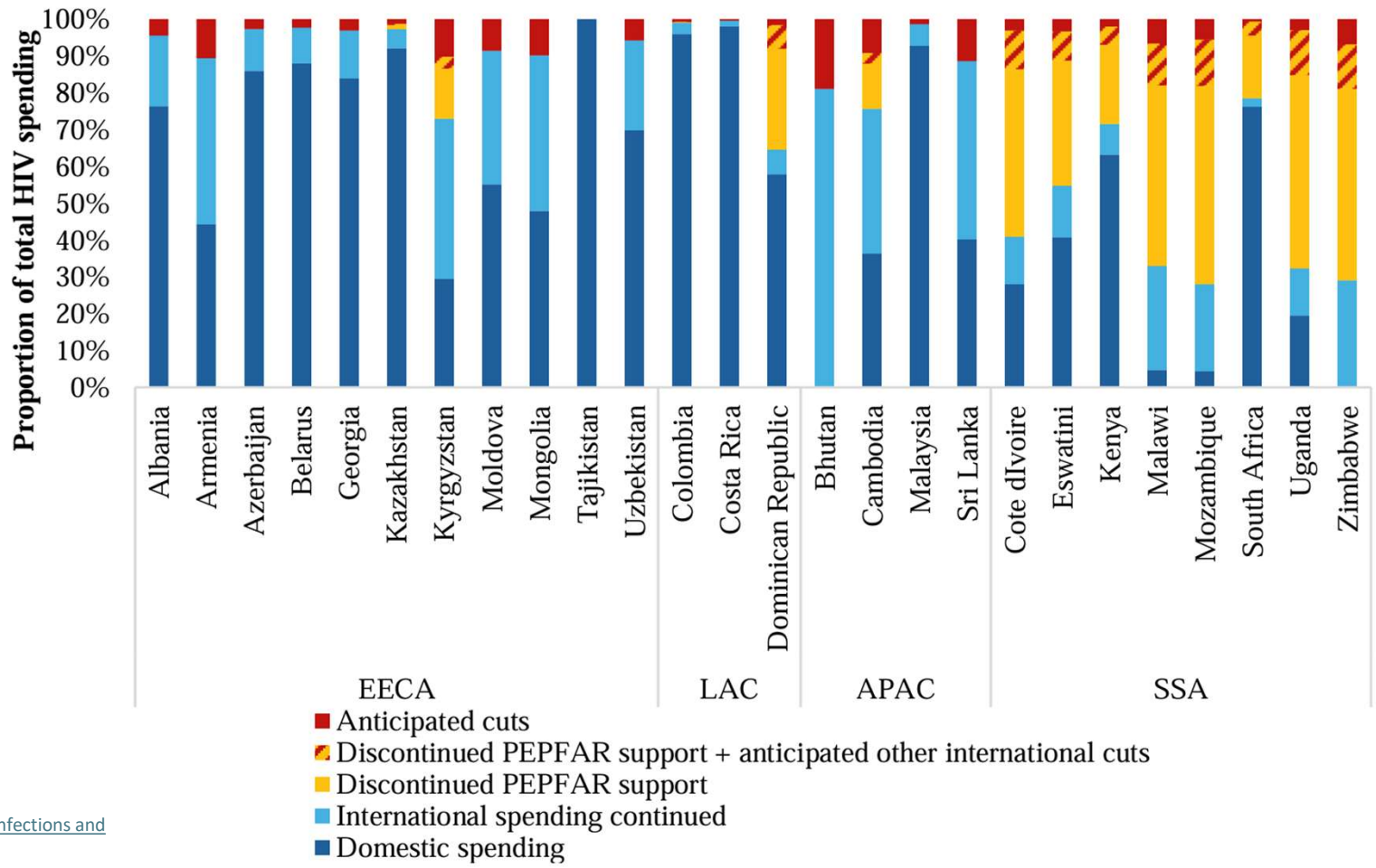
Domestic **Rising**

LMICs averaging 57% of total

Key trend **Plateau**

Flat since 2017; real decline adj. for inflation

PEPFAR funding accounts for more than 20% of total HIV funding, and more than 60% of total HIV funding in Malawi, Mozambique, Uganda, and Zimbabwe



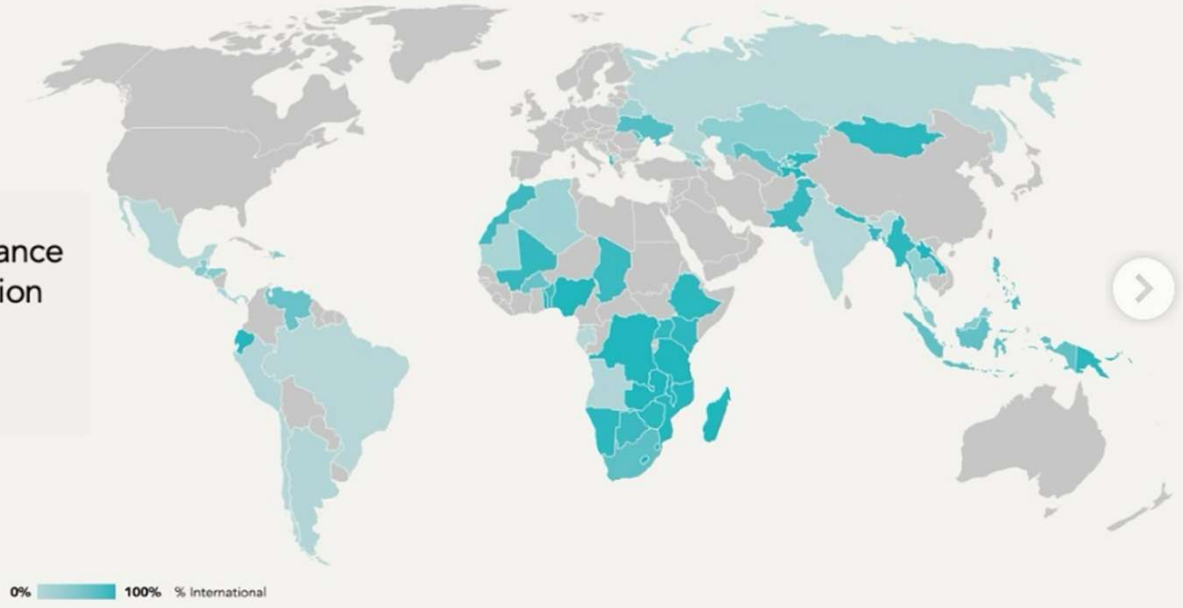
Impact of an HIV budget crisis – modelling HIV infections and mortality in 26 countries, posted 4 March 2025

