
24 FEBRUARY 2022
Please introduce yourself in the chat!

- Name
- Organization
- Country

Don’t forget to select “Everyone”

Feel free to ask questions and add comments to the chat box at any point during today’s session. At the end of each presentation, we will dedicate time to Q&A.
Agenda

- Welcome and introductions
- Studies and introduction projects
  - Q&A
- Regulatory and introduction pathway
  - Q&A
- Panel discussion
- Closing
MOSAIC Project Overview

- 5-year global project funded by PEPFAR through USAID (2021-2026)
- Focus on research/research translation to support introduction and access for new biomedical prevention products to prevent HIV for women in sub-Saharan Africa
- Work across multiple countries to support evidence-informed and user-centered product introduction, research, research utilization, and capacity development
- Support a multi-product market with informed choice for HIV prevention as new products enter the market
- Collaborate closely with ministries of health, missions, implementing partners, civil society, end users, providers, other local and global stakeholders, and product developers

VALUES

Country-led
Women-focused with emphasis on AGYW
Informed choice
Equitable co-leadership
Intentionality
Sinead Delany-Moretlwe (she/her)
Professor and Director: Research, Wits RHI and University of the Witwatersrand

Sinead Delany-Moretlwe, MBBCh PhD DTM&H is a Research Professor and Director: Research, Wits RHI at the University of the Witwatersrand, Johannesburg. Her research interests span the intersections between infectious diseases and sexual and reproductive health. She has worked on several phase III trials of new HIV prevention technologies, including oral, topical and most recently long-acting injectable PrEP, and has led several oral PrEP implementation projects. She serves on the South African National Department of Health PrEP technical working group, and the WHO HIV, Hepatitis and STIs Scientific and Technical Advisory Group (STAC).

Michelle Rodolph
Technical Officer, HIV, Hepatitis and STI Department, World Health Organization

Michelle Rodolph is a technical officer with the Testing, Prevention, and Populations team of the WHO HIV, Hepatitis, and STI Department. She works on pre-exposure prophylaxis (PrEP) for HIV prevention with a particular focus on PrEP delivery for women, future prevention products and integration of HIV prevention into SRH programs. Prior to her work on PrEP and SRH integration, Michelle was involved with harm reduction and HIV prevention programs for key populations.
Nittaya Phanuphak (she/her)
Executive Director, Institute of HIV Research and Innovation (IHRI)

Nittaya Phanuphak is Executive Director at the Institute of HIV Research and Innovation in Bangkok, Thailand. Nittaya has deep interest in Key Population-Led Health Services (KPLHS) which empower key population lay providers who are members of key population communities to design and co-deliver HIV and STI services to their peers. She currently works towards the establishment of national accreditation and domestic financing systems for lay providers to ensure KPLHS sustainability.

Stephen Mills (he/his)
Asia Regional Director, FHI 360, EpiC Project, Thailand, Laos, Burma

Steve is with FHI 360’s Asia-Pacific regional office in Bangkok, Thailand and has worked in HIV for over 25 years. He is a member of the Global Fund Technical Review Panel and was a co-editor of the HIV bio-behavioral surveillance guidelines for key population published by UNAIDS, WHO, and FHI 360.
**Beatriz Grinsztejn**  
Instituto Nacional de Infectologia Evandro Chagas-Fiocruz

Dr. Beatriz Grinsztejn is an Infectious Disease physician with a PhD in Infectious Diseases. She has been working on HIV/AIDS patient care and research on prevention and treatment for the last three decades. She is the Head of the STD/AIDS Clinical Research Laboratory at IPEC/FIOCRUZ and the Principal Investigator of the Fiocruz NIH funded Clinical Trials Unit (FioTrials), which is affiliated to the HIV Prevention Trials Network, the AIDS Clinical Trials Group and implements Prevention and Therapeutic Clinical Trials and cohort studies.

