

Global PrEP Learning Network

Leading the way: Early learnings from CAB PrEP introduction in Zambia and Zimbabwe

26 JUNE 2024





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Early learnings from CAB PrEP introduction in Zambia and Zimbabwe

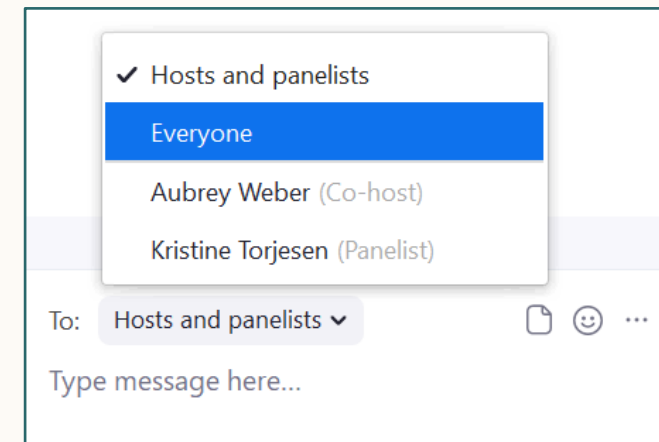
Please introduce yourself in the chat!



- Name
- Organization
- Country

Feel free to ask questions and add comments to the chat box at any point during today's session. We will dedicate time to Q&A at the end of the webinar.

Don't forget to select "Everyone"





Global PrEP Learning Network

Early learnings from CAB PrEP introduction in Zambia and Zimbabwe

- Welcome & Introductions
- Preparing for CAB PrEP Introduction in Zambia
- Early Experiences with CAB PrEP Introduction in Zambia
- Early Experiences with CAB PrEP Introduction in Zimbabwe
- Audience Question & Answer

Facilitators



Imelda Mahaka, she/her

Executive Director, Pangaea Zimbabwe

As the Country Director for MOSAIC Zimbabwe, Imelda Mahaka has vast experience in advocacy, stakeholder engagement, and implementing and coordinating socio-behavioral HIV research activities focusing on AGYW.



Luwi Mercy Katoka, she/her

NextGen Squad, FHI 360 Zambia

Luwi is a Prevention Program Assistant and NextGen Squad member with MOSAIC, and an AGYW HIV prevention champion with the South-to-South Learning Network (SSLN).

Presenters



Florence Tembo Mulenga, she/her

MOSAIC Project Director, FHI 360 Zambia

Florence is a Public Health Specialist with more than 30 years of experience working in health and development programs. Her technical expertise spans sexual and reproductive health; maternal, newborn, and child health; nutrition; family planning; HIV; and gender integration.



Tina Chisenga, she/her

Assistant Director – Disease Control, Ministry of Health Zambia

Dr. Tina Chisenga is a Public Health Specialist with 16 years of experience. She is the Assistant Director for Infectious Diseases in the Zambia Ministry of Health Public Health Department. She has previously worked as the TB/HIV Program Manager and served as the Provincial Clinical Care Specialist and Medical Superintendent at Monze Mission Hospital in Zambia.



Getrude Ncube, she/her

National HIV Prevention Coordinator – Ministry of Health and Child Care Zimbabwe

Getrude is the National HIV Prevention Coordinator in Zimbabwe, providing managerial and technical leadership for designing, planning, delivering, monitoring, and coordinating the MOHCC biomedical HIV prevention programs.



Preparing for CAB PrEP Introduction in Zambia

Florence Mulenga, FHI 360 Zambia

Preparing for CAB PrEP Introduction in Zambia

FLORENCE MULENGA, FHI 360
MOSAIC ZAMBIA COUNTRY DIRECTOR
JUNE 26, 2024

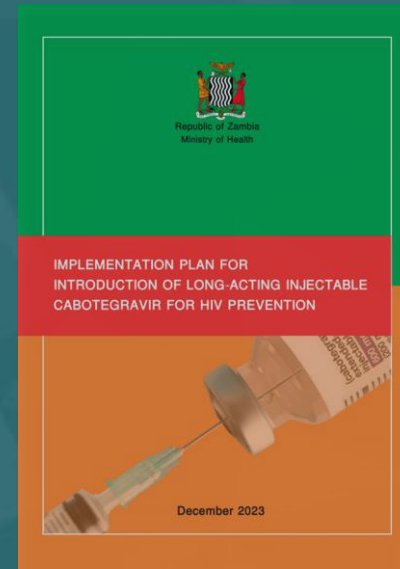


PrEP Preferences Study: Informing Delivery of New HIV Prevention Methods in Zambia (2021)



Yellow: Urban provinces | Blue: Rural provinces | Green: Transnational border province

- Purpose: To gain insights on method preferences and implementation considerations from end users, health care providers, and key influencers.
- Findings were used in developing CAB PrEP Implementation Plan by informing:



- Selection of CAB PrEP delivery channels
- Target audience information needs on CAB PrEP
- Capacity strengthening needs of healthcare workers to provide CAB PrEP services
- Information needs of key influencers

Value Chain Situation Analysis

This value chain framework has been used across countries to **support planning for the introduction of PrEP products**. It identifies necessary steps for PrEP introduction and scale-up across five major categories and across priority delivery channels. It can also be used to track progress toward introduction of various PrEP products by different partners.



PLANNING & BUDGETING

National and subnational plans are established to introduce and scale-up PrEP products.



SUPPLY CHAIN MANAGEMENT

PrEP products are available and distributed in sufficient quantity to meet projected demand via priority delivery channels.



DELIVERY PLATFORMS

PrEP products are delivered by trained providers in priority delivery channels to effectively reach end users.



UPTAKE & EFFECTIVE USE

End users know about and understand PrEP products and know how to access and effectively use them.



MONITORING, EVALUATION, & LEARNING

PrEP products are effectively integrated into national, subnational, facility, community, and program monitoring systems.

Value chain for PrEP introduction application

Program Area	Activity Description	What was done
Planning and Budgeting	National and subnational plans are established to introduce and scale-up PrEP products.	<ul style="list-style-type: none"> ✓ Planning and coordination through PrEP Task Force ✓ Target setting ✓ Site identification ✓ Developed site assessment tool ✓ CAB PrEP implementation plan ✓ PEP/PrEP guidelines
Supply chain management	PrEP products are available and distributed in sufficient quantity to meet projected demand via priority delivery channels.	<ul style="list-style-type: none"> ✓ Forecasting and quantification ✓ Partners mobilized to support consumables
Delivery Platforms	PrEP products are delivered by trained providers in priority delivery channels to effectively reach end users.	<ul style="list-style-type: none"> ✓ CAB PrEP introduction layered on existing oral PrEP program ✓ CAB PrEP curriculum adapted ✓ TOTs trained ✓ Clinical delivery model recommended

Value chain for PrEP introduction application

Program Area	Activity Description	What was done
Uptake and effective use	End users know about and understand PrEP products and know how to access and effectively use them.	<ul style="list-style-type: none"> ✓ Rapid assessment in 2 selected sites to gain insight into facilitators/barriers to CAB PrEP uptake ✓ SBC/IEC materials co-created ✓ Community mobilizer toolkit developed ✓ TORs for community advisory committees
Monitoring, evaluation, & learning	PrEP products are effectively integrated into subnational, facility, community, and program monitoring systems.	<ul style="list-style-type: none"> ✓ Reviewed and revised data collection tools, PrEP registers, and DHIS2 tracker to include CAB PrEP indicators ✓ Orientation of facility staff
HIV Drug Resistance surveillance	Track seroconversions of clients on PrEP and enroll in a surveillance study for drug resistance and follow-ups through a 12-month period.	<ul style="list-style-type: none"> ✓ HIVDR study protocol approved by local IRB ✓ Laboratory assessments completed ✓ Developed job aids, SOPs, and study procedure manual ✓ Lab and clinical staff trained ✓ Leveraged on MOH/Post bus courier system for sample transportation to central lab

Tools & Resources Used

- CAB PrEP VCSA framework
- CAB PrEP Implementation Plan template
- HIV Drug Resistance laboratory assessment tool
- CHARISMA GBV SOP integrated in CAB PrEP TOT
- CAB PrEP counselling job aide
- HIVDR SOPs, job aids, and study procedures
- PrEP-it tool was used to set National PrEP targets for 2024
- PrEP register adapted to include CAB PrEP

PrEPWatch An initiative of AVAC PRODUCTS & PARTNERS STORIES EVENTS COUNTRY DATA DELIVERING PREP RESOURCES

[< Back to Resource Library](#)

Daily Oral PrEP, Event-Driven PrEP, PrEP Ring, and CAB PrEP Template Guidelines (English)

29 NOVEMBER 2023

The intent of this document is to provide adaptable guidelines to support the development and

Template Guidelines for Oral Pre-Exposure Prophylaxis, PrEP Ring, and CAB PrEP
Updated on November 27, 2023

The intent of this document is to provide adaptable guidelines to support the development and adoption of national guidelines that align with World Health Organization (WHO) pre-exposure prophylaxis (PrEP) recommendations and guidance, including those for tenofovir disoproxil fumarate (TDF)-based daily and event-driven oral PrEP, the monthly dapivirine vaginal ring ("PrEP ring" or "the ring"), and injectable cabotegravir (CAB PrEP). The document includes prompts for national-level consideration during the guideline adaptation process. Areas specifically requiring national updates are indicated in red font; sections for additional consideration by policymakers, shown in green boxes, are informed by regulatory bodies, available product information, and country-level insights. Once a decision has been made about the considerations in green boxes, text can be added, and the green boxes can be removed.

