Can Twice-Yearly HIV Prevention Transform the HIV Response for Adolescent Girls and Young Women in Africa?

1. **Introduction**

For decades, the HIV response in sub-Saharan Africa has relied heavily on a combination of prevention strategies, including condom use, HIV testing, voluntary medical male circumcision, behavioural interventions, and pre-exposure prophylaxis (PrEP). While these interventions have contributed significantly to reducing new HIV infections, adolescent girls and young women (AGYW) continue to experience a disproportionately high burden of HIV, particularly in Eastern and Southern Africa. Persistent gender inequalities, gender-based violence, poverty, stigma, limited access to youth-friendly health services, and unequal power relations continue to undermine their ability to protect themselves from HIV infection.

However, recent scientific advances offer renewed hope for transforming HIV prevention. One of the most promising developments is lenacapavir, a long-acting injectable antiretroviral drug administered twice a year for HIV prevention. Its introduction represents a potentially significant shift in HIV prevention by reducing the burden of daily medication and offering an additional prevention option to people who face challenges with existing PrEP methods.

The critical question, therefore, is whether twice-yearly HIV prevention can transform the HIV response for adolescent girls and young women in Africa, and what must happen to ensure that this innovation translates into equitable and sustainable impact.

2. **Understanding the significance of twice-yearly HIV prevention**

Lenacapavir is a long-acting HIV capsid inhibitor that has demonstrated high effectiveness in preventing HIV acquisition when used as PrEP. Unlike oral PrEP, which requires consistent daily medication, lenacapavir is administered via a subcutaneous injection every six months.

The significance of this innovation was demonstrated in the PURPOSE 1 clinical trial, which investigated HIV prevention among adolescent girls and young women in South Africa and Uganda. The trial reported zero HIV infections among participants receiving twice-yearly lenacapavir during the primary analysis period, demonstrating 100% efficacy against HIV acquisition in the trial population (Bekker et al., 2024).

Similarly, the PURPOSE 2 trial demonstrated approximately 96% efficacy compared with estimated background HIV incidence among a diverse population of cisgender men and gender-diverse individuals (Kelley et al., 2025).

These findings represent an important milestone in HIV prevention science. They suggest that long-acting prevention technologies could address some of the structural and behavioural challenges associated with daily oral PrEP.

In June 2025, the World Health Organization (WHO) issued recommendations supporting twice-yearly injectable lenacapavir as an additional HIV prevention option, recognising its potential to expand choice and improve access to HIV prevention services (WHO, 2025).

3. **Why this innovation matters for adolescent girls and young women in Africa**

The importance of lenacapavir must be understood within the broader context of the HIV epidemic in sub-Saharan Africa.

Adolescent girls and young women remain disproportionately affected by HIV. UNAIDS has consistently highlighted the relationship between gender inequality, limited economic opportunities, sexual and gender-based violence, and HIV vulnerability among young women.

In Eastern and Southern Africa, the vulnerability of AGYW is influenced by multiple interconnected factors, including:

- Unequal gender and power relations: Some young women have limited power to negotiate condom use or insist on HIV prevention within intimate relationships.
- Economic vulnerability: Poverty and financial dependence can expose young women to transactional and age-disparate sexual relationships.
- Stigma and discrimination: Fear of being judged for accessing HIV prevention services can discourage young women from seeking PrEP.
- Adherence challenges: Daily oral PrEP requires consistent use, which may be difficult for individuals facing stigma, privacy concerns, unstable living conditions, or unsupportive relationships.
- Limited access to adolescent-friendly services: Health facilities may not always provide confidential, non-judgmental, and accessible HIV prevention services.

Twice-yearly injectable PrEP could help address some of these challenges by reducing the frequency of medication-taking and the need to store daily HIV prevention tablets. It may also offer greater privacy for young women who are uncomfortable with family members or partners discovering that they are taking HIV prevention medication.

Importantly, lenacapavir introduces another prevention option rather than replacing existing interventions. Its value lies in expanding individual choice and making HIV prevention more responsive to the diverse circumstances of young women.

4. **From scientific innovation to meaningful access: Addressing affordability and availability**

While the clinical evidence surrounding lenacapavir is encouraging, its potential to transform HIV prevention in Africa will depend largely on whether countries can make it affordable, accessible and available to populations that need it most.