**Omar Sued (he/him/his)**  
Advisor, HIV Care and Treatment, Pan American Health Organization/World Health Organization

Omar Sued is an infectious diseases doctor trained in Buenos Aires, Argentina who has been caring for HIV patients since 1995. As Research Director at the Fundación Huésped between 2012-2021, he implemented several large HIV prevention and treatment trials in Buenos Aires, where he was also involved in multidisciplinary and implementation research for vulnerable populations. He was Chair of the XVI and XX Argentinean Congress of Infectious Disease, former President of the Argentinean Infectious Disease Society, LAC representative at the International AIDS Society Governing Council and member of the HPTN Sexual and Gender Minority Scientific Committee. Dr. Sued has co-authored more than 120 articles and many other publications. In 2021, he was appointed as International Advisor for HIV Treatment and Care for the Pan American Health Organization, in Washington DC.
Hasina Subedar (she/her)
Senior Technical Advisor, South Africa National Department of Health

Hasina Subedar is a Senior Technical Advisor supporting the South African National Department of Health in South Africa since 2015. She has supported the implementation of Pre-Exposure Prophylaxis and the She Conquers Campaign focusing on HIV prevention amongst youth.

Prof. Saiqa Mullick (she/her)
Reader/Associate Professor and Director of Implementation Science, Wits RHI

Prof Saiqa Mullick (MBBCh MSc MPH PhD) is a medical doctor with a PhD in Infectious Disease Epidemiology from the London School of Hygiene and Tropical Medicine. She currently oversees a large portfolio of projects addressing introduction of innovative approaches and technologies for HIV prevention and Sexual and Reproductive Health. Her experience is primarily in sexual and reproductive health and HIV prevention research with a focus on adolescent girls and young women. She has supported oral PrEP introduction in South Africa and currently serves as principal investigator on a number of trials evaluating integrated service delivery approaches for young women. Over the past five years she served as Deputy Director of the OPTIONS consortium and is currently a member of the Strategic Leadership Committee for the MOSAIC consortium.
Injectable Cabotegravir for PrEP: Studies and Introduction Projects

SINEAD DELANY-MORETLWE, WITS RHI
CAB-LA is generally safe and effective as PrEP

HPTN 083

- Cisgender men and transgender women who have sex with men
- 4,566 participants
- Argentina, Brazil, Peru, US, South Africa, Thailand, Vietnam (43 sites)

Results: **66% reduction in HIV infections** in CAB-LA arm compared to TDF/FTC.

HPTN 084

- Cisgender women 18 to 45 years
- 3,224 participants
- Uganda, Kenya, Malawi, Zimbabwe, Eswatini, South Africa, Botswana (20 sites)

Results: **88% reduction in HIV infections** in CAB-LA arm compared to TDF/FTC.

Both trials were unblinded early in 2020 as CAB-LA demonstrated to be effective in preventing HIV compared to daily oral PrEP. CAB-LA likely confers an adherence advantage.

Landovitz, NEJM 2021; Delany-Moretiwe, R4P 2021
Emerging evidence

- Protective effect of CAB-LA appears to be sustained
  - 66% risk reduction for CAB-LA vs. TDF/FTC in unblinded Year 1 phase
    - HR=0.34 95% CI 0.17-0.67
  - Majority of CAB infections d/t injection delays or ≥ 6 months off-CAB-LA
  - No new safety concerns

- CAB-LA delayed detection of HIV with conventional diagnostics
  - CAB-LA suppresses viral replication and delays antibody production
  - Prolonged monotherapy may lead to INSTI resistance in rare cases
  - Resistance can be overcome by other (non-INSTI) HAART regimens
  - Use of a sensitive HIV RNA assay may detect early infection and prevent INSTI resistance

- In pregnant women who received CAB-LA up until pregnancy diagnosis
  - No congenital anomalies
  - Residual CAB-LA generally well tolerated during pregnancy
  - Drug concentrations comparable in pregnant vs non-pregnant women
### HIV Prevention Trials Network (HPTN) – ongoing clinical trials with injectable cabotegravir for PrEP

<table>
<thead>
<tr>
<th>Study name</th>
<th>Description</th>
<th>Location</th>
<th>Population</th>
<th>Sample Size</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPTN 083</td>
<td>Give PrEP a Shot</td>
<td>Now in open-label extension of the phase IIb/III trial</td>
<td>Argentina, Brazil, India, Peru, South Africa, Thailand, United States, and Vietnam</td>
<td>MSM and TGW</td>
<td>4570</td>
</tr>
<tr>
<td>HPTN 083-01</td>
<td>Inject to Protect</td>
<td>Safety, Tolerability and Acceptability of Long-Acting Cabotegravir (CAB LA) for the Prevention of HIV among Adolescent Males – A sub-study of HPTN 083</td>
<td>United States</td>
<td>Adolescents assigned male at birth</td>
<td>55</td>
</tr>
<tr>
<td>HPTN 083-02</td>
<td>Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study</td>
<td>Brazil, South Africa, Thailand, United States</td>
<td>MSM and TGW</td>
<td>300</td>
<td>In follow-up through November 2022 (estimated)</td>
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</tbody>
</table>
# HIV Prevention Trials Network (HPTN) – ongoing clinical trials with injectable cabotegravir for PrEP