The content of this document was sourced largely from:

- Australian Product Information for *Descovy* (August 2022)
- *Updated Differentiated and Simplified Pre-exposure Prophylaxis for HIV Prevention* from WHO (July 2022)
- *Guidelines on Long-Acting Injectable Cabotegravir for HIV Prevention* from WHO (July 2022)
- *Consolidated Guidelines on HIV Viral Hepatitis and STI Prevention, Diagnosis, Treatment, and Care for Key Populations* from WHO (July 2022)
- *United States Food and Drug Administration: *Descovy* Label* (December 2021)
- *Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring: Recommendations for a Public Health Approach* from WHO (July 2021)
- *Summary of Product Characteristics for PrEP Ring* from the European Medicines Agency (April 2021)
- *Updated Recommendations on HIV Prevention, Infant Diagnosis, Antiretroviral Initiation and Monitoring Guidelines* from WHO (March 2021)

PrEP-it PrEP-it Updated on January 31st Home Resources About

Welcome to PrEP-it
PrEP Implementation planning, monitoring and evaluation Tool
A platform to assist with PrEP program planning, monitoring, and evaluation

PrEP-it
Access the full, standard version of PrEP-it.
Start

Aggregate
Aggregate targets or initiation cascade data from smaller to larger geographic areas.
Begin

CHARISMA Toolkit Overview
Empowerment counseling to improve women's ability to use PrEP safely and effectively

WHAT IS CHARISMA?
The CHARISMA[™] intervention aims to improve women's use of antiretroviral (ARV)-based HIV prevention technologies (PrEP), such as oral pre-exposure prophylaxis and the dapivirine ring, by addressing some of women's greatest challenges to consistent HIV prevention use—barriers to self-identification with

raise difficult topics such as fidelity and trust. The evidence also suggests that partner disapproval of PrEP use is a driver of discontinuation, especially for women in partnerships with violent or otherwise challenging dynamics. Equipping women to manage these dynamics is essential to ensuring informed choice about method uptake and safe and effective use of PrEP.

CATALYST CAB PrEP Job Aid INITIATION STEPS (page 1 of 2)

Required initiation steps	Action
Assess for contraindications to CAB PrEP use	<p>Contraindications to CAB PrEP use:</p> <ul style="list-style-type: none"> • Unknown HIV status or living with HIV • Potential exposure to HIV in the past 72 hours (these clients should be offered PrEP if indication is high) • Signs/symptoms of AHI AND potential exposure within the past 14 days <p><i>*See the AHI screening job aid for support in the process of ruling out potential HIV infection or PrEP indication</i></p> <ul style="list-style-type: none"> • Clients using carbamazepine, oxcarbazepine, phenobarbital, and phenytoin (anticonvulsants or rifampin, sometimes named rifampicin, and rifapentine (antimycobacterials), due to a drug-drug interaction that renders CAB PrEP less effective • Unwillingness or inability to commit to consistent use

Republic of Zambia Ministry of Health

IMPLEMENTATION PLAN FOR INTRODUCTION OF LONG-ACTING INJECTABLE CABOTEGRAVIR FOR HIV PREVENTION

December 2023

Success Factors

- Leadership: Government taking lead to provide technical and policy guidance
- PrEP preferences study and CAB VCSA provided valuable inputs into policy documents
- Timely capacity building interventions: Curriculum adaptation, TOTs, site assessments
- Partnerships and allies
- Readiness of implementing partners to support implementation logistics
- Existing mature oral PrEP program



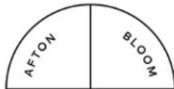


THANK YOU FOR YOUR ATTENTION



ACKNOWLEDGMENTS

Mercy Katoka, Featherstone Mangunje, Mwiya Mutandi, Tina Chisenga, Musonda Musonda, Katie Schwartz, Phoranee Yantarakitkosol, Njambi Njuguna, Rose Wilcher, Lauren Rutherford



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Photo Credit: MOSAIC Consortium





