Adaobi Lisa Olisa, Root to Rise, Nigeria

# Advances in HIV post-exposure prophylaxis (PEP)

# Community Perspectives

Regulatory challenges and clinical trial designs

AIDS 2026

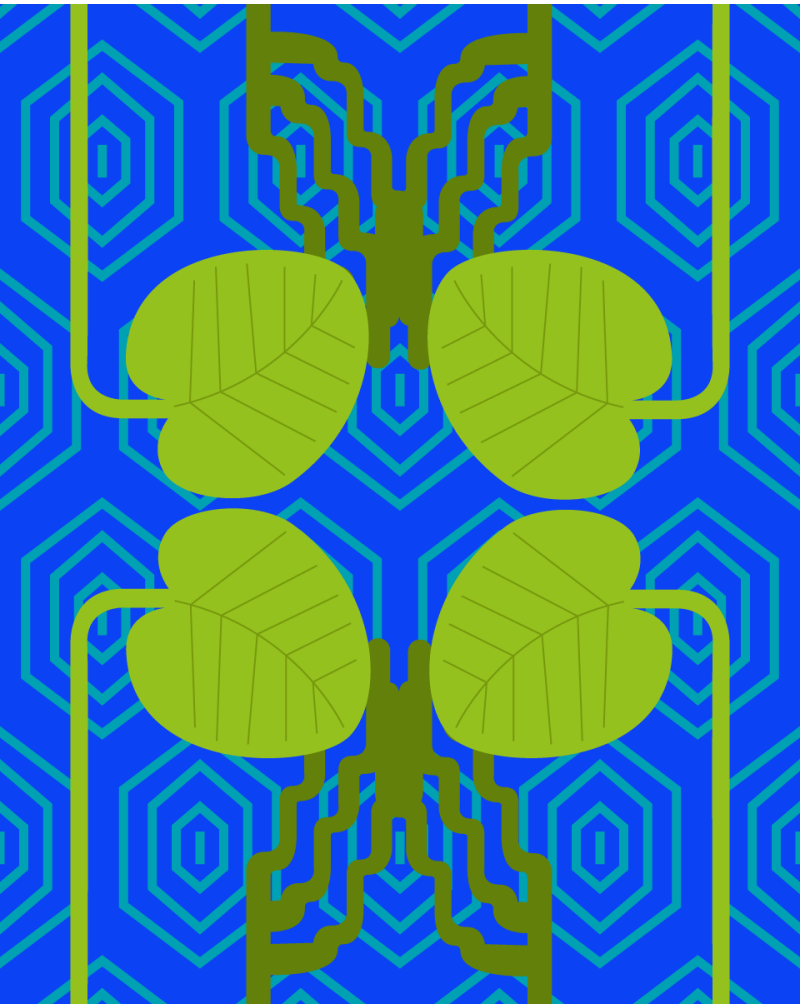
26–31 July • Rio de Janeiro, Brazil

aids2026.org

Root to Rise

AIDS 2026

# Agenda



- The PEP paradox: Current Gaps in PEP Uptake and how it’s linked to community-engagement
- Insights from the community: A community survey on PEP awareness, access and priorities
- Country-level Considerations
- Next Steps

# Disclaimer

AIDS 2026

**The community perspectives and survey responses I'll be sharing are not scientific research findings.**

They come from a short, informal survey shared through community Whatsapp groups and networks (small, self-selected groups).

**Treat them not as data, but as authentic community voices meant to bring lived experience into this conversation.**

AIDS 2026

# What is PEP?

***Post-Exposure Prophylaxis: HIV prevention after a possible exposure***

- **What it is:** a short 28-day course of antiretroviral medicines taken after a possible HIV exposure.
- **Who it's for:** anyone with a possible HIV exposure (sexual, injection-related or occupational).
- **How it works:** stops HIV from establishing infection in the body.
- **Not PrEP:** used after exposure, not ongoing prevention.