<table>
<thead>
<tr>
<th>Study name</th>
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<th>Location</th>
<th>Population</th>
<th>Sample Size</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>HPTN 084 LIFE Trial</td>
<td>Now in open label extension of the phase III trial, includes active dosing for CAB PrEP during pregnancy. Includes qualitative data collection.</td>
<td>Botswana, Eswatini, Kenya, Malawi, South Africa, Uganda, Zimbabwe</td>
<td>Women</td>
<td>3224</td>
<td>In follow-up through February 2023 (estimated)</td>
</tr>
<tr>
<td>HPTN 084-01 LIFT Trial</td>
<td>Safety, Tolerability and Acceptability of Long-Acting Cabotegravir (CAB LA) for the Prevention of HIV among Adolescent Females – A Sub-study of HPTN 084.</td>
<td>Uganda, Zimbabwe, South Africa</td>
<td>Adolescents assigned female at birth</td>
<td>55</td>
<td>In follow-up through July 2023 (estimated)</td>
</tr>
</tbody>
</table>

Under consideration for the future:
MPT concept, HPTN studies on integrative strategies that include CAB PrEP
Ongoing safety and effectiveness
• Safety and effectiveness during unblinded Y1 of HPTN 084
• Correlates of protection HPTN 083/084

Extended interval dosing
• 8 vs. 12 weeks

Drug-drug interactions with hormones
• DMPA, NET-EN, etonorgestrel in HPTN 084
• Gender-affirming hormone therapy in HPTN 083

Acceptability and product preferences

Costs, cost-effectiveness, population impact
## Funded PrEP introduction studies that will include injectable cabotegravir for PrEP

<table>
<thead>
<tr>
<th>Donor/project</th>
<th>Description</th>
<th>Location</th>
<th>Population</th>
<th>Sample Size</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>USAID/MOSAIC</td>
<td>Assess uptake, continuation, switching, HIV testing strategies, feasibility and cost for oral PREP, PrEP ring and injectable CAB for PrEP</td>
<td>Lesotho, Kenya, South Africa, Uganda, Zimbabwe</td>
<td>AGYW, FSW, PBFP, TG, other women at USAID PEPFAR service delivery sites with PrEP targets</td>
<td>Anticipate up to 4225 clients on injectable CAB for PrEP across five countries</td>
<td>Stakeholder consultations to inform protocol development; injectable CAB for PrEP will be included after national regulatory approvals</td>
</tr>
<tr>
<td>Unitaid/ ImPrEP</td>
<td>Assess uptake, continuation, switching, HIV testing algorithm, and feasibility of injectable CAB for PrEP</td>
<td>Brazil (6 sites)</td>
<td>MSM and TGW ages 18-30 yrs seeking PrEP at public health delivery clinics</td>
<td>Anticipate 1200 participants on injectable CAB for PrEP</td>
<td>Protocol development</td>
</tr>
</tbody>
</table>
## Funded PrEP introduction studies that will include injectable cabotegravir for PrEP

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<th>Donor/project</th>
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<th>Location</th>
<th>Population</th>
<th>Sample Size</th>
<th>Status</th>
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<tbody>
<tr>
<td>Unitaid/PrEP1519</td>
<td>Evaluate the effectiveness, adoption, acceptability and feasibility of injectable CAB and ED-PrEP</td>
<td>Brazil (3 sites)</td>
<td>MSM and TGW ages 15-19 yrs</td>
<td>Anticipate 340 adolescents on injectable CAB for PrEP at the end of the study (3 years)</td>
<td>Protocol development</td>
</tr>
<tr>
<td>Unitaid/Project PrEP</td>
<td>Increase the uptake and coverage of PrEP through the introduction and integration of new PrEP products (injectable CAB, ring and oral PrEP) into comprehensive SRH services for AGYW</td>
<td>South Africa (8 sites in 4 clusters)</td>
<td>AGYW 18-24 yrs and older women (will also consider inclusion of women ages 15-18 yrs)</td>
<td>Initiate 2609 AGYW and older women on injectable CAB for PrEP followed up for a minimum of 6 and a maximum of 21 months</td>
<td>Protocol development; stakeholder consultations; awaiting in-country SAHPRA approval.</td>
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<tr>
<td>BMGF</td>
<td>In the planning stages for introduction studies that will include injectable CAB for PrEP in Kenya and South Africa with a focus on private pharmacy delivery</td>
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### MOSAIC planned CAB PrEP work along the introduction pathway