Early Experiences with CAB PrEP in Zambia

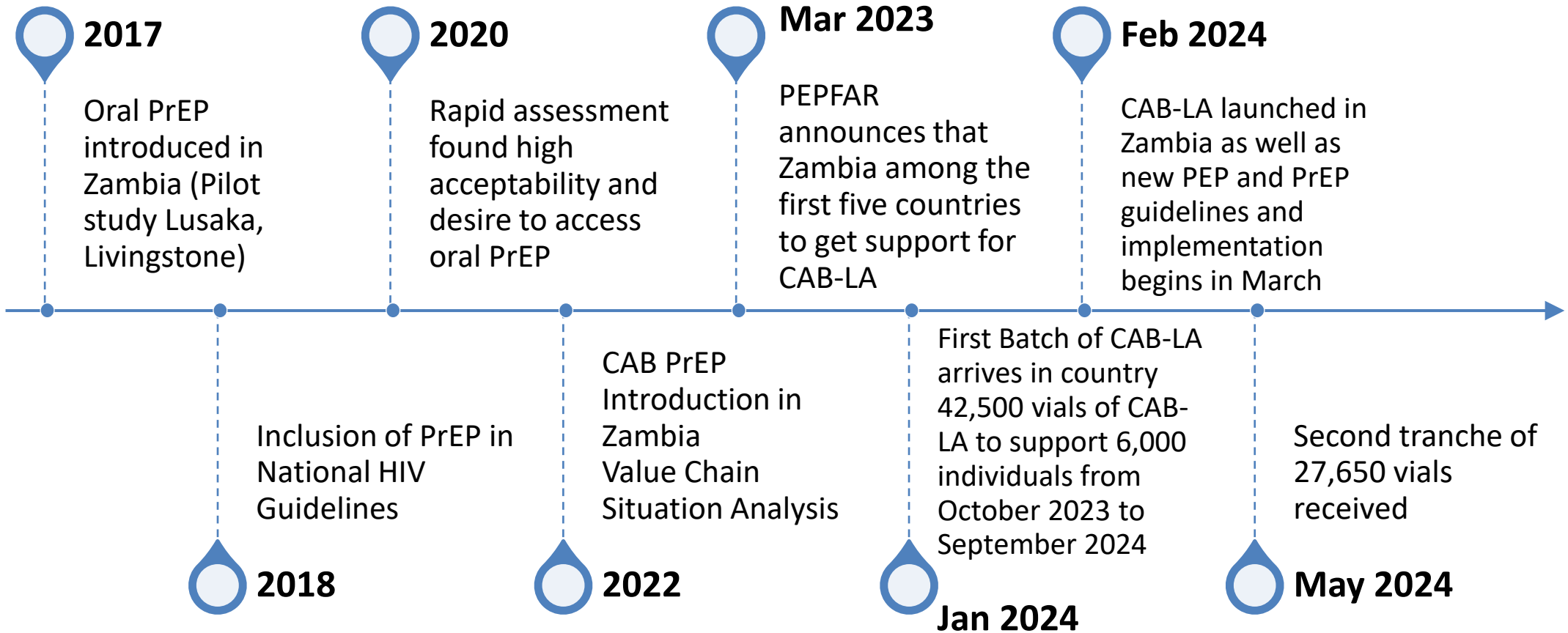
Tina Chisenga, Zambia MOH



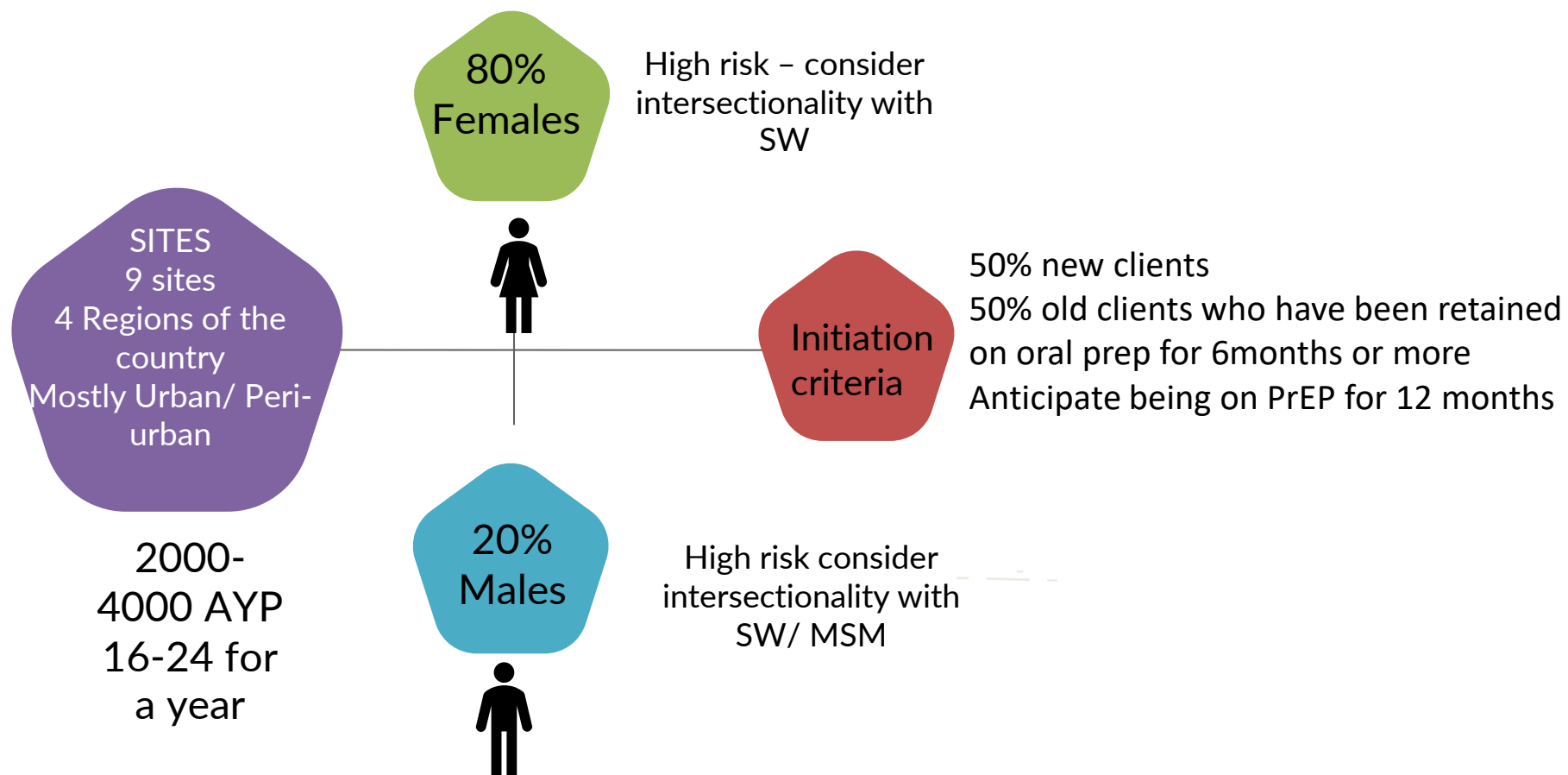
GLOBAL PrEP Learning Network

Early Experiences with Cabotegravir Long-
Acting Injectable Pre-Exposure Prophylaxis
for HIV Introduction in Zambia

I. Introduction: PrEP in Zambia



II. Overview of CAB-LA Rollout: Implementation Approach (Initial Phase)



III. Implementation Strategy



MINISTRY OF HEALTH

Governance and Coordination

- MOH - coordinates implementation of health service delivery including PrEP as an additional prevention choice for people at substantial risk of HIV infection
- National PrEP Task Force - is mandated to oversee and monitor implementation.

Training and Capacity Building

- Hosted the regional training for Training of Trainers in October 2023, then national training in November
- Site level trainings were conducted after the launch
- Community awareness programs and mobilization was done prior to commencement of distribution

Infrastructure and Logistics

- Public sector sites
- Experienced staff qualified to conduct this project
- Adequate technical skill level (i.e., dedicated study nurse or CO)
- Adequate data systems for reporting
- Availability of optimum drug storage facility to ensure temperature below 30 degrees Celsius
- Access to DNA PCR machine for Nucleic Acid Testing or POC PCR testing

III. Implementation Strategy



MINISTRY OF HEALTH

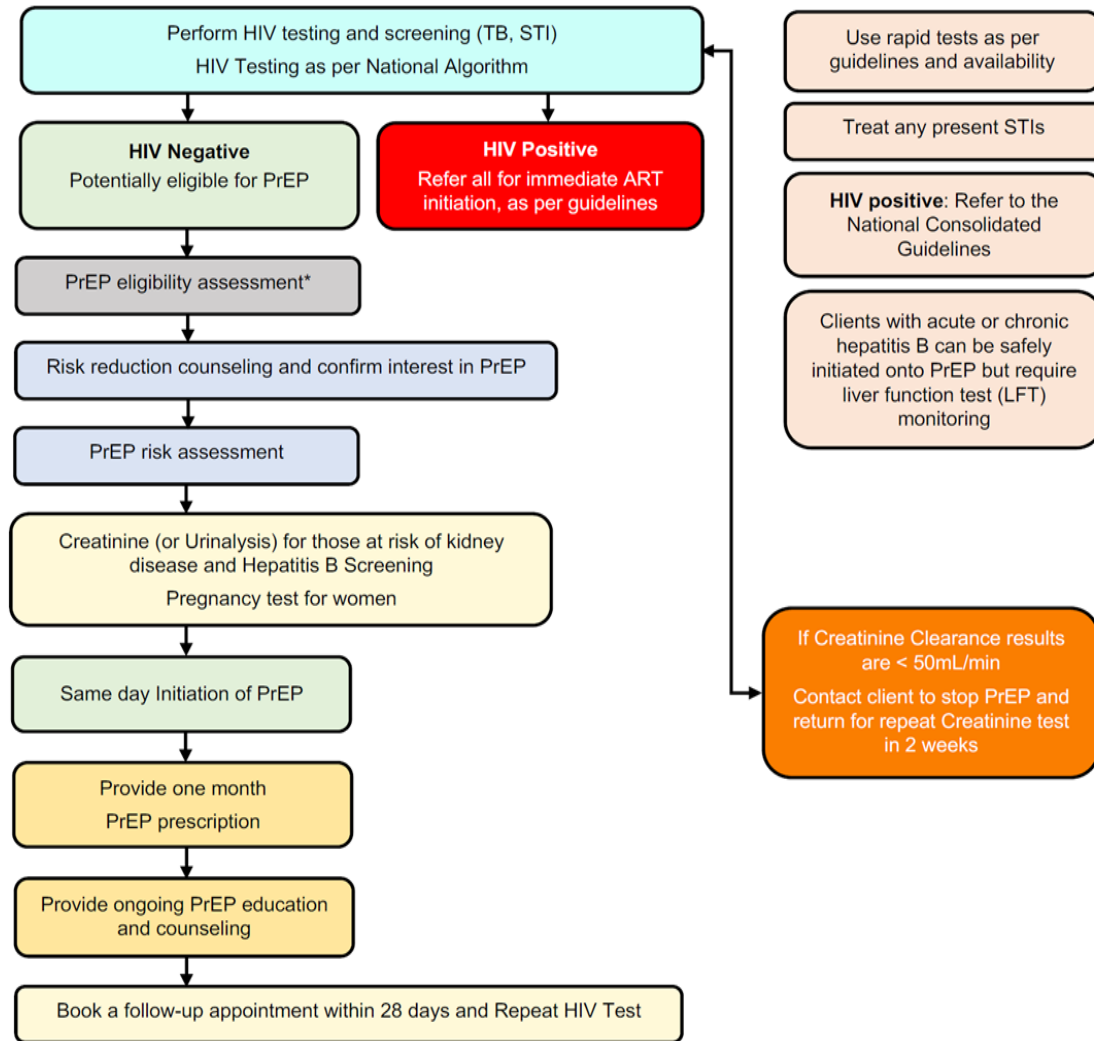
Commodities and Supplies

Long-Acting Injectable Cabotegravir	600mg (3ml) vials
HIV Test Kits	Determine HIV test Bioline HIV test HIV nucleic acid tests
HIV drug Resistance Testing	HIV drug resistance reagents
Test Kits for STIs and HBV	HBsAg, RPR, LFTs
Pregnancy Test Kits	Gravindex
Supplies & Consumables	5 ml syringe 23-gauge, 1.5-inch injection needle 21-gauge, 1.5-inch injection needle Non-sterile gloves Alcohol wipes Gauze pads Sharps container

IV. Patient Recruitment and Enrollment



MINISTRY OF HEALTH



Zambia guidance requires an individual only proceed to eligibility screening for CAB-LA after testing negative to two serological tests – Determine and SD Bioline.