- Only 18 countries finance >25% of HIV prevention domestically

UNAIDS

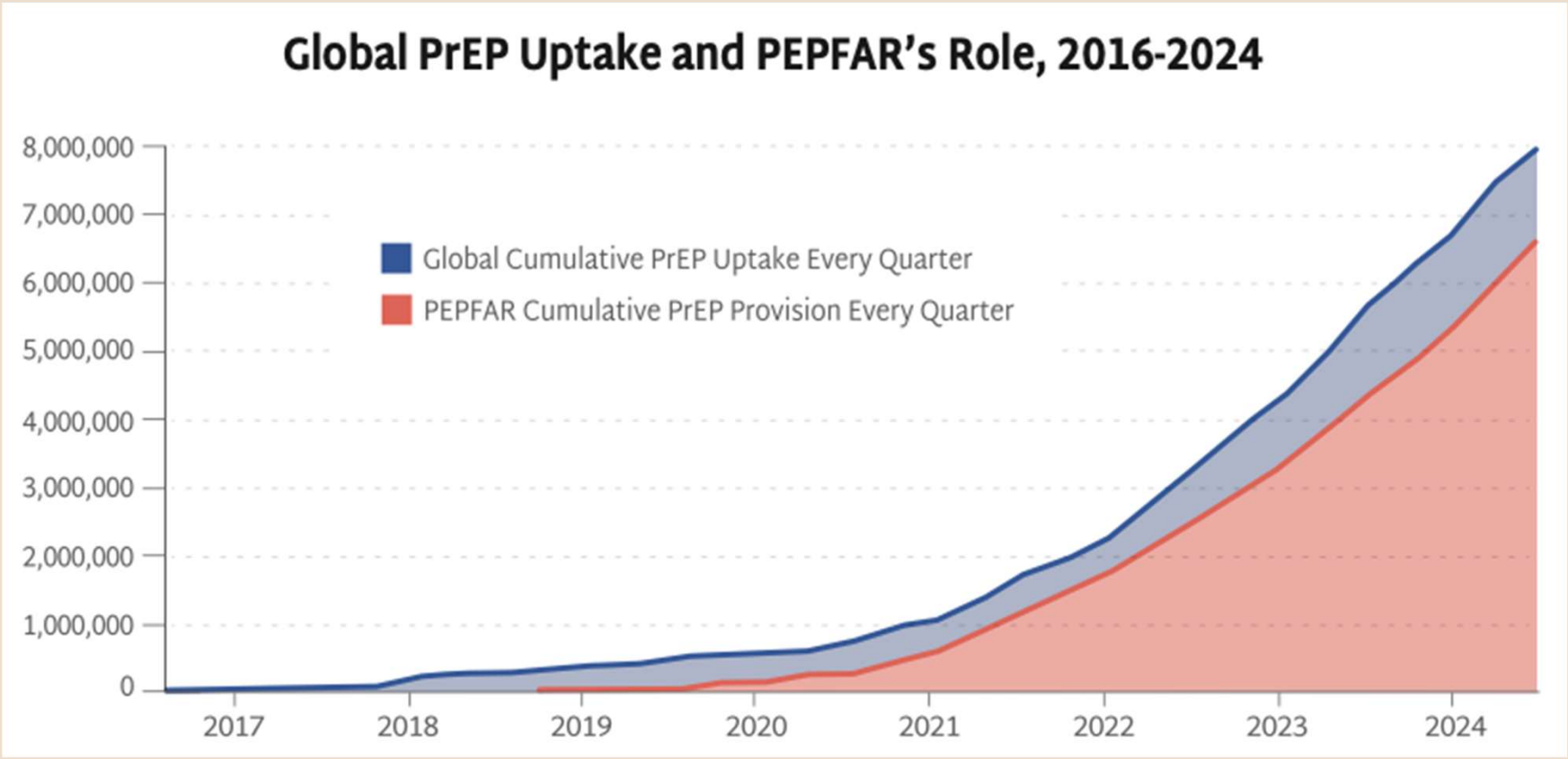
In many countries, HIV prevention relies heavily on donor funding

Proportions of HIV prevention funding coming from international sources, 2025



Source: UNAIDS financial estimates using latest available prevention funding data from global AIDS monitoring, national AIDS spending assessments, PEPFAR Panorama Spotlight, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Cumulative PrEP Initiations to 2024



Then January 2025 came



Some 2026 awful truths

The PEPFAR cuts may be the most devastating public health assault ever, worse than COVID – and beyond Africa



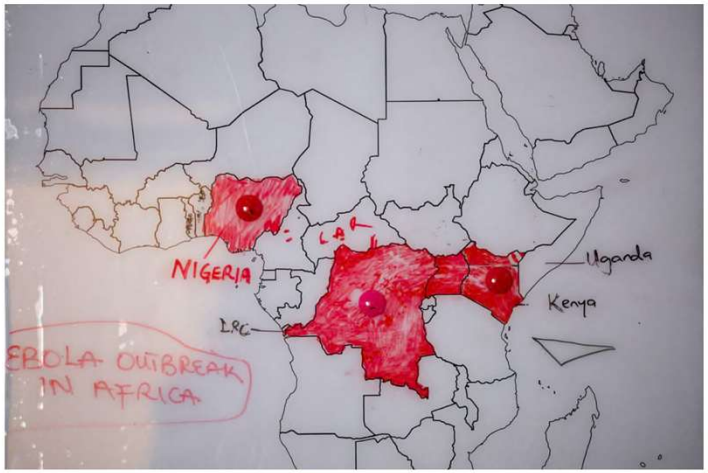
USA funding cuts extend beyond HIV

- Entire health systems – Lesotho, Zimbabwe, Malawi
- Drug safety surveillance, vaccines, FDA, CDC advice
- USAID and NIH research – estimated 70% of SSA's research budget
- Famine and disaster relief
- Governance, climate, air travel safety, earthquakes
- Now – pandemic accords, drug supplies
- US Sept 2026: Committed $US18 billion to 'America First' – for 35 African countries (not SA) – Ghana 'no' – 'humiliating', Zim, Namibia also no



Africa's 'unprecedented' Ebola outbreak could reach UK, says top health official

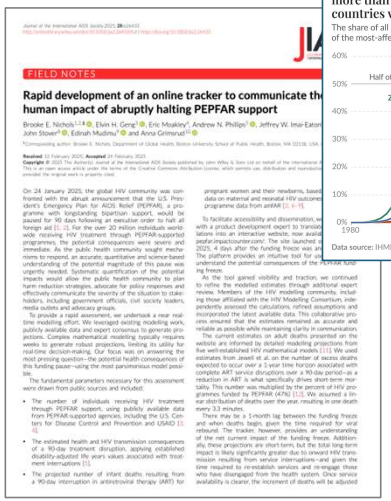
Jean Kaseya, of the Africa CDC, warns of the illness spreading like Covid unless more funding is secured to increase preparedness and possible treatment



A map showing countries affected by active Ebola outbreaks at the headquarters of the Nigeria Centre for Disease Control and Prevention in Abuja. Photograph: Sodiq Adelakun/Reuters

The "unprecedented" spread of the Ebola outbreak means it could reach the UK and other countries, according to one of Africa's top health officials.

As the current outbreak reached 10,000 cases, with almost 5,000 deaths, Dr Jean Kaseya, director general of the Africa Centres for Disease Control and Prevention (CDC), compared the outbreak to the Covid pandemic, which first



FIELD NOTES

Rapid development of an online tracker to communicate th human impact of abruptly halting PEPFAR support

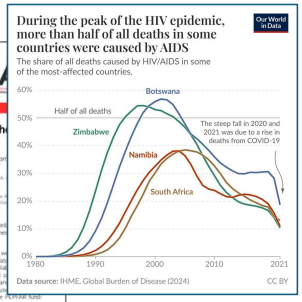
Brooke E. Nichols[1–4], Elvin H. Geng[5], Eric Mosales[6], Andrew N. Phillips[7], Jeffrey W. Imai-Eaton[8], John Stover[9], Edirah Mudiiny[10] and Anna Grimsrud[11]

On 24 January 2025, the global HIV community was confronted with the abrupt announcement that the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), a programme with longstanding bipartisan support, would be paused for 90 days following an executive order to halt all foreign aid [1, 2]. For the over 20 million individuals worldwide receiving HIV treatment through PEPFAR-supported programmes, the potential consequences were severe and immediate. As the public health community sought mechanisms to respond, an accurate, quantitative and science-based understanding of the potential magnitude of this pause was urgently needed. Systematic quantification of the potential impacts would allow the public health community to plan harm-reduction strategies, advocate for policy responses and effectively communicate the severity of the situation to stakeholders, including government officials, civil society leaders, media outlets and advocacy groups.

To provide a rapid assessment, we undertook a near real-time modelling effort. We leveraged existing modelling work, publicly available data and expert consensus to generate projections. Complex mathematical modelling typically requires weeks to generate robust projections, limiting its utility for real-time decision-making. Our focus was on answering the most pressing question—the potential health consequences of this funding pause—using the most parsimonious model possible.