<table>
<thead>
<tr>
<th>Policy, Plans, &amp; Costing</th>
<th>Supply Chain &amp; Market Development</th>
<th>Service Delivery</th>
<th>Uptake &amp; Effective Use</th>
<th>Monitoring &amp; Evaluation</th>
<th>Cross-Cutting Contributions</th>
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<tbody>
<tr>
<td><strong>Global guidance &amp; national guidelines</strong></td>
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<tr>
<td>Contributing updates to WHO PrEP Implementation tool, providing technical assistance on testing algorithms, developing template guidelines for CAB PrEP, supporting adoption of national guidelines for CAB PrEP</td>
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<tr>
<td><strong>Implementation plans &amp; national strategies</strong></td>
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<tr>
<td>Developing implementation plans and integrating CAB PrEP into national strategies, including support for target setting and forecasting</td>
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<tr>
<td><strong>Costing</strong></td>
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<tr>
<td>Conducting costing studies to inform implementation planning and budgeting</td>
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<tr>
<td><strong>Market shaping</strong></td>
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<tr>
<td>Incorporating CAB PrEP in market shaping efforts to address supply-side barriers and global demand</td>
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<td><strong>Demand forecasting</strong></td>
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<tr>
<td>Conducting analyses for demand forecasting</td>
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<td><strong>Private sector</strong></td>
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<tr>
<td>Assessing feasibility and barriers and opportunities for CAB PrEP in the private sector</td>
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<td><strong>Bottlenecks</strong></td>
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<tr>
<td>Identifying potential bottlenecks in the supply chain and testing possible solutions</td>
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<td><strong>Research collaborations</strong></td>
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<tr>
<td>Collaborating with EpiC, RISE, CASPR on systematic reviews and formative research</td>
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<tr>
<td><strong>Implementation research</strong></td>
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<tr>
<td>Conducting studies to assess feasibility, acceptability, choice, testing, uptake, continuation, switching, service delivery models, and cost</td>
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<td><strong>Differentiated service delivery (DSD)</strong></td>
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<td>Assessing opportunities for DSD and how to leverage technology to introduce DSD models, including models that blend virtual and in-person service delivery</td>
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<td><strong>Provider training</strong></td>
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<td>Developing and integrating CAB PrEP provider trainings and job aids into national PrEP curricula</td>
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<td><strong>End-user engagement</strong></td>
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<td>Building structures to meaningfully engage potential end-users</td>
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<td><strong>Demand generation strategies &amp; tools</strong></td>
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<tr>
<td>Providing technical guidance on integration of CAB PrEP into demand creation national strategies and integrating CAB PrEP into demand creation tools, including the HIV Prevention Ambassador Training</td>
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<td><strong>Continuous quality improvement (CQI)</strong></td>
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<td>Assessing and strengthening CQI processes to support providers and CAB PrEP users in providing and receiving quality services</td>
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<td><strong>Resistance surveillance</strong></td>
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<tr>
<td>Supporting inclusion of CAB PrEP in HIV drug resistance surveillance platforms</td>
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<td><strong>Routine M&amp;E</strong></td>
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<td>Assessing feasibility and acceptability of novel PrEP indicators for multi-product M&amp;E, supporting system improvements/integration</td>
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<td><strong>Data informed approaches</strong></td>
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<td>Strengthening data use to inform CAB PrEP activities across the Introduction Pathway</td>
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<td><strong>Evidence &amp; Resources</strong></td>
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<tr>
<td>Synthesizing and sharing CAB PrEP evidence and resources</td>
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<td><strong>Global collaborations</strong></td>
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<tr>
<td>Building and strengthening global collaborations with programs, networks, product developers, and funders</td>
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<td><strong>Situation analyses</strong></td>
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<tr>
<td>Conducting value chain situation analyses to build on lessons learned from oral PrEP to inform rollout of CAB PrEP</td>
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<td><strong>Capacity strengthening</strong></td>
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<tr>
<td>Strengthening local partner capacity to design and implement biomedical prevention product introduction activities and research</td>
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<td><strong>Civil society engagement</strong></td>
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<tr>
<td>Developing and strengthening civil society partnerships, engagement, and advocacy</td>
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Biomedical Prevention Implementation Collaborative (BioPIC) to Accelerate PrEP Access