Zambia guidance requires all clients to have a NAT test done at every visit.

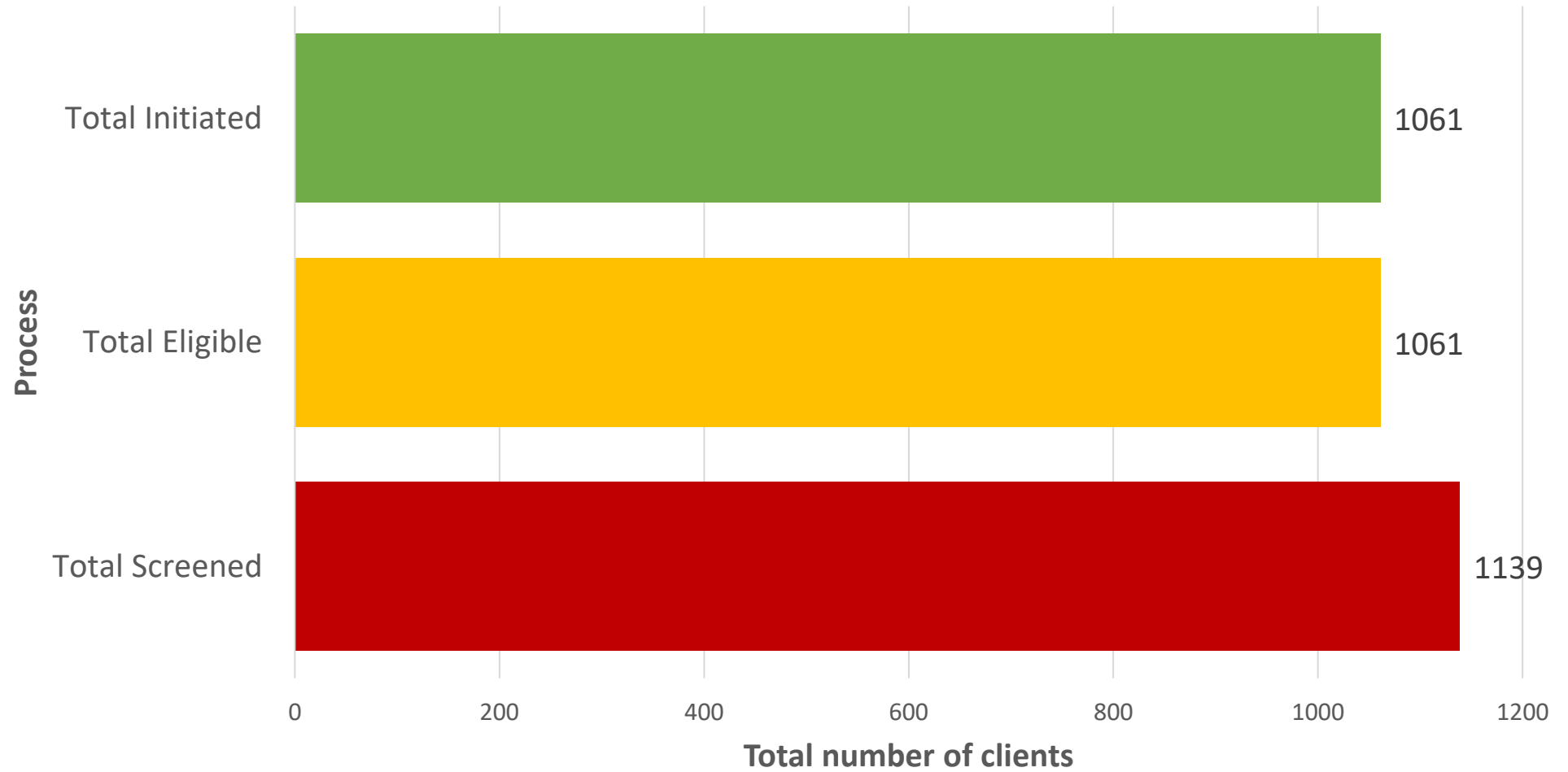


V. Early Outcomes



MINISTRY OF HEALTH

Early Outcomes



VI. Challenges Encountered



MINISTRY OF HEALTH



Logistical Challenges

Shortages of reagents for NAT, LFTs, Syphilis & Viral HBV

Long turn-around time for lab results



Healthcare Workforce

Training gaps and workload (not all staff at sites are trained)



Community Perceptions

Misconceptions (Experiment/Research) and stigma associated with injectable PrEP (HIV positive)

Multiple blood draws for tests are actually being used for “witchcraft”

VII. Lessons Learned



Site Preparedness

Site activation should be preceded by the availability of the laboratory reagents for chemistry

Training/orientation of all staff at facilities implementing CAB LA

Standardization of data capturing tools

Orientation of staff in pharmacovigilance

Integration of oral/injectable PrEP at sites



Importance of Robust Surveillance

Tracking and responding to seroconversion



Community Engagement

Building trust and addressing misconceptions

VIII. Case Study: Success Story



MINISTRY OF HEALTH

- Miranda – F, 23
- First person to access CAB-LA in Zambia
- Heard about it from a health worker
- Took step –
 - Effective
 - Less burden than daily oral prep
 - Peace of mind
 - Motivate others – Peer provider



IX. Future Directions



Scaling Up CAB-LA PrEP

Plans for expanding to additional regions - about 10 more sites to be activated by 15 July 2024

Strengthening infrastructure and training – we intend to also train district and provincial staff for easier monitoring of implementation



Research and Evaluation

Ongoing studies and data collection for HIVDR

Adjustments based on findings and implementation as we have done with the testing algorithm

X. Conclusion



MINISTRY OF HEALTH



CAB-LA is being well received by the public and more demand generation is needed.



Health system challenges such as limited essential medical supplies and data capturing tools need to be addressed.



Continued monitoring of the implementation is necessary, particularly on adherence to the testing modality and monitoring of clients.

Questions?





Early Experiences with CAB PrEP in Zimbabwe

Getrude Ncube, Zimbabwe MOHCC



Cabotegravir Injection for HIV Pre-Exposure Prophylaxis: Early Lessons from Zimbabwe

Presented by Getrude Ncube
National HIV Prevention Coordinator
MOHCC AIDS and TB Programme
June 2024



Presentation Outline

Country Context- HIV Epidemic

1

CAB-LA Pre-Implementation Activities

2

Performance to Date

3

Lessons Learnt

4

Challenges and Remedies

5

Recommendations and Next steps

6



Zimbabwe National HIV Strategy



Vision

An AIDS free Zimbabwe generation where all populations have healthy lives and wellbeing.



Goal

To accelerate country's response towards ending AIDS as a public health problem in Zimbabwe by 2030.

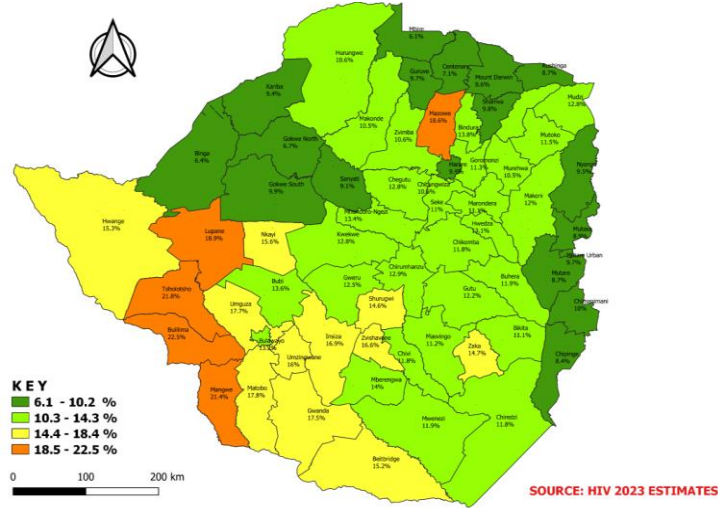


Sub-Goals

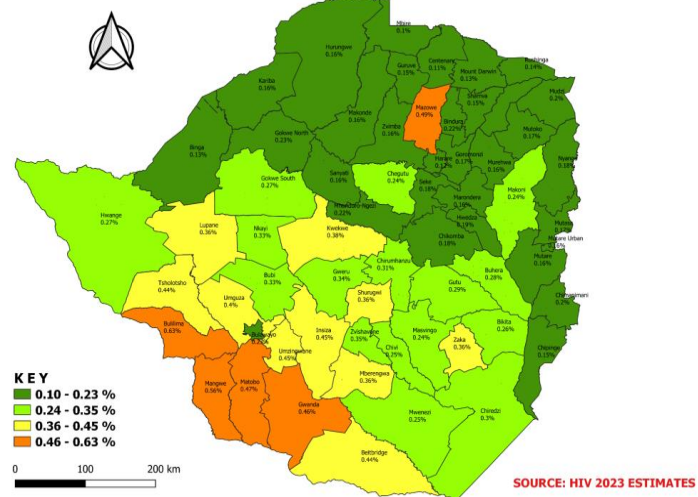
- To reduce HIV incidence in Zimbabwe by 50 % from 0.5 in 2018 to less than 0.25 by 2025.
- To reduce AIDS related deaths in Zimbabwe by 60% from 21,800 in 2018 to less than 10,000 in 2025.
- Significantly reduce HIV and AIDS related stigma and discrimination among all populations by 2025.