The fundamental parameters necessary for this assessment were drawn from public sources and included:

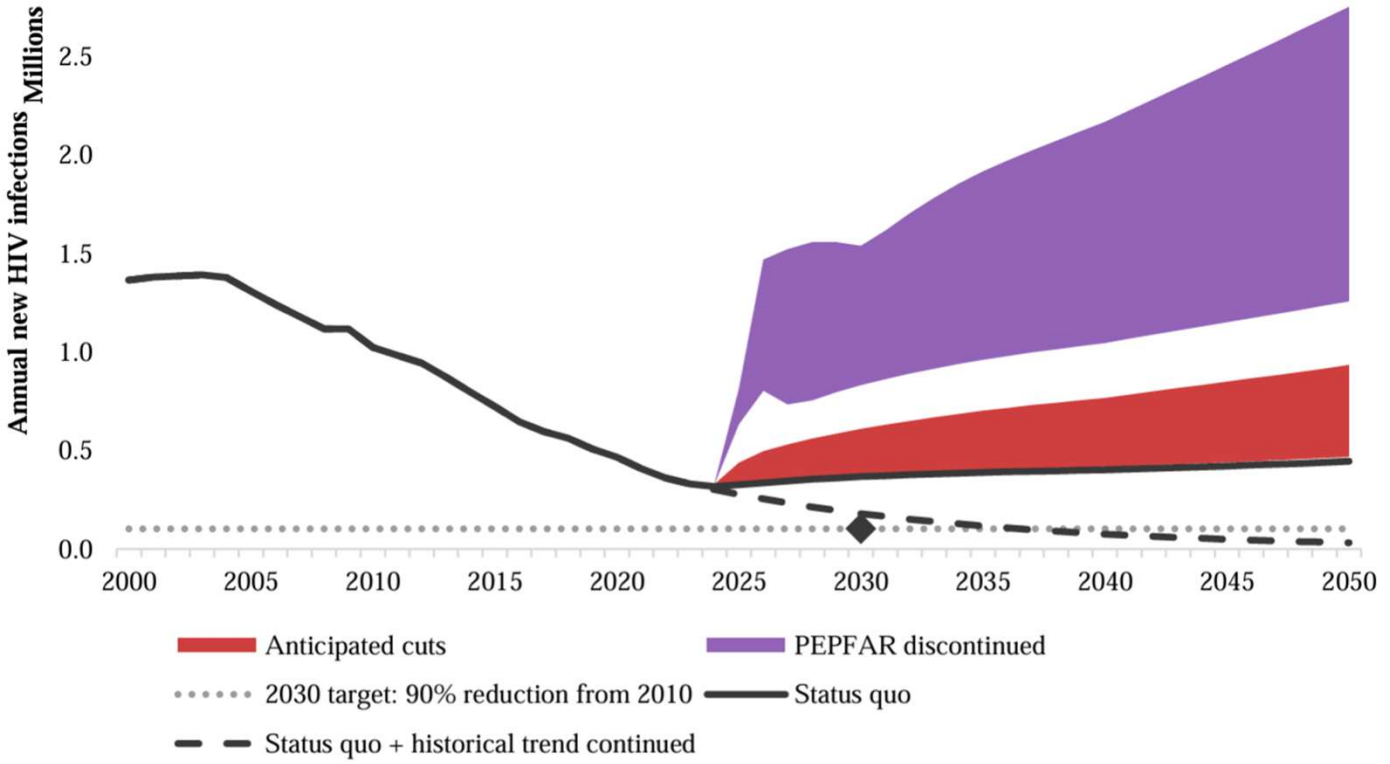
- The number of individuals receiving HIV treatment through PEPFAR support, using publicly available data from PEPFAR-supported agencies, including the U.S. Centers for Disease Control and Prevention and USAID [3, 4].
- The estimated health and HIV transmission consequences of a 90-day treatment disruption, applying established disability-adjusted life years values associated with treatment interruptions [5].
- The projected number of infant deaths resulting from a 90-day interruption in antiretroviral therapy (ART) for pregnant women and their newborns, based





[Impact of an HIV budget crisis – modelling HIV infections and mortality in 26 countries, posted 4 March 2025]

Figure 4. Annual new HIV infections projected from 2000 to 2050, relative to UNAIDS 2030 target for reduced new HIV infections (90% reduction from 2010 baseline). Anticipated cuts captures the range of impacts given by the proportional cuts and reallocated prevention budget to treatment scenarios (Scenario 2 and Scenario 3, red), while PEPFAR discontinued captures the range of impacts with and without mitigation (Scenario 4 and Scenario 5, purple). The dashed line shows a continuation of historical 8.3% year-on-year reductions in new HIV infections from 2023 levels.



What did PEPFAR fund in South Africa?



- 17% of HIV budget – not consumables (almost none)
- Focused on 27 districts where 78% of people with HIV live
- Case finding – reason we have CD4>400
- TB screening and support
- Data systems – reason why system is managed well
- Support to National/provicial DoH - >200 technical experts
- Key populations programmes – LGBTQ+, sex workers, drug users
- Community monitoring of clinic service quality - https://ritshidze.org.za/the-model/

The U.S. President's Emergency Plan for AIDS Relief - PEPFAR



- Laser-like focus on HIV – often criticised
- In summary:
  - Efficiently found people with HIV and put them and kept them on treatment
  - And monitored and adapted as the programme changed
  - And managed the programme well
  - TB benefited
- My assessment? Brought the best (and the worst) of American programming to health – unbelievably efficient!
- The masterclass for NCDs – 'find & link & retain'

African impact has been mixed but devastating

- Overnight stoppage of programme, information freezes, spin
- Everywhere – HIV testing, key populations services stopped
- Kenya, Botswana, Lesotho, Eswatini, Mozambique, Zim, Uganda – different levels of collapse compounded by denial, lies
- South African government - spin, spin, spin – until last month!

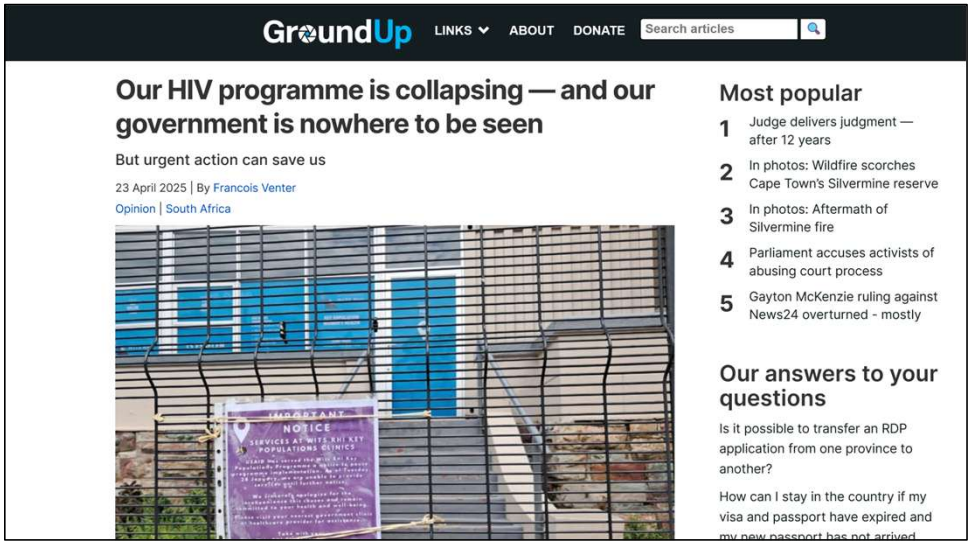


PEPFAR CROI discussion, 2025



South Africa

- No plan as yet



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Our HIV programme is collapsing — and our government is nowhere to be seen

But urgent action can save us

23 April 2025 | By Francois Venter

Opinion | South Africa

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4. Parliament accuses activists of abusing court process
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Our answers to your questions

Is it possible to transfer an RDP application from one province to another?