**The clock matters**

**Within 72h**

start PEP — ideally within 24h

**28 days**

take the full course, every day

**WHO guidance:** first issued 2014, updated 2024; community-based delivery & task-sharing expand who can deliver PEP and where.

## The PEP journey

**Possible exposure** → **Start PEP within 72h** → **Take daily for 28 days** → **HIV acquisition prevented**

# The PEP Paradox

*A proven HIV prevention tool currently being underutilized*

AIDS 2026

*"The potential role of PEP … continues to be neglected in prevention programmes … underutilized due to lack of awareness, fear of stigma and health-system barriers."*

**— UNAIDS 2025 Global AIDS Update**

**36**
countries have PEP guidelines

**6%**
National guidelines include community PEP access

**No**
global data on PEP use

Maisano N, et al. A global review of national guidelines of PEP for the prevention of HIV. JIAS. 2025

*The lack of global, systematic data collection on PEP usage remains a challenge. While global reporting mechanisms (like the UN's GAM) track PEP policy, they currently lack the infrastructure to collect quality-assured, standardized data on PEP utilization.*

**- HIV Post-Exposure Prophylaxis (PEP) Summit: May 2026, Johannesburg, South Africa**

# Insights from the Community

*A community survey on PEP awareness, access and priorities*

**13**

Countries

**28**

community respondents

**3**

Regions:

Africa, Americas, Asia

How we listened:

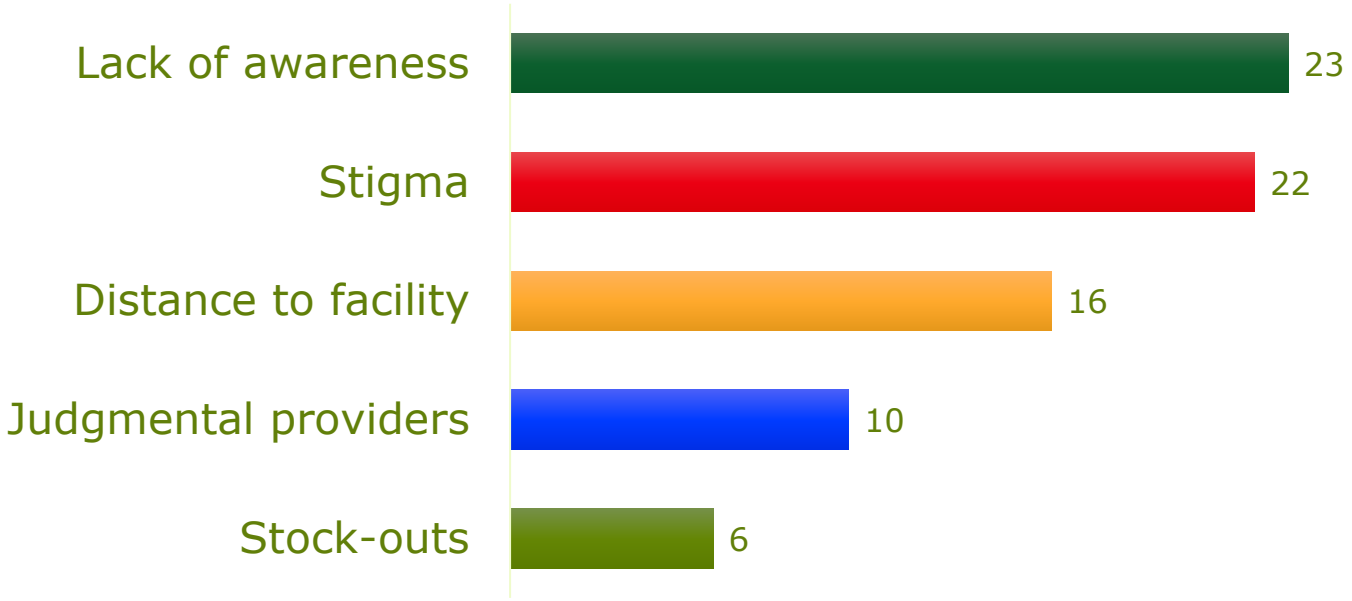
**a short survey shared through community WhatsApp groups and networks** ahead of AIDS 2026, **reaching advocates and community members**.