- Established to help coordinate product introduction efforts in the HIV prevention field
- Convenes product developers, civil society, donors, researchers, policy makers, normative agencies, and implementers to develop strategies for introduction of emerging and future prevention products

Resources

- **BioPIC CAB Introduction Strategy Brief** and **CAB Priority Product Introduction Activities: Narrative Synthesis** outline critical activities for ensuring global and national bodies have sufficient evidence on safety, resource needs and the impact of CAB, enabling programs to quickly scale and identify interventions to support uptake and continued use.
- **Biomedical Prevention Adaptable Product Introduction Framework** an overarching framework for product introduction that can be adapted to specific products.
- **Advocates’ Primer on Injectable Cabotegravir for PrEP: Trials, Approvals, Rollout and More**
About Cabotegravir (CAB-LA)

What is CAB-LA?

CAB-LA, or long-acting injectable cabotegravir, is an antiretroviral drug developed by Viiv Healthcare and formulated to be administered once every two months as an injectable form of PrEP. Cabotegravir previously was approved in the US and Canada for treatment, in combination with another injectable ARV, rilpivirine. As of December 2021, CAB-LA was additionally approved by the US for use as a prevention option.

CAB-LA inhibits HIV viral DNA from integrating with human DNA. Blocking this integration plays a role in both treatment and prevention. In treatment, CAB-LA, in combination with injectable rilpivirine, is used as a long-acting agent to maintain virologic suppression and has been approved for use among those who have already demonstrated virologic suppression using oral ARVs.
Injectable Cabotegravir for PrEP: Regulatory and Introduction Pathway

MICHELLE RODOLPH, WORLD HEALTH ORGANIZATION
<table>
<thead>
<tr>
<th>2022</th>
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<tbody>
<tr>
<td><strong>U.S. FDA regulatory approval</strong> (Dec 2021)</td>
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<tr>
<td><strong>WHO guidance meeting</strong> (March 2022)</td>
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<tr>
<td><strong>Application for WHO PQ</strong> <em>(pending WHO recommendation)</em> (April/May 2022)</td>
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<tr>
<td><strong>Application for inclusion in USAID procurement catalog</strong> (mid-2022)</td>
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<tr>
<td><strong>WHO guidance released</strong> <em>(pending WHO recommendation)</em> (mid-2022)</td>
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<tr>
<td><strong>Additional country regulatory review decisions expected</strong></td>
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<td><em>(mid-to-late-2022)</em></td>
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**National registration dossiers submitted in Australia, Botswana, Brazil, Kenya, Malawi, South Africa, Uganda, Zimbabwe**  
*(as of 08 Feb 2022)*
## LA cabotegravir as PrEP: Product Overview

<table>
<thead>
<tr>
<th><strong>USER REQUIREMENT</strong></th>
<th><strong>TESTING GUIDANCE</strong></th>
<th><strong>WASTE DISPOSAL CONSIDERATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gluteal injections every two months</td>
<td>4th generation/RNA assays for HIV testing are to be conducted at initiation and continuation visits (additional tests recommended per standard of care)</td>
<td>Sharps disposal necessary</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>EFFICACY</strong></th>
<th><strong>CADRE OF PROVIDER</strong></th>
<th><strong>POTENTIAL FOR HIV DRUG RESISTANCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>High individual efficacy and opportunity for epidemic impact if widely available, accessible, and used</td>
<td>Training will be needed to support provision by lower cadre healthcare workers, or it will have to be confined to clinical settings</td>
<td>Clinical trials suggest the potential for resistance if client begins or continues use after HIV acquisition</td>
</tr>
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<thead>
<tr>
<th><strong>PREVENTION RANGE</strong></th>
<th><strong>SHELF LIFE</strong></th>
<th><strong>CONTRAINDICATIONS</strong></th>
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<tbody>
<tr>
<td>Sexual exposures to HIV</td>
<td>3 years</td>
<td>Concurrent use with rifampin and rifapentine (used for tuberculosis treatment) and carbamazepine, oxcarbazepine, phenobarbital, phenytoin (anticonvulsants)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SIDE EFFECT PROFILE</strong></th>
<th><strong>STORAGE REQUIREMENTS</strong></th>
<th><strong>USE DIRECTLY LEADING UP TO OR DURING PREGNANCY / BREASTFEEDING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Typically, mild or moderate, treatable without stopping product use. Injection site reactions (ISRs) common, clients may need support mitigating potential impacts. ISRs shown to become less frequent and less severe over time</td>
<td>2°C to 25°C (36°F to 77°F); exposure up to 30°C (86°F) permitted (length unknown)</td>
<td>Data not available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>POTENTIAL VISIT SCHEDULE</strong></th>
<th><strong>ADDITIONAL COMMODITIES NEEDED</strong></th>
<th><strong>PRODUCT DISPENSATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Every two months after two initiation visits one month apart</td>
<td>Non-sterile gloves, alcohol wipes, gauze pads, sharps container, potentially longer needles for injection for clients BMI &gt; 30kg/m²</td>
<td>Likely to take place in a clinic, client privacy will be needed to provide injections</td>
</tr>
</tbody>
</table>