How can I stay in the country if my visa and passport have expired and my new passport has not arrived



HEALTH JUSTICE INITIATIVE · African Alliance · +SECTION27 catalysts for social justice · TAC Treatment Action Campaign · CANCER ALLIANCE · sweat · PSAM Public Service Accountability Monitor

18 March 2025

URGENT

TO: **MINISTER OF THE NATIONAL DEPARTMENT OF HEALTH**

E-mail: minister@health.gov.za

AND TO: **MINISTER OF FINANCE**

E-mail: minreg@treasury.gov.za

AND TO: **MINISTER OF INTERNATIONAL RELATIONS AND COOPERATION**

Email: rlamola@parliament.gov.za

COPIED TO: **THE PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA**

E-mail: president@presidency.gov.za

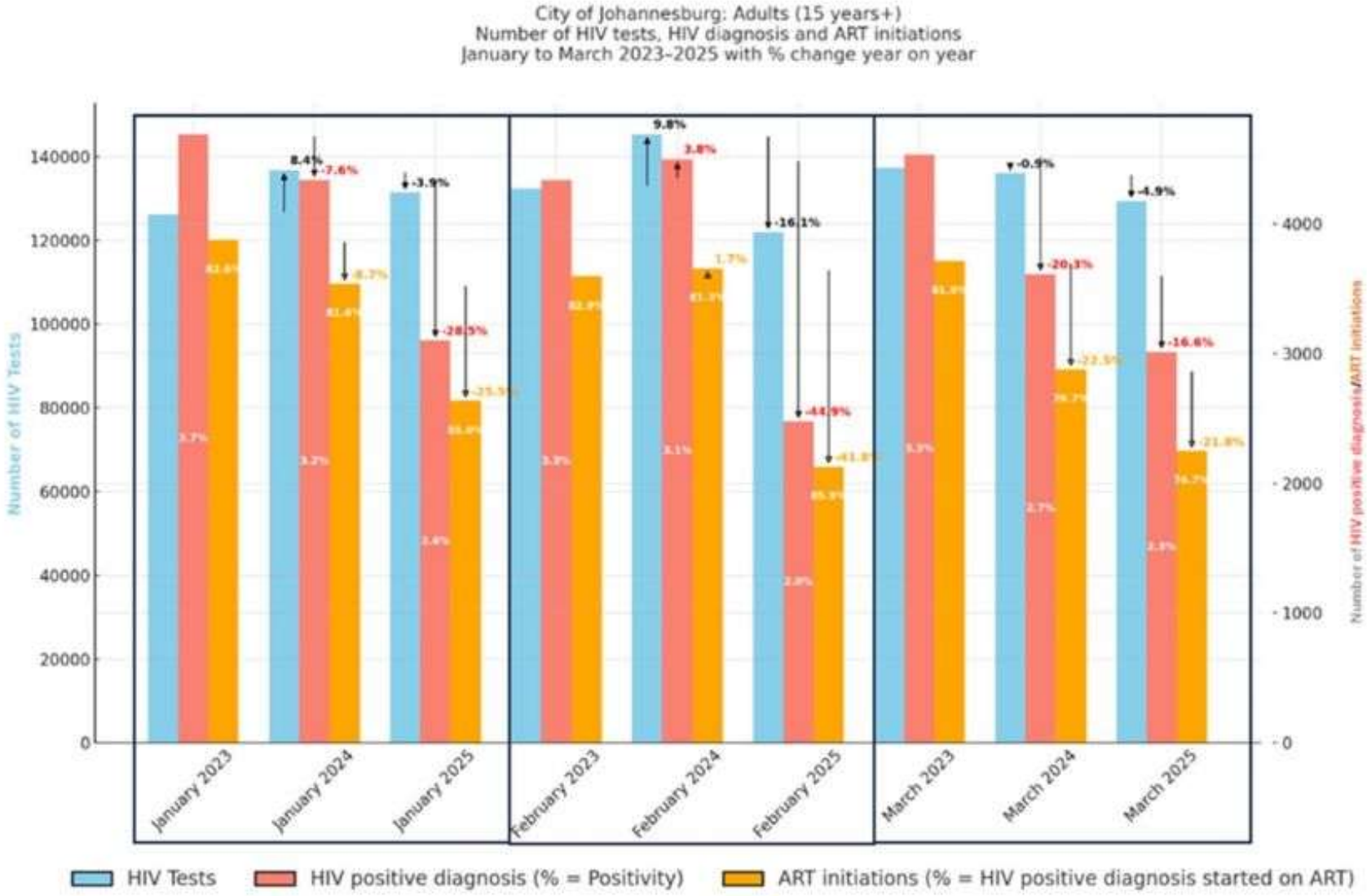
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Dear Ministers Motsoaledi, Godongwana, and Lamola,

WE REQUIRE AN URGENT COORDINATED EMERGENCY PLAN AND INCREASED BUDGET FOR HEALTHCARE SERVICES: HUNDREDS OF THOUSANDS OF



Between Q1 2025 and Q1 2024:

- HIV testing decreased by 8.5%
- 31% reduction in HIV diagnosis
- 30% reduction in ART initiations.