HIV Epidemic Highlights

HIV Prevalence by District

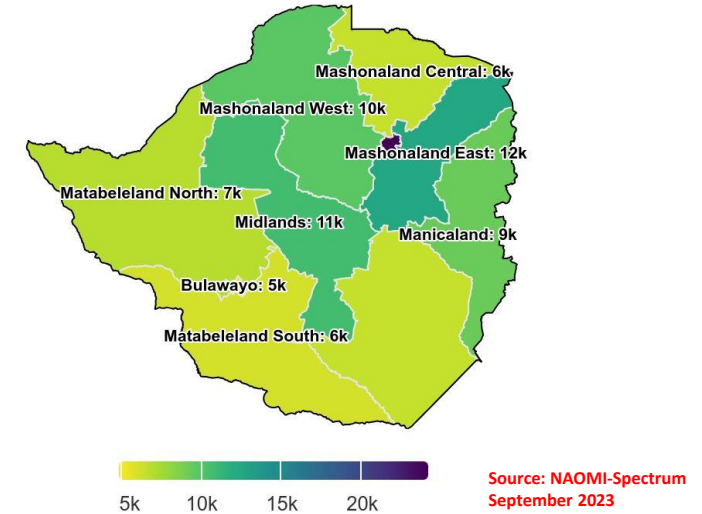


HIV Incidence by District

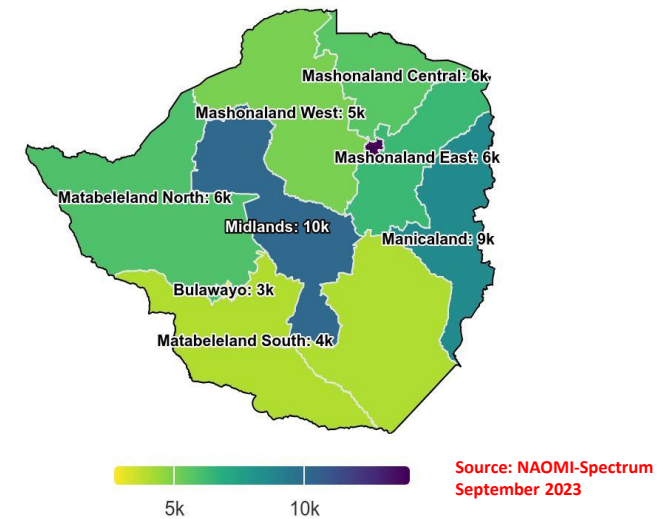


- Zimbabwe has approached epidemic control, with declining **HIV prevalence (10.47)**, AIDS related deaths (19,358) and **HIV incidence (1.14)**.
- PLHIV declined by 0.7% to ~1.30 million**, with ~60.3% among women.
- The total number of new HIV infections **declined by 5.1%** to 18,380, with 60.9% among women.
- The country is closer to achieving the **95-95-95 targets 96-99-96**. However, children continue to lag at 68-98-89, highlight gaps for children, as well as young people, in case finding and treatment.
- PMTCT coverage and MTCT rate is improving but is still higher than expected due to **PMTCT coverage for 2023 improved from 83.9% in 2022 to 90.3%**, and the **MTCT rate reduced from 8.4% in 2022 to 7.2% in 2023, higher than the recommended 5%**.
- The goal of ending the AIDS epidemic in Zimbabwe by 2030 is within reach, provided there is continued expansion of HIV prevention and treatment programmes and targeted HIV testing for at risk populations, young women and their male counterparts, as well as key and vulnerable populations.

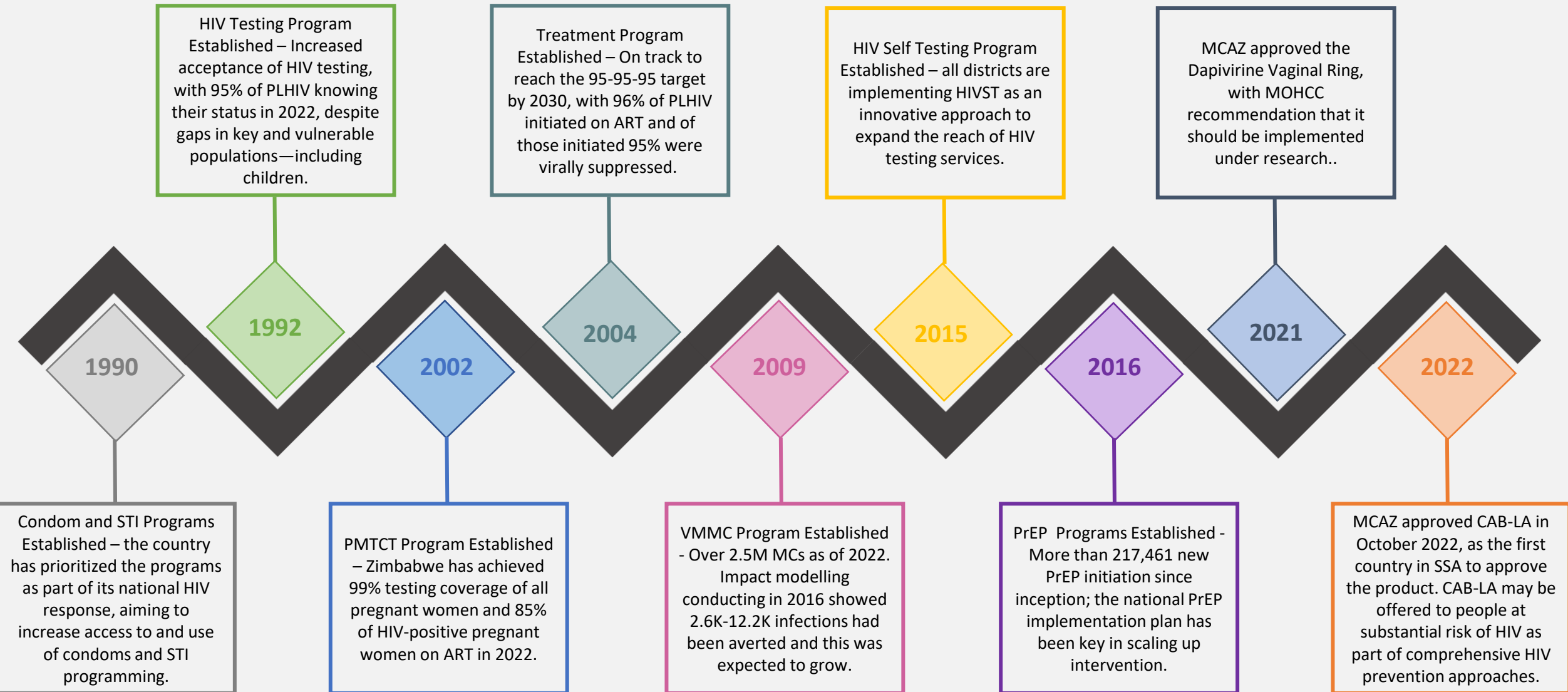
PLHIV not on ART, all ages, Both, September 2023



Number PLHIV unaware, all ages, Both, September 2023



HIV Prevention Programs Roadmap in Zimbabwe



Governance & Coordination

Program Area	Activity Description	Detailed Activity	Timeline
Governance and Coordination MOHCC	MOHCC coordinates the implementation of all Biomedical HIV Prevention including the introduction of new technologies	<ul style="list-style-type: none"> • PrEP TWG consisting of Funding Partners, Implementing partners, KVP Community Based, Organisation, Research Institutes, Logistics, Pharmacy Laboratory, NAC, CSO • Approval of CAB-LA as an additional choice for PrEP: Taskforce team from the TWG established to look in the implementation of CAB- LA 	Quarterly Meetings
	Task Force Team for CAB-LA	<ul style="list-style-type: none"> • Worked together to come up with CAB-LA training guidelines, • Selection of 15 sites (6 CATALYST and 9 supported through PEPFAR) • Sites in urban, semi urban and rural • Prioritization of subpopulation at high risk given the limited resources (AGYW, FSW, MSM) • Reviewed the screening tool for eligibility criteria for CAB-LA 	Meeting monthly and when necessary November 2023- Ongoing



