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Early PEPFAR Implementation of Cabotegravir-LA and Implications for Long-Acting HIV Prevention

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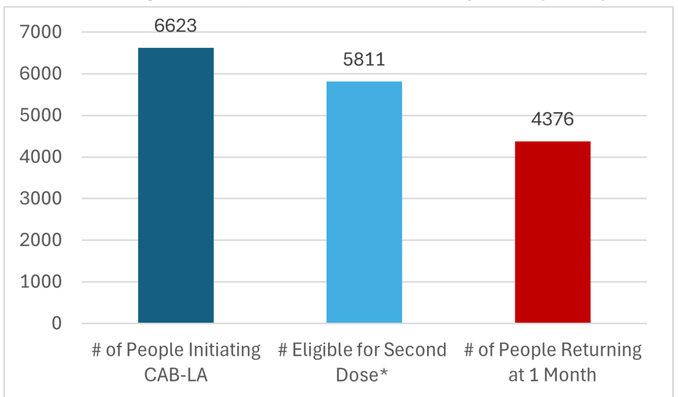
BACKGROUND

Despite the availability of oral HIV pre-exposure prophylaxis (PrEP), gaps remain in reaching the UNAIDS target of 21.2 million people on PrEP by the end of 2025 and reducing HIV incidence globally. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has led the rollout of long-acting PrEP in high-burden settings, aimed at increasing PrEP uptake and preventing new HIV infections globally. In 2024, PEPFAR-supported long-acting injectable cabotegravir (CAB-LA) was introduced in select high burden countries, starting with Zambia, Malawi, Zimbabwe, Eswatini, and Ukraine. We describe CAB-LA implementation and lessons learned to inform future programming.