Respondents

- 166 respondents from 46 countries
- ~23% of the PEPFAR IP universe

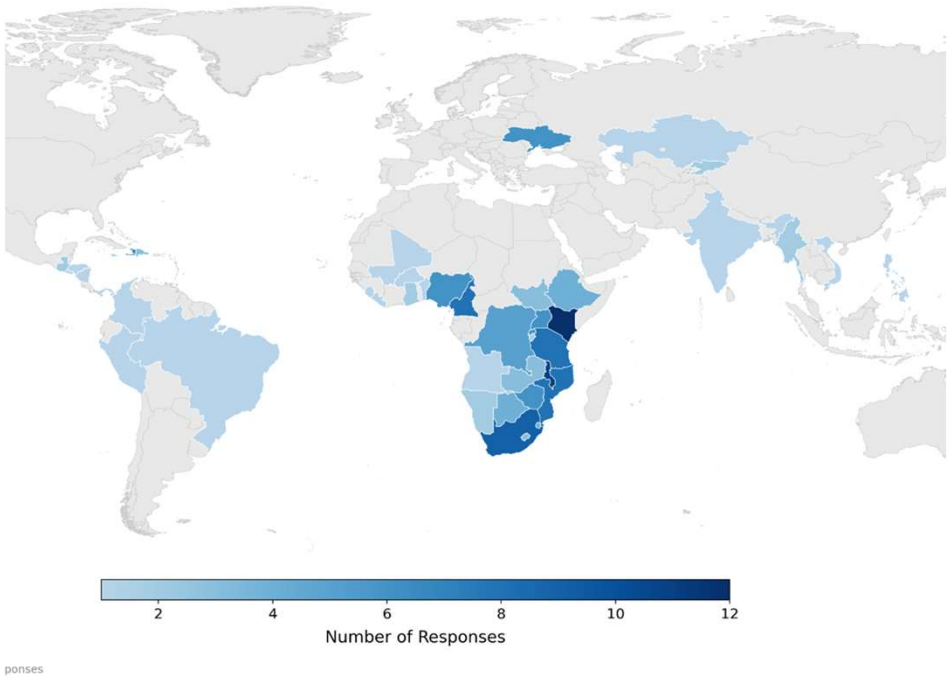


Table 1: PEPFAR Pulse Sample Comparison to All PEPFAR Partners

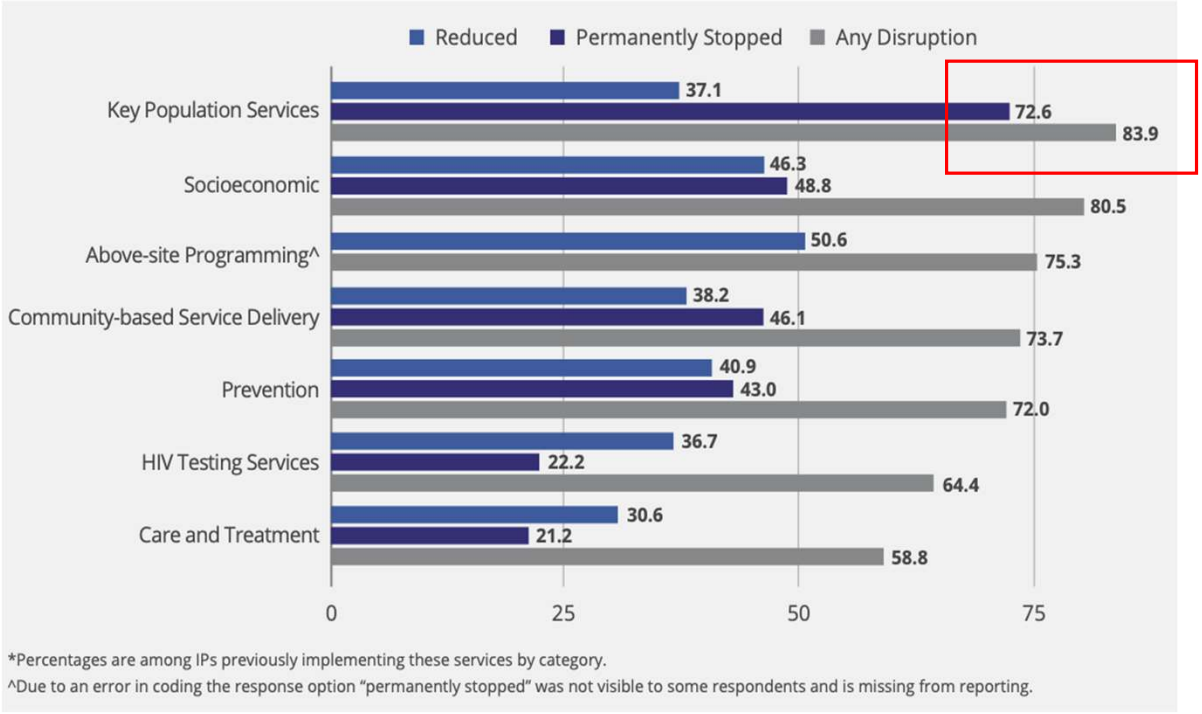
	ALL PEPFAR IPs (%)	SAMPLE IPs (%)	REPRESENTATIVENESS (% difference)*
IP type			
International NGO	23.3	28.3	5.0
Local NGO	21.3	38.6	17.3
National government	16.6	7.8	-8.8
International private contractor	13.8	3.6	-10.2
Multilateral agency	7.6	3.6	-4.0
International university	7.3	7.2	-0.1
Local university	3.2	1.8	-1.4
Local faith-based organization	2.5	3.0	0.5
Local private contractor	1.8	3.0	1.2
International faith-based organization	1.3	0.6	-0.7
Local KP-led organization	1.1	2.4	1.3
Region			
Asia and the Pacific	8.5	3.0	-5.5
Central Asia	2.3	1.8	-0.5
Eastern and Southern Africa	57.3	55.4	-1.9
Europe	1.4	3.6	2.2
Latin America and the Caribbean	12.4	14.5	2.1
Western and Central Africa	18.1	21.7	3.6

* ≤2.9% = light blue, 3% - 5% =yellow, ≥ 5.1% = orange

Damage across the system

- ***77%** of respondents reported a delayed or terminated award*
  - Half of respondents (51.9%) reported at least one cancelled award
  - Half (51.3%) reported at least one delayed award

Services stopped among IPs previously providing that service



Damage across the system

- 5 IPs fully closed

- Importance of lost DICs:
  - 100% (n=126) of closed DICs were located in countries that criminalize drug use,
  - 86.5% (n=109) were in countries that criminalize sex work, and
  - 41.3%(n=52) were in countries that criminalize same-sex relations.

Service delivery point closures by type

Site Type	Number
Public Health Facilities	1,010
Service Delivery or Access Points Within a Larger Clinic	325
Private HIV Specific Facilities	206
Drop-in Centers/One-Stop Shops for Specific Populations	126
Mobile Clinics	47
Total	**1,714**

Areas of deepest disruption

Key population services

72.6% of IPs who previously provided KP services permanently stopped at least one

Key Population Services: Among IPs Previously Offering Service (n)	Stopped Permanently	Any Disruption
KP peer educators (42)	59.5% (25)	97.6% (41)
KP prevention services (42)	52.4% (22)	97.6% (41)
KP outreach services (39)	66.7% (26)	97.4% (38)
KP gender-based violence services (34)	64.7% (22)	94.1% (32)
KP-focused structural interventions (30)	63.3% (19)	93.3% (28)
KP–specific service sites (32)	56.2% (18)	84.4% (27)
Medication assisted treatment (27)	55.6% (15)	81.5% (22)

Prevention

46.1% of IPs who previously provided community-based services permanently stopped at least one

Community-based Services: Among IPs Previously Offering Service (n)	Stopped Permanently	Any Disruption
Community-based outreach (51)	37.3% (19)	92.2% (47)
Peer-led educators (48)	41.7% (20)	91.7% (44)
Community-led monitoring (37)	62.2% (23)	89.2% (33)
Community adherence clubs (41)	41.5% (17)	87.8% (36)
Community-based return to care services (48)	35.4% (17)	85.4% (41)
Community ARV pick-up (42)	35.7% (15)	83.3% (35)

Community-based services

43.0% of IPs who previously provided prevention services permanently stopped at least one

Prevention: Among IPs Previously Offering Service (n)	Stopped Permanently	Any Disruption
Violence prevention and response (52)	34.6% (18)	92.3% (48)
PrEP (55)	29.1% (16)	87.3% (48)
Non-biomedical HIV prevention (50)	38.0% (19)	86.0% (43)
Condom & lubricant programming (45)	42.2% (19)	84.4% (38)
Medication assisted treatment (30)	26.7% (8)	70.0% (21)
PMTCT (49)	22.4% (11)	63.3% (31)
VMMC (24)	37.5% (9)	62.5% (15)

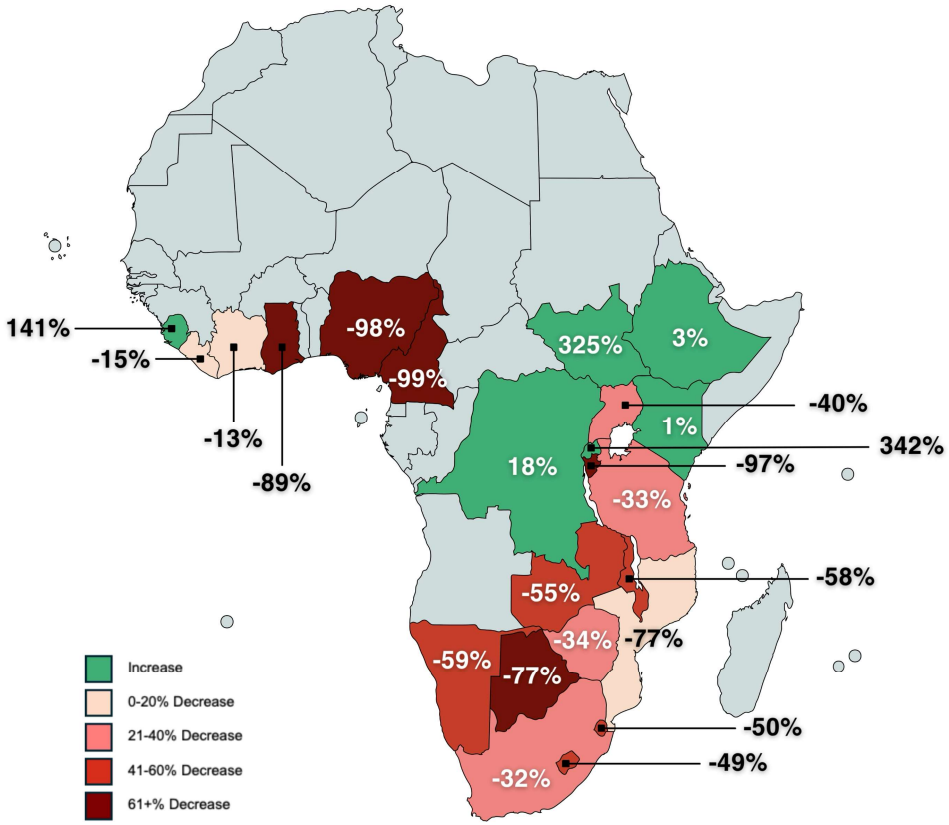
Table 1. Changes in Key HIV Service Indicators Across Reporting Countries, 2024–2025

	Prevention	Testing	Adults on Treatment		Pediatrics on Treatment		Monitoring	Advanced Care
Indicator	Number of Oral PrEP initiations	Number of Tests run	Number of new ART initiations	Total number on ART	Number of new ART initiations	Total number on ART	Viral Load tests run	CD4 tests run
Percent change 2024 to 2025	**-42%** (10 countries)	**-12%** (8 countries)	**-9%** (8 countries)	**+0.6%** (8 countries)	**-15%** (8 countries)	**-11%** (9 countries)	**-21%** (10 countries)	**-35%** (6 countries)

