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Oral PrEP Uptake and Continuation in Mozambique: Findings From Large Scale Implementation

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BACKGROUND

Access to HIV pre-exposure prophylaxis (PrEP) has expanded significantly in resource-limited settings, including Mozambique, where oral PrEP was implemented at only select health facilities in 2017, and nationally in 2021. Understanding patterns of oral PrEP uptake and persistence is essential to inform relevant strategies.

METHODS

We conducted a mixed-methods evaluation to assess uptake and continuation on oral PrEP among population at risk of HIV acquisition across 22 health facilities in four provinces (Maputo City, Manica, Nampula, and Zambézia). Uptake was defined as the proportion of eligible individuals who initiated PrEP. Continuation was defined as uninterrupted use or with a gap ≤90 days, assessed at 6-, 9-, and 12-months post-initiation. We analyzed routine program data collected from individuals who initiated on oral PrEP between October 2021 to March 2023. Descriptive statistics included proportions, medians, and interquartile ranges (IQR); comparisons used Chi-square, Kruskal-Wallis, or t-tests.

RESULTS

Of 10,513 HIV-negative persons offered PrEP, uptake was high at 98.6% (N=10,364). The median age was 23 years and 67.1% were between 15-24 years old (Table 1). The cohort included 4,105 (39.6%) adolescent and young people (AYP), 1,588 (15.3%) pregnant women (PW), 478 (4.6%) breast-feeding women (BFW), 3,188 (30.8%) women in commercial sex (WCS), and 1,005 (9.7%) men who have sex with men (MSM). While PrEP initiation was high, continued attendance at the four scheduled pill pickup visits declined over time (Figure 1).

Access to daily oral PrEP has expanded significantly among people at risk of HIV infection. This includes adolescents and young people, pregnant and breastfeeding women, female sex workers and men who have sex with men receiving care at public health facilities.

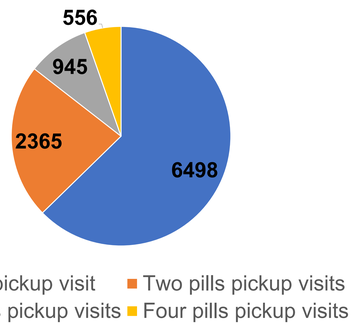
While there was high initial uptake of oral PrEP, the study showed that about 45%, 29% and 15% continued on PrEP at 6, 9 and 12 months, respectively. This highlights the need for longer acting PrEP agents to reduce risk of acquiring HIV.

RESULTS cont.

Table 1: Demographic Characteristics of the Participants

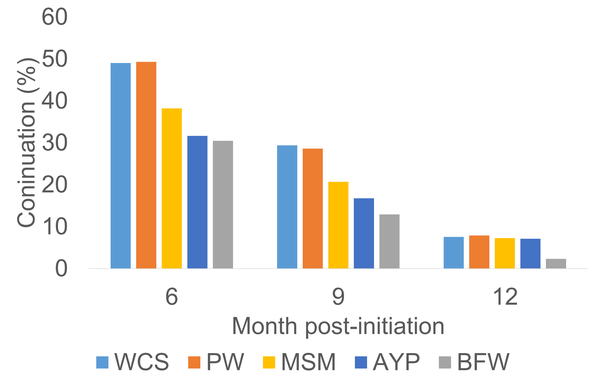
Group	Sub-groups	n	%
Sex	Female	8208	79%
	Male	2156	21%
Marital Status	Never married	5910	57%
	Married or living together	1837	18%
	Divorced or separated	107	1%
	Widowed	11	0%
	Missing	2499	24%
Age groups	10-14	2	0%
	15-19	2202	21%
	20-24	4750	46%
	25-29	2132	21%
	>=30	1278	12%
Risk population	AYP	4105	40%
	PW	1588	15%
	BFW	478	5%
	MSM	1005	10%
	WCS	3188	31%

Figure 1: Number of pill pickup visits attended



RESULTS cont.

Figure 2. Oral PrEP Continuation



Of those initiated, 4,706 (45.4%), 3,028 (29.2%), and 1,518 (14.6%) completed 6-, 9-, and 12-months observation, respectively. Oral PrEP continuation at six months post-PrEP initiation was 39.8% (1,871/4,706) with significant variation by population group: PW (49.3%), WCS (49.0%), MSM (38.2%), AYP (31.7%), and BFW (30.5%), (p<0.001), respectively (Figure 2). Continuation decreased to 22.0% (665/3,028) at nine and 7.2% (110/1,518) at 12 months.

CONCLUSIONS

There was high uptake of oral PrEP in routine clinical settings. However, overall PrEP continuation was low and decreased over time, with substantial variation by population. Long-acting PrEP options offer the opportunity to enhance perseverance on PrEP, reducing the risk of HIV acquisition.

ADDITIONAL KEY INFORMATION

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