**Not scientific research, but real community voices.**

# What we heard from the Community

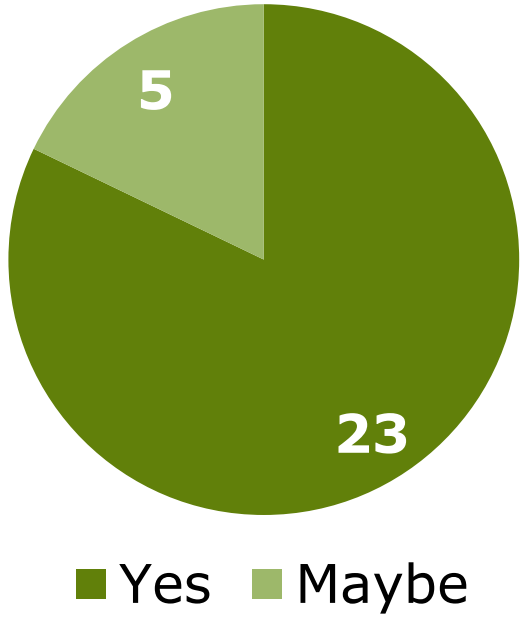
*Community survey findings (28 respondents)*

## Top barriers to PEP




**The 72-hour barrier:** After-hours and decentralized access remain limited

## Communities would use a shorter-course of PEP




***Top fixes communities want: community-led demand creation, community-based delivery, pharmacy access, mobile & outreach services, and shorter course of PEP.***

# Country-level Considerations

*What it takes to move from evidence to implementation*

***This is where the question shifts from "Does it work?" to "Can we deliver it sustainably, safely and equitably at scale?"***

**WHO guidance is the foundation:** countries adapt it into national policy, tools and training.

**New molecules need regulatory approval:** a new product needs national regulatory approval for product access in-country.

**Beyond efficacy:** MoH now asks about feasibility, acceptability, pharmacovigilance & real-world use (as with CAB-LA/LEN for PBFP).

**National Priorities**

- Integration
- Health-system strengthening
- Sustainability (**e.g.** Nigeria integrated PrEP & PEP M&E tools)
- Operational feasibility

AIDS 2026

# Bridging Community and Country

*Two sides, joined by engagement across the whole continuum*

## What communities bring

- Lived experience & trust
- Demand & reach via peer networks
- Real-time feedback & accountability
- Knowledge of real barriers (low awareness, stigma, limited community and after hour access)


## What country systems bring

- Policy & WHO-aligned guidelines
- Regulatory approval & pharmacovigilance
- Funding, supply & scale
- Integration into health systems

*The bridge: engagement across the whole continuum (early, consistent, not tokenistic) builds trust, uptake and responsive programmes.*

AIDS 2026

# A Message to Global Leaders

*"In Uganda, especially among key populations such as MSM, and people who use drugs, PEP access is limited by low awareness, stigma and criminalization.*

*Many fear discrimination when seeking services and delays due to limited after-hours care mean missed opportunities within the 72-hour window.*

***To reduce new infections, global leaders must prioritize stigma-free, decentralized, and community-led PEP delivery integrated within broader HIV prevention services.."***

*— community voice from Uganda*

# Acknowledgement

*Insights that shape the future of PEP — powered by community*

**To the 28 community members across 13 countries** who shared their time and voices in the survey, thank you. Your insights are at the heart of this presentation.

**To The Forum for Collaborative Research,** for convening the series of discussions that led to this satellite, and for hosting it today, thank you.

**And to the Root to Rise team (Ashley Vij, Rose Wilcher and Emory Babcock)** who helped prepare these slides and strengthen this presentation, thank you.

**Adaobi · Root to Rise, Nigeria · adaobi@roottorise.org**