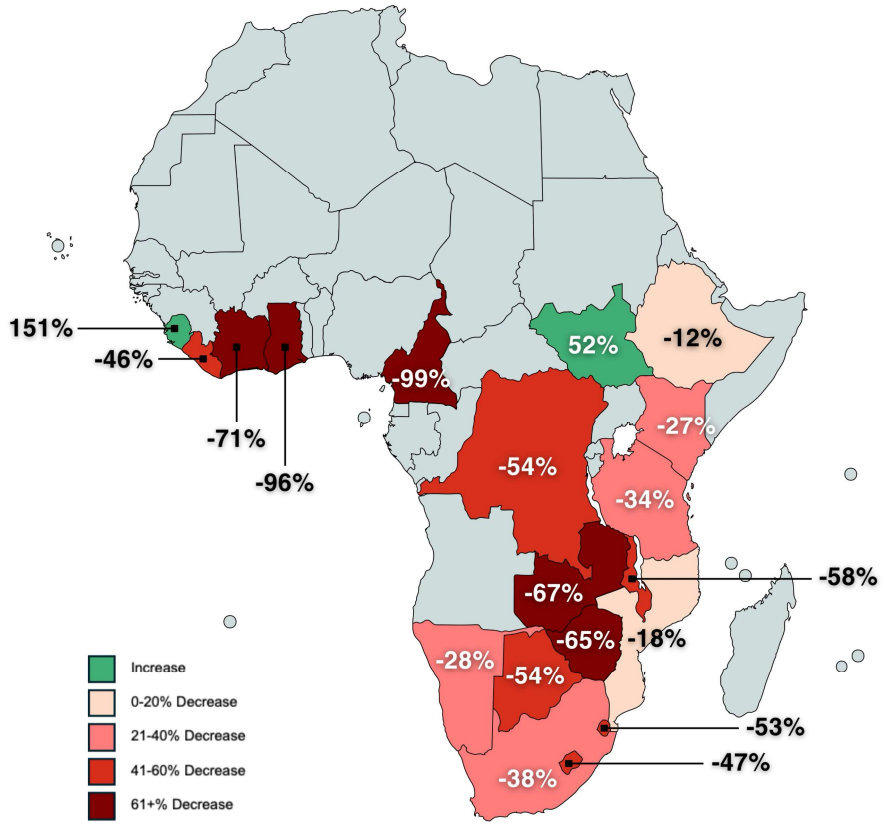
Note: Percentage change calculated as aggregate across all reporting countries, comparing full-year 2024 totals to full-year 2025 totals, except for total number on ART, which is calculated using Q4 2024 totals compared to Q4 2025 totals.

severe decline moderate decline increase

Percent Change in New PrEP Initiations (FY24 Q4–FY25 Q4)



Percent Change in PrEP F/U or Reinitiations (FY24 Q4–FY25 Q4)



U.S. Department of State, Bureau of Global Health Security and Diplomacy. PEPFAR Panorama Spotlight Dashboard. Accessed July 13, 2026. https://data.pepfar.gov/dashboard

HIV Service Delivery Following the PEPFAR and USAID Funding Withdrawal in Uganda and Zimbabwe:

An Interrupted Time-Series Study

Henry Cust, Sungai Chabata + Unnamed Co-Authors

Sanford School of Public Policy, Duke University, USA
Institute of Global Health, University College London, UK
Centre for Sexual Health and HIV/AIDS Research (CeSHHAR), Harare, Zimbabwe

August 26, 2026

Headline: All Four Domains Fell Sharply and Stayed Down

Immediate level change at February 2025 (across both primary specifications)

Domain	Range (index points)	Significant?	Recovered?
Prevention	−37 to −63	Yes ($p < 0.01$)	No
PrEP	−43 to −72	Yes ($p < 0.01$ wtd; $p = 0.07$)	No
Treatment	−22 to −32	Yes ($p < 0.01$)	No
Testing	−59 to −64	Yes ($p < 0.01$)	Somewhat

- Each index point ≈ one percentage point of the 2024 average
- Services remained **substantially below 2024 levels through March 2026**
- Treatment showed the *smallest* declines — consistent with a partially effective ART waiver and/or reprioritisation of NGOs.



- “These cuts not only weaken the resilience and durability of local health systems but also dismantle the critical clinical research pipeline in South Africa on which the United States has relied for innovations in treatment, prevention, and disease management”: - Emily Bass

Complete health collapse e.g. Lesotho

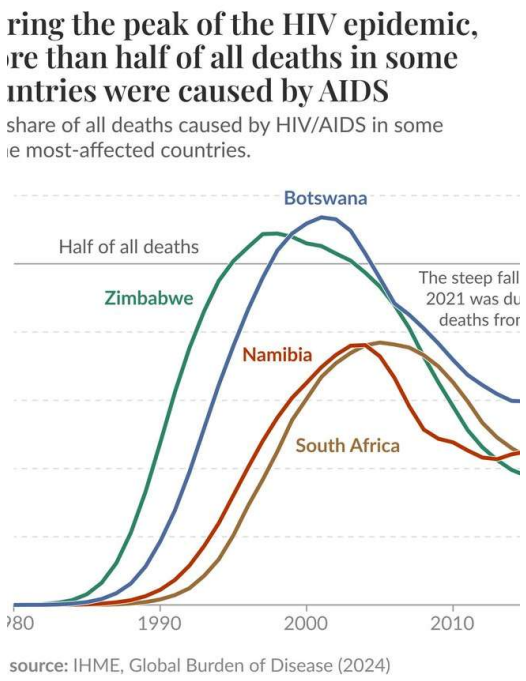
Significant HIV disruption e.g. Kenya

Strategic interruption e.g. South Africa



Why must South Africa be scared?

- No HIV testing, key pops programmes stopped
- Return to CD4=80, no TB screening
- In months, hospitalisations – return to 2004
- No key population programmes – no prevention, more illness
- No early-warning system – DoH has no systems in place
- Impact on economy: loss of >24 000 jobs, R20 billion/year (just PEPFAR)
- Impact on neighbours



What Changes the Trajectory? What must happen now?

WHAT CHANGES THE OUTCOME

–94%
Infections & deaths averted

- If USG support was fully reinstated
  - 4.4M infections reduced to 0.07–1.73M

Near full
Harm offset

- IF funding restored AND
  - resources reallocated from oral PrEP → long-acting PrEP (CAB-LA / LEN)

Most deaths
Averted

- IF ART funding is restored (without prevention)
  - but leaves ~1M new infections

10–15 yrs
Progress reversed without action

- Worst-case: complete US cessation
  - unravels epidemic control gains within few years

WHAT MUST HAPPEN

1 **Protect ART supply chains NOW**

- ART continuity is non-negotiable
  - interruption kills within months

2 **Reallocate prevention strategically**

- long-acting PrEP (LEN PrEP, CAB-LA)
  - Innovative cheaper delivery models

3 **Build domestic co-financing NOW**

- Earmarked HIV budget line + HIS integration + domestic generic innovative procurement are minimum actions

4 **Defend community & prevention programmes**

- Prevention is first cut domestically
  - BUT generates the highest long-term savings.
  - 1 infection prevented = lifetime of treatment avoided.
- Budget cuts here are the costliest error

Sources: Ten Brink et al. Lancet HIV 2025; AIDS journal Zimbabwe model 2025; Lancet HIV PrEP model 2025; UNAIDS 2025

Governance of Innovation as Transition Enabler

- Availability of innovations should be shaped by
  - political will
  - Policy
  - Funding
  - Licensing agreements
- Implementation science for integrated models
- Cost-effectiveness of innovations must be systematically evaluated
- Integration to be managed and evaluated so as no to erode quality

It is almost unbearable – we were so close…

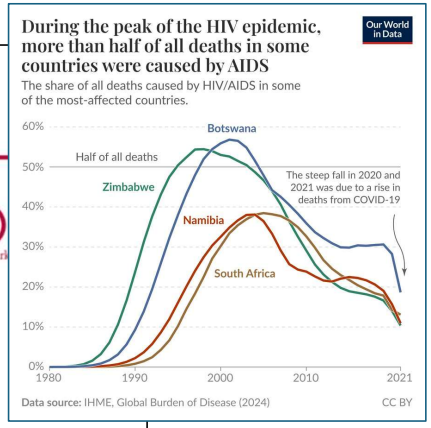
Pharmacokinetics and safety of once-yearly lenacapavir: a phase 1, open-label study

Vamshi Jogiraju, Pallavi Pawar, Jenna Yager, John Ling, Gong Shen, Anna Chiu, Emma Hughes, Ramesh Palaparthy, Christoph Carter, Renu Singh

Summary

Background Long-acting antiretrovirals can address barriers to HIV pre-exposure prophylaxis (PrEP), such as stigma and adherence. In two phase 3 trials, twice-yearly subcutaneous lenacapavir was safe and highly efficacious for PrEP in diverse populations. Furthering long-acting PrEP efforts, this study assessed the pharmacokinetics and safety of two once-yearly intramuscular lenacapavir formulations.