Value Chain for CAB PrEP Introduction Application

Program Area	Activity Description	Activity Description	Timeline
Planning & Budgeting	National and subnational plans are established to introduce and scale-up PrEP products	Medicines Control Authority Of Zimbabwe (MCAZ) regulatory approval of CAB-LA	July 2022
		Planning & coordination through PrEP TWG	
		Development of detailed CAB-LA guidelines	Dec 2023
		Site selection	Dec 2023
		Sensitization of MOHCC district and provincial leadership (PMD, DMO, DAC, Councillor, DDC)	Feb 2024
		Sensitization of community stakeholders (community-based organisations, community gatekeepers, etc.)	Feb 2024
		Development and utilization of site readiness assessment tool	Mar 2024
Supply Chain Management	PrEP products are available and distributed in sufficient quantity to meet projected demand via priority delivery channels	Procurement of CAB-LA consumables (needles, syringes)	Feb 2024
		Delivery of PEPFAR programmatic CAB-LA Delivery of CATALYST CAB-LA	Feb 2024 Apr 2024
Delivery Platforms	PrEP products are delivered by trained providers in priority delivery channels to effectively reach end users	Regional RISE/MOSAIC Trainer of trainers for 8 trainers on CAB-LA at in Zambia & South Africa	Aug & Oct 2023
		RISE/MOSAIC curriculum adapted to Zimbabwean context	
		National Trainer of Trainers – MOHCC, USAID, CDC & 4 CAB LA Ips	Feb 2024
		Provider Trainings x 15 sites + ongoing post-training support & mentorship	Feb 2024
		Sensitisation of community footprint	Mar 2024
		CAB PrEP layered on existing oral PrEP program (and dapivirine vaginal ring in some sites)	

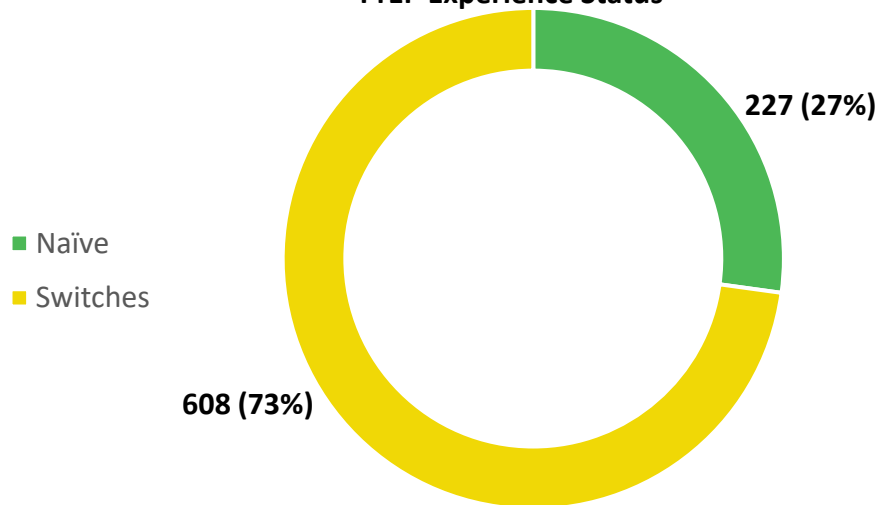


Value Chain for CAB PrEP Introduction Application

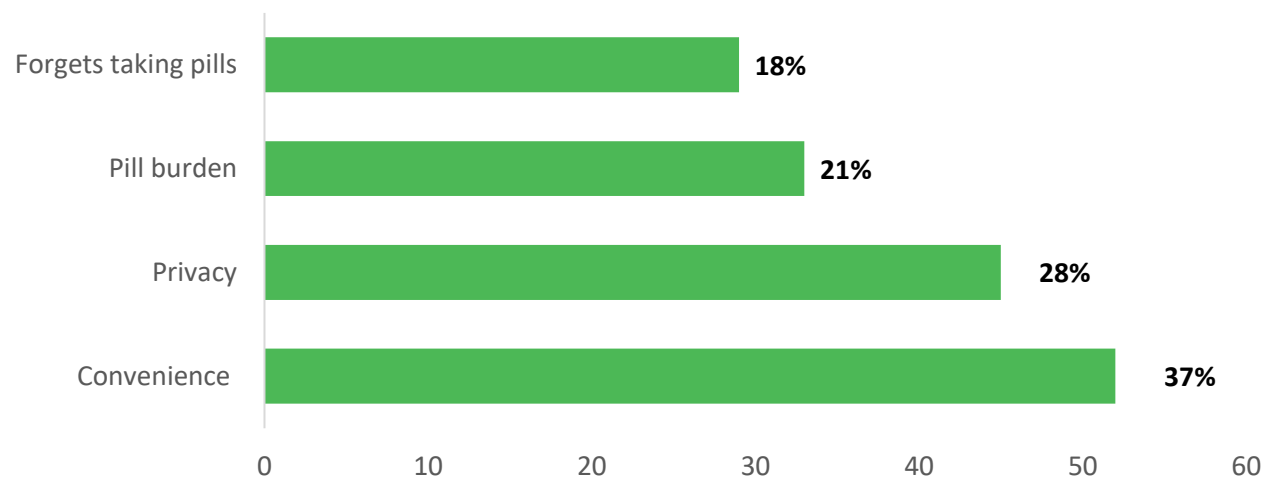
Program Area	Activity Description	Activity Description	Timeline
Uptake & Effective Use	End users know about and understand PrEP products and know how to access and effectively use them	Development of IEC materials e.g., CAB_LA animation script, pamphlets, billboards	Feb 2024
		Communications think tank meeting	Mar 2024
		Development of a CAB-LA Scheduling Wheel	Mar 2024
Monitoring, Evaluation & Learning	PrEP products are effectively integrated into subnational, facility, community, and program monitoring systems	Monthly CAB-LA update meetings with Implementing Partners (IPs) and other stakeholders	Apr 2024
		Site Support Visits at CAB-LA implementing Site	Quarterly
		PrEP performance reports	Quarterly
		Weekly reports updates by IPs to MoHCC & local missions	April 2024
		Prepare abstracts and evidence briefs on CAB-LA implementation	
		Share updates at national and regional level as requested	
HIV Drug Resistance Surveillance	Track seroconversions of clients on PrEP and enroll in a surveillance study for drug resistance and follow-ups through a 12-month period	HIVDR study protocol approved by local IRB	Jun 2024
		Developed job aids, SOPs, and study procedure manual	May 2024
		Lab and clinical staff trained	Feb 2024

CAB-LA Performance

Number of Clients Enrolled Disaggregated By PrEP Experience Status

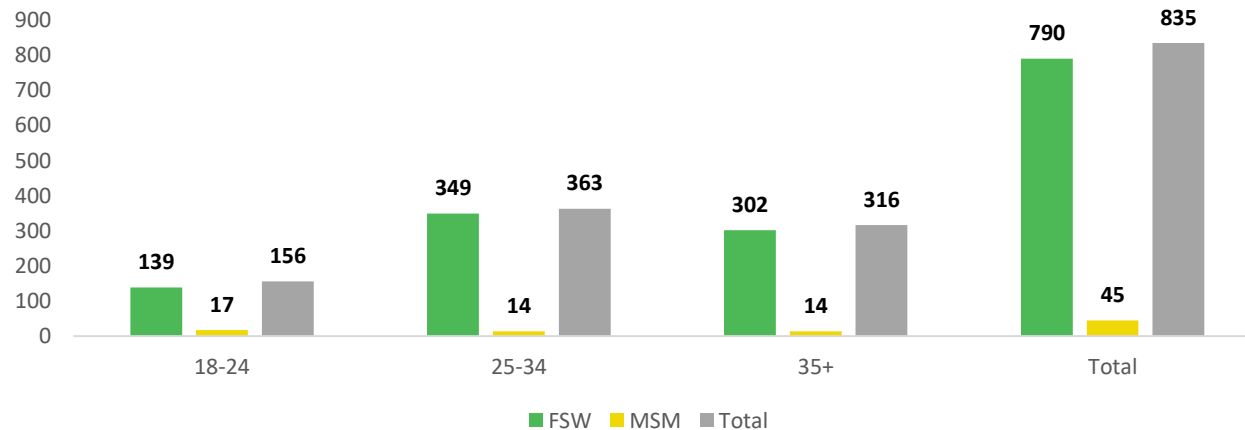


Reasons for Switching to CAB-LA (%)