Historically, access to innovative HIV technologies in low- and middle-income countries has been affected by high prices, lengthy regulatory processes, limited procurement capacity and dependence on donor financing. These challenges could also affect the rollout of long-acting injectable PrEP.

The World Health Organization (WHO, 2025) has emphasised the importance of integrating lenacapavir into national combination HIV prevention programmes and adopting simplified HIV testing approaches to support its delivery. This is particularly important for countries with limited laboratory infrastructure, where complicated testing procedures can create additional barriers to accessing prevention services.

Several considerations will determine whether the innovation reaches adolescent girls and young women:

a) Affordability and sustainable financing: Governments, international donors and pharmaceutical manufacturers must work towards affordable pricing and sustainable procurement arrangements. The Medicines Patent Pool (MPP) has also played an important role in facilitating access through voluntary licensing arrangements for generic production of lenacapavir in eligible countries.
b) Equitable geographical distribution: Rollout should prioritise communities with high HIV incidence, including rural and underserved populations, rather than concentrating services in urban health facilities.
c) Integration into existing services: Lenacapavir should be incorporated into existing sexual and reproductive health and rights (SRHR), adolescent health and HIV prevention services. This would reduce missed opportunities and make prevention services more accessible.
d) Community engagement: Young women, community-based organisations, youth-led networks and civil society organisations should participate meaningfully in planning, implementation and monitoring.

Without these considerations, there is a risk that lenacapavir will become another medical innovation that generates significant scientific excitement but remains inaccessible to the populations most affected by HIV.

5. **Beyond biomedical interventions: Addressing the structural drivers of HIV vulnerability**

Although lenacapavir offers an important prevention opportunity, it cannot independently address the underlying social and structural factors that contribute to HIV vulnerability among adolescent girls and young women.

HIV acquisition among young women is influenced by intersecting inequalities, including gender-based violence, harmful social norms, poverty, limited access to education and inadequate protection systems.

For example, a young woman living in an economically disadvantaged household may have limited negotiating power in sexual relationships. Even when effective HIV prevention technologies are available, she may still experience coercion, violence or restrictions on accessing healthcare.

Research has consistently demonstrated the relationship between gender inequality and HIV vulnerability among young women. UNAIDS (2025) highlights the importance of addressing gender-based violence, discriminatory social norms and economic inequalities as integral components of effective HIV prevention.

Consequently, the introduction of lenacapavir should be accompanied by investments in:

- Comprehensive sexuality education (CSE) for in-school and out-of-school adolescents.
- Gender-transformative programming that challenges harmful gender norms.
- Prevention and response services for gender-based violence.
- Economic empowerment and social protection interventions.
- Youth-friendly sexual and reproductive health services.
- Mental health and psychosocial support.
- Community-led HIV prevention and peer education.

This integrated approach is particularly important in Eastern and Southern Africa, where HIV vulnerability among young women cannot be adequately addressed through clinical interventions alone.

6. **The importance of meaningful participation and informed choice**

One of the most important considerations in introducing long-acting HIV prevention technologies is ensuring that adolescent girls and young women are not merely recipients of services but active participants in decisions affecting their sexual and reproductive health.

The introduction of lenacapavir provides an opportunity to strengthen person-centred HIV prevention by expanding the range of available choices.

However, access must be accompanied by comprehensive information on the benefits, potential side effects, eligibility requirements, HIV testing and the importance of returning for subsequent injections.

The PURPOSE 1 trial reported injection-site reactions as the most common adverse events among participants receiving lenacapavir, although these were generally manageable (Bekker et al., 2024).

It is therefore essential that young women receive accurate, age-appropriate information to make informed decisions without coercion or discrimination.

For adolescents, particularly those aged below 18, national consent laws, safeguarding requirements and adolescent-friendly service delivery arrangements must be considered.

Furthermore, programmes should avoid creating situations in which young women feel pressured to use a particular prevention method because of donor targets or programme performance indicators. The principle of informed choice must remain central to implementation.

The meaningful involvement of young women living with HIV, young women from key populations and those from underserved communities will also help ensure that implementation approaches respond to their lived realities.

7. **Implications for Eastern and Southern Africa: What needs to happen next?**

Eastern and Southern Africa has made considerable progress in reducing new HIV infections. Nevertheless, the region continues to experience a disproportionate burden of the epidemic.