Published Online
March 11, 2025
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S0140-6736(25)00405-2



EDITORIAL

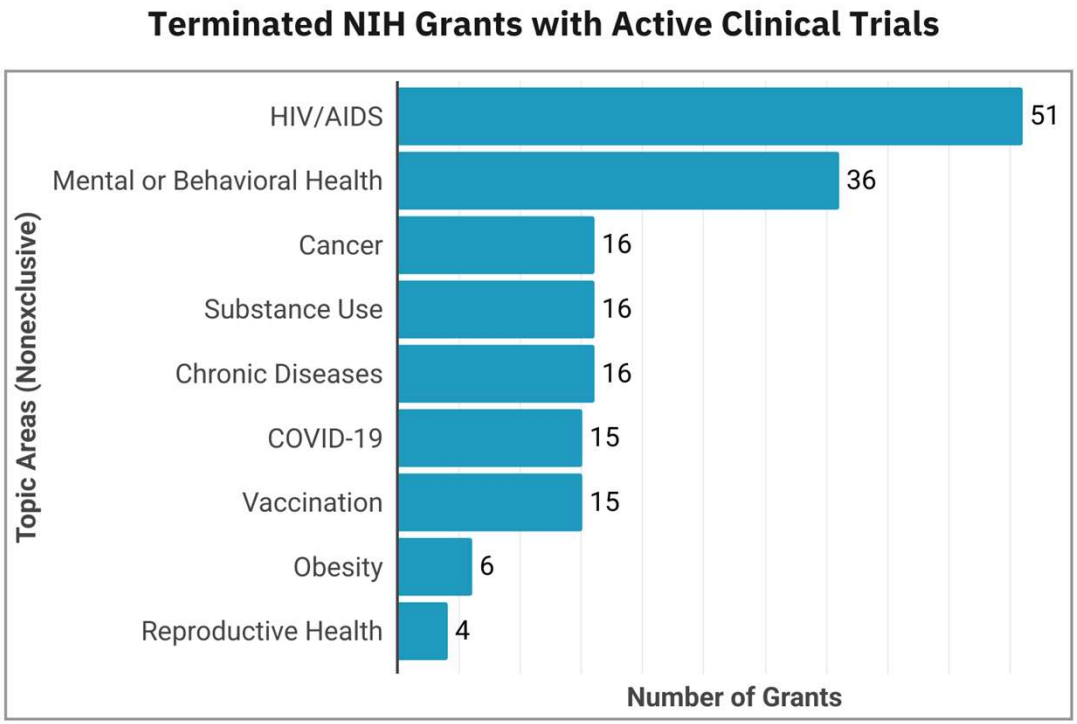
Working at Cross-PURPOSEs to Ending HIV

Glenda E. Gray, M.B., B.Ch.,[1-3] and W.D. Francois Venter, M.B., B.Ch., Ph.D.[4,5]

NIH: CUTS TO CLINICAL TRIALS

Total NIH termination of grants

- **$19B lost funding = 777 terminated grants**
- **$643M = 113 active clinical trials terminated**
- **56% ($~360M) of terminated clinical trials related to HIV**



Source: Association of American Medical Colleges

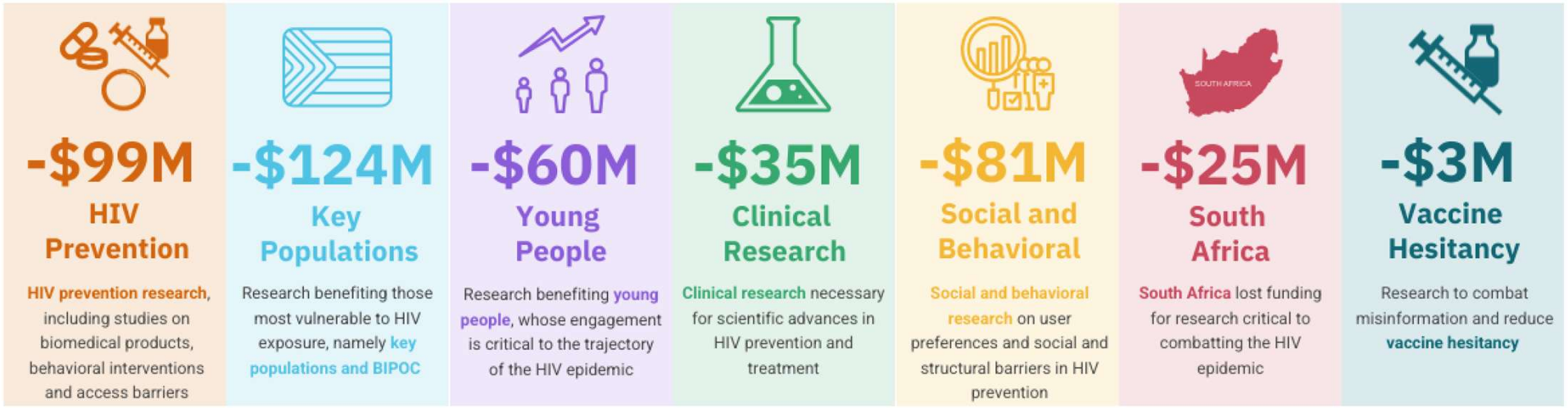
Updated July 2026

AVAC
Advocacy. Access. Equity.

AVAC. *AVAC Infographics for AIDS 2026*. 2026. https://avac.org/resource/avac-infographics-aids2026/

The Cost of Cutting HIV Research

NIH terminated 191 HIV-specific grants in 2025, slashing over $200 million from key HIV prevention research grants[1]



[1]Grants may cover more than one research area, so total across categories shown here exceeds $200 million in total funding lost

SA data update

Gauteng DHIS

Outcome	Change in 2025 versus 2024	Absolute reduction
HIV tests	−7.7%	423,239 fewer tests
HIV-positive test results	−26.5%	29,098 fewer positive results
ART initiations	−26.7%	24,928 fewer starts

Test positivity fell from 1.99% in 2024 to 1.58% in 2025

Across all five Gauteng districts, January 2023–December 2025: Chauke, Lutchman, Dulaze, Nichols and Wilkinson

Gauteng DHIS

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Test positivity fell from 1.99% in 2024 to 1.58% in 2025

Suggests less testing, less effective testing, and less linkage to care – loss off community and focused testing

Across all five Gauteng districts, January 2023–December 2025: Chauke, Lutchman, Dulaze, Nichols and Wilkinson

Six-month dispensing policy

Enrolled by April 2026	Target by April 2026	Target by March 2027
124,623	200,000	1.5 million
Across 142 facilities	Phase-two target	National scale-up target

- Six-month dispensing included in national ART guidelines in 2023.
- National phased scale-up began only in August 2025.
- By April 2026, enrolment was 62% of the phase-two target.

District	January 2025*	April–June 2025
King Cetshwayo	97%	43%
eThekwini	82%	46%
uMgungundlovu	81%	84%

***given 3/12 prescription, Ritshidze monitoring**

Some KZN data from 2025 (released 2026)

- No reported HIV test-kit shortages, but 20–45% of facilities reported fewer staff available for testing.
- Only 36% of surveyed patients in uMgungundlovu and 21% in King Cetshwayo were offered an HIV test during facility visits.
- Longer ARV collection times in some settings and a shift towards shorter refills.



Absolutely no urgency… Additionally, R500 million on offer from donors as emergency funding not taken

The Minister of Science, Technology and Innovation, Prof Blade Nzimande, tabled
the Ministerial Working Group on Science, Technology and Innovation Funding be
on 1 July 2026.
Cabinet supported the report's recommendations and directed that their impleme

Minister Blade Nzimande release the Ministerial Working Group report on Science, Technology and Innovation funding for public comment, 29 Sep

29 Sep 2026

The Minister of Science, Technology and Innovation, Prof. Blade Nzimande, will release the highly anticipated Report of the Ministerial Working Group on Science, Technology and Innovation Funding on Tuesday, 29 September 2026.