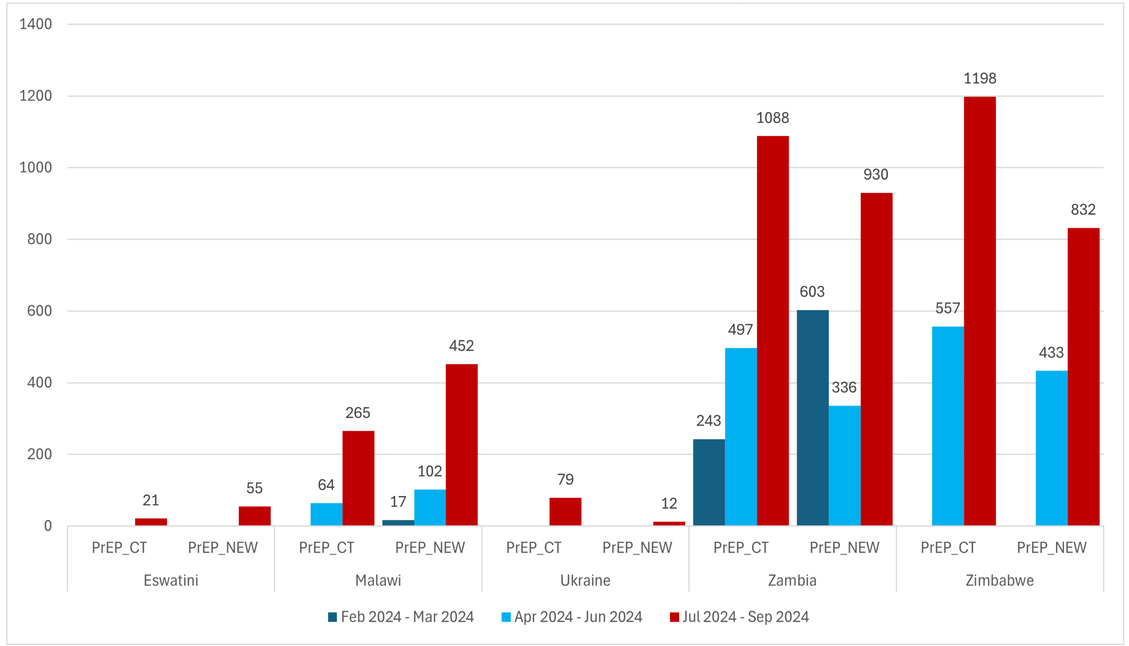
METHODS

CAB-LA was introduced in 110 facilities in 45 districts across Zambia, Malawi, Zimbabwe, Eswatini, and Ukraine in 2024. Data on utilization was collected from two sources: (1) PEPFAR Monitoring, Evaluation, and Reporting (MER) data on PrEP_NEW (number of PrEP-naïve individuals who were newly initiated on CAB-LA) and PrEP_CT (number of individuals that returned for a follow-up or re-initiation visit to receive CAB-LA at least once per quarter, or who switched from oral PrEP to CAB-LA), disaggregated by PrEP type (injectable) from February – September 2024; (2) Monthly country-reported data on PrEP uptake and facilitating factors and challenges from February 2024 – November 2024.

Number of eligible people who returned at one month after initiating CAB-LA, Feb 2024 - Nov 2024 (Monthly data)



Number of individuals initiating and continuing on CAB-LA, by country, Feb 2024 - Sep 2024 (MER data)



RESULTS

Monthly country-reported data showed that there were 6,623 people who initiated CAB-LA from February to November 2024 across the five countries. Quarterly MER data showed that 3,772 PrEP-naïve clients initiated CAB-LA from February to September 2024 and indicated a two-fold increase in CAB-LA PrEP use (PrEP_NEW + PrEP_CT) between July – September 2024 (4,932 clients) compared to the previous quarter (1,989 clients).

Of 5,811 clients eligible for a second dose of CAB-LA after the initial dose, 4,376 (75%) returned after one month. Initial populations for early CAB-LA access varied by country and included individuals at high risk for HIV acquisition, including women of reproductive age and men at higher risk.

Country teams reported that:

- Clients were generally satisfied with the long-acting injectable PrEP product
- Government and political leadership, supportive policies, and capacity building efforts helped facilitate implementation of CAB-LA
- Training for clinical teams on options-based counseling, addressing client concerns, and providing clients with appointment reminders facilitated CAB-LA uptake

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CONCLUSIONS

When introduced into existing HIV prevention platforms, willingness to initiate and return for a second dose of CAB-LA is promising. Collaboration across key stakeholders, including government and political leaders, civil society, and clinical teams remains key to the effective implementation of CAB-LA.

Future Direction

Expanding PrEP options and rapidly scaling long-acting prevention presents an opportunity to reduce HIV incidence and minimize the costs of long-term antiretroviral treatment, ensuring maximum impact for every dollar invested. Continued support for the implementation of long-acting HIV prevention options is needed to meet global targets and achieve the goal of ending HIV/AIDS as a public health threat by 2030.

Limitations

This analysis relies on aggregate data, which limits the ability to assess individual-level factors influencing CAB-LA uptake and continuation on PrEP over time.

Acknowledgements

We would like to acknowledge the PEPFAR Teams in Eswatini, Malawi, Ukraine, Zambia, and Zimbabwe. Additional thanks to Austin Jones, MA (GHSD), Marydale Oppert, MPH (GHSD), Brittany McClure, MPA (GHSD), Michelle S Chevalier, MD (GHSD), Ramona Bhatia, MD (CDC), Todd Lucas, MD (CDC), John Mandisarisa, PhD (CDC Zimbabwe), Haddi Cham, MPH (CDC Zimbabwe), Omega Chituwo, MSc (CDC Zambia), and Christian Nkama, MD (CDC Zambia) for their contributions.

This publication was supported with funding from the U. S. President's Emergency Plan for AIDS Relief (PEPFAR). The findings and conclusions in this report are those of the authors and do not necessarily reflect the official position of the U. S. Government and Bureau of Global Health Security & Diplomacy/PEPFAR.

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