Long-Acting Cabotegravir PrEP Among Adolescent Girls and Young Women: Pilot Results, Mozambique 2025

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BACKGROUND

Mozambique has a high HIV incidence, with adolescent girls and young women (AGYW) accounting for 27% of the estimated 91,644 annual infections in 2024. Oral pre-exposure prophylaxis (PrEP) has been available in Nampula Province since 2019. In 2024, 13,585 AGYW in Nampula initiated oral PrEP. However, challenges persist, with only 23% remaining on PrEP one year after initiation. To address some of the challenges of oral daily PrEP and improve persistence, bimonthly long-acting cabotegravir (CAB-LA) was introduced in 2024.

METHODS

In a pilot program, CAB-LA was offered to AGYW (aged 15–24 years) at one health center in Nampula City. Following the national testing algorithm, CAB-LA clients were screened for signs and symptoms of acute HIV infection (AHI) and tested using rapid HIV diagnostic tests. Those testing negative had a blood sample taken before receiving CAB-LA, which was tested via polymerase chain reaction (PCR). PCR results were available at the second visit, and were used to determine continuation on CAB-LA. We analyzed data from routine aggregated clinic reports.

Figure 1. New initiations in CAB-LA by age group

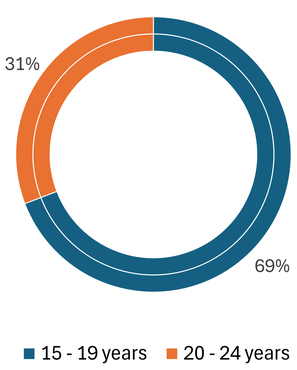
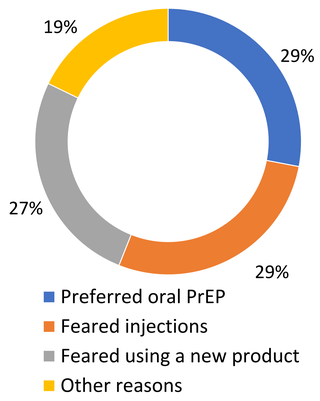


Figure 2. Reasons for refusal to initiate CAB-LA



CAB-LA offers a promising alternative to daily oral PrEP, particularly given historically low long-term persistence on oral PrEP by AGYW. Baseline PCR testing identified HIV infections at CAB-LA initiation, preventing inappropriate continuation of CAB-LA and enabling prompt linkage to HIV treatment.

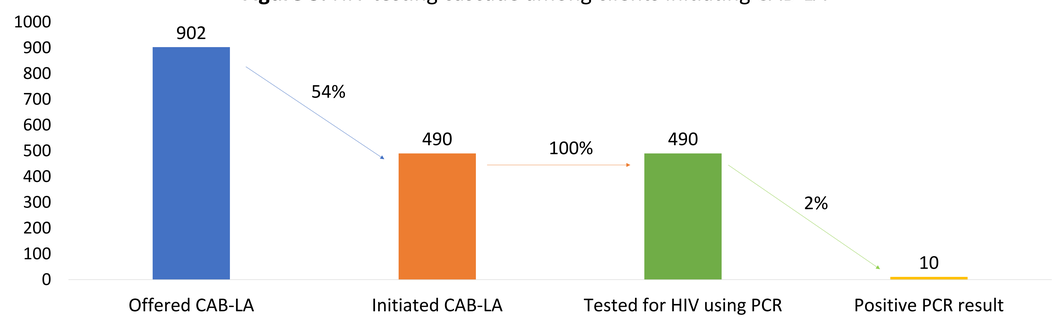
RESULTS

From December 2024 to August 2025:

- 902 AGYW were offered CAB-LA and 490 (54%) AGYW initiated CAB-LA (339 [69%] aged 15-19 years and 151 [31%] aged 20-24 years) – Figure 1. Among them, 21 (4%) were pregnant and six (1%) were breastfeeding.
- Of the 412 AGYW who did not initiate CAB-LA, 121 (29%) preferred oral PrEP, 121 (29%) feared injections, and 113 (27%) feared using a new product – Figure 2.
- The return rate for the second injection of CAB-LA was 59% (287/490).

No participant with an initial HIV negative PCR test seroconverted by the subsequent testing, 6 months after initiation. Ten (2%) participants tested HIV-positive on PCR from the first visit and stopped CAB-LA at the second visit – Figure 3. Among those, five were aged 15–19 years, one reported transactional sex work, and two had symptoms of AHI. As of August 31, among the seven participants linked to HIV treatment, one out of five with CD4 tests had a CD4 <200 cells/mL. The three participants not linked to treatment could not be contacted.

Figure 3. HIV testing cascade among clients initiating CAB-LA



RESULTS cont.

As of August 31, among the seven participants linked to HIV treatment, one out of five with CD4 tests had a CD4 <200 cells/mL. The three participants not linked to treatment could not be contacted.

CONCLUSIONS

Data on CAB-LA acceptability and effectiveness among AGYW in Mozambique will be used to inform the strategic scale-up of long-acting PrEP options within the national HIV prevention program, particularly in high-incidence settings such as Nampula Province.

Baseline PCR testing proved essential for the identification of early and acute HIV infections that were not detected by rapid testing, ensuring timely discontinuation of CAB-LA and prompt linkage to HIV treatment and care, thereby safeguarding both individual and public health outcomes.

Addressing fears related to injections and concerns about using a new biomedical prevention product, together with strengthening demand creation, client counseling, and systems to improve follow-up and retention for subsequent doses, will be critical to maximize the effectiveness and public health impact of CAB-LA as a long-acting PrEP option in Mozambique.

ADDITIONAL KEY INFORMATION

The implementation of the CAB-LA pilot in Mozambique is being accompanied by an evaluation of its feasibility and acceptability in real-world service delivery settings. Findings from this evaluation will inform the Ministry of Health in optimizing the planned introduction of lenacapavir, which is currently at an advanced stage of preparation.

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