Last PEPFAR funding ends March 2027

- Global Fund ending too – last key pops programme

Summary: Headlines for SA HIV programme…

- Good news:
  - Some donors still standing – nothing on PEPFAR scale, but still here
  - Nurses holding the (treatment) line, many treatment systems resilient
  - TLD amazing, patients resilient
  - Hints of hope on research front
- Bad news:
  - HIV testing programme doing badly
  - Monitoring and maybe initiation an issue (Dr Gounder, NHLS: 6% decrease in VL in KZN)
  - Key population programmes dead
  - LancetHIV data, incidence rise,
  - Lenacapavir rollout stuttering
  - Minister remains in denial, no plan
  - USA/other funding unlikely to return
  - Zim, Mozambique. Lesotho, Swaziland – no data≠good news

Finally: what must we thinking about?

Design health systems for patients

Not for institutional comfort

- And stop saying ‘more money’ and ‘more staff’

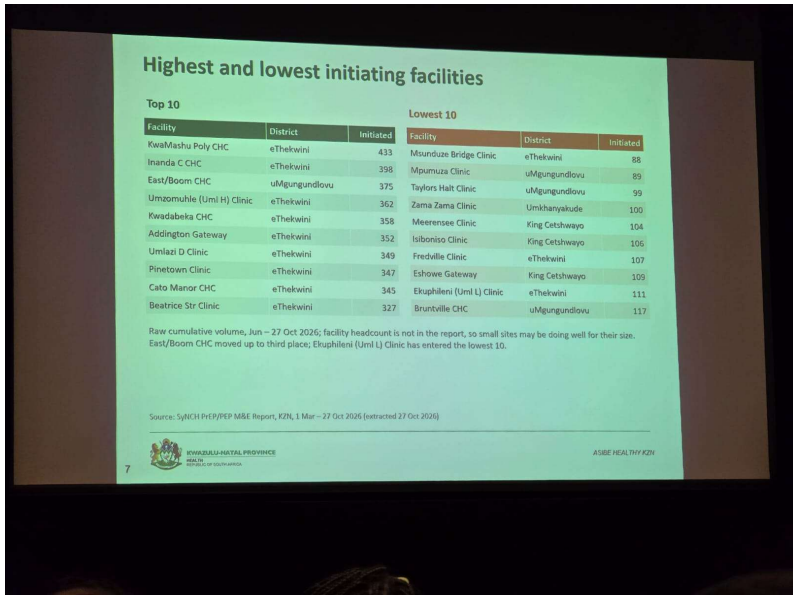


Finally: what must we thinking about? (1)

- How do we get HIV testing at scale again? Especially in high-risk populations
  - Otherwise, it's back to CD4=80 and AHD burden on hospitals

(2) How do we scale PrEP – really!

- Current PrEP numbers are woeful
- KZN busiest len clinic sees 2-3/day
- 12 million people in KZN, about 600 clinics – if only 10% need lenacapavir, clinics need to see average 8/day



Highest and lowest initiating facilities

Top 10

Facility	District	Initiated
KwaMashu Poly CHC	eThekwini	433
Inanda C CHC	eThekwini	398
East/Boom CHC	uMgungundlovu	375
Umzomuhle (Uml H) Clinic	eThekwini	362
Kwadabeka CHC	eThekwini	358
Addington Gateway	eThekwini	352
Umlazi D Clinic	eThekwini	349
Pinetown Clinic	eThekwini	347
Cato Manor CHC	eThekwini	345
Beatrice Str Clinic	eThekwini	327

Lowest 10

Facility	District	Initiated
Msunduze Bridge Clinic	eThekwini	88
Mpumuza Clinic	uMgungundlovu	89
Taylors Halt Clinic	uMgungundlovu	99
Zama Zama Clinic	Umkhanyakude	100
Meerensee Clinic	King Cetshwayo	104
Isiboniso Clinic	King Cetshwayo	106
Fredville Clinic	eThekwini	107
Eshowe Gateway	King Cetshwayo	109
Ekuphileni (Uml L) Clinic	eThekwini	111
Bruntville CHC	uMgungundlovu	117

Raw cumulative volume, Jun – 27 Oct 2026; facility headcount is not in the report, so small sites may be doing well for their size. East/Boom CHC moved up to third place; Ekuphileni (Uml L) Clinic has entered the lowest 10.

Source: SyNCH PrEP/PEP M&E Report, KZN, 1 Mar – 27 Oct 2026 (extracted 27 Oct 2026)

KWAZULU-NATAL PROVINCE
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ASIBE HEALTHY KZN

7

(3) What needs to happen to get 6/12 dispensing?

- Who needs to go to jail?
- And why can’t patients collect their meds at private pharmacies?
  - CCMDD: South Africa >5 million registered patients, with almost 3000 external pick-up points (but started 2014!)
  - Private pharmacies: >4500 every corner of the country
  - Home delivery: Medipost 730,000 scripts/month, Clicks Direct free delivery

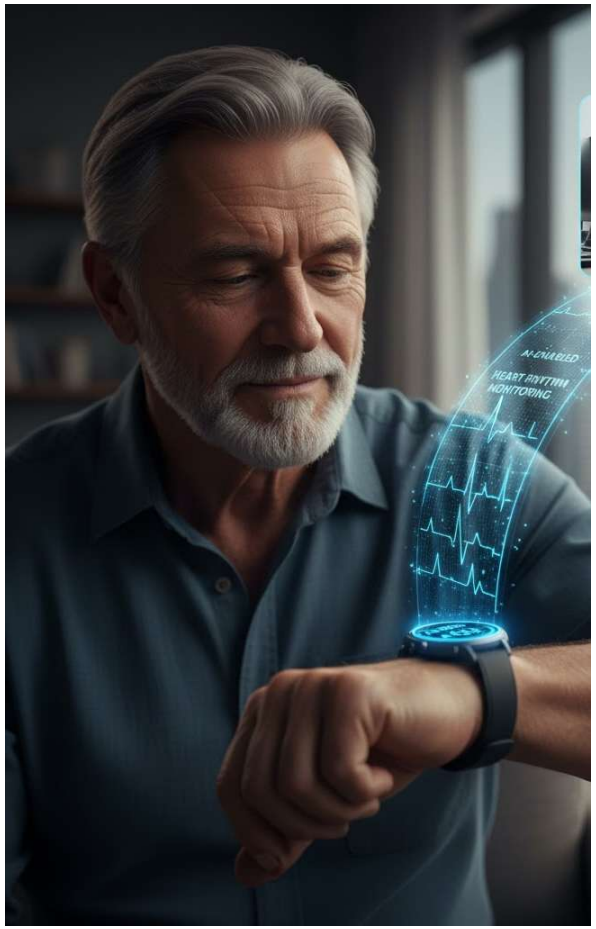


(4) Simplify guidelines; think about how to implement

- Write them for PHC nurses, not hospital doctors – involve them!

(5) Accelerate (start) digitisation

- 0 EMRs in >30 years in DoH, ‘SPI’, minimal in private
- >90% have smartphones, use Whatsapp (>95% urban)
- Capitec Bank: 25 million clients, 14 million use banking app
- They have stopped changing phones



Conclusion: we need brave and big change

- We need something radical to happen – not tinkering, not disease specific – to health delivery
- Need to guard against ‘too expensive’, ‘won’t work’
- New technologies, financial crunches, may be what finally forces new thinking


BUILDING
C



Some observations on PEPFAR (and our DoH system generally)



- We deliver services the same way, forever
  - Bricks and mortar clinic, see a nurse, pick up drugs every x months
  - Even key populations – bricks and mortar clinic with specialist nurses
  - CCMDD – started in 2014!
- And yes, some things were expensive, complex, not scalable

Last thoughts

- We need something radical to happen – not tinkering, not disease specific – to health delivery
- Need to guard against ‘too expensive’, ‘won’t work’
- New technologies, financial crunches, may be what finally forces new thinking