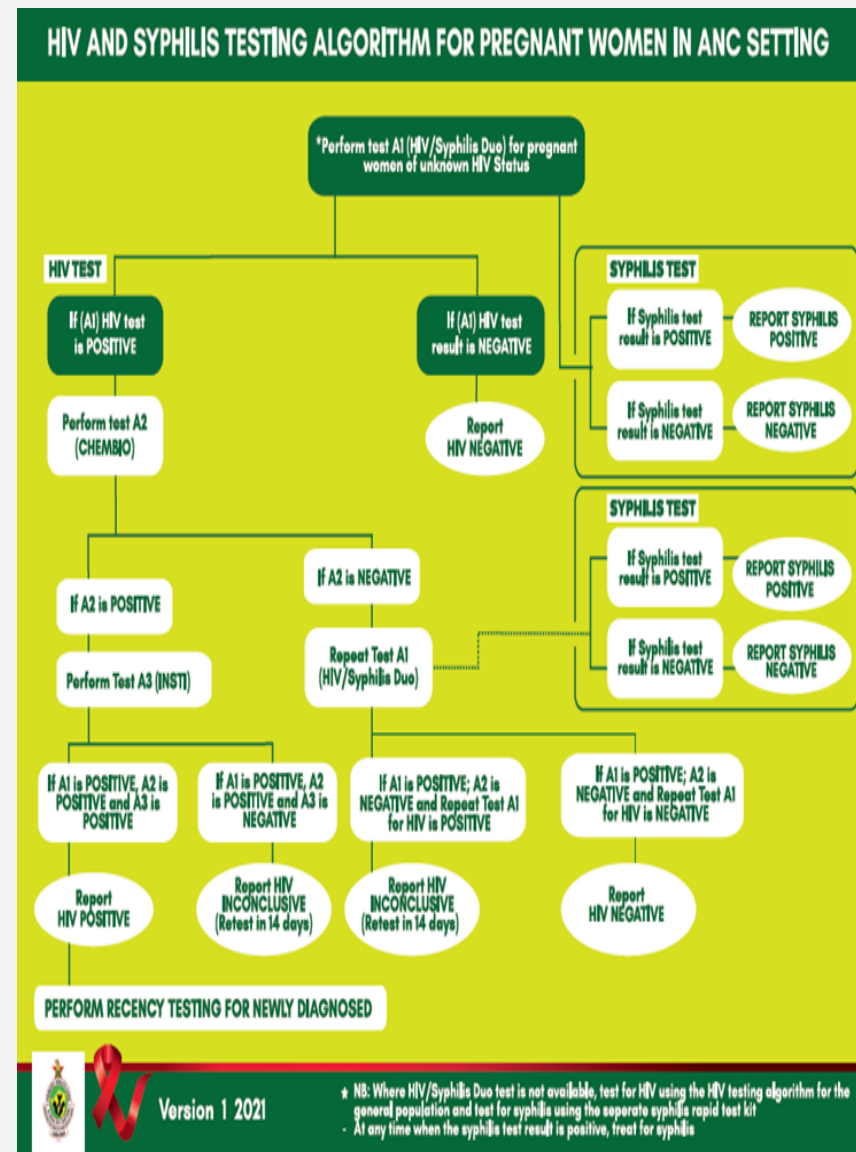
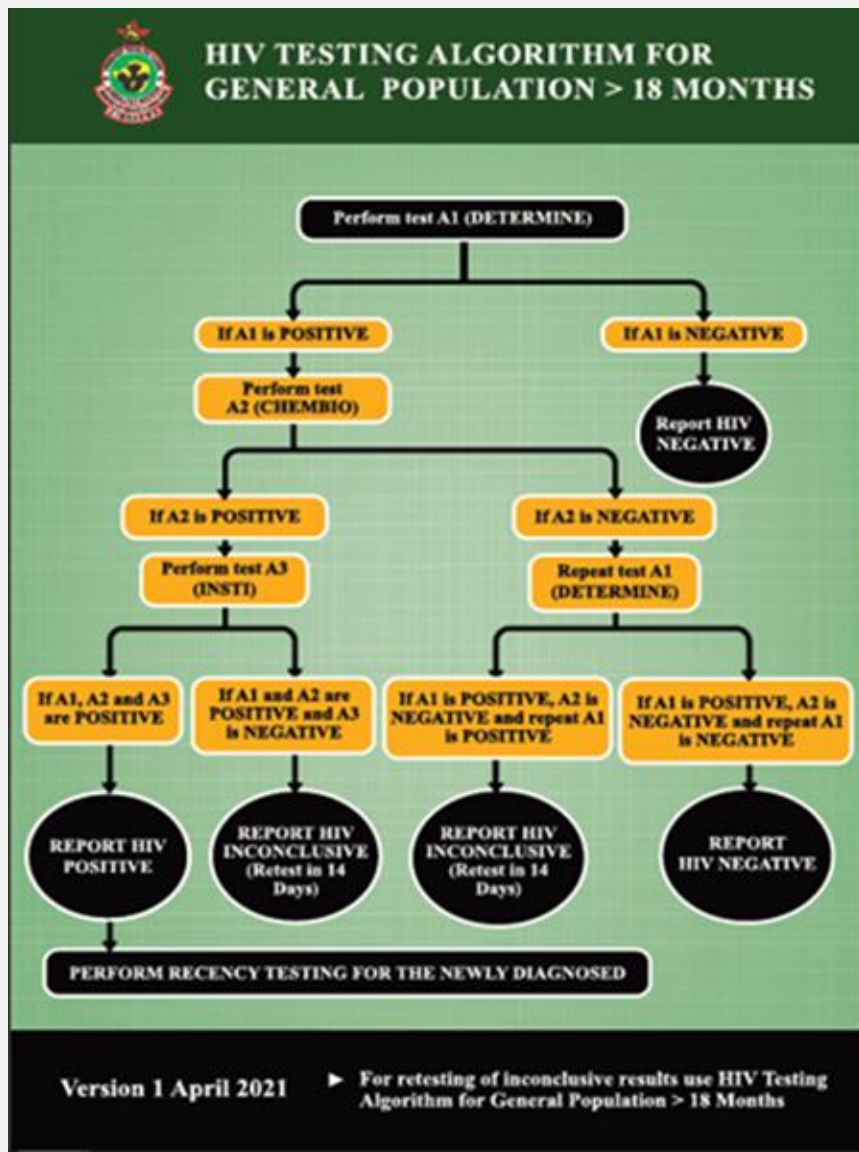


- 835 Recipients of Care initiated on Cabotegravir April to June 2024
- 4 of 15 sites offering CAB-LA are in Harare hence the lower enrolments in MSM
- Majority (72%) of Recipients of Care were clients switching from oral PrEP
- 83% of CAB-LA initiations were above 25 years
- There were no seroconversions on CAB-LA to date

CAB- LA Initiations by Age and Population Type

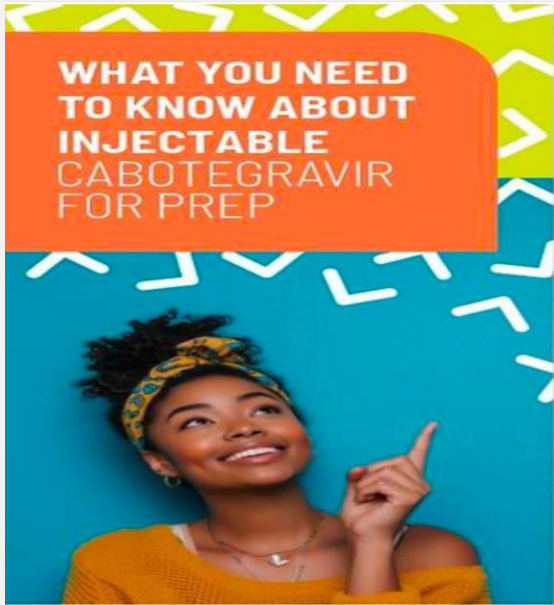


HIV Testing Algorithms



CAB-LA Materials

WHAT YOU NEED TO KNOW ABOUT INJECTABLE CABOTEGRAVIR FOR PREP

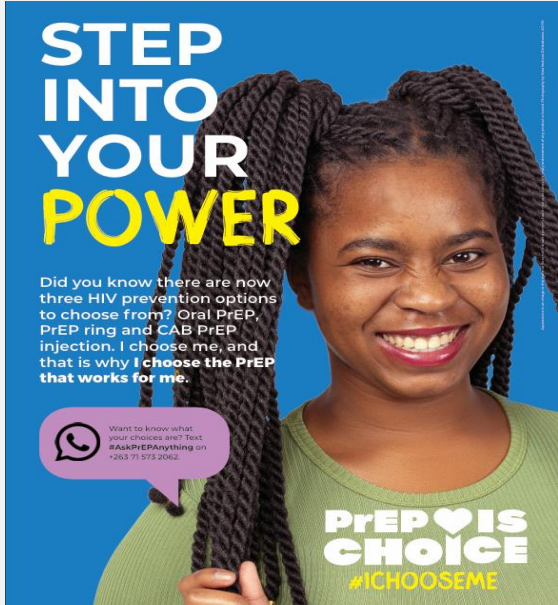


STEP INTO YOUR POWER

Did you know there are now three HIV prevention options to choose from? Oral PrEP, PrEP ring and CAB PrEP injection. I choose me, and that is why I choose the PrEP that works for me.