According to UNAIDS (2025), approximately 140,000 adolescent girls and young women aged 15–24 acquired HIV in Eastern and Southern Africa in 2024. They accounted for 28% of new HIV infections across all age groups in the region.

These figures demonstrate the urgency of accelerating prevention interventions that respond to the specific needs of young women.

Countries such as Malawi, South Africa, Zambia, Zimbabwe, Mozambique, Tanzania and Uganda should consider how long-acting injectable PrEP can be integrated into their national HIV prevention strategies, taking into account national regulatory approvals, procurement arrangements, health-system readiness and available resources.

Several strategic priorities deserve attention:

a) Strengthen policy and regulatory readiness: Governments should establish clear national guidelines for introducing and delivering lenacapavir, consistent with WHO recommendations.
b) Prioritise equitable access: Rollout strategies should deliberately include adolescent girls and young women in rural communities, informal settlements and underserved populations.

c) Invest in health-system capacity: Healthcare workers require training in eligibility assessment, HIV testing, administration, counselling, follow-up and adverse-event monitoring.
d) Strengthen community-led implementation: Youth organisations, networks of people living with HIV and community-based organisations should be involved in demand creation, awareness and accountability.
e) Integrate HIV and SRHR services: Long-acting PrEP should be offered alongside comprehensive sexuality education, contraceptive services, STI screening, mental health support and GBV response services.
f) Generate implementation evidence: Countries should document uptake, continuation, acceptability, equity, cost-effectiveness and experiences among adolescent girls and young women to inform programme improvements.

These priorities are particularly relevant to regional networks such as RIATT-ESA, which can facilitate knowledge exchange, strengthen partnerships and promote regional advocacy around equitable access to emerging HIV prevention technologies.

8. The role of regional networks and civil society organisations

Regional networks such as the Regional Interagency Task Team on Children and AIDS in Eastern and Southern Africa (RIATT-ESA) have an important role to play in ensuring that emerging HIV prevention technologies translate into meaningful improvements in the lives of children, adolescents and young people.

As countries prepare for the introduction and expansion of long-acting PrEP, regional networks can contribute by:

- Knowledge sharing: Facilitating regional learning platforms where countries share experiences, implementation challenges and good practices.
- Policy advocacy: Advocating for equitable access to innovative HIV prevention technologies, particularly for adolescent girls and young women.
- Community engagement: Supporting youth-led organisations and civil society networks to raise awareness and address misinformation surrounding new prevention technologies.
- Strategic partnerships: Strengthening collaboration between governments, development partners, research institutions and community organisations.
- Evidence generation: Promoting research on the acceptability, accessibility and effectiveness of long-acting HIV prevention among different population groups.

RIATT-ESA can also use its Technical Working Groups, particularly the Advocacy and Care and Support TWGs, to facilitate discussions on the implications of long-acting PrEP for children and young people across the region.

Such engagement would ensure that regional HIV responses remain responsive to emerging scientific developments while addressing the broader social and structural determinants of HIV vulnerability.

9. Conclusion: An opportunity that must not be missed

Twice-yearly injectable lenacapavir represents one of the most significant advances in HIV prevention in recent years. Its demonstrated effectiveness, particularly among adolescent girls and young women in South Africa and Uganda, provides renewed hope for reducing new HIV infections in populations that continue to experience disproportionate HIV vulnerability.

However, scientific innovation alone will not end the HIV epidemic. The real measure of success will be whether countries can translate this breakthrough into affordable, accessible and equitable prevention services.

For adolescent girls and young women in Africa, this means ensuring that access to innovative HIV prevention technologies is accompanied by comprehensive sexuality education, gender equality, economic empowerment, protection from violence, mental health support and meaningful participation in decisions affecting their lives.

Ultimately, twice-yearly HIV prevention could transform the HIV response, but only if it becomes part of a broader, rights-based and gender-responsive approach that addresses not only the biomedical dimensions of HIV but also the inequalities that continue to drive the epidemic.

The opportunity is no longer simply about developing better HIV prevention technologies; it is about ensuring that every young woman, regardless of her economic circumstances, geographical location or social status, has the power and opportunity to protect herself from HIV.

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