*From U.S. FDA Label*
WHO review process and considerations for LA CAB
Systematic review of the evidence
Values and preference

Users & communities

- AGYW in ESA
  - South Africa with Unitaid partners
- Higher risk men in ESA
- Key populations
  - Global KP networks Q1 2021
- MSM
  - Asia – APCOM, IHRI
  - Latin America – with Unitaid partners
- Transgender populations
  - Latin America – with Unitaid partners
- Sex workers
  - Zimbabwe - CeSHHAR
  - India - Ashodaya Samithi /DSMSC
- People who inject (use) drugs

• ✓ provider key informant interviews
Values and preference
Providers

• ✓ provider key informant interviews
General implementation issues

Populations and approaches

• How to deliver for specific focus populations

• Models of delivery
  • Within current PrEP programmes?
  • Within key populations services?
  • Within SRH services (ANC, PNC, FP, STI)
  • KP services
  • others?

• Alongside other prevention – options and choices

Need to plan an implementation science agenda
Specific implementation issues

- Oral lead in – ‘direct to inject’ can we do without lead in
- Covering the tail to avoid potential seroconversions and DR
  - Covering the tail with TDF/FTC
  - How long
  - Other options
- Restarting after missed appointments
  - What is the wiggle room?

Markowitz et al, Lancet HIV 2017;4:e331-40
Specific implementation issues

HIV testing
- Challenge - initiation in acute phase
- Delayed diagnosis for seroconversion detection in tail seroconverters

Will NATT be the only option?
Specific population issues

Key Populations

More experience needed delivering CAB to key populations groups

Transgender women

People with buttock implants/fillers excluded from trials due to concern for altered pharmacokinetics

• Current experience is only with buttock region (gluteus medius or maximus).
• Alternative muscle injection sites (e.g. rectus femoris)?
THANK YOU

Thanks to the Testing, Prevention, and Populations team of the WHO Global HIV, Hepatitis and STIs Programmes for contributions to this presentation.

Special thanks to Rachel Baggaley, Robin Schaefer and Heather-Marie Schmidt.

For more information:

WHO Global HIV, Hepatitis and STIs Programmes:
https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/overview

WHO work on PrEP
Panel discussion
Panelists

Nittaya Phanuphabk
Institute of HIV Research and Innovation, Thailand

Beatriz Grinsztejn
Instituto Nacional de Infectologia Evandro Chagas-Fiocruz, Brazil

Saiqa Mullick
Wits Reproductive Health Institute, South Africa

Stephen Mills
FHI 360/EpiC, Thailand

Omar Sued
Pan American Health Organization, Argentina

Hasina Subedar
South Africa National Department of Health
What are you hearing from potential users, providers and communities about their desire and interest in injectable cabotegravir for PrEP?

What do you see as the greatest opportunities and challenges for implementation of injectable cabotegravir for PrEP?

What do you see as the benefits of expanding the HIV prevention method mix and offering informed choice across multiple products?
Visit PrEPWatch

All webinars are recorded and will be accessible on PrEPWatch within a week.

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

Visit www.prepwatch.org/virtual-learning-network for more.
Upcoming sessions

The MOSAIC PrEP Learning Network will take place quarterly.

Upcoming sessions are planned for May, August, and November 2022.
Stay connected

@MOSAICproj

MOSAIC Consortium

https://www.mosaicproject.blog/

https://mailchi.mp/prepnetwork/prep-learning-network
THANK YOU!

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