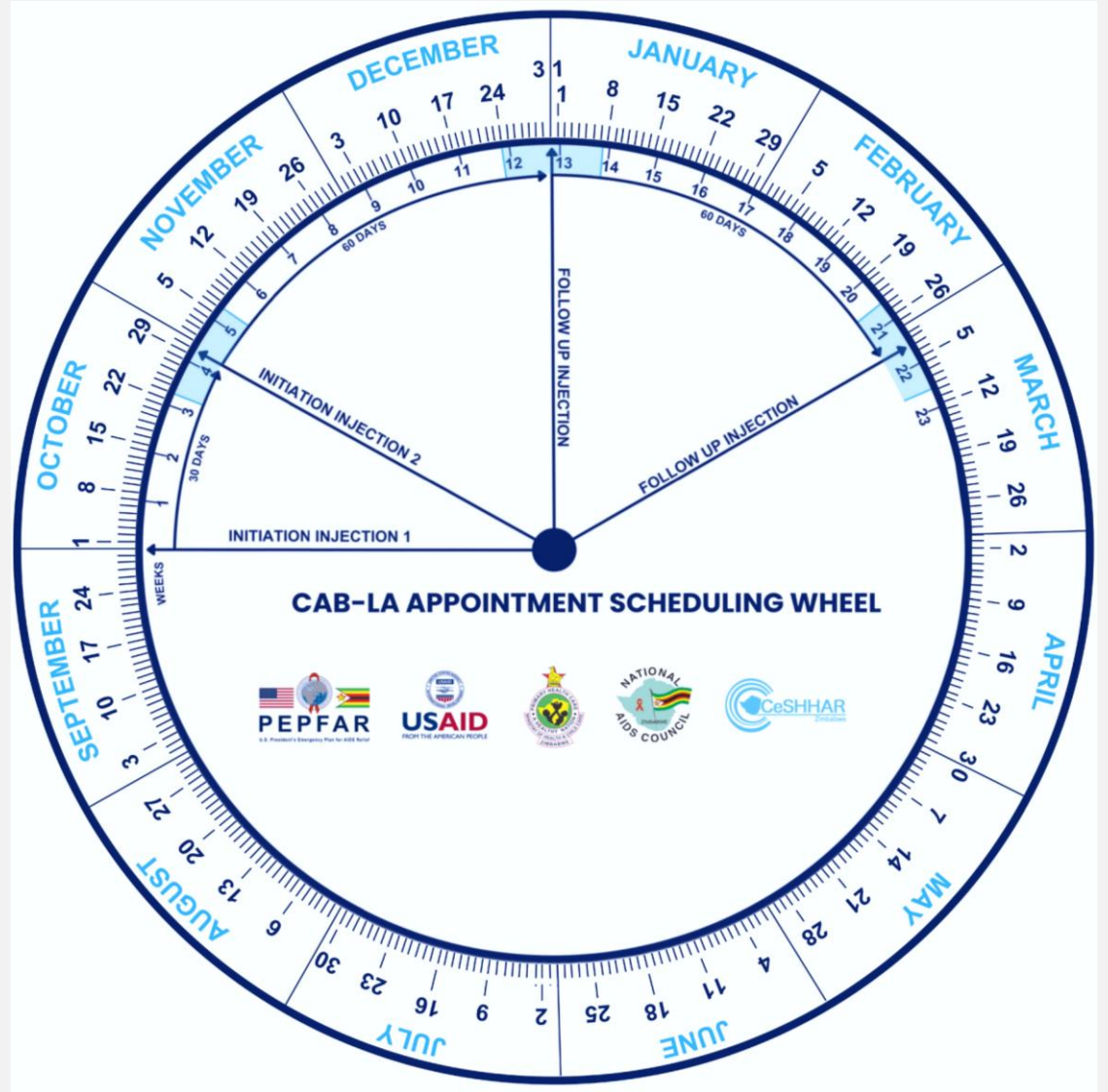
Want to know what your choice is? Text #AskPrEPAnything on *263 71 575 2062.

PrEP IS CHOICE
#ICHOOSEME



Main CHARACTER ENERGY

PrEP IS CHOICE
#ICHOOSEME



Preliminary HCW Perspectives and Qualitative Insights from Recipients of Care

Demand Creation and Choice Counselling

- PrEP recipients are keen to take up CAB-LA because of the convenience of not having to remember to take a pill every day.
- The **discreet nature** of the injection makes it a better option.
- Some participants are **concerned about the pain** during the injection.

Injection Technique

- Ventrogluteal injection position and Z-track technique are initially difficult but gets better with practice.



“When I went for the CAB-LA first injection I was anticipating a lot of side effects but so far, I have not experienced any. I’m very happy with CAB-LA and recently I referred my friend for CAB-LA.”

FSW (26) , Harare

“I heard about CAB-LA from a trusted friend who has had the injection. It is convenient and user friendly though there is pain post injection. The service experience seems rather long at first but necessary for an in-depth understanding. I would recommend it to my peers, it is easy to manage.”

FSW (26) , Mutare

“ I was taking oral PrEP and I heard on the news that the injection was now available, I was really excited about cause yoo, taking a pill every day was really hard, a friend of mine went with me to the clinic to get the injection’

MSM, Harare

Challenges and Remedies

- FSWs' high mobility requires flexibility in service delivery, including **the need for CAB-LA injections in non-implementation districts.**
- The program is addressing inconsistent PrEP-type documentation with plans on introducing a standardized, integrated register, to enhance accurate tracking and data management.
- The program's current scope, primarily targeting MSM and FSW, warrants expansion to encompass additional key and general populations that exhibit similar risk profiles. A revision of the eligibility criteria for CAB-LA recipients is necessary to ensure equitable access and address the unmet needs of other vulnerable groups

Early Lessons

- Early and ongoing collaboration between MOHCC, IPs, multilateral partners, and funders is crucial for successful implementation of new HIV prevention interventions
- Men who have Sex with Men (MSM) and Female Sex Workers (FSW), are exhibiting a preference for transitioning from oral Pre-Exposure Prophylaxis (PrEP) to Cabotegravir Long-Acting (CAB-LA), citing reduced pill burden.
- More than 90% of CAB_LA users received their second injection on schedule, indicating high adherence and engagement in care.
- Facility-based service delivery may exclude clients in hard-to-reach areas, creating geographical barriers that hinder access to CAB-LA.
- No severe side effects identified to date indicating high level safety of this regimen.
- The transition to CAB-LA has successfully addressed key concerns associated with oral PrEP, including pill fatigue, privacy, discreteness, stigma, and convenience, leading to enhanced user experience
- Absence of standardized patient-held records for CAB-LA patients which can affect continuity of care.

Next Steps

1

To continue enhancing the capacity of healthcare providers through sustained coaching, mentorship, and skills development, ensuring they remain equipped to deliver high-quality PrEP services and address evolving healthcare needs.

2

A strategic approach to demand creation, leveraging Social Network strategy, is crucial to generate awareness, address misconceptions, and drive uptake of CAB-LA among key populations.

3

Prepare evidence briefs and knowledge-sharing outputs for relevant platforms.

4

Evidence from CATALYST will be used to: 1) Inform the rollout and scale-up of the ring and CAB in Zimbabwe, 2) Guide operational set-up for CAB and ring delivery and how to equip providers to counsel on and offer PrEP choice, 3) Advocate to include additional guidance on ring and CAB use in PrEP guidelines, and 4) Update national guidelines to allow ring and CAB use by PBFP.

5

Enhance pharmacovigilance for CAB-LA, ensuring robust monitoring and surveillance to detect and manage adverse events, and inform data-driven decisions on drug safety and efficacy.

Thank You!

HIV
prevention
starts
with **ME.**





Questions?

Upcoming Sessions

The MOSAIC Global PrEP Learning Network takes place **quarterly**.

The next session will be in **Fall 2024**.



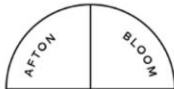
Visit PrEP Watch

This webinar will be accessible on PrEPWatch next month.

Complementary resources, relevant articles, tools, and **registration for upcoming webinars** can also be found on PrEPWatch.

Visit <https://www.prepwatch.org/global-prep-learning-network/